MASSACHUSETTS

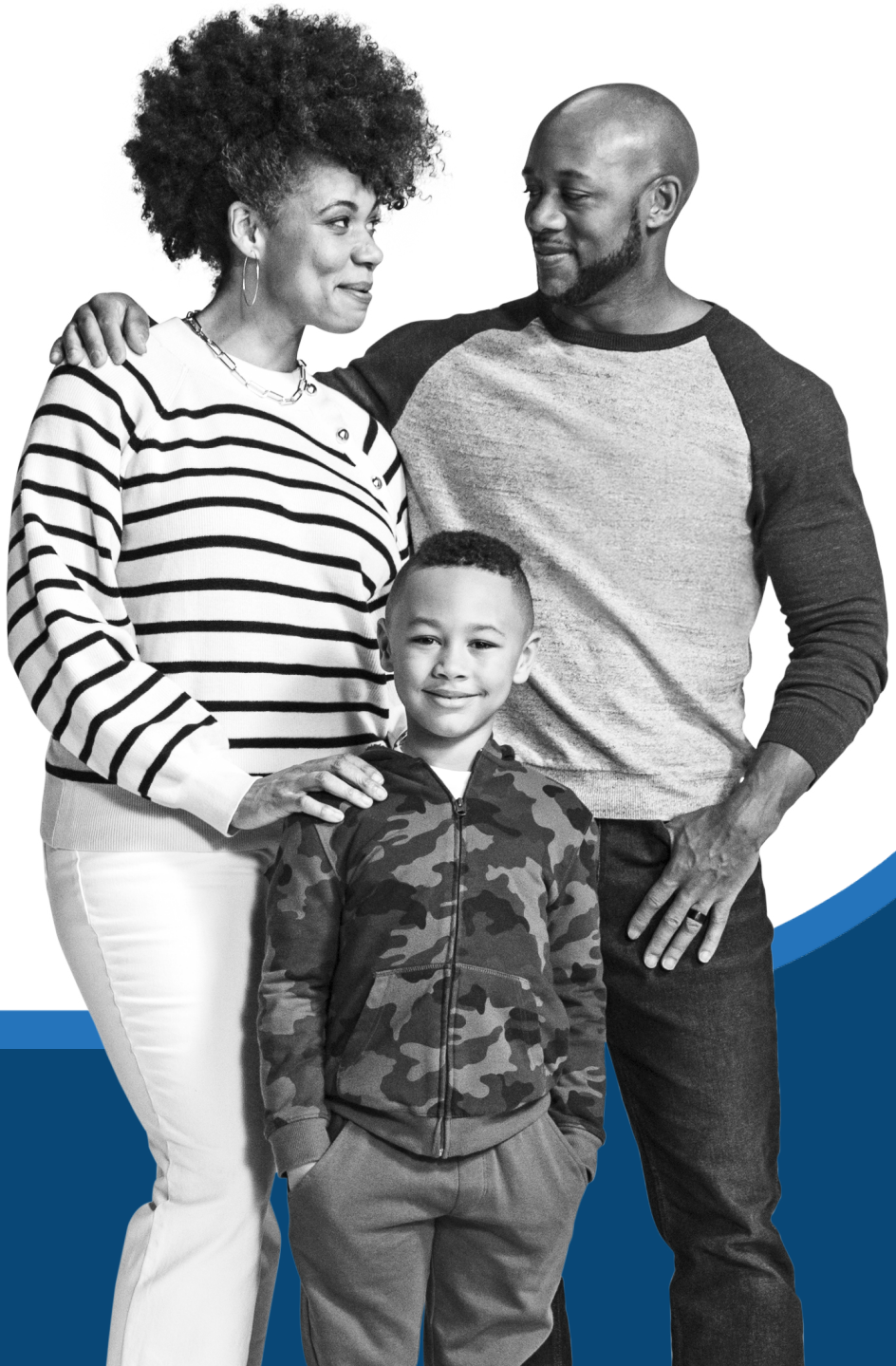
BENEFITS AND COVERAGE
UPDATES FOR 2025

100+ HMO, PPO & EPO

GETTING MORE. NOW THERE'S A PLAN.

Accounts with 100+ eligible employees and enrolled subscribers

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.

Flexible and customizable plans
With new, innovative plans and riders, you can offer your employees competitive packages that maximize coverage while managing costs.

Unparalleled access to care
We have the largest network in the country and consistently offer best-in-class member experience.

Family-focused solutions
We offer innovative solutions and programs for your employees and their families.

FIND THE RIGHT PLAN FOR YOUR EMPLOYEES

Read this brochure to learn about the upcoming changes to 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.

New, more affordable HMO New England HSA-qualified high-deductible health plan (HDHP) designs.

We're offering new Managed Care, HSA-qualified HDHPs on our traditional HMO NE platform. These plans are more affordable compared to the same design under Access Blue NE Saver, our existing Open Access HMO that allows members to see any HMO NE contracted provider without obtaining a referral from their primary care provider (PCP). Under HMO NE, members must get a referral from their PCP to see a specialist.

- HMO Blue New England Saver
- HMO Blue New England Saver with Coinsurance

New riders allow more flexibility and opportunity for cost savings.

Available to ASC plans only

Customize your plans through innovative, flexible, family-friendly offerings to remove barriers to care by eliminating cost share, so members are encouraged to seek care when it's needed most. This is a more affordable option than waiving costs for all members, and you can still support your employees in taking care of their families.

$0 for a set number of PCP and mental health visits for dependents

We're offering $0 cost for a set number of PCP sick, mental health and substance use visits, for any enrolled dependents on the plan other than the subscriber and spouse. This includes children, young adults through age 26 and handicap children of any age. You can choose to waive cost for the first visit, first three visits, or first six visits, per dependent per plan year. Saver plans work differently: the up-front deductible must be met first, then any copay/co-insurance is waived for the rest of the year.

Reduced PCP and mental health office-visit copay for dependents

You can choose to apply a reduced PCP sick, mental health and substance use office visit copay for enrolled dependents, while subscribers and spouses would be subject to the standard copay. Lower-cost dependent copays can provide financial peace of mind during stressful times and allows a customizable benefit design.

Maven: inclusive family benefits

We've joined with Maven Clinic to offer end-to-end solutions for women's and family health that are both equitable and inclusive.

The program provides:

- A member-first experience across topics including maternity newborn care, menopause, and ongoing care[1]
- Better health outcomes and productivity for employees and their families

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. Sempre Health identifies members taking certain medications[1] 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.

New and expanded Dental Blue® benefits

Expansion to Enhanced Dental 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.

100% coverage for kids under 13

We'll provide 100% coverage for kids under the age of 13, with no cost and no deductible for covered dental services, up to their annual maximum.[2] We're committed to making dental care for our members and their kids more accessible and affordable, so their oral health starts off on the right track.

1. Upon renewal.
2. Doesn't apply to orthodontic services. Annual maximums and standard limitations and exclusions apply. Out-of-network dentists may balance bill. Table of Allowance still applies for Dental Blue® Value plans.

New enhancements to our vision plan[3], 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 offers and discounts to provide a seamless member experience and even greater savings.

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 at no additional cost for kids under 19 who are enrolled in select Blue 20/20 plans.[4]

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[5]
- Fully covered standard polycarbonate lenses
- 35% off non-prescription blue-light glasses

FEDERAL MANDATES AND OTHER CHANGES

The Affordable Care Act (ACA) out-of-pocket maximum and Internal Revenue Service (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.

Employers with 100 or more employees can increase their out-of-pocket maximums to any dollar amount up to the ACA's 2025 limits or the IRS's new limits for Saver plans, which are HSA-compatible, high-deductible plans.

