

# GETTING MORE. NOW THERE'S A PLAN.

For individuals and groups of one

Effective on anniversary dates  
on or after January 1, 2025



# 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

Our new value-add product combines a more affordable plan with innovative offerings, 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<sup>1</sup> for virtual visits with Virtual Care Team: including \$0 cost for primary care and mental health visits with our Virtual Care Team<sup>2</sup>
3. \$0 cost share for three chiropractor, acupuncture, and mental health visits<sup>3</sup>

## A new way to purchase medications at a reduced cost 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.<sup>4</sup> 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.

## New enhancements to our vision plan, Blue 20/20

With Blue 20/20 PLUS, members can get greater savings on their vision care when they receive services from a "PLUS provider". 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.<sup>5</sup>

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<sup>6</sup>
- Fully covered standard polycarbonate lenses
- 35% off non-prescription blue-light glasses

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.

4. This program is offered at no additional cost to clients or members, and is not able to be paired with Qualified Health Plans, HSA compliant or Medicare 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.

# FEDERAL MANDATES AND OTHER CHANGES

## Cost-share changes for 2025

Changes to cost-sharing amounts are due to a variety of factors, such as needing to meet the requirements set by the Affordable Care Act (ACA). All changes are noted in the charts on the following pages, or members can check their Summary of Benefits to review the cost-sharing amounts and benefit changes that might affect their plan.

## ACA out-of-pocket maximum and IRS cost-of-living adjustments for 2025

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 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

## Minimum deductible amounts for 2025

Plan type	Individual coverage	Family coverage
HSA-qualified high-deductible health plans	\$1,650	\$3,300

## DO MORE WITH MYBLUE



View plan and coverage details



Find in-network doctors



Track and manage claims



Check deductible balances



Access member ID cards



# THE BEST HEALTH INSURANCE IS THE KIND YOU UNDERSTAND

## Blue Select (indicated in blue)

These HMO health plans include a limited provider network called HMO Blue Select, which is smaller than the Blue Cross Blue Shield of Massachusetts HMO Blue provider network. Under these plans, members can get care from only the providers in the HMO Blue Select network. To see which providers are included in the HMO Blue Select network, use our online **Find a Doctor & Estimate Costs** tool at [bluecrossma.com/findadoctor](https://bluecrossma.com/findadoctor) and choose **HMO Blue Select**.





# HMO

Individuals and groups of one



	HMO Blue Premium	HMO Blue Value Deductible	HMO Blue Deductible with Copayment
Medical Deductible <sup>4</sup>	None	\$1,000/\$2,000 (includes Rx-Tier 3)	Medical: \$2,000/\$4,000 Rx: \$250/\$500 (Tiers 2 and 3)
Out-of-Pocket Maximum <sup>2</sup>	\$2,650/\$5,300	\$5,650/\$11,300	\$6,100/\$12,200
Office Visit	Preventive: None PCP: \$20 Specialist: \$40	Preventive: None PCP: \$20 Specialist: \$40	Preventive: None PCP: \$30 Specialist: \$55
Value Add Features <sup>10b</sup>	Not Applicable	Not Applicable	Not Applicable
Emergency Room	\$150	\$250	\$350 after deductible
Inpatient Admissions	\$500	\$200 after deductible	\$750 after deductible
Surgical Day Care (SDC)	\$250	\$100 after deductible	\$500 after deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	\$150	\$150 after deductible	\$300 after deductible
Prescription Drugs	Retail: \$10/\$25/\$50 Mail: \$20/\$50/\$150 Mail Order with Retail Choice Program	Retail: \$25/\$45/\$75 after deductible Mail: \$50/\$90/\$225 after deductible Mail Order with Retail Choice Program	Retail: \$25/\$50 after Rx Deductible/\$100 after Rx Deductible Mail: \$50/\$100 after Rx Deductible/\$300 after Rx Deductible Mail Order with Retail Choice Program
Hospital Choice Cost Sharing <sup>3a</sup>	N/A	N/A	N/A

