



MASSACHUSETTS

For Your Benefit

Important Benefit and Health Care Updates

Member Rights and Responsibilities

You have the right to receive information from us and your providers. Information we supply will help you understand our organization, your rights and responsibilities as a member, the network of providers included in your plan, and the services and benefits available to you and how to use them. Information supplied by your providers will help you understand your condition and plans for care.

You have the responsibility to read the information we give you and ask questions when you need to know more. We urge you to read all materials we give you and keep them for future reference. You should know your benefits and responsibilities under your plan and ask us if you don't understand them. You should also ask as many questions of your providers as you need until you understand all aspects of your condition and treatment plans.

You have the right to access quality care.

High-quality physicians, hospitals, and wellness programs are available to you as a member. Each of our plans has a large network of providers, and choosing a provider included in your plan helps ensure that you will receive maximum coverage under your plan.

You have the responsibility to follow plan rules and instructions for care. To receive care or services, you must identify yourself as a member to providers and follow the policies and procedures described in your member handbook, subscriber certificate, and other plan materials. When you and your providers have agreed to a treatment plan, you should follow the instructions for care given.

You have the right to communicate with your providers. Your providers want to know about your health needs and concerns so they can help you make decisions about your care. You have a right to a candid discussion of appropriate or medically necessary treatment options for your condition, regardless of cost or your benefits.

You have the responsibility to keep your providers informed. So that providers can effectively treat you and manage your care, tell them and others involved in coordinating care about your medical history and current health, and participate in developing treatment goals to the degree possible. You should understand the risk of not giving information others might need to treat you most effectively.

You have the right to be treated with respect, dignity, and privacy. We should treat you with respect and courtesy. We will keep your records confidential, as described in the notice, *Our Commitment to Confidentiality*.

You have the responsibility to treat your providers and us with respect. We expect the same courteous treatment from you that you expect from us.

You have the right to appeal our decisions, voice complaints, and recommend changes. We want to hear if you disagree with a decision, are unhappy with the care or service you receive, or if you would like to recommend changes, including to this *Member Rights and Responsibilities* statement.

You have the responsibility to let us know when you disagree. Your first step when you have any complaint or concern is to call Member Service.

Our Commitment to Confidentiality

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Commitment

We respect your right to privacy. We will not release personally identifiable information about you without your permission, unless the release is to provide service you expect from us or is otherwise in accordance with the law.

Collection of Information

We collect only *personal* or *medical* information we need to carry out our business.

- Examples of *personal* information are name, address, and date of birth. Most often, you and your employer supply this information to enroll you in a plan.
- Examples of *medical* information are diagnoses, treatment, and names of providers who treat you. Most often, your providers supply this information.

Use and Release of Information

We are required by law to protect the confidentiality of your personal and medical information. We will supply your information to you upon your request or to help you understand treatment options and other benefits available to you.

We also may use and disclose your information without your written authorization for the following purposes, and as otherwise permitted or required by law:

- **Treatment**—to help providers manage or coordinate your health care and related services. For example, to refer you to another provider or remind you of appointments.
- **Payment**—to obtain payment for your coverage, provide you with health benefits, and assist another health plan or provider in its payment activities. For example, to manage enrollment records, make coverage determinations, administer claims, and coordinate benefits with other coverage you may have. This includes disclosure necessary to comply with workers' compensation laws.

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- **Health Care Operations**—to operate our business, including accreditation, credentialing, customer service, disease management, and fraud prevention activities. For example, to do business planning, arrange for medical review, and conduct quality assessment and improvement activities.
- **Legal Compliance**—to comply with applicable law. For example, to respond to regulatory authorities responsible for oversight of government benefit programs or our operations; to parties or courts in the course of judicial or administrative proceedings; and to law enforcement officials during an investigation.
- **Research and Public Health**—for medical research studies in accordance with laws for the protection of human research subjects, and to report to public health authorities and otherwise prevent or lessen a serious and imminent threat to health or safety. For example, for the purpose of preventing or controlling disease, injury, or disability.
- **To an Account or Party It Designates**—for administration of its health plan. For example, to a self-insured account for claim review and audits. Disclosure only to designated individuals, along with contract obligations, helps protect your information from unauthorized use.

To carry out these purposes, we share information with entities that perform functions for us subject to contracts that limit use and disclosure for intended purposes. We use physical, electronic, and procedural safeguards to protect your privacy. Even when allowed, use and disclosure are limited to the minimum amount reasonably necessary for the intended task.