Employers offering Saver plans must also ensure deductible amounts are at least equal or greater than the IRS's minimum deductible amounts. We'll be increasing the deductible on certain standard Saver plans that currently have a deductible that is too low so that the new deductible amount will be equal to the 2025 minimum deductible amounts.

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 health plans*	$9,200	$18,400

*Note: the Non-HSA qualified health plans annual out-of-pocket maximums for 2025 are lower than 2024.

Minimum deductible amounts for 2025

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

3. We partner with EyeMed®✓ Vision Care, an independent vision benefits company, to offer our comprehensive vision plans.
4. Applicable plans include Exam Plus vision plans. Does not apply to Materials Only and Exam Only vision plans.
5. This applies to prescription lenses only.

THE BEST HEALTH INSURANCE IS THE KIND YOU UNDERSTAND

Hospital Choice Cost Sharing (indicated in orange)

These HMO or PPO health plan designs include the Hospital Choice Cost Sharing feature, which means members will pay different costs depending on where they get care. With Hospital Choice Cost Sharing, members are empowered to get the most out of their plan by choosing more cost-effective hospitals. For more information, visit **bluecrossma.com/hospitalchoice**, or contact your account executive or broker.

Blue Options (indicated in gray)

These HMO or PPO health plans include a tiered provider network called **HMO Blue New England Options v.5** or **Preferred Blue® PPO Options v.5**. In each network, we place providers into three tiers based on cost and quality. Members pay different levels of cost share (copayments, co-insurance, and/or deductibles) depending on which tier their provider is in. A provider's tier may change, but overall tier changes will happen no more than once each calendar year. To find a provider's tier, use our online **Find a Doctor & Estimate Costs** tool at **bluecrossma.com/findadoctor** and select **HMO Blue New England Options v.5** or **Preferred Blue® PPO Options v.5**.

HMO 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** and choose **HMO Blue Select**.

HMO

Accounts with 100+ eligible employees and enrolled subscribers

	Access Blue New England Enhanced Value	Access Blue New England Basic $2,000	Access Blue New England Total Saver
Medical Deductible[4]	None	$2,000/$4,000 for medical benefits; $250/$500 for prescription drug benefits	$3,550/$7,100 (includes Rx)[15, 17]
Out-of-Pocket Maximum[2]	$5,450/$10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits	$5,450/$10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits	$3,550/$7,100 (includes Rx)
Office Visit	Preventive: None VPCP: None[20] PCP: $20 Specialist: $30	Preventive: None VPCP: None[20] PCP: $25 after Deductible Specialist: $35 after Deductible	Preventive: None VPCP: Deductible[20] PCP: Deductible Specialist: Deductible
Emergency Room	$150	$200	Deductible
Inpatient Admissions	$500	20% Coinsurance after Deductible	Deductible
Surgical Day Care (SDC)	$250	20% Coinsurance after Deductible	Deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	$50	20% Coinsurance after Deductible	Deductible
Prescription Drugs	Retail: $15/$30/$50 Mail: $30/$60/$100	Tier 1 Retail: $15 - Mail: $30 Tier 2 and Tier 3 Retail and Mail: $250/$500 Deductible Then 50% Coinsurance	Deductible[17]
Hospital Choice Cost Sharing[3a]	Inpatient - $1,500 SDC - $1,250 MRI/CT/PET/NC - $500 OP Diag. labs - $35 OP Diag. X-ray & other imaging tests - $100 PT/OT/ST - $65	After Deductible Inpatient - 30% Coinsurance SDC - 30% Coinsurance MRI/CT/PET/NC - 30% Coinsurance OP Diag. labs - 30% Coinsurance OP Diag. X-ray & other imaging tests - 30% Coinsurance PT/OT/ST - $75	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
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FOOTNOTES LOCATED ON THE LAST PAGE

	Access Blue New England Saver	Access Blue New England Basic Saver	Access Blue New England Basic Saver II
Medical Deductible[4]	$1,650/$3,300 (includes Rx)[8, 17]	$3,000/$5,950 (includes Rx)[8, 17]	$3,300/$6,450 (includes Rx)[8, 17]
Out-of-Pocket Maximum[2]	$6,450/$12,900 (includes Rx)	$6,450/$12,900 (includes Rx)	$6,450/$12,900 (includes Rx)
Office Visit	Preventive: None VPCP: Deductible[20] PCP: $15 after Deductible Specialist: $25 after Deductible	Preventive: None VPCP: Deductible[20] PCP: $60 after Deductible Specialist: $75 after Deductible	Preventive: None VPCP: Deductible[20] PCP: $50 after Deductible Specialist: $75 after Deductible
Emergency Room	$150 after Deductible	$250 after Deductible	$750 after Deductible
Inpatient Admissions	Deductible	35% Coinsurance after Deductible	$1,000 after Deductible
Surgical Day Care (SDC)	Deductible	35% Coinsurance after Deductible	$1,000 after Deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	Deductible	35% Coinsurance after Deductible	$1,000 after Deductible
Prescription Drugs	After Deductible[17] Retail: $10/$25/$45 Mail: $20/$50/$135	After Deductible[17] Retail: $15/$30/$50 Mail: $30/$60/$150	After Deductible[17] Tier 1 Retail: $15 - Mail: $30 Tier 2 and Tier 3 Retail and Mail: Then 50% Coinsurance
Hospital Choice Cost Sharing[3a]	Not Applicable	Not Applicable	Not Applicable

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FOOTNOTES LOCATED ON THE LAST PAGE

	Access Blue New England Saver II	BlueFit HMO Access Blue New England Saver[19]	HMO Blue New England
Medical Deductible[4]	$4,000/$8,000 (inlcudes Rx) [15, 17]	$3,500/$4,500 (includes Rx)[15, 17]	None
Out-of-Pocket Maximum[2]	$6,850/$13,700 (includes Rx)	$5,950/$11,900 (includes Rx)	$5,450/$10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits
Office Visit	Preventive: None VPCP: Deductible[20] PCP: $25 after Deductible Specialist: $40 after Deductible	Preventive: None VPCP: Deductible[20] PCP: $25 after Deductible[10b] Specialist: $45 after Deductible[10b]	Preventive: None VPCP: None[20] PCP: $10 Specialist: $25
Emergency Room	Deductible	$500 after Deductible	$100
Inpatient Admissions	Deductible	$500 after Deductible	None
Surgical Day Care (SDC)	Deductible	$500 after Deductible	None
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	Deductible	$500 after Deductible	$25
Prescription Drugs	After Deductible[17] Retail: $10/$25/$45 Mail: $20/$50/$135	After Deductible[17] Retail: $10/$45/$150/$225 Mail: $20/$90/$300/$675	Retail: $10/$25/$45 Mail: $20/$50/$90
Hospital Choice Cost Sharing[3a]	Not Applicable	Not Applicable	Not Applicable

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FOOTNOTES LOCATED ON THE LAST PAGE

	HMO Blue New England Value Plus	HMO Blue New England Value	HMO Blue New England Enhanced Value
Medical Deductible[4]	None	None	None
Out-of-Pocket Maximum[2]	$5,450/$10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits	$5,450/$10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits	$5,450/$10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits
Office Visit	Preventive: None VPCP: None[20] PCP: $15 Specialist: $30	Preventive: None VPCP: None[20] PCP: $25 Specialist: $40	Preventive: None VPCP: None[20] PCP: $20 Specialist: $35
Emergency Room	$100	$150	$150
Inpatient Admissions	$250	$500	$500
Surgical Day Care (SDC)	$150	$250	$250
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	$25	$75	$50
Prescription Drugs	Retail: $10/$25/$45 Mail: $20/$50/$90	Retail: $15/$30/$50 Mail: $30/$60/$150	Retail: $15/$30/$50 Mail: $30/$60/$100
Hospital Choice Cost Sharing[3a]	Inpatient - $1,250 SDC - $1,150 MRI/CT/PET/NC - $475 OP Diag. labs - $35 OP Diag. X-ray & other imaging tests - $100 PT/OT/ST - $65	Inpatient - $1,500 SDC - $1,250 MRI/CT/PET/NC - $525 OP Diag. labs - $35 OP Diag. X-ray & other imaging tests - $100 PT/OT/ST - $75	Inpatient - $1,500 SDC - $1,250 MRI/CT/PET/NC - $500 OP Diag. labs - $35 OP Diag. X-ray & other imaging tests - $100 PT/OT/ST - $70

