MASSACHUSETTS

Benefits and coverage updates for 2025

2–50 HMO, PPO & EPO

GETTING MORE. NOW THERE'S A PLAN.

Accounts with 2–50 enrolled subscribers and 50 or fewer full-time employees
Effective on anniversary dates on or after January 1, 2025

PLANS THAT FIT YOUR EMPLOYEES' NEEDS

Choosing the right health plan is essential to attracting and retaining top talent. That's where we come in. Our comprehensive plans will help you feel confident that your employees have access to the benefits and services that meet their unique needs.

WHAT YOU CAN EXPECT

Cutting-edge innovation
With new and innovative plans, you can offer your employees competitive packages that maximize coverage while managing costs.

Top-rated tools and resources
From MyBlue to Team Blue, your employees have 24/7 access to their benefits, and a coordinated team ready to spring into action when questions arise.

Unparalleled access
With the largest network of providers in the country, we can consistently offer the lowest total cost of care.

FIND THE RIGHT PLAN FOR YOUR EMPLOYEES

Read this brochure to learn about the upcoming changes that enhance our products and offerings, and to compare the benefits included in each of our plans.*

*Our plans feature more benefits than those listed in this brochure. To see more details about what's included in each plan, refer to the plan subscriber certificates.

WHAT'S NEW FOR 2025

Here's what we're doing to keep our plans ahead of the curve.

These updates are effective January 1, 2025 and upon renewal, unless otherwise noted.

A more affordable health plan with perks

We know it's important for you to provide comprehensive benefits to your employees, while also managing the rising costs of health care. Our new value-add product combines a more affordable plan with innovative offerings that your employees want, like $0 virtual primary care, and $0 wellness-focused visits.

Here's how it works:

1. HMO Blue Select Plans: A lower-cost plan that offers an 8%-10% premium discount by leveraging a more curated, cost-efficient network
2. $0 cost share[1] for virtual visits with Virtual Care Team: Including $0 cost for primary care and mental health visits with our Virtual Care Team[2]
3. $0 cost share for three chiropractor, acupuncture, and mental health visits[3]

Advantage Blue® Preferred EPO

Our Advantage Blue® Preferred EPO plans, members have access to our extensive, national network of PPO providers with over one million doctors and 6,000 hospitals throughout the U.S. and Puerto Rico. Members aren't required to select a PCP or get referrals; they can see any PPO-participating provider. There is no out-of-network coverage, except for emergency care. The three new plans are:

- Advantage Blue® Preferred EPO $2,000 Deductible
- Advantage Blue® Preferred EPO $3,000 Saver
- Advantage Blue® Preferred EPO $3,000 Deductible

Virtual Care Team

Our Virtual Care Team feature is now available to members on Options and Select Network plans. This feature offers a convenient, concierge-like experience that gives members the option of having their primary care delivered virtually. Additionally, primary care and mental health services are provided at no cost to the member when done by the member's Virtual Care Team. Members on Saver plans must first meet their deductible for the copay or co-insurance to be waived.

$0 visits at limited service clinics

To increase convenient access to low-cost, high-quality care, this benefit allows members to visit limited service clinics at no cost. Limited service clinics, like CVS Minute Clinic®✓ are typically staffed by nurse practitioners and are located within retail settings and pharmacies. They can provide vaccinations and routine health checkups, as well as diagnosis and treatment for simple medical concerns. Members on Saver plans must first meet their deductible for the copay or co-insurance to be waived.

1. Before qualifying for no-cost virtual visits, HMO members must designate a Virtual Care Team provider as their PCP, and Saver/HSA-eligible plan members must meet their deductible
2. $0 copayment visits through the Virtual Care Team feature are only available through Firefly Health and select Carbon Health providers.
3. Not available on Saver plans.

(Continued)

New enhancements to vision plan,[4] Blue 20/20

With Blue 20/20 PLUS, members can get greater savings on their vision care when they receive services from a "PLUS providers". PLUS providers are already part of our Blue 20/20 provider networks. In addition to their Blue 20/20 base plan, members get these enhanced benefits:

- $0 exam copay
- Additional $50 frame allowance, with no brand restrictions

These benefits can be combined with other vision offers and discounts to provide a better member experience.

Blue 20/20 vision coverage for kids under 19: Little Eyes, Big Benefits

Eye health is very important and can affect kids' ability to learn. Correcting vision problems at an early age can have a lasting, positive impact, so we're offering enhanced vision coverage for kids under 19 who are enrolled in select Blue 20/20 plans.[5]

Enhancements include:

- Two fully covered eye exams at $0 copay per benefit period
- One pair of replacement lenses (subject to a prescription change) per benefit period
- Fully covered blue-light lenses treatment[6]
- Fully covered standard polycarbonate lenses
- 35% off non-prescription blue-light glasses

Expanded Dental Blue® benefits

Our Enhanced Dental Benefits provide additional, specific support, including full coverage for preventive and periodontal services, to members with qualifying medical conditions that may require increased oral care. Recently, we've expanded this benefit to include intellectual and/or developmental disabilities and mental health conditions. Qualifying members with these conditions are required to self-enroll using the Enhanced Dental Benefits enrollment form.