Special Notes Regarding Release

Special protections apply to certain medical conditions. For example, with very few exceptions allowed by law, we will not release any information regarding HIV or AIDS to any party without your written permission. Also, we will not release mental health treatment records to you without first receiving written permission from your treating provider.

Your Privacy Rights

- **You have the right to receive information about privacy protections.** Your member education materials include a notice of your rights, and you may request a paper copy of this notice at any time.
- **You have the right to inspect and get copies of information we collect about you.** We will provide access to this information within 30 days of receiving a written request. We may charge a reasonable fee for copying and mailing records. You may also ask your providers for access to your records.
- **You have the right to receive an accounting of disclosures.** Your request must be in writing. Our response will exclude any disclosures made in support of treatment, payment, and health care operations, or disclosures that you authorized. An example of a disclosure that would be reported to you is a release of your information in response to a subpoena.
- **You have the right to ask us to correct or amend information you believe to be incorrect.** Your request to correct, amend, or delete information should be in writing. We will notify you if we make an adjustment as a result of your request. If we do not make an adjustment, we will send you a letter explaining why within 30 days. In this case, you may ask us to make your request part of your records, or ask the Commissioner of Insurance to review our decision. We may also provide notice of your requested changes to others who received this information in the past two years.

- **You have the right to authorize release of information for purposes not otherwise permitted by law.** Your request and any subsequent revocation must be in writing, and a form for this purpose is available on our website.
- **You have the right to designate someone to receive information and make decisions for you.** Your personal representative has the same rights concerning your information as you. Your designation and any subsequent revocation must be in writing, and a form for this purpose is available on our website.
- **You have the right to ask that we restrict or refuse the release of personally identifiable information, and that we direct communications to you by alternative means or to alternative locations.** While we may not always be able to agree, we will make reasonable efforts to accommodate requests. Your request and any subsequent revocation must be in writing.
- **If you believe your privacy rights have been violated, you have the right to complain to us using the standard grievance process outlined in your benefit materials, or to the Secretary of the US Department of Health and Human Services, without fear of retaliation.**

About This Notice

This notice is effective January 1, 2003. We are required by law to provide this notice to you and to abide by it. We reserve the right to change this notice. Any changes will apply to all personal and medical information that we maintain, regardless of when it was created or received. A revised notice will be given to you when your coverage is renewed or when this notice is materially revised.

If you have any questions, we're here to help! Please call Member Service at the toll-free number on the front of your ID card or visit our website at www.bluecrossma.com/membercentral.

It's Not a Bill...

Sometimes members call us when they receive a claim summary, wondering what it is, why they received it, and what, if anything, they need to do with it. Often, a member will receive a claim summary when he or she has seen a doctor but hasn't yet chosen a primary care provider (PCP), or if services rendered are not covered under a particular member's plan.

You may also receive a claim summary when you see a specialist or obtain treatment other than that provided by your PCP. A claim summary may indicate a copayment or balance due for which you are responsible. While a claim summary **is not a bill**, it will let you know if you should expect one from the provider. When you do receive a provider's bill, your claim summary can refresh your memory.

BlueCross BlueShield

CLAIM SUMMARY

This notice explains how we processed your claims; it is not a bill. Please look over carefully. On the back, we've explained what you should do if you have any questions or disagree with how we processed your claims. Please keep this for your tax and medical records.

An Independent Licensee of the Blue Cross and Blue Shield Association

PROVIDER/ SERVICES	DATES OF SERVICE	UNITS	AMOUNT CHARGED	AMOUNT ALLOWED	YOUR CO-PAY	YOUR CO-INS	BENEFITS	YOUR BALANCE	MSG. CODE*
MEMBER: LEE			CLAIM # 99999999999999						
PROVIDER: JONATHON SMITH			DATE RECEIVED 01/20/07						
MEDICAL CARE	01/15/07 - 01/15/07	1	65.00	0.00	0.00	0.00	0.00	65.00	A
TOTAL-----			65.00	0.00	0.00	0.00	0.00	65.00	
A-OUR RECORDS INDICATE THAT THE MEMBER HAS NOT SELECTED A VALID PCP. CONTACT CUSTOMER SERVICE FOR ASSISTANCE (X027)									
GRAND TOTAL-----			65.00	0.00	0.00	0.00	0.00	65.00	

Member's first name

Indicates the claim number used by Blue Cross Blue Shield

Amount normally charged by the provider

Amount paid to the provider under the terms of the provider's contract with Blue Cross Blue Shield

Indicates your copayment (you may already have paid this at the time of your visit)

Indicates any co-insurance amount

Indicates the benefits provided by Blue Cross Blue Shield on your behalf

Indicates amount you owe to the provider

Explains how the claim was processed and reasons for amount of coverage, denial of coverage, etc.