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	HMO Blue New England Premier Value	HMO Blue New England Premier Value with Coinsurance	HMO Blue New England $500 Deductible
Medical Deductible[4]	Inpatient Benefit: $1,000/$2,500	Inpatient Benefit: $1,000/$2,500	$500/$1,000
Out-of-Pocket Maximum[2]	$5,450/$10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits	$5,450/$10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits	$5,450/$10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits
Office Visit	Preventive: None VPCP: None[20] PCP: $25 Specialist: $40	Preventive: None VPCP: None[20] PCP: $25 Specialist: $40	Preventive: None VPCP: None[20] PCP: $20 Specialist: $35
Emergency Room	$150	$200	$150
Inpatient Admissions	Deductible	Deductible	Deductible
Surgical Day Care (SDC)	$250	35% Coinsurance	Deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	$75	35% Coinsurance	Deductible
Prescription Drugs	Retail: $15/$30/$50 Mail: $30/$60/$150	Retail: $15/$30/$50 Mail: $30/$60/$150	Retail: $15/$30/$50 Mail: $30/$60/$150
Hospital Choice Cost Sharing[3a]	Inpatient - $1,000 after Deductible SDC - $1,250 MRI/CT/PET/NC - $525 OP Diag. labs - $35 OP Diag. X-ray & other imaging tests - $100 PT/OT/ST - $75	Inpatient - $1,000 after Deductible SDC - 50% Coinsurance MRI/CT/PET/NC - 50% Coinsurance OP Diag. labs - 50% Coinsurance OP Diag. X-ray & other imaging tests - 50% Coinsurance PT/OT/ST - $75	After Deductible Inpatient - $1,000 SDC - $1,000 MRI/CT/PET/NC - $450 OP Diag. labs - $35 OP Diag. X-ray & other imaging tests - $100 PT/OT/ST - $70

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	HMO Blue New England $1,000 Deductible	HMO Blue New England $1,000 Deductible with Coinsurance	HMO Blue New England $1,500 Deductible
Medical Deductible[4]	$1,000/$2,000	$1,000/$2,000	$1,500/$3,000
Out-of-Pocket Maximum[2]	$5,450/$10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits	$5,450/$10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits	$5,450/$10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits
Office Visit	Preventive: None VPCP: None[20] PCP: $20 Specialist: $35	Preventive: None VPCP: None[20] PCP: $20 Specialist: $35	Preventive: None VPCP: None[20] PCP: $20 Specialist: $35
Emergency Room	$150	20% Coinsurance after Deductible	$150
Inpatient Admissions	Deductible	20% Coinsurance after Deductible	Deductible
Surgical Day Care (SDC)	Deductible	20% Coinsurance after Deductible	Deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	Deductible	20% Coinsurance after Deductible	Deductible
Prescription Drugs	Retail: $15/$30/$50 Mail: $30/$60/$150	Retail: $10/$25/$45 Mail: $20/$50/$135	Retail: $15/$30/$50 Mail: $30/$60/$150
Hospital Choice Cost Sharing[3a]	After Deductible Inpatient - $1,000 SDC - $1,000 MRI/CT/PET/NC - $450 OP Diag. labs - $35 OP Diag. X-ray & other imaging tests - $100 PT/OT/ST - $70	After Deductible Inpatient - 30% Coinsurance SDC - 30% Coinsurance MRI/CT/PET/NC - 30% Coinsurance OP Diag. labs - 30% Coinsurance OP Diag. X-ray & other imaging tests - 30% Coinsurance PT/OT/ST - $75	After Deductible Inpatient - $1,000 SDC - $1,000 MRI/CT/PET/NC - $450 OP Diag. labs - $35 OP Diag. X-ray & other imaging tests - $100 PT/OT/ST - $70

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	HMO Blue New England $2,000 Deductible	HMO Blue New England $3,000 Deductible	HMO Blue New England Deductible II
Medical Deductible[4]	$2,000/$4,000	$3,000/$6,000	$4,000/$8,000
Out-of-Pocket Maximum[2]	$5,450/$10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits	$5,450/$10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits	Medical: $7,000/$14,000 Rx: $1,000/$2,000
Office Visit	Preventive: None VPCP: None[20] PCP: $20 Specialist: $35	Preventive: None VPCP: None[20] PCP: $25 Specialist: $40	Preventive: None VPCP: None[20] PCP: $25 Specialist: $40
Emergency Room	$150	$150	$500
Inpatient Admissions	Deductible	Deductible	Deductible
Surgical Day Care (SDC)	Deductible	Deductible	Deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	Deductible	Deductible	Deductible
Prescription Drugs	Retail: $15/$30/$50 Mail: $30/$60/$150	Retail: $15/$30/$50 Mail: $30/$60/$150	Retail: $15/$30/$50 Mail: $30/$60/$150
Hospital Choice Cost Sharing[3a]	After Deductible Inpatient - $1,000 SDC - $1,000 MRI/CT/PET/NC - $450 OP Diag. labs - $35 OP Diag. X-ray & other imaging tests - $100 PT/OT/ST - $70	After Deductible Inpatient - $1,000 SDC - $1,000 MRI/CT/PET/NC - $450 OP Diag. labs - $35 OP Diag. X-ray & other imaging tests - $100 PT/OT/ST - $75	Not Applicable

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	HMO Blue New England Basic Coinsurance	HMO Blue New England Basic Copayment	HMO Blue New England Options v.5
Medical Deductible[4]	$2,000/$4,000	$2,000/$4,000	None
Out-of-Pocket Maximum[2]	$5,450/$10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits	$5,450/$10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits	$5,450/$10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits
Office Visit	Preventive: None VPCP: None[20] PCP: $60 Specialist: $75	Preventive: None VPCP: None[20] PCP: $60 Specialist: $75	Preventive: None VPCP: None[20] PCP: EBT: $15[6] SBT: $25[6] BBT: $45[6] Specialist: $45
Emergency Room	35% Coinsurance after Deductible	$750 after Deductible	$150
Inpatient Admissions	35% Coinsurance after Deductible	$1,000 after Deductible	EBT: $250[6] SBT: $500[6] ($300 for select hospitals)[7c] BBT: $1,000[6]
Surgical Day Care (SDC)	35% Coinsurance after Deductible	$1,000 after Deductible	EBT: $150[6] SBT: $250[6] BBT: $500[6]
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	35% Coinsurance after Deductible	$1,000 after Deductible	EBT: $75[6] SBT: $150[6] BBT: $250[6] Other Network Providers: $75
Prescription Drugs	Retail: $15/50% Coinsurance/50% Coinsurance Mail: $30/50% Coinsurance/50% Coinsurance	Retail: $20/$40/$60 Mail: $40/$80/$180	Retail: $15/$30/$50 Mail: $30/$60/$150
Hospital Choice Cost Sharing[3a]	Not Applicable	Not Applicable	Not Applicable

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FOOTNOTES LOCATED ON THE LAST PAGE