**LEGEND:**
**BLUE SELECT**

KEY: IN: In-Network OON: Out-of-Network VPCP: Virtual Primary Care Provider

FOOTNOTES LOCATED  
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	HMO Blue Basic	HMO Blue Select \$1,000 Deductible with Copayment	HMO Blue Select \$2,000 Deductible
Medical Deductible <sup>4</sup>	\$2,000/\$4,000 (includes Rx tier 3)	\$1,000/\$2,000	\$2,000/\$4,000
Out-of-Pocket Maximum <sup>2</sup>	\$8,850/\$17,700	\$6,950/\$13,900	\$8,300/\$16,600
Office Visit	Preventive: None PCP: \$25 Specialist: \$60	Preventive: None VPCP <sup>20</sup> : None PCP <sup>10b</sup> : \$40 Specialist <sup>10b</sup> : \$60	Preventive: None VPCP <sup>20</sup> : None PCP <sup>10b</sup> : \$40 Specialist <sup>10b</sup> : \$60
Value Add Features <sup>10b</sup>	Not Applicable	\$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 first three visits for: Chiropractic, Acupuncture, Outpatient Mental Health visits
Emergency Room	\$350 after deductible	\$350	\$500
Inpatient Admissions	\$1,000 after deductible	\$750 after deductible	\$250 after deductible
Surgical Day Care (SDC)	\$500 after deductible	\$500 after deductible	Deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	\$350 after deductible	\$250 after deductible	\$250 after deductible
Prescription Drugs	Retail: \$30/\$55/\$75 after deductible Mail: \$60/\$110/\$225 after deductible Mail Order with Retail Choice Program	Retail <sup>21</sup> : \$10/\$45/\$80/\$225/50% with \$350 Max/50% with \$500 Max Mail <sup>21</sup> : \$20/\$90/\$160/\$675 Mail Order with Retail Choice Program Cost Share Assistance Program <sup>22</sup>	Retail <sup>21</sup> : \$10/\$45/\$150/\$225/50% with \$350 Max/50% with \$500 Max Mail <sup>21</sup> : \$20/\$90/\$300/\$675 Mail Order with Retail Choice Program Cost Share Assistance Program <sup>22</sup>
Hospital Choice Cost Sharing <sup>3a</sup>	N/A	N/A	N/A

**LEGEND:**
**BLUE SELECT**

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	HMO Blue Saver	HMO Blue Select \$3,000 Deductible	HMO Blue Basic Deductible
Medical Deductible <sup>4</sup>	\$2,000/\$4,000 <sup>8</sup>	\$3,000/\$6,000	\$2,850/\$5,700 (includes Rx tiers 2 and 3)
Out-of-Pocket Maximum <sup>2</sup>	\$6,700/\$13,400	\$8,850/\$17,700	\$8,850/\$17,700
Office Visit	Preventive: None PCP: \$30 after deductible Specialist: \$60 after deductible	Preventive: None VPCP <sup>20</sup> : None PCP <sup>10b</sup> : \$45 Specialist <sup>10b</sup> : \$65	Preventive: None PCP: \$30 after deductible Specialist: \$65 after deductible
Value Add Features <sup>10b</sup>	Not Applicable	\$0 for the first two Diabetic Monitoring visits per calendar year  \$0 for first three visits for: Chiropractic, Acupuncture, Outpatient Mental Health visits	Not Applicable
Emergency Room	\$300 after deductible	\$750 after deductible	\$400 after deductible
Inpatient Admissions	\$750 after deductible	\$1,000 after deductible	\$1,000 after deductible
Surgical Day Care (SDC)	\$500 after deductible	\$750 after deductible	\$500 after deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	\$500 after deductible	\$500 after deductible	\$350 after deductible
Prescription Drugs	After deductible <sup>17</sup> Retail: \$30/\$60/\$105 Mail: \$60/\$120/\$315 Mail Order with Retail Choice Program	Retail <sup>21</sup> : \$10/\$45/\$175/\$225/50% with \$350 Max/50% with \$500 Max Mail <sup>21</sup> : \$20/\$90/\$350/\$675 Mail Order with Retail Choice Program Cost Share Assistance Program <sup>22</sup>	Retail: \$30/\$65 after deductible/\$100 after deductible Mail: \$60/\$130 after deductible/\$300 after deductible Mail Order with Retail Choice Program
Hospital Choice Cost Sharing <sup>3a</sup>	N/A	N/A	N/A