A rewarding new way to help members stay adherent with Sempre Health

We've partnered with Sempre Health, an independent company, to lower out-of-pocket costs for members who consistently fill certain medications on time.[7] Sempre Health identifies members taking certain medications to treat chronic conditions, such as diabetes and cardiovascular disease, and invites them to enroll in the program. Enrolled members who remain adherent can purchase their medications at a reduced cost and typically see greater out-of pocket savings.

4. We partner with EyeMed®✓ Vision Care, an independent vision benefits company, to offer our comprehensive vision plans.
5. Applicable plans include Exam Plus vision plans. Does not apply to Materials Only and Exam Only vision plans.
6. This applies to prescription lenses only.
7. This program is offered at no additional cost to clients or members, and is not able to be paired with HSA-compliant or Medicare plans.

FEDERAL MANDATES AND OTHER CHANGES

The Affordable Care Act (ACA) out-of-pocket-maximum and Internal Revenue Service (IRS) cost-of-living adjustments

Most health plans must include an out-of-pocket maximum that limits costs for all essential health benefits, including pharmacy. Out-of-pocket costs include copays, co-insurance, and deductibles. Our standard health plans include an out-of-pocket maximum that's set at or below the ACA's limits and the IRS guidelines for HSA-compatible, high-deductible plans.

Annual out-of-pocket maximums for 2025

Plan type	Individual coverage	Family coverage
HSA-Qualified High-Deductible Health Plans	$8,300	$16,600
Non-HSA-qualified high-deductible health plans	$9,200	$18,400

HMO

Accounts with 2–50 enrolled subscribers and 50 or fewer full-time employees

	HMO Blue New England Premier Value	HMO Blue New England $500 Deductible with Hospital Choice Cost Sharing	HMO Blue New England $1,000 Deductible with Copayment
Medical Deductible[4]	Inpatient Benefit: $1,000/$2,500	$500/$1,000	$1,000/$2,000
Out-of-Pocket Maximum[2]	$8,750/$17,500	$8,150/$16,300	$8,750/$17,500
Office Visit	Preventive: None VPCP[20]: None PCP: $25 Specialist: $45	Preventive: None VPCP[20]: None PCP: $30 Specialist: $50	Preventive: None VPCP[20]: None PCP : $25 Specialist: $50
Value Add Features[10b]	$0 for the first two Diabetic Monitoring visits per calendar year	$0 for the first two Diabetic Monitoring visits per calendar year	$0 for the first two Diabetic Monitoring visits per calendar year
Emergency Room	$250	$250 after deductible	$250 after deductible
Inpatient Admissions	Deductible	$250 after deductible[1]	$550 after deductible
Surgical Day Care (SDC)	$500	$250 after deductible[1]	$250 after deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	General Hospitals: $300 Other Network Providers: $100	$250 after deductible[1]	General Hospitals: $350 after deductible Other Network Providers: $100 after deductible
Prescription Drugs	Retail[21]: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	Retail[21]: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	Retail[21]: $10/$45/$100/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$200/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22]
Hospital Choice Cost Sharing[3a]	Not Applicable	After deductible Inpatient: $1,250 SDC: $1,250 MRI/CT/PET/NC: $500 OP Diag. labs - $70 OP Diag. X-ray & other imaging tests - $135 PT/OT/ST - $80	Not Applicable

LEGEND: HOSPITAL CHOICE COST SHARING | BLUE OPTIONS | BLUE SELECT

KEY: EBT: Enhanced Benefits Tier **SBT:** Standard Benefits Tier **BBT:** Basic Benefits Tier **SDC:** Surgical Day Care **OP Diag:** Outpatient Diagnostic **PT/OT/ST:** Physical/Occupational/Speech Therapy