	HMO Blue New England Options Deductible v.5	HMO Blue New England Options Deductible II v.5	HMO Blue New England Options Deductible III v.5
Medical Deductible[4]	EBT: None SBT: $500/$1,000 BBT: $2,000/$4,000	EBT: None SBT: $500/$1,000 BBT: $2,000/$4,000	$2,000/$4,000
Out-of-Pocket Maximum[2]	$5,450/$10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits	$5,450/$10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits	$5,450/$10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits
Office Visit	Preventive: None VPCP: None[20] PCP: EBT: $15[6] SBT: $25[6] BBT: $50[6] Specialist: $50	Preventive: None VPCP: None[20] PCP: EBT: $20[6] SBT: $30[6] BBT: $50[6] Specialist: $50	Preventive: None VPCP: None[20] PCP: EBT: $20[6] SBT: $35[6] BBT: $55[6] Specialist: $55
Emergency Room	$150	$200	$250
Inpatient Admissions	EBT: $150[6] SBT: $150 after Deductible[6] ($200 for select hospitals)[7c] BBT: $1,000 after Deductible[6]	EBT: $250[6] SBT: $250 after Deductible[6] ($300 for select hospitals)[7c] BBT: $1,500 after Deductible[6]	EBT: Deductible[6] SBT: $500 after Deductible[6] ($50 after Deductible for select hospitals)[7c] BBT: $1,500 after Deductible[6]
Surgical Day Care (SDC)	EBT: $150[6] SBT: $150 after Deductible[6] ($200 for select hospitals)[7c] BBT: $1,000 after Deductible[6]	EBT: $250[6] SBT: $250 after Deductible[6] ($300 for select hospitals)[7c] BBT: $1,500 after Deductible[6]	EBT: Deductible[6] SBT: $500 after Deductible[6] ($50 after Deductible for select hospitals)[7c] BBT: $1,500 after Deductible[6]
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	EBT: $50[6] SBT: $50 after Deductible[6] ($50 for select hospitals)[7c] BBT: $450 after Deductible[6] Other Network Providers: $50	EBT: $75[6] SBT: $75 after Deductible[6] ($75 for select hospitals)[7c] BBT: $450 after Deductible[6] Other Network Providers: $75	EBT: Deductible[6] SBT: $75 after Deductible[6] BBT: $450 after Deductible[6] Other Network Providers: None
Prescription Drugs	Retail: $15/$30/$50 Mail: $30/$60/$150	Retail: $15/$35/$50 Mail: $30/$70/$150	Retail: $20/$40/$60 Mail: $40/$80/$180
Hospital Choice Cost Sharing[3a]	Not Applicable	Not Applicable	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
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FOOTNOTES LOCATED ON THE LAST PAGE

	HMO Blue Select Deductible	NEW HMO Blue Select Saver	NEW HMO Blue New England Saver
Medical Deductible[4]	$1,000/$2,000	$2,000/$4,000 (includes Rx)[8, 17]	$4,000/$8,000 (includes Rx)[15, 17]
Out-of-Pocket Maximum[2]	$5,450/$10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits	$6,550/$13,100 (includes Rx)	$7,000/$14,000 (includes Rx)
Office Visit	Preventive: None VPCP: None[20] PCP: $20 Specialist: $35	Preventive: None VPCP: Deductible[20] PCP: Deductible Specialist: Deductible	Preventive: None VPCP: Deductible[20] PCP: $25 after Deductible Specialist: $40 after Deductible
Emergency Room	$150	Deductible	$150 after Deductible
Inpatient Admissions	Deductible	Deductible	Deductible
Surgical Day Care (SDC)	Deductible	Deductible	Deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	Deductible	Deductible	Deductible
Prescription Drugs	Retail: $15/$30/$50 Mail: $30/$60/$150	After Deductible[17] Retail: $15/$30/$50 Mail: $30/$60/$150	After Deductible[17] Retail: $10/$25/$45 Mail: $20/$50/$135
Hospital Choice Cost Sharing[3a]	Not Applicable	Not Applicable	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
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FOOTNOTES LOCATED ON THE LAST PAGE

	NEW HMO Blue New England Saver with Coinsurance	Blue Choice® New England	Blue Choice® New England Value Plus
Medical Deductible[4]	$3,000/$6,000 (includes Rx)[8, 17]	PCP/Plan-Approved: None Self-Referred: $250/$500 per calendar year	PCP/Plan-Approved: None Self-Referred: $500/$1,000 per calendar year
Out-of-Pocket Maximum[2]	$7,000/$14,000 (includes Rx)	PCP/Plan-Approved: $5,450/$10,900 per calendar year for medical benefits; $1,000/$2,000 per calendar year for prescription drug benefits Self-Referred: $6,450/$12,900 per calendar year	PCP/Plan-Approved: $5,450/$10,900 per calendar year for medical benefits; $1,000/$2,000 per calendar year for prescription drug benefits Self-Referred: $6,450/$12,900 per calendar year
Office Visit	Preventive: None VPCP: Deductible[20] PCP: 20% Coinsurance after Deductible Specialist: 20% Coinsurance after Deductible	PCP/Plan-Approved: Preventive: None VPCP: None[20] PCP/Specialist: $10 Self-Referred: 20% Coinsurance after Deductible	PCP/Plan-Approved: Preventive: None VPCP: None[20] PCP/Specialist: $15 Self-Referred: 20% Coinsurance after Deductible
Emergency Room	$150 after Deductible	$100	$100
Inpatient Admissions	20% after Deductible	PCP/Plan-Approved: None Self-Referred: 20% Coinsurance after Deductible	PCP/Plan-Approved: $250 Self-Referred: 20% Coinsurance after Deductible
Surgical Day Care (SDC)	20% after Deductible	PCP/Plan-Approved: None Self-Referred: 20% Coinsurance after Deductible	PCP/Plan-Approved: $150 Self-Referred: 20% Coinsurance after Deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	20% after Deductible	PCP/Plan-Approved: None Self-Referred: 20% Coinsurance after Deductible	PCP/Plan-Approved: $25 Self-Referred: 20% Coinsurance after Deductible
Prescription Drugs	After Deductible[17] Retail: $10/$30/$50 Mail: $30/$60/$100	PCP/Plan-Approved: Retail: $10/$25/$45 Mail: $20/$50/$90 Self-Referred: Not covered	PCP/Plan-Approved: Retail: $10/$25/$45 Mail: $20/$50/$90 Self-Referred: Not covered
Hospital Choice Cost Sharing[3a]	Not Applicable	Not Applicable	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
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FOOTNOTES LOCATED ON THE LAST PAGE

	Blue Choice® New England Deductible
Medical Deductible[4]	PCP/Plan-Approved: $1,000/ $2,000 per calendar year Self-Referred: $2,000/$4,000 per calendar year
Out-of-Pocket Maximum[2]	PCP/Plan-Approved: $5,450/$10,900 per calendar year for medical benefits; $1,000/ $2,000 per calendar year for prescription drug benefits Self-Referred: $6,450/$12,900 per calendar year
Office Visit	PCP/Plan-Approved: Preventive: None VPCP: None[20] PCP: $20 Specialist: $35 Self-Referred: 20% Coinsurance after Deductible
Emergency Room	$150
Inpatient Admissions	PCP/Plan-Approved: Deductible Self-Referred: 20% Coinsurance after Deductible
Surgical Day Care (SDC)	PCP/Plan-Approved: Deductible Self-Referred: 20% Coinsurance after Deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	PCP/Plan-Approved: Deductible Self-Referred: 20% Coinsurance after Deductible
Prescription Drugs	PCP/Plan-Approved: Retail: $15/$30/$50 Mail: $30/$60/$150 Self-Referred: Not covered
Hospital Choice Cost Sharing[3a]	Not Applicable