The date the claim was received

Remember, if you have a managed care health plan, certain types of services must be referred by your PCP—that's why it's so important that every member choose a PCP as soon as possible. If you need help choosing a PCP or want to change your PCP, please call our Physician Selection Service at **1-800-821-1388**. We're available Monday through Friday, from 8:00 a.m. to 6:00 p.m.

The Women's Health and Cancer Rights Act of 1998

Did you know that your plan provides benefits for mastectomy-related services? This is the case even if you were not covered by Blue Cross Blue Shield of Massachusetts at the time of the mastectomy. It's required by the Women's Health and Cancer Rights Act of 1998. If you are covered for a mastectomy and elect breast reconstruction in connection with a mastectomy, then benefits are also provided for:

- all stages of reconstruction of the breast on which the mastectomy has been performed,
- surgery and reconstruction of the other breast to produce a symmetrical appearance, and

- prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

Coverage will be provided as determined in consultation with you and your attending physician. The costs that you pay for these services are the same as those you pay for other services in the same category. If you need to know more, just call the Member Service number on your Blue Cross Blue Shield of Massachusetts ID card.

Our Grievance Process

As a Blue Cross Blue Shield of Massachusetts member, you have a right to a formal grievance review if you disagree with any decision we have made.

When you submit a written request for a formal grievance review, you will receive written confirmation of your request within 15 days. You will receive our written decision regarding your grievance within 30 calendar days.

If our formal grievance review denies you coverage, we will explain how we reached this decision. You may also be eligible for an external review. If your formal grievance qualifies for an external

review, we will provide you with the steps you should take to file such a request.

Your full grievance rights are listed in your contract, including information on designating an authorized representative to act on your behalf through the grievance process. Information about the grievance process is also available on our website at www.bluecrossma.com/membercentral.

If you have questions or would like written information, please call Member Service at the toll-free number on the front of your ID card.

Get Online, Take Control

When you create an account at www.bluecrossma.com/membercentral, you'll get access to the information and tools you need to start taking control of your health care.

Your account lets you:

- Review your benefits and deductible information
- Check the status of a claim
- Change your address information or your PCP
- Request an ID card

In addition, you have access to the resources you need to make informed, healthy choices.

MyBlueHealthSM is a comprehensive online lifestyle management center that features personalized health assessments, healthy lifestyle programs, and a workshop that helps you make the right health care decisions.

So why wait? The sooner you create your account, the sooner you can start managing your care online. Visit us at today at www.bluecrossma.com/membercentral.

Be Healthy

Blue Cross Blue Shield of Massachusetts is constantly striving to help you improve the quality of your life.

That's why we continue to enhance and expand our Quality Initiatives Program to include the tools you and your doctor need to make healthy decisions about your care. From comprehensive disease management and smoking cessation programs to

breast cancer screenings, our Quality Initiatives Program offers you key resources that put the power of health care right in your hands.

For additional information, visit our website at www.bluecrossma.com/membercentral and click on **Healthier Living**.

Growing Up Healthy

In addition to regular screenings and preventive care, a child's emotional and physical wellbeing can be affected by many other issues—including those that might seem to affect only a parent. Consider talking with your pediatrician or family physician about the following concerns. If your child is old enough to see a primary care provider (PCP-family physician or pediatrician) one-on-one, encourage him or her to talk with a doctor about any health concerns.

Infant/Child Issues

- Infant sleeping positions
- Car safety (car seats, airbags, seatbelt use)
- Water and boating safety
- Gun safety
- Home safety and child-proofing
- Poisoning
- Stranger awareness and safety
- Sunscreen use
- Activity safety (helmets, protective pads)
- Nutrition, exercise, and physical activity
- Content, viewing time, and use of: television, computers, video games, and movies
- School problems
- Behavioral problems
- Sexual abuse and child-predator awareness
- Dental care

Parental Issues Affecting Children and Adolescents

- Substance use/abuse (alcohol, tobacco, drugs)
- Domestic violence or sexual abuse
- Stress (financial, job-related, relationships)

Adolescent Issues

- Car safety (seatbelt use, drinking and driving)
- Gun safety
- Sunscreen use
- Athletic and activity safety (helmets, protective pads)
- Substance use/abuse (alcohol, tobacco, inhalants, and other drugs)
- Sexual activity, sexually transmitted diseases, HIV, contraception

- Nutrition, weight control, physical activity, eating disorders
- Content, viewing time, and use of: television, computers, video games, and movies
- Healthy relationships (peer pressure, behavioral problems, sexual pressure)
- Sexual abuse and child-predator awareness
- School problems, depression, isolation
- Home-alone and job safety
- Risks associated with tattooing and body piercing
- Dental care

If your child is old enough to see a primary care provider (PCP), encourage him or her to talk with a doctor about any health concerns.