FOOTNOTES LOCATED ON THE LAST PAGE

	HMO Blue New England Options Deductible II v.5	HMO Blue New England $1,500 Deductible with Hospital Choice Cost Sharing	HMO Blue New England $2,000 Deductible
Medical Deductible[4]	$1,000/$2,000	$1,500/$3,000	$2,000/$4,000
Out-of-Pocket Maximum[2]	$7,100/$14,200	$7,150/$14,300	$7,650/$15,300
Office Visit	Preventive: None PCP: VPCP[20]: None EBT[6c]: $25 SBT[6c]: $40 BBT[6c]: $55 Specialist: $60	Preventive: None VPCP[20]: None PCP: $25 Specialist: $50	Preventive: None VPCP[20]: None PCP: $25 Specialist: $50
Value Add Features[10b]	$0 for the first two Diabetic Monitoring visits per calendar year	$0 for the first two Diabetic Monitoring visits per calendar year	$0 for the first two Diabetic Monitoring visits per calendar year
Emergency Room	$250 after deductible	$250 after deductible	$250 after deductible
Inpatient Admissions	EBT[6c]: $250 after deductible SBT[6c]: $750 after deductible ($300 after deductible for select hospitals[7c]) BBT[6c]: $2,000 after deductible	$250 after deductible[1]	$500 after deductible
Surgical Day Care (SDC)	EBT[6c]: Deductible SBT[6c]: $750 after deductible ($50 after deductible for select hospitals[7c]) BBT[6c]: $2,000 after deductible	$250 after deductible[1]	Deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	EBT[6c]: $150 after deductible SBT[6c]: $250 after deductible BBT[6c]: $500 after deductible Other Network Providers: $100	$250 after deductible[1]	General Hospitals: $500 after deductible Other Network Providers: $250 after deductible
Prescription Drugs	Retail[21]: $10/$45/$175/$250/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$350/$750 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	Retail[21]: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Cost Share Assistance Program[22]	Retail[21]: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22]
Hospital Choice Cost Sharing[3a]	Not Applicable	After deductible Inpatient: $1,250 SDC: $1,250 MRI/CT/PET/NC: $500 OP Diag. labs: $70 OP Diag. X-ray & other imaging tests: $135 PT/OT/ST: $80	Not Applicable

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	HMO Blue Select $1,000 Deductible with Copayment	HMO Blue New England Options Deductible III v.5	HMO Blue New England $2,000 Deductible with Hospital Choice Cost Sharing
Medical Deductible[4]	$1,000/$2,000	$2,000/$4,000	$2,000/$4,000
Out-of-Pocket Maximum[2]	$6,950/$13,900	$8,750/$17,500	$6,750/$13,500
Office Visit	Preventive: None VPCP[20]: None PCP: $40 Specialist: $60	Preventive: None PCP: VPCP[20]: None EBT[6c]: $25 SBT[6c]: $40 BBT[6c]: $55 Specialist: $60	Preventive: None VPCP[20]: None PCP: $25 Specialist: $50
Value Add Features[10b]	$0 for the first two Diabetic Monitoring visits per calendar year $0 for first three visits for: Chiropractic, Acupuncture, Outpatient Mental Health visits	$0 for the first two Diabetic Monitoring visits per calendar year	$0 for the first two Diabetic Monitoring visits per calendar year
Emergency Room	$350	$250 after deductible	$250 after deductible
Inpatient Admissions	$750 after deductible	EBT[6c]: Deductible SBT[6c]: $750 after deductible ($50 after deductible for select hospitals[7c]) BBT[6c]: $2,000 after deductible	$250 after deductible[1]
Surgical Day Care (SDC)	$500 after deductible	EBT[6c]: Deductible SBT[6c]: $750 after deductible ($50 after deductible for select hospitals[7c]) BBT[6c]: $2,000 after deductible	$250 after deductible[1]
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	$250 after deductible	EBT[6c]: $150 after deductible SBT[6c]: $250 after deductible BBT[6c]: $500 after deductible Other Network Providers: $100	$250 after deductible[1]
Prescription Drugs	Retail[21]: $10/$45/$80/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$160/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	Retail[21]: $10/$45/$175/$250/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$350/$750 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	Retail[21]: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22]
Hospital Choice Cost Sharing[3a]	Not Applicable	Not Applicable	After deductible Inpatient: $1,250 SDC: $1,250 MRI/CT/PET/NC: $500 OP Diag. labs: $70 OP Diag. X-ray & other imaging tests: $135 PT/OT/ST: $90

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	HMO Blue Select $2,000 Deductible	HMO Blue New England $1,500 Deductible with Copayment	HMO Blue New England Saver $2,000
Medical Deductible[4]	$2,000/$4,000	$1,500/$3,000	$2,000/$4,000[8]
Out-of-Pocket Maximum[2]	$8,300/$16,600	$6,000/$12,000	$7,150/$14,300
Office Visit	Preventive: None VPCP[20]: None PCP: $40 Specialist: $60	Preventive: None VPCP[20]: None PCP: $30 Specialist: $65	Preventive: None VPCP[20]: Deductible PCP: $30 after deductible Specialist: $60 after deductible
Value Add Features[10b]	$0 for the first two Diabetic Monitoring visits per calendar year $0 for first three visits for: Chiropractic, Acupuncture, Outpatient Mental Health visits	$0 for the first two Diabetic Monitoring visits per calendar year	$0 for the first two Diabetic Monitoring visits per calendar year
Emergency Room	$500	$750 after deductible	$350 after deductible
Inpatient Admissions	$250 after deductible	$1,000 after deductible	$500 after deductible
Surgical Day Care (SDC)	Deductible	$750 after deductible	$250 after deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	$250 after deductible	General Hospitals: $600 after deductible Other Network Providers: $300 after deductible	General Hospitals: $500 after deductible Other Network Providers: $150 after deductible
Prescription Drugs	Retail[21]: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	Retail[21]: $10/$45/$175/$200/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$350/$600 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	After deductible[17] Retail[21]: $10/$45/$175/$250/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$350/$750 Mail Order with Retail Choice Program
Hospital Choice Cost Sharing[3a]	Not Applicable	Not Applicable	Not Applicable