**LEGEND:**
**BLUE SELECT**

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FOOTNOTES LOCATED  
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	HMO Blue Select \$2,000 Deductible with Copayment	HMO Blue Select Saver \$2,000	HMO Blue Essential
Medical Deductible <sup>4</sup>	\$2,000/\$4,000	\$2,000/\$4,000 <sup>8</sup>	\$8,850/\$17,700 per calendar year
Out-of-Pocket Maximum <sup>2</sup>	\$8,850/\$17,700	\$7,150/\$14,300	\$8,850/\$17,700 per calendar year
Office Visit	Preventive: None VPCP <sup>20</sup> : None PCP <sup>10b</sup> : \$45 Specialist <sup>10b</sup> : \$65	Preventive: None VPCP <sup>20</sup> : Deductible PCP <sup>10b</sup> : \$45 after deductible Specialist <sup>10b</sup> : \$65 after deductible	Preventive: None PCP: \$35 or 50% coinsurance, whichever is less, for first three visits per calendar year, then deductible Specialist: Deductible
Value Add Features <sup>10b</sup>	\$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	Not Applicable
Emergency Room	\$850 after deductible	\$250 after deductible	Deductible
Inpatient Admissions	\$750 after deductible	\$750 after deductible	Deductible
Surgical Day Care (SDC)	\$500 after deductible	\$500 after deductible	Deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	\$750 after deductible	\$350 after deductible	Deductible
Prescription Drugs	Retail <sup>21</sup> : \$10/\$45/\$225/\$275/50% with \$350 Max/50% with \$500 Max Mail <sup>21</sup> : \$20/\$90/\$450/\$825 Mail Order with Retail Choice Program Cost Share Assistance Program <sup>22</sup>	After deductible <sup>17</sup> Retail <sup>21</sup> : \$10/\$45/\$175/\$250/50% with \$350 Max/50% with \$500 Max Mail <sup>21</sup> : \$20/\$90/\$350/\$750 Mail Order with Retail Choice Program Cost Share Assistance Program <sup>22</sup>	Deductible Mail Order with Retail Choice Program
Hospital Choice Cost Sharing <sup>3a</sup>	N/A	N/A	N/A

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# PPO

Individuals and groups of one



**Preferred Blue® PPO  
Saver with Copayment**

Medical Deductible <sup>4</sup>	IN: \$2,000/\$4,000 <sup>8</sup> OON: \$5,000/\$10,000 <sup>8</sup>
Out-of-Pocket Maximum <sup>2</sup>	IN: \$6,700/\$13,400 OON: \$13,400/\$26,800
Office Visit	Preventive IN: None OON: 20% coinsurance IN: PCP: \$30 after deductible Specialist: \$60 after deductible OON: 20% coinsurance after deductible
Value Add Features <sup>10b</sup>	Not Applicable
Emergency Room	\$300 after in-network deductible
Inpatient Admissions	IN: \$750 after deductible OON: 20% coinsurance after deductible
Surgical Day Care (SDC)	IN: \$500 after deductible OON: 20% coinsurance after deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	IN: \$500 after deductible OON: 20% coinsurance after deductible
Prescription Drugs	After in-network Deductible <sup>17</sup> : IN: Retail: \$30/\$60/\$105 Mail: \$60/120/\$315 Mail Order with Retail Choice Program After out-of-network Deductible <sup>17</sup> : OON: Retail: \$60/\$120/\$210 Mail: Not covered
Hospital Choice Cost Sharing <sup>3a</sup>	N/A

## MEDICARE CREDITABLE COVERAGE

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

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

\*Medicare Creditable Coverage and Minimum Creditable Coverage don't apply to the HMO Blue Essential plan.





## 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](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.
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.
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 exchange any necessary medical records when possible.
21. No Cost Generic Medications is 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, call Member Service at the number on your ID card (TTY: 711).



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