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

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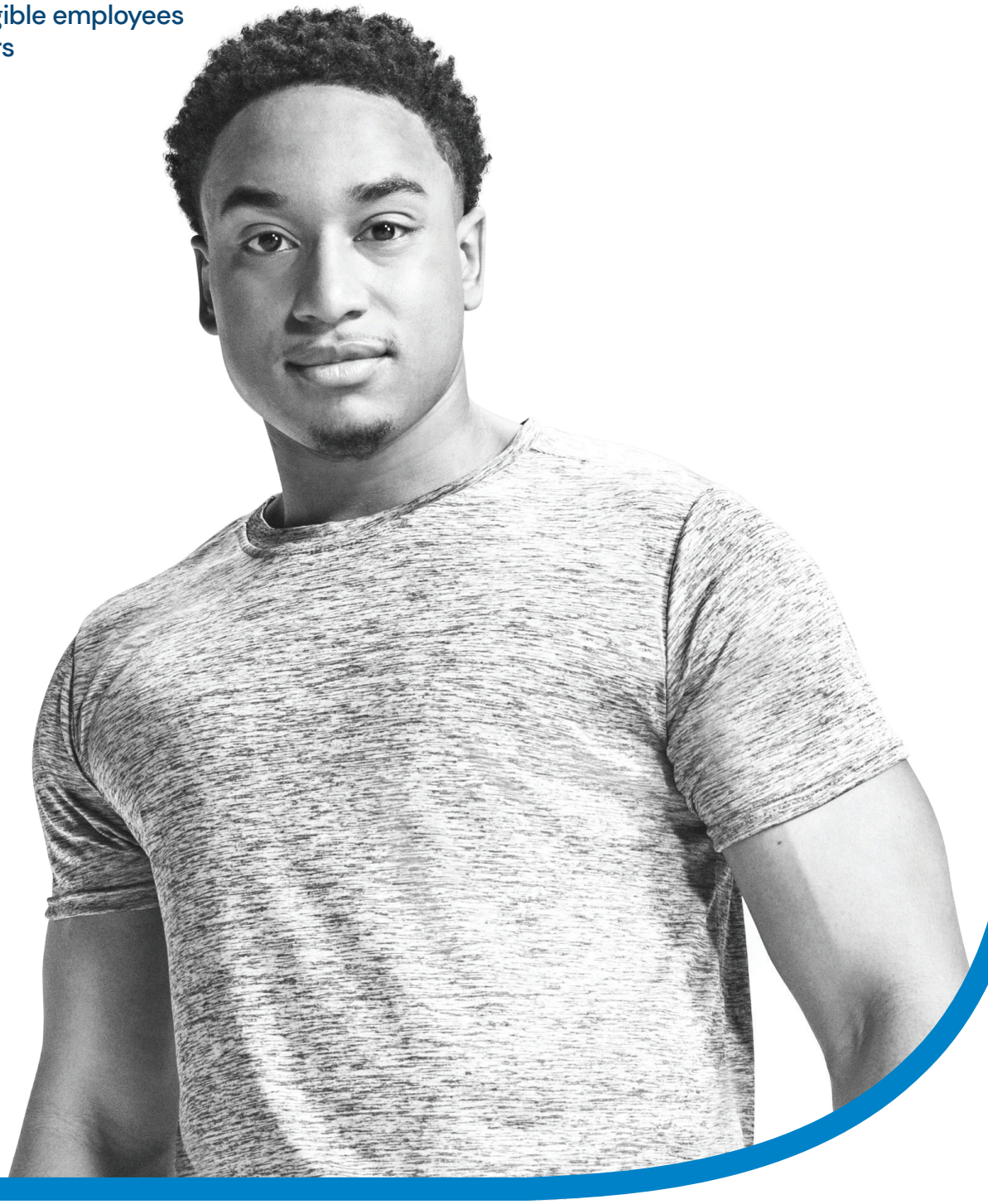
IN: In-Network **OON:** Out-of-Network **VPCP:** Virtual Primary Care Provider

FOOTNOTES LOCATED ON THE LAST PAGE

PPO

Accounts with 100+ eligible employees
and enrolled subscribers



	Blue Care Elect Preferred	Blue Care Elect Value Plus	Blue Care Elect Enhanced Value
Medical Deductible[4]	IN: None OON: $250/500	IN: None OON: $500/$1,000	IN: None OON: $500/$1,000
Out-of-Pocket Maximum[2]	IN and OON combined: $5,450/ $10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits	IN and OON combined: $5,450/ $10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits	IN and OON combined: $5,450/ $10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits
Office Visit	Preventive: IN: None OON: 20% Coinsurance after Deductible IN: VPCP: None[20] PCP/Specialist: $15 OON: 20% Coinsurance after Deductible	Preventive: IN: None OON: 20% Coinsurance after Deductible IN: VPCP: None[20] PCP/Specialist: $15 OON: 20% Coinsurance after Deductible	Preventive: IN: None OON: 20% Coinsurance after Deductible IN: VPCP: None[20] PCP/Specialist: $20 OON: 20% Coinsurance after Deductible
Emergency Room	$100	$100	$150
Inpatient Admissions	IN: None OON: 20% Coinsurance after Deductible	IN: $250 OON: 20% Coinsurance after Deductible	IN: $500 OON: 20% Coinsurance after Deductible
Surgical Day Care (SDC)	IN: None OON: 20% Coinsurance after Deductible	IN: $150 OON: 20% Coinsurance after Deductible	IN: $250 OON: 20% Coinsurance after Deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	IN: $25 OON: 20% Coinsurance after Deductible	IN: $25 OON: 20% Coinsurance after Deductible	IN: $50 OON: 20% Coinsurance after Deductible
Prescription Drugs	IN: Retail: $10/$25/$45 Mail: $20/$50/$90 OON: Not covered	IN: Retail: $10/$25/$45 Mail: $20/$50/$90 OON: Not covered	IN: Retail: $15/$30/$50 Mail: $30/$60/$100 OON: Not covered
Hospital Choice Cost Sharing[3a]	Not Applicable	Inpatient - $1,250 SDC - $1,150 MRI/CT/PET/NC - $475 OP Diag. labs - $35 OP Diag. X-ray & other imaging tests - $100 PT/OT/ST - $50	Inpatient - $1,500 SDC - $1,250 MRI/CT/PET/NC - $500 OP Diag. labs - $35 OP Diag. X-ray & other imaging tests - $100 PT/OT/ST - $55

LEGEND: HOSPITAL CHOICE COST SHARING BLUE OPTIONS

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FOOTNOTES LOCATED ON THE LAST PAGE

	Blue Care Elect Value Copayment	Blue Care Elect Preferred 80	Blue Care Elect Preferred 80 with Copayment
Medical Deductible[4]	IN: None OON: $500/$1,000	IN and OON combined: $500/ $1,000	IN and OON combined: $500/ $1,000
Out-of-Pocket Maximum[2]	IN and OON combined: $8,150/ $16,300 (includes Rx)	IN and OON combined: $5,450/ $10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits	IN and OON combined: $5,450/ $10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits
Office Visit	Preventive: IN: None OON: 20% Coinsurance after Deductible IN: VPCP: None[20] PCP: $75[14] Specialist: $100 OON: 20% Coinsurance after Deductible	Preventive: IN: None OON: 20% Coinsurance after Deductible IN: PCP/Specialist: 20% Coinsurance after Deductible OON: 40% Coinsurance after Deductible	Preventive: IN: None OON: 20% Coinsurance after Deductible IN: VPCP: None[20] PCP/Specialist: $20 OON: 20% Coinsurance after Deductible
Emergency Room	$1000	20% Coinsurance after Deductible	$150
Inpatient Admissions	IN: $1,000 OON: 20% Coinsurance after Deductible	IN: 20% Coinsurance after Deductible OON: 40% Coinsurance after Deductible	IN: 20% Coinsurance after Deductible OON: 40% Coinsurance after Deductible
Surgical Day Care (SDC)	IN: $1,000 OON: 20% after Deductible	IN: 20% Coinsurance after Deductible OON: 40% Coinsurance after Deductible	IN: $250 after Deductible OON: 20% Coinsurance after Deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	IN: $1,000 OON: 20% Coinsurance after Deductible	IN: 20% Coinsurance after Deductible OON: 40% Coinsurance after Deductible	IN: 20% Coinsurance after Deductible OON: 40% Coinsurance after Deductible
Prescription Drugs	IN: Retail: $40/$200/$250 Mail: $80/$400/$750 OON: Not Covered	IN: Retail: $10/$25/$45 Mail: $20/$50/$90 OON: Not covered	IN: Retail: $10/$25/$45 Mail: $20/$50/$90 OON: Not covered
Hospital Choice Cost Sharing[3a]	Not Applicable	Not Applicable	Not Applicable