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	HMO Blue New England $2,000 Deductible with Copayment	HMO Blue Select $2,000 Deductible with Copayment	HMO Blue New England Total Deductible with Rx
Medical Deductible[4]	$2,000/$4,000	$2,000/$4,000	$3,500/$7,000
Out-of-Pocket Maximum[2]	$8,850/$17,700	$8,850/$17,700	$4,900/$9,800
Office Visit	Preventive: None VPCP[20]: None PCP: $25 Specialist: $65	Preventive: None VPCP[20]: None PCP: $45 Specialist: $65	Preventive: None VPCP[20]: None PCP: Deductible Specialist: Deductible
Value Add Features[10b]	$0 for the first two Diabetic Monitoring visits per calendar year	$0 for the first two Diabetic Monitoring visits per calendar year $0 for first three visits for: Chiropractic, Acupuncture, Outpatient Mental Health visits	$0 for the first two Diabetic Monitoring visits per calendar year
Emergency Room	$1,200 after deductible	$850 after deductible	Deductible
Inpatient Admissions	$750 after deductible	$750 after deductible	Deductible
Surgical Day Care (SDC)	$350 after deductible	$500 after deductible	Deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	General Hospitals: $750 after deductible Other Network Providers: $500 after deductible	$750 after deductible	Deductible
Prescription Drugs	Retail[21]: $10/$45/$225/$275/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$450/$825 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	Retail[21]: $10/$45/$225/$275/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$450/$825 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	Retail[21]: $10/$45/$125/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$250/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22]
Hospital Choice Cost Sharing[3a]	Not Applicable	Not Applicable	Not Applicable

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	HMO Blue New England $3,000 Deductible	HMO Blue New England Basic Copayment	HMO Blue New England $3,000 Deductible with Hospital Choice Cost Sharing
Medical Deductible[4]	$3,000/$6,000	$2,000/$4,000	$3,000/$6,000
Out-of-Pocket Maximum[2]	$8,850/$17,700	$8,850/$17,700	$8,850/$17,700
Office Visit	Preventive: None VPCP[20]: None PCP: $45 Specialist: $65	Preventive: None VPCP[20]: None PCP: $45 Specialist: $75	Preventive: None VPCP[20]: None PCP: $35 Specialist: $60
Value Add Features[10b]	$0 for the first two Diabetic Monitoring visits per calendar year	$0 for the first two Diabetic Monitoring visits per calendar year	$0 for the first two Diabetic Monitoring visits per calendar year
Emergency Room	$750 after deductible	$1,000 after deductible	$800 after deductible
Inpatient Admissions	$750 after deductible	$1,000 after deductible	$500 after deductible[1]
Surgical Day Care (SDC)	$750 after deductible	$1,000 after deductible	$500 after deductible[1]
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	General Hospitals: $550 after deductible Other Network Providers: $300 after deductible	General Hospitals: $1,000 after deductible Other Network Providers: $750 after deductible	$500 after deductible[1]
Prescription Drugs	Retail[21]: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	Retail[21]: $10/$45/$175/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$350/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	Retail[21]: $10/$45/$200/$250/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$400/$750 Mail Order with Retail Choice Program Cost Share Assistance Program[22]
Hospital Choice Cost Sharing[3a]	Not Applicable	Not Applicable	After deductible Inpatient: $1,500 SDC: $1,500 MRI/CT/PET/NC: $950 OP Diag. labs: $80 OP Diag. X-ray & other imaging tests: $175 PT/OT/ST: $90

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	HMO Blue New England $3,000 Deductible with Copayment	HMO Blue New England $4,500 Deductible	HMO Blue Select $3,000 Deductible
Medical Deductible[4]	$3,000/$6,000	$4,500/$9,000	$3,000/$6,000
Out-of-Pocket Maximum[2]	$8,850/$17,700	$8,750/$17,500	$8,850/$17,700
Office Visit	Preventive: None VPCP[20]: None PCP: $45 Specialist: $70	Preventive: None VPCP[20]: None PCP: $45 Specialist: $65	Preventive: None VPCP[20]: None PCP: $45 Specialist: $65
Value Add Features[10b]	$0 for the first two Diabetic Monitoring visits per calendar year	$0 for the first two Diabetic Monitoring visits per calendar year	$0 for the first two Diabetic Monitoring visits per calendar year $0 for first three visits for: Chiropractic, Acupuncture, Outpatient Mental Health visits
Emergency Room	$750 after deductible	$500 after deductible	$750 after deductible
Inpatient Admissions	$1,500 after deductible	$750 after deductible	$1,000 after deductible
Surgical Day Care (SDC)	$750 after deductible	$750 after deductible	$750 after deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	General Hospitals: $500 after deductible Other Network Providers: $250 after deductible	General Hospitals: $750 after deductible Other Network Providers: $250 after deductible	$500 after deductible
Prescription Drugs	Retail[21]: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	Retail[21]: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	Retail[21]: $10/$45/$175/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$350/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22]
Hospital Choice Cost Sharing[3a]	Not Applicable	Not Applicable	Not Applicable