Preventive Screening Guidelines for Healthy Adults*

Routine Checkups	18 – 29 years	30 – 39 years	40 – 49 years	50 – 64 years	65+ years
Includes personal history, blood pressure, body mass index (BMI), physical exam, preventive screening, and counseling	Annually for ages 18–21			Annually	Annually
	Every 1–3 years, depending on risk factors [†]				
Cancer Screenings					
Colorectal Cancer	Not routine except for patients at high risk [†]			Colonoscopy at age 50 and then every 10 years, or annual fecal occult blood test (FOBT) plus sigmoidoscopy every 5 years, or sigmoidoscopy every 5 years, or double-contrast barium enema every 5 years	
Skin Cancer	Periodic total skin exams every 3 years at discretion of clinician		Annual total skin exam at discretion of clinician		
Breast Cancer (Women)	Annual clinical breast exam and monthly self-exam				
			Annual mammography at discretion of clinician	Annual mammography	Annual mammography at discretion of clinician
Cervical Cancer (Women)	Initiate Pap test at 3 years after first sexual intercourse, or by age 21 every 1–3 years; [†] depending on risk factors [†]				
Testicular and Prostate Cancer (Men)	Clinical testicular exam at each health maintenance visit and monthly self-exam			Annual digital rectal exam (DRE) or prostate-specific antigen (PSA) blood test at discretion of clinician	
			Digital rectal exam (DRE) or prostate-specific antigen (PSA) blood test if at high risk [†]		
Other Recommended Screenings					
Body Mass Index (BMI)	At discretion of clinician (can be screened annually for overweight and eating disorders, consult the CDC's growth and BMI charts)				
Blood Pressure (Hypertension)	At every acute/non-acute medical encounter and at least once every 2 years				
Cholesterol	Ages 18–20: Screen once if not screened previously. Every 5 years or more often at discretion of clinician.				
Diabetes (Type 2)			Every 3 years, beginning at age 45 or more often and beginning at a younger age at discretion of clinician		
Bone Mineral Density (BMD) Test (Women)			Consider your risk factors, discuss with your clinician. BMD testing for all post-menopausal women who have one or more risk factors for osteoporosis fractures.	BMD test once, or more often at discretion of clinician	
Infectious Disease Screening					
Sexually Transmitted Infections (Chlamydia, Gonorrhea, Syphilis, and HPV)	Annual screenings for sexually active patients under 25; annually for patients age 25 and over if at risk; [†] HPV vaccine is for women age 26 and under, if not previously vaccinated				
Sensory Screenings					
Eye Exam for Glaucoma	At least once. Every 3–5 years if at risk [†]		Every 2–4 years		Every 1–2 years
Hearing and Vision Assessment	At discretion of clinician				
Immunizations					
Tetanus, Diphtheria (Td)	3 doses if not previously immunized. Booster every 10 years. One booster during adulthood should be with the adult dTaP (tetnus booster with acellular pertussis) vaccine.				
Influenza	Every year if at high risk. [†]				Annually
Pneumococcal	If at high risk [†] and not previously immunized				Once after age 65, even if previously vaccinated
Meningococcal (Meningitis)	1 or more doses if not previously immunized, depending on risk factors and other indicators [†]				
Varicella (Chicken Pox)	2 doses given at or after age 13 if susceptible [†]				

* Please check subscriber certificate/benefit description for a complete listing of covered tests and procedures. Your plan may not cover every screening test listed.

† Contact your physician to determine if you are at risk.

‡ Pap test may be performed at three-year intervals only after three consecutive negative results.

The following screening tests and vaccinations are not routinely recommended, but may be appropriate depending on your age and/or risk: HIV test (HIV/AIDS); Hepatitis A, B, and C tests; Glucose (Type II Diabetes) test; Tuberculosis skin test; and Measles, Mumps, Rubella, and Hepatitis A and B vaccines.

The Preventive Screening Guidelines for Healthy Adults are general guidelines for healthy adults with no current symptoms or personal history of medical conditions. People with medical conditions, or those with a family history for certain diseases, should talk with their doctor about the right recommendations for them.