LEGEND: HOSPITAL CHOICE COST SHARING BLUE OPTIONS

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
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FOOTNOTES LOCATED ON THE LAST PAGE

	Blue Care Elect Preferred 90	Blue Care Elect Preferred 90 with Copayment	Blue Care Elect $1,000 Deductible
Medical Deductible[4]	IN and OON combined: $250/ $500	IN and OON combined: $250/ $500	IN and OON combined: $1,000/ $2,500
Out-of-Pocket Maximum[2]	IN and OON combined: $5,450/ $10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits	IN and OON combined: $5,450/ $10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits	IN and OON combined: $5,450/ $10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits
Office Visit	Preventive: IN: None OON: 20% Coinsurance after Deductible IN: PCP/Specialist: 10% Coinsurance after Deductible OON: 30% Coinsurance after Deductible	Preventive: IN: None OON: 20% Coinsurance after Deductible IN: VPCP: None[20] PCP/Specialist: $15 OON: 20% Coinsurance after Deductible	Preventive: IN: None OON: 20% Coinsurance after Deductible IN: VPCP: None[20] PCP/Specialist: $15 after Deductible OON: 20% Coinsurance after Deductible
Emergency Room	10% Coinsurance after Deductible	$150	$150 after Deductible
Inpatient Admissions	IN: 10% Coinsurance after Deductible OON: 30% Coinsurance after Deductible	IN: 10% Coinsurance after Deductible OON: 30% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible
Surgical Day Care (SDC)	IN: 10% Coinsurance after Deductible OON: 30% Coinsurance after Deductible	IN: $250 after Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	IN: 10% Coinsurance after Deductible OON: 30% Coinsurance after Deductible	IN: 10% Coinsurance after Deductible OON: 30% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible
Prescription Drugs	IN: Retail: $10/$25/$45 Mail: $20/$50/$90 OON: Not covered	IN: Retail: $10/$25/$45 Mail: $20/$50/$90 OON: Not covered	IN: Retail: $15/$30/$50 Mail: $30/$60/$150 OON: Not covered
Hospital Choice Cost Sharing[3a]	Not Applicable	Not Applicable	After Deductible Inpatient - $1,000 SDC - $1,000 MRI/CT/PET/NC - $450 OP Diag. labs - $35 OP Diag. X-ray & other imaging tests - $100 PT/OT/ST - $50

LEGEND: HOSPITAL CHOICE COST SHARING BLUE OPTIONS

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FOOTNOTES LOCATED ON THE LAST PAGE

	Blue Care Elect $2,000 Deductible	Blue Care Elect $3,000 Deductible	Blue Care Elect Deductible with Coinsurance
Medical Deductible[4]	IN and OON combined: $2,000/ $4,000	IN and OON combined: $3,000/ $7,500	IN and OON combined: $3,000/ $7,500
Out-of-Pocket Maximum[2]	IN and OON combined: $5,450/ $10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits	IN and OON combined: $5,450/ $10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits	IN and OON combined: $5,450/ $10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits
Office Visit	Preventive: IN: None OON: 20% Coinsurance after Deductible IN: VPCP: None[20] PCP/Specialist: $15 after Deductible OON: 20% Coinsurance after Deductible	Preventive: IN: None OON: 20% Coinsurance after Deductible IN: VPCP: None[20] PCP/Specialist: $15 after Deductible OON: 20% Coinsurance after Deductible	Preventive: IN: None OON: 20% Coinsurance after Deductible IN: VPCP: None[20] PCP/Specialist: $15 after Deductible OON: 20% Coinsurance after Deductible
Emergency Room	$150 after Deductible	$150 after Deductible	$150 after Deductible
Inpatient Admissions	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: 30% Coinsurance After Deductible OON: 50% Coinsurance after Deductible
Surgical Day Care (SDC)	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: 30% Coinsurance After Deductible OON: 50% Coinsurance after Deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: 30% Coinsurance After Deductible OON: 50% Coinsurance after Deductible
Prescription Drugs	IN: Retail: $15/$30/$50 Mail: $30/$60/$150 OON: Not covered	IN: Retail: $15/$30/$50 Mail: $30/$60/$150 OON: Not covered	IN: Retail: $15/$30/$50 Mail: $30/$60/$150 OON: Not covered
Hospital Choice Cost Sharing[3a]	After Deductible Inpatient - $1,000 SDC - $1,000 MRI/CT/PET/NC - $450 OP Diag. labs - $35 OP Diag. X-ray & other imaging tests - $100 PT/OT/ST - $50	After Deductible Inpatient - $1,000 SDC - $1,000 MRI/CT/PET/NC - $450 OP Diag. labs - $35 OP Diag. X-ray & other imaging tests - $100 PT/OT/ST - $50	Not Applicable

LEGEND: HOSPITAL CHOICE COST SHARING | BLUE OPTIONS

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FOOTNOTES LOCATED ON THE LAST PAGE

	Blue Care Elect $4,500 Deductible	Blue Care Elect Saver $1,650	Blue Care Elect Saver $2,700
Medical Deductible[4]	IN and OON combined: $4,500/ $9,000	IN and OON combined: $1,650/ $3,300 (includes Rx)[8, 17]	IN and OON combined: $2,700/ $5,400 (includes Rx)[8, 17]
Out-of-Pocket Maximum[2]	IN and OON combined: $5,450/ $10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits	IN and OON combined: $6,450/ $12,900 (includes Rx)	IN and OON combined: $6,450/ $12,900 (includes Rx)
Office Visit	Preventive: IN: None OON: $45 after Deductible IN: VPCP: None[20] PCP/Specialist: $25 after Deductible OON: $45 after Deductible	Preventive: IN: None OON: 20% Coinsurance IN: VPCP: Deductible[20] PCP/Specialist: Deductible OON: 20% Coinsurance after Deductible	Preventive: IN: None OON: 20% Coinsurance IN: VPCP: Deductible[20] PCP/Specialist: Deductible OON: 20% Coinsurance after Deductible
Emergency Room	$150 after Deductible	$150 after Deductible	$150 after Deductible
Inpatient Admissions	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible
Surgical Day Care (SDC)	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible
Prescription Drugs	IN: Retail: $15/$30/$50 Mail: $30/$60/$150 OON: Not covered	After Deductible[17] IN: Retail: $10/$25/$45 Mail: $20/$50/$135 OON: Retail: $20/$50/$90 Mail: Not covered	After Deductible[17] IN: Retail: $10/$25/$45 Mail: $20/$50/$135 OON: Retail: $20/$50/$90 Mail: Not covered
Hospital Choice Cost Sharing[3a]	Not Applicable	Not Applicable	Not Applicable

LEGEND: HOSPITAL CHOICE COST SHARING BLUE OPTIONS

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
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FOOTNOTES LOCATED ON THE LAST PAGE