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	HMO Blue New England $5,000 Deductible	HMO Blue New England Saver $3,000	HMO Blue Select Saver $2,000
Medical Deductible[4]	$5,000/$10,000	$3,000/$6,000[8]	$2,000/$4,000[8]
Out-of-Pocket Maximum[2]	$8,750/$17,500	$7,150/$14,300	$7,150/$14,300
Office Visit	Preventive: None VPCP[20]: None PCP: $40 Specialist: $65	Preventive: None VPCP[20]: Deductible PCP: $35 after deductible Specialist: $60 after deductible	Preventive: None VPCP[20]: Deductible PCP: $45 after deductible Specialist: $65 after deductible
Value Add Features[10b]	$0 for the first two Diabetic Monitoring visits per calendar year	$0 for the first two Diabetic Monitoring visits per calendar year	$0 for the first two Diabetic Monitoring visits per calendar year
Emergency Room	$500 after deductible	$350 after deductible	$250 after deductible
Inpatient Admissions	$1,000 after deductible	$500 after deductible	$750 after deductible
Surgical Day Care (SDC)	$750 after deductible	$250 after deductible	$500 after deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	General Hospitals: $750 after deductible Other Network Providers: $250 after deductible	General Hospitals: $400 after deductible Other Network Providers: $150 after deductible	$350 after deductible
Prescription Drugs	Retail[21]: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	After deductible[17] Retail[21]: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program	After deductible[17] Retail[21]: $10/$45/$175/$250/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$350/$750 Mail Order with Retail Choice Program
Hospital Choice Cost Sharing[3a]	Not Applicable	Not Applicable	Not Applicable

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	HMO Blue New England Saver $4,500	HMO Blue New England Saver $3,000 with Hospital Choice Cost Sharing	HMO Blue New England Basic Saver
Medical Deductible[4]	$4,500/$9,000 per plan year[15]	$3,000/$6,000[8]	$3,350/$6,550 per plan year[15]
Out-of-Pocket Maximum[2]	$6,650/$13,300	$7,150/$14,300	$6,950/$13,900
Office Visit	Preventive: None VPCP[20]: Deductible PCP: $35 after deductible Specialist: $65 after deductible	Preventive: None VPCP[20]: Deductible PCP: $35 after deductible Specialist: $55 after deductible	Preventive: None VPCP[20]: Deductible PCP: $45 after deductible Specialist: $75 after deductible
Value Add Features[10b]	$0 for the first two Diabetic Monitoring visits per calendar year	$0 for the first two Diabetic Monitoring visits per calendar year	$0 for the first two Diabetic Monitoring visits per calendar year
Emergency Room	$500 after deductible	$350 after deductible	$1,500 after deductible
Inpatient Admissions	$1,000 after deductible	$250 after deductible[1]	$1,500 after deductible
Surgical Day Care (SDC)	$750 after deductible	$250 after deductible[1]	$1,000 after deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	General Hospitals: $500 after deductible Other Network Providers: $150 after deductible	$250 after deductible[1]	General Hospitals: $1,000 after deductible Other Network Providers: $750 after deductible
Prescription Drugs	After deductible[17] Retail[21]: $10/$45/$175/$250/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$350/$750 Mail Order with Retail Choice Program	After deductible[17] Retail[21]: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program	After deductible[17] Retail[21]: $10/$45/$175/$250/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$350/$750 Mail Order with Retail Choice Program
Hospital Choice Cost Sharing[3a]	Not Applicable	After deductible Inpatient: $1,250 SDC: $1,250 MRI/CT/PET/NC: $500 OP Diag. labs: $55 OP Diag. X-ray & other imaging tests: $125 PT/OT/ST: $80	Not Applicable

LEGEND: HOSPITAL CHOICE COST SHARING | BLUE OPTIONS | BLUE SELECT

KEY: EBT: Enhanced Benefits Tier **SBT:** Standard Benefits Tier **BBT:** Basic Benefits Tier **SDC:** Surgical Day Care **OP Diag:** Outpatient Diagnostic **PT/OT/ST:** Physical/Occupational/Speech Therapy