These guidelines were developed by Massachusetts Health Quality Partners (MHQP), a broad-based coalition of health care providers, plans, and purchasers working together to promote improvement in the quality of health care services in Massachusetts. Blue Cross Blue Shield of Massachusetts is an MHQP member.

Immunizations and Screening Tests for Healthy Children[§]

Screening Tests	0–1 year (Infancy)	1–4 years (Early Childhood)	5–10 years (Middle Childhood)	11–17 years (Adolescence)
Routine Checkups (including cholesterol screening, height, weight, developmental milestones, and BMI)	1–2 weeks; and 1, 2, 4, 6, 9, and 12 months. Assess breastfeeding infants between 3–5 days of age.	15, 18, and 24 months; and 3 and 4 years	Annually	Annually
Anemia	Once between 9–12 months	As needed at discretion of clinician		
Cholesterol	Not routine	Ages 2–17 at least once if there is a family history of premature cardiovascular disease (CVD) or parent with known lipid disorder and/or a parent with BMI > 85th percentile		
Blood Test for Lead	Initial screening between 9–12 months	Annually 2 and 3 years. Also at 4 years if in areas of high risk.	If never screened, prior to kindergarten entry	
Growth and Body Mass Index (BMI)	Assess growth parameters using height, weight, and head circumference	Assess growth parameters using height, weight, and include head circumference until 2 years of age. Annual BMI for age screening starting by age 3. Screen annually for eating disorders starting in middle childhood.		
Urinalysis			Once at 5 at discretion of clinician	
Blood Pressure		Annually, beginning at age 3		
Hearing	Assess prior to newborn discharge, or by 1 month. Subjective assessment at all other routine checkups.	Pure-tone audiometry at ages 4, 5, 6, 8, 10, 12, 15, and 17. Conduct audiologic monitoring every 6 months until 3 years if there is a language delay or a risk of hearing loss. Subjective assessment at all other routine checkups.		
Vision	Assess prior to newborn discharge, and by 6 months	Visual acuity test at ages 3–6, 8, 10, 12, 15, and 17. Screen for strabismus (lazy eye) between ages 3 and 5 years.		
Pap (Females)				If sexually active, beginning three years after first intercourse
Tests for Sexually Transmitted Diseases				For chlamydia and gonorrhea: screen annually if sexually active. For syphilis: screen if at risk.
Testicular Exam (Men)				Clinical exam and self-exam instruction annually beginning at age 15
Immunizations				
Hepatitis A		2 doses routinely recommended at 12–24 months. Second dose 6 months after the first		
Hepatitis B	3 doses recommended at birth, 1–2 months, 6–18 months			
Diphtheria, Tetanus, Pertussis (DTaP); Tetanus, Diphtheria, and Acellular Pertussis (Tdap) [Note: replaces Tetanus Diphtheria (Td)]	5 doses of DTaP recommended at 2, 4, 6 months; 15–18 months; and 4–6 years			1 dose of Tdap between ages 11–12; 1 dose between ages 13–18 if not previously vaccinated with Tdap
Inactivated Polio	4 doses recommended at 2 and 4 months, 6–18 months, and 4–6 years			
Haemophilus (Hib)	4 doses recommended at 2, 4, and 6 months; and 12–15 months			
Measles, Mumps, Rubella (MMR)		1 dose routinely recommended between 12–15 months	1 dose between 4–6 years	
Varicella (Chicken Pox)		2 doses routinely recommended between 12–15 months, and 4 and 6 years		
Pneumococcal Vaccine for Infants (PCV)	3 doses routinely recommended at 2, 4, and 6 months	1 dose between 12–15 months		
Meningococcal Vaccine		Certain high-risk groups only. As needed at discretion of clinician.		1 dose between 11–12 years; 1 dose at high school or college entry, if not previously vaccinated
HPV (Women)				3 doses between ages 11–12
Flu Vaccine	Annually for all children 6 months–18 years			
Rotavirus	3 doses at 2, 4, and 6 months			

§ Please check subscriber certificate/benefit description for a complete listing of covered tests and procedures. Your plan may not cover every screening test listed. These guidelines are generally for healthy children with no current symptoms or prior history of a medical condition. Parents of children with medical conditions or a family history of certain diseases should talk to their doctor about the right recommendations for their children.

The following tests or vaccines are not routinely recommended, but may be appropriate, depending on age and/or risk factors: Hepatitis C; Tuberculosis; HIV; Pneumococcal vaccine for older children (PCv); Meningococcal vaccine for children less than 11 years old.

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