	Blue Care Elect Saver with Coinsurance	Preferred Blue® PPO $500 Deductible	Preferred Blue® PPO $1,000 Deductible
Medical Deductible[4]	IN and OON combined: $1,650/ $3,300 (includes Rx)[8, 17]	IN and OON combined: $500/ $1,000	IN and OON combined: $1,000/ $2,500
Out-of-Pocket Maximum[2]	IN and OON combined: $6,450/ $12,900 (includes Rx)	IN: $8,550/$17,100 (includes Rx) OON: $17,100/$34,200 (includes Rx)	IN and OON combined: $5,450/ $10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits
Office Visit	Preventive: IN: None OON: 20% Coinsurance IN: PCP/Specialist: 10% Coinsurance after Deductible OON: 30% Coinsurance after Deductible	Preventive: IN: None OON: 20% Coinsurance after Deductible IN: VPCP: None[20] PCP/Specialist: $15 after Deductible OON: 20% Coinsurance after Deductible	Preventive: IN: None OON: 20% Coinsurance after Deductible IN: VPCP: None[20] PCP/Specialist: $15 after Deductible OON: 20% Coinsurance after Deductible
Emergency Room	$150 after Deductible	$150 after Deductible	$150 after Deductible
Inpatient Admissions	IN: 10% Coinsurance after Deductible OON: 30% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible
Surgical Day Care (SDC)	IN: 10% Coinsurance after Deductible OON: 30% Coinsurance after Deductible	IN: $250 after Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	IN: 10% Coinsurance after Deductible OON: 30% Coinsurance after Deductible	IN: $250 after Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible
Prescription Drugs	After Ded:[17] IN: Retail: $10/$25/$45 Mail: $20/$50/$135 OON: Retail: $20/$50/$90 Mail: Not covered	IN: Retail: $15/$30/$50 Mail: $30/$60/$150 OON: Retail: $30/$60/$100 Mail: Not covered	IN: Retail: $15/$30/$50 Mail: $30/$60/$150 OON: Retail: $30/$60/$100 Mail: Not covered
Hospital Choice Cost Sharing[3a]	Not Applicable	Not Applicable	IN: After Deductible Inpatient - $1,000 SDC - $1,000 MRI/CT/PET/NC - $450 OP Diag. labs - $35 OP Diag. X-ray & other imaging tests - $100 PT/OT/ST - $50

LEGEND: HOSPITAL CHOICE COST SHARING BLUE OPTIONS

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FOOTNOTES LOCATED ON THE LAST PAGE

	Preferred Blue® PPO $2,000 Deductible	Preferred Blue® PPO Deductible II	Preferred Blue® PPO Basic Copayment
Medical Deductible[4]	IN and OON combined: $2,000/ $4,000	IN and OON combined: $4,000/ $8,000 (includes Rx)	IN: $2,000/$4,000 OON: $4,000/$8,000
Out-of-Pocket Maximum[2]	IN and OON combined: $5,450/ $10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits	IN and OON combined: Medical: $7,000/$14,000 Rx: $1,000/$2,000	IN: $5,450/$10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits OON: $10,900/$21,800 for medical benefits; $2,000/$4,000 for prescription drug benefits
Office Visit	Preventive: IN: None OON: 20% Coinsurance after Deductible IN: VPCP: None[20] PCP/Specialist: $15 after Deductible OON: 20% Coinsurance after Deductible	Preventive: IN: None OON: 20% Coinsurance after Deductible IN: VPCP: None[20] PCP: $25 after Deductible[14] Specialist: $40 after Deductible OON: 20% Coinsurance after Deductible	Preventive: IN: None OON: 20% Coinsurance after Deductible IN: VPCP: None[20] PCP/Specialist: $65 OON: 20% Coinsurance after Deductible
Emergency Room	$150 after Deductible	Deductible	$750 after In-Network Deductible
Inpatient Admissions	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: $1,000 after Deductible OON: 20% Coinsurance after Deductible
Surgical Day Care (SDC)	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: $1,000 after Deductible OON: 20% Coinsurance after Deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: $1,000 after Deductible OON: 20% Coinsurance after Deductible
Prescription Drugs	IN: Retail: $15/$30/$50 Mail: $30/$60/$150 OON: Retail: $30/$60/$100 Mail: Not covered	IN: Retail: $15/$30/$50 Mail: $30/$60/$150 OON: Retail: $30/$60/$100 Mail: Not covered	IN: Retail: $20/$40/$60 Mail: $40/$80/$180 OON: Retail:$40/$80/$120 Mail: Not covered
Hospital Choice Cost Sharing[3a]	IN: After Deductible Inpatient - $1,000 SDC - $1,000 MRI/CT/PET/NC - $450 OP Diag. labs - $35 OP Diag. X-ray & other imaging tests - $100 PT/OT/ST - $50	Not Applicable	Not Applicable

LEGEND: HOSPITAL CHOICE COST SHARING | BLUE OPTIONS

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
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FOOTNOTES LOCATED ON THE LAST PAGE

	Preferred Blue® PPO Options v.5	Preferred Blue® PPO Options Deductible II v.5	Preferred Blue® PPO Options Deductible III v.5
Medical Deductible[4]	IN: None OON: $2,000/$4,000	IN: EBT: None SBT: $500/$1,000 BBT: $2,000/$4,000 OON: $4,000/$8,000	IN: $2,000/$4,000 OON: $4,000/$8,000
Out-of-Pocket Maximum[2]	IN and OON combined: $5,450/$10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits	IN: $4,850/$9,700 for medical benefits; $2,000/$4,000 for prescription drug benefits OON: $7,500/$15,000 for medical benefits; $2,000/$4,000 for prescription drug benefits	IN: $5,850/$11,700 for medical benefits; $1,000/$2,000 for prescription drug benefits OON: $7,500/$15,000 for medical benefits; $2,000/$4,000 for prescription drug benefits
Office Visit	Preventive: IN: None OON: 20% Coinsurance after Deductible IN: VPCP: None[20] PCP: EBT: $15[5] SBT: $25[5] BBT: $45[5] Specialist: $45 OON: 20% Coinsurance after Deductible	Preventive: IN: None OON: 20% Coinsurance after Deductible IN: VPCP: None[20] PCP: EBT: $20[5] SBT: $35[5] BBT: $55[5] Specialist: $55 OON: 20% Coinsurance after Deductible	Preventive: IN: None OON: 20% Coinsurance after Deductible IN: VPCP: None[20] PCP: EBT: $20[5] SBT: $35[5] BBT: $55[5] Specialist: $55 OON: 20% Coinsurance after Deductible
Emergency Room	$150	$250	$250
Inpatient Admissions	IN: EBT: $250[5] SBT: $500[5] ($300 for select hospitals)[7c] BBT: $1,000[5] OON: 20% Coinsurance after Deductible	IN: EBT: $500[5] SBT: $500 after Deductible[5] ($550 for select hospitals)[7c] BBT: $1,500 after Deductible[5] OON: 20% Coinsurance after Deductible	IN: EBT: Deductible[5] SBT: $500 after Deductible[5] ($50 for select hospitals)[7c] BBT: $1,500 after Deductible[5] OON: 20% Coinsurance after Deductible
Surgical Day Care (SDC)	IN: EBT: $150[5] SBT: $250[5] BBT: $500[5] OON: 20% Coinsurance after Deductible	IN: EBT: $500[5] SBT: $500 after Deductible[5] ($550 for select hospitals)[7c] BBT: $1,500 after Deductible[5] OON: 20% Coinsurance after Deductible	IN: EBT: Deductible[5] SBT: $500 after Deductible[5] ($50 for select hospitals)[7c] BBT: $1,500 after Deductible[5] OON: 20% Coinsurance after Deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	IN: EBT: $75[5] SBT: $150[5] BBT: $250[5] Other Network Providers: $75 OON: 20% Coinsurance after Deductible	IN: EBT: $75[5] SBT: $75 after Deductible[5] ($75 for select hospitals)[7c] BBT: $450 after Deductible[5] Other Network Providers: $75 OON: 20% Coinsurance after Deductible	IN: EBT: Deductible[5] SBT: $75 after Deductible[5] BBT: $450 after Deductible[5] Other Network Providers: None OON: 20% Coinsurance after Deductible
Prescription Drugs	IN: Retail: $15/$30/$50 Mail: $30/$60/$150 OON: Retail:$30/$60/$100 Mail: Not covered	IN: Retail: $20/$40/$60/$120 Mail: $40/$80/$120/$360 OON: Retail: $40/$80/$120/$240 Mail: Not covered	IN: Retail: $15/$30/$60/$120 Mail: $30/$60/$120/$360 OON: Retail: $30/$60/$120/$240 Mail: Not covered
Hospital Choice Cost Sharing[3a]	Not Applicable	Not Applicable	Not Applicable