FOOTNOTES LOCATED ON THE LAST PAGE

PPO

Accounts with 2–50 enrolled subscribers and 50 or fewer full-time employees

	Preferred Blue® PPO $1,500 Deductible	Preferred Blue® PPO Saver $2,000	Preferred Blue® PPO $2,500 Deductible
Medical Deductible[4]	IN: $1,500/$3,000 OON: $4,500/$9,000	IN: $2,000/$4,000[8] OON: $5,000/$10,000[8]	IN: $2,500/$5,000 OON: $5,500/$11,000
Out-of-Pocket Maximum[2]	IN: $8,750/$17,500 OON: $17,500/$35,000	IN: $7,150/$14,300 OON: $14,300/$28,600	IN: $8,750/$17,500 OON: $17,500/$35,000
Office Visit	Preventive: IN: None IN: VPCP[20]: None PCP[14]: $35 after deductible Specialist: $55 after deductible OON: 20% coinsurance after deductible	Preventive: IN: None IN: VPCP[20]: Deductible PCP[14]: $30 after deductible Specialist: $50 after deductible OON: 20% coinsurance after deductible (no deductible for preventative care)	Preventive:IN: None VPCP[20]: None PCP: $35 after deductible Specialist: $45 after deductible OON: 20% coinsurance after deductible
Value Add Features[10b]	$0 for the first two Diabetic Monitoring visits per calendar year	$0 for the first two Diabetic Monitoring visits per calendar year	$0 for the first two Diabetic Monitoring visits per calendar year
Emergency Room	$350 after in-network deductible	$350 after in-network deductible	$350 after in-network deductible
Inpatient Admissions	IN: 10% coinsurance after deductible OON: 20% coinsurance after deductible	IN: 10% coinsurance after deductible OON: 20% coinsurance after deductible	IN: 10% coinsurance after deductible OON: 20% coinsurance after deductible
Surgical Day Care (SDC)	IN: $350 after deductible OON: 20% coinsurance after deductible	IN: $350 after deductible OON: 20% coinsurance after deductible	IN: $500 after deductible OON: 20% coinsurance after deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	IN: General Hospitals: $500 after deductible Other Network Providers: $250 after deductible OON: 20% coinsurance after deductible	IN: General Hospitals: $450 after deductible Other Network Providers: $125 after deductible OON: 20% coinsurance after deductible	IN: General Hospitals: $500 after deductible Other Network Providers: $250 after deductible OON: 20% after deductible
Prescription Drugs	IN: Retail[21]: $10/$45/$150/ $225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22] OON: Retail: $20/$90/$300/$450 Mail: Not covered	After in-network deductible[17]: IN: Retail[21]: $10/$45/$175/ $250/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$350/$750 Mail Order with Retail Choice Program After out-of-network deductible[17]: OON: Retail: $20/$90/$350/$500 Mail: Not covered	IN: Retail[21]: $10/$45/$150/ $225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22] OON: Retail: $20/$90/$300/$450 Mail: Not covered
Hospital Choice Cost Sharing[3a]	Not Applicable	Not Applicable	Not Applicable

LEGEND: HOSPITAL CHOICE COST SHARING

KEY: EBT: Enhanced Benefits Tier **SBT:** Standard Benefits Tier **BBT:** Basic Benefits Tier **SDC:** Surgical Day Care **OP Diag:** Outpatient Diagnostic **PT/OT/ST:** Physical/Occupational/Speech Therapy

FOOTNOTES LOCATED ON THE LAST PAGE

	Preferred Blue® PPO $3,000 Deductible with Hospital Choice Cost Sharing	Preferred Blue® PPO Saver $3,000	Preferred Blue® PPO $4,500 Deductible
Medical Deductible[4]	IN: $3,000/$7,500 OON: $6,000/$13,000	IN: $3,000/$6,000[8] OON: $6,000/$12,000[8]	IN: $4,500/$9,000 OON: $7,500/$15,000
Out-of-Pocket Maximum[2]	IN: $8,750/$17,500 OON: $17,500/$35,000	IN: $7,150/$14,300 OON: $14,300/$28,600	IN: $8,850/$17,700 OON: $17,700/$35,400
Office Visit	Preventive: IN: None IN: VPCP[20]: None PCP[14]: $40 after deductible Specialist: $55 after deductible OON: 20% coinsurance after deductible	Preventive: IN: None IN: VPCP[20]: Deductible PCP[14]: $35 after deductible Specialist: $50 after deductible OON: 20% coinsurance after deductible (no deductible for preventative care)	Preventive: IN: None IN: VPCP[20]: None PCP[14]: $40 after deductible Specialist: $55 after deductible OON: 20% coinsurance after deductible
Value Add Features[10b]	$0 for the first two Diabetic Monitoring visits per calendar year	$0 for the first two Diabetic Monitoring visits per calendar year	$0 for the first two Diabetic Monitoring visits per calendar year
Emergency Room	$500 after in-network deductible	$400 after in-network deductible	$600 after in-network deductible
Inpatient Admissions	IN: 10% coinsurance after deductible[1] OON: 20% coinsurance after deductible	IN: 10% coinsurance after deductible OON: 20% coinsurance after deductible	IN: 10% after deductible OON: 20% coinsurance after deductible
Surgical Day Care (SDC)	IN: $500 after deductible[1] OON: 20% coinsurance after deductible	IN: $250 after deductible OON: 20% coinsurance after deductible	IN: $750 after deductible OON: 20% coinsurance after deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	IN: $350 after deductible[1] OON: 20% coinsurance after deductible	IN: General Hospitals: $450 after deductible Other Network Providers: $125 after deductible OON: 20% coinsurance after deductible	IN: General Hospitals: $750 after deductible Other Network Providers: $250 after deductible OON: 20% coinsurance after deductible
Prescription Drugs	IN: Retail[21]: $10/$45/$150/ $250/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$750 Mail Order with Retail Choice Program Cost Share Assistance Program[22] OON: Retail: $20/$90/$300/$500 Mail: Not covered	After in-network deductible[17]: IN: Retail[21]: $10/$45/$150/ $225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program After out-of-network deductible[17]: OON: Retail: $20/$90/$300/$450 Mail: Not covered	IN: Retail[21]: $10/$45/$175/ $225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$350/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22] OON: Retail: $20/$90/$350/$450 Mail: Not covered
Hospital Choice Cost Sharing[3a]	IN: After deductible Inpatient: 20% coinsurance SDC: $1,500 MRI/CT/PET/NC: $750 OP Diag. labs: $70 OP Diag. X-ray & other imaging tests: $155 PT/OT/ST: $80	Not Applicable	Not Applicable

LEGEND: HOSPITAL CHOICE COST SHARING

KEY: EBT: Enhanced Benefits Tier **SBT:** Standard Benefits Tier **BBT:** Basic Benefits Tier **SDC:** Surgical Day Care **OP Diag:** Outpatient Diagnostic **PT/OT/ST:** Physical/Occupational/Speech Therapy

FOOTNOTES LOCATED ON THE LAST PAGE

	Preferred Blue® PPO Saver $4,500
Medical Deductible[4]	IN: $4,500/$9,000[15] OON: $7,500/$15,000[15]
Out-of-Pocket Maximum[2]	IN: $6,600/$13,200 OON: $13,200/$26,400
Office Visit	Preventive: IN: None IN: VPCP[20]: Deductible PCP[14]: $50 after deductible Specialist: $75 after deductible OON: 20% after deductible (no deductible for preventative care)
Value Add Features[10b]	$0 for the first two Diabetic Monitoring visits per calendar year
Emergency Room	$500 after in-network deductible
Inpatient Admissions	IN: 10% after deductible OON: 20% coinsurance after deductible
Surgical Day Care (SDC)	IN: $750 after deductible OON: 20% coinsurance after deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	IN: General Hospitals: $750 after deductible Other Network Providers: $250 after deductible OON: 20% coinsurance after deductible
Prescription Drugs	After in-network deductible[17] IN: Retail[21]: $10/$45/$175/ $250/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$350/$750 Mail Order with Retail Choice Program After out-of-network deductible[17] OON: Retail: $20/$90/$350/$500 Mail: Not covered
Hospital Choice Cost Sharing[3a]	Not Applicable

LEGEND: HOSPITAL CHOICE COST SHARING

KEY: EBT: Enhanced Benefits Tier **SBT:** Standard Benefits Tier **BBT:** Basic Benefits Tier **SDC:** Surgical Day Care **OP Diag:** Outpatient Diagnostic **PT/OT/ST:** Physical/Occupational/Speech Therapy

FOOTNOTES LOCATED ON THE LAST PAGE

EPO

Accounts with 2–50 enrolled subscribers and 50 or fewer full-time employees

	Advantage Blue® Preferred EPO $2,000 Deductible	Advantage Blue® Preferred EPO $3,000 Deductible	Advantage Blue® Preferred EPO Saver $3,000
Medical Deductible[4]	$2,000/$4,000	$3,000/$6,000	$3,000/$6,000[8]
Out-of-Pocket Maximum[2]	$8,850/$17,700	$8,850/$17,700	$7,150/$14,300
Office Visit	Preventive: None VPCP[20]: None PCP: $25 Specialist: $65	Preventive: None VPCP[20]: None PCP: $45 Specialist: $65	Preventive: None VPCP[20]: Deductible PCP: $35 after deductible Specialist: $65 after deductible
Value Add Features[10b]	$0 for the first two Diabetic Monitoring visits per calendar year	$0 for the first two Diabetic Monitoring visits per calendar year	$0 for the first two Diabetic Monitoring visits per calendar year
Emergency Room	$1,000 after deductible	$750 after deductible	$350 after deductible
Inpatient Admissions	$1,000 after deductible	$1,000 after deductible	$500 after deductible
Surgical Day Care (SDC)	$750 after deductible	$750 after deductible	$500 after deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	General Hospitals: $750 after deductible Other Network Providers: $500 after deductible	General Hospitals: $500 after deductible Other Network Providers: $250 after deductible	General Hospitals: $400 after deductible Other Network Providers: $150 after deductible
Prescription Drugs	Retail[21]: $10/$45/$225/$275/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$450/$825 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	Retail[21]: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	After deductible [17]: Retail[21]: $10 / $45 /$150/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program
Hospital Choice Cost Sharing[3a]	Not Applicable	Not Applicable	Not Applicable

KEY: EBT: Enhanced Benefits Tier **SBT:** Standard Benefits Tier **BBT:** Basic Benefits Tier **SDC:** Surgical Day Care **OP Diag:** Outpatient Diagnostic **PT/OT/ST:** Physical/Occupational/Speech Therapy

FOOTNOTES LOCATED ON THE LAST PAGE

MEDICARE CREDITABLE COVERAGE

With the exception of the Preferred Blue PPO $4,500 Deductible plan and the HMO Blue NE $5,000 Deductible plan, all plans in this brochure meet Medicare Creditable Coverage prescription drug coverage requirements. Creditable Coverage means that the member's prescription drug coverage is as good as or better than the standard Medicare Part D Plan.