LEGEND: HOSPITAL CHOICE COST SHARING BLUE OPTIONS

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
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FOOTNOTES LOCATED ON THE LAST PAGE

	Preferred Blue® PPO Basic Saver	BlueFit Preferred Blue® PPO Saver[19]	Preferred Blue® PPO Saver II
Medical Deductible[4]	IN: $3,300/$6,450 (includes Rx)[8, 17] OON: $6,300/$10,000 (includes Rx)[8]	IN: $3,500/$4,500 [15, 17] OON: $6,000/$8,000 [15]	IN and OON combined: $4,000/ $8,000 (includes Rx)[15, 17]
Out-of-Pocket Maximum[2]	IN: $6,450/$12,900 (includes Rx) OON: $11,000/$23,000 (includes Rx)	IN: $5,950/$11,900 (includes Rx) OON: $11,950/$23,900 (includes Rx)	IN and OON combined: $6,850/ $13,700 (includes Rx)
Office Visit	Preventive: IN: None OON: 20% Coinsurance IN: VPCP: Deductible[20] PCP/Specialist: $60 after Deductible OON: 20% Coinsurance after Deductible	Preventive: IN: None OON: 20% Coinsurance IN: VPCP: Deductible[20] PCP: $25 after Deductible[10b] Specialist: $45 after Deductible[10b] OON: 20% Coinsurance after Deductible	Preventive: IN: None OON: 20% Coinsurance IN: VPCP: Deductible[20] PCP: $25 after Deductible[14] Specialist: $40 after Deductible OON: 20% Coinsurance after Deductible
Emergency Room	$750 after In-Network Deductible	$500 after Deductible	Deductible
Inpatient Admissions	IN: $1,000 after Deductible OON: 20% Coinsurance after Deductible	IN: $500 after Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible
Surgical Day Care (SDC)	IN: $1,000 after Deductible OON: 20% Coinsurance after Deductible	IN: $500 after Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	IN: $1,000 after Deductible OON: 20% Coinsurance after Deductible	IN: $500 after Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible
Prescription Drugs	After in-network Ded:[17] IN: Retail: $15/50%/50% Mail: $30/50%/50% After out-of-network Ded: OON: Retail: $30/50%/50% Mail: Not covered	After Deductible[17] IN: Retail: $10/$45/$150/$225 Mail: $20/$90/$300/$675 OON: Retail: $20/$90/$300/$450 Mail: Not covered	After Deductible[17] IN: Retail: $10/$25/$45 Mail: $20/$50/$135 OON: Retail: $20/$50/$90 Mail: Not covered
Hospital Choice Cost Sharing[3a]	Not Applicable	Not Applicable	Not Applicable

LEGEND: HOSPITAL CHOICE COST SHARING BLUE OPTIONS

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EPO

Accounts with 100+ eligible employees and enrolled subscribers

	Advantage Blue® Preferred	Advantage Blue® Preferred Deductible	Advantage Blue® Preferred Saver
Medical Deductible[4]	None	$1,500/$3,000	$2,000/$4,000 (includes Rx)[8, 17]
Out-of-Pocket Maximum[2]	$5,450/$10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits	$5,450/$10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits	$6,750/$13,500 (includes Rx)
Office Visit	Preventive: None VPCP: None[20] PCP: $15 Specialist: $15	Preventive: None VPCP: None[20] PCP: $15 after Deductible Specialist: $15 after Deductible	Preventive: None VPCP: Deductible[20] PCP: $15 after Deductible Specialist: $15 after Deductible
Emergency Room	$150	Deductible	Deductible
Inpatient Admissions	$500	Deductible	Deductible
Surgical Day Care (SDC)	$250	Deductible	Deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	$75	Deductible	Deductible
Prescription Drugs	Retail: $10/$25/$45 Mail: $20/$50/$90	Retail: $15/$30/$50 Mail: $30/$60/$100	After Deductible[17] Retail: $10/$25/$45 Mail: $20/$50/$90
Hospital Choice Cost Sharing[3a]	Not Applicable	After Deductible Inpatient - $1,000 SDC - $1,000 MRI/CT/PET/NC - $450 OP Diag. labs - $35 OP Diag. X-ray & other imaging tests - $100 PT/OT/ST - $50	Not Applicable

LEGEND: HOSPITAL CHOICE COST SHARING

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	Advantage Blue® Preferred Deductible with Coinsurance	Advantage Blue® Preferred Saver with Coinsurance
Medical Deductible[4]	$3,000/$6,000	$3,000/$6,000 (includes Rx)[8, 17]
Out-of-Pocket Maximum[2]	$5,450/$10,900 for medical benefits; $1,000/$2,000 for prescription drug benefits	$7,000/$14,000 (includes Rx)
Office Visit	Preventive: None VPCP: None[20] PCP/Specialist: $25 after Deductible	Preventive: None VPCP: Deductible[20] PCP/Specialist: 20% Coinsurance after Deductible
Emergency Room	$150 after Deductible	$150 after Deductible
Inpatient Admissions	20% Coinsurance after Deductible	20% Coinsurance after Deductible
Surgical Day Care (SDC)	20% Coinsurance after Deductible	20% Coinsurance after Deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	20% Coinsurance after Deductible	20% Coinsurance after Deductible
Prescription Drugs	Retail: $15/$30/$50 Mail: $30/$60/$100	After Deductible Retail: $15/$30/$50 Mail: $30/$60/$100
Hospital Choice Cost Sharing[3a]	After Deductible Inpatient - $1,000 SDC - $1,000 MRI/CT/PET/NC - $450 OP Diag. labs - $35 OP Diag. X-ray & other imaging tests - $100 PT/OT/ST - $50	Not Applicable

LEGEND: HOSPITAL CHOICE COST SHARING

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MEDICARE CREDITABLE COVERAGE

With the exception of Access Blue New England Basic Saver II and Preferred Blue PPO Basic Saver, 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 for adult tax filers to be considered insured and avoid tax penalties in Massachusetts.

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.

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 where applicable, on a plan year basis unless otherwise noted.

5 Outside of 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, or general hospital.

6 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.

19 With BlueFit plans, subscribers:

- can earn up to $600 auto-deposited to their HealthEquity HSA by
  - providing contact information, opting in to receive digital communications, and authenticating on MyBlue
  - registering with HealthEquity and using the HSA Optimizer Tool
  - depositing at least $1 to their HSA
  - engaging in healthy activities using the ahealthyme®˜ Rewards program powered by Virgin Pulse
- and their families have Accident Insurance and Critical Illness coverage available and payable automatically for qualifying claims
- and their families may access, at no cost, one adult Philips®˜ Sonicare®˜ Bluetooth®˜-enabled toothbrush (every three years) and one toothbrush per covered dependent ages 5-12 years (every three years)
- can be reimbursed up to $300 for each program under their Fitness and Weight-Loss benefits (total $600).

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.

Questions?

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

MASSACHUSETTS

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