MINIMUM CREDITABLE COVERAGE (MCC)

All plans in this brochure meet the minimum level of benefits for adult tax filers to be considered insured and avoid tax penalties in Massachusetts.

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS ALLOWS SMALL EMPLOYER GROUPS WITH TWO OR MORE ENROLLED EMPLOYEES TO OFFER UP TO TWO MEDICAL PLANS

Please see our underwriting guidelines for this type of arrangement:

- The Hospital Choice Cost Sharing feature (HCCS or Options) can only be offered alongside another product with the Hospital Choice Cost Sharing feature (HCCS or Options) or alongside a Saver product.
- Products without the Hospital Choice Cost Sharing feature (Non-HCCS or Non-Options) can only be offered alongside products without the Hospital Choice Cost Sharing feature (Non-HCCS or Non-Options).
- Preferred Blue® PPO Options can be sold alongside any product with the Hospital Choice Cost Sharing feature (HCCS or Options). Preferred Blue PPO Options can also be sold alongside any HMO Blue New England product without the Hospital Choice Cost Sharing feature as long as Preferred Blue PPO Options is for out-of-New England employees only.
- HMO Blue New England Options Deductible II and HMO Blue New England Options Deductible III can be sold alongside any Non-Hospital Choice Cost Sharing PPO product as long as the Non-Hospital Choice Cost Sharing PPO product is for out-of-New England employees only.
- Any HMO Blue New England product without the Hospital Choice Cost Sharing feature can be offered alongside a PPO product with the HCCS feature when the PPO is set up for out-of-New England membership only.
- HMO Blue Select can only be offered alongside other Select products, Options products, Saver products, or products with the Hospital Choice Cost Sharing feature.

FOOTNOTES

1 This is the cost sharing for services rendered at hospitals other than those that are designated as higher cost.

2 The out-of-pocket maximum accumulates on a plan year basis unless otherwise noted. The two out-of-pocket maximum amounts refer to individual and family.

3a View a list of HCCS hospitals and clinics and their cost share: https://home.bluecrossma.com/collateral/sites/g/files/csphws1571/files/acquiadam-assets/55-1508_HCCS_Hospital_List.pdf

4 The deductible accumulates on a plan year basis unless otherwise noted. The two deductible amounts, where applicable, refer to individual and family.

6c Outside Massachusetts, the lower Enhanced Benefits Tier copayment applies to any network provider that is listed as a general practitioner, pediatrician, obstetrician/gynecologist, nurse practitioner, rural health center, limited services clinic, or general hospital. In New Hampshire, a Tier 1 provider equates to an Enhanced Benefits Tier provider and a Tier 2 provider equates to a Standard Benefits Tier provider.

7c To provide geographic access to members, the lower Standard Benefits Tier copayment applies for Athol Memorial Hospital, Baystate Franklin Medical Center, Berkshire Medical Center, Falmouth Hospital, Martha's Vineyard Hospital, and Nantucket Cottage Hospital.

8 Entire family deductible must be satisfied before benefits are provided for any one member enrolled under a family membership.

10b Members will pay nothing for the first two diabetic monitoring visits per calendar year. These are services such as diabetic evaluation and management services, including diabetic eye exams and foot care.

14 Primary care providers include: family or general practitioner, internist, OB/GYN physician, pediatrician, geriatric specialist, nurse midwife, limited services clinic, or multi-specialty provider group; or by any physician assistant or nurse practitioner.

15 The family deductible can be met through any combination of eligible costs from members on the same family plan. Each member is only responsible for their member deductible.

17 For HSA compliant Saver plans overall deductible does not apply towards drugs defined as preventive under the Affordable Care Act.

20 Network providers who are designated as a Virtual Primary Care Provider (VPCP) as part of a Virtual Care Team. A Virtual Care Team is a model that includes primary care with integrated mental health and/or substance use support delivered virtually by a Primary Care Provider as part of a patient care team. The Virtual Care Model includes a care coordinator to assist in managing care with a Virtual Care Team or other in-network specialist (virtually or in person) as well as to exchange any necessary medical records when possible.

21 No-Cost Generic Medications are select generic medications used to treat chronic conditions at no cost share.

22 The Cost Share Assistance Program helps qualified members who take certain high-cost specialty medications.

Questions?

If you have any questions, contact your broker or account executive.

MASSACHUSETTS

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