MASSACHUSETTS

PRODUCT BENEFITS AND
COVERAGE OPTIONS FOR 2021

Individuals and
Groups of One

GETTING MORE.
NOW THERE'S A PLAN.

Individuals and Groups of One
Effective on anniversary dates on or after January 1, 2021

4 YEARS IN A ROW

We've ranked "Highest in Member Satisfaction among Commercial Health Plans in Massachusetts" by J.D. Power in 2017, 2018, 2019, and 2020.

PLANS THAT FIT OUR MEMBERS, NOT THE OTHER WAY AROUND

Selecting a health plan should be easy, and you should feel confident about the plan you choose. Use the charts and information in this brochure to compare the benefits included in each of our plans, and find the right option for you. Our plans feature more benefits than those listed here. To see more details about what's included in each plan, refer to the plan subscriber certificates.

STAY INFORMED WITH PLAN CHANGES FOR 2021

We want to keep you well informed about our plan offerings, so you avoid any surprises. Our enhanced plan benefits* are designed to maximize your coverage while maintaining low costs. These changes for 2021 ensure that we're up-to-date with health care reform guidelines, while we continue to give you reliable access to the care you need.

*Effective January 1, 2021, and upon renewal, unless otherwise noted.

NEW PLAN DESIGN FOR 2021

We're pleased to introduce the following new plan design, effective January 1, 2021:

- HMO Blue Copayment

Use the chart on the following pages to learn more about the benefits included.

THE AFFORDABLE CARE ACT (ACA) OUT-OF-POCKET MAXIMUM AND INTERNAL REVENUE SERVICE (IRS) COST-OF-LIVING ADJUSTMENTS FOR 2021

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, coinsurance, 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's guidelines for Health Savings Account (HSA)-compatible, high-deductible plans.

ANNUAL OUT-OF-POCKET MAXIMUMS FOR 2021

Plan Type	Individual Coverage	Family Coverage
HSA QUALIFIED HIGH-DEDUCTIBLE HEALTH PLANS	$7,000	$14,000
NON-HSA QUALIFIED HEALTH PLANS	$8,550	$17,100

MINIMUM DEDUCTIBLE AMOUNTS FOR 2021

Plan Type	Individual Coverage	Family Coverage
HSA QUALIFIED HIGH-DEDUCTIBLE HEALTH PLANS	$1,400	$2,800

COST SHARE CHANGES FOR 2021

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. All changes are noted in the charts on the following pages, or you can check your Summary of Benefits to review the cost-sharing amounts and benefit changes that might affect your plan.

Changes for 2021	Details
BLUE SELECT PLANS: INCREASE OVERALL MAXIMUM OUT-OF-POCKET AMOUNTS	Increase in-network maximum out-of-pocket amounts across most 2021 plans to: • Non-HSA plans: $8,150 / $16,300 • HSA Qualified plans (Saver plans): $6,900 / $13,800

THE BEST HEALTH INSURANCE IS THE KIND YOU UNDERSTAND

Blue Select (indicated by 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 tool at **bluecrossma.com/findadoctor** and select "HMO Blue Select".

PRODUCT BENEFITS AND COVERAGE OPTIONS

Individuals and Groups of One

	HMO Blue Premium	NEW HMO Blue Copayment	HMO Blue Deductible with Copayment
DEDUCTIBLE[2]	None	None	Medical: $2,000/$4,000 Rx: $250/$500
OUT-OF-POCKET MAXIMUM[3]	$2,650/$5,300	$4,650/$9,300	$6,250/$12,500
OFFICE VISIT	Preventive: $0 PCP: $20 Specialist: $40	Preventive: $0 PCP: $25 Specialist: $50	Preventive: $0 PCP: $30 Specialist: $55
EMERGENCY ROOM	$150	$300	$350 after deductible
INPATIENT ADMISSIONS	$500	$750	$750 after deductible
SURGICAL DAY CARE	$250	$500	$500 after deductible
LABS	$0	$50	$50 after deductible
X-RAYS	$0	$75	$75 after deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	$150	$400	$300 after deductible
PRESCRIPTION DRUGS	Retail: $10/$25/$50 Mail: $20/$50/$150	Retail: $25/$50/$75 Mail: $50/$100/$225	Retail: $25/$50 after Rx deductible/$125 after Rx deductible Mail: $50/$100 after Rx deductible/$375 after Rx deductible

LEGEND: BLUE SELECT | INDICATES CHANGES TO PLAN

FOOTNOTES LOCATED ON PAGE 11

	HMO Blue Select $1,000 Deductible	HMO Blue Basic	Preferred Blue® PPO Deductible with Coinsurance
DEDUCTIBLE[2]	$1,000/$2,000	$2,000/$4,000 (includes Tier 3 prescriptions)	IN: $3,000/$6,000 (includes Tiers 2 and 3 prescriptions) OON: $6,000/$13,000 (includes Tiers 2 and 3 prescriptions)
OUT-OF-POCKET MAXIMUM[3]	$8,150/$16,300	$8,200/$16,400	IN: $6,000/$12,000 OON: $7,850/$15,700
OFFICE VISIT	Preventive: $0 PCP[1]: $25 Specialist[1]: $45	Preventive: $0 PCP: $25 Specialist: $50	IN: Preventive: $0 Primary Care: 30% coinsurance after deductible Specialist: 30% coinsurance after deductible OON: Preventive: 20% coinsurance after deductible Other provider: 50% coinsurance after deductible
EMERGENCY ROOM	$250	$300 after deductible	30% coinsurance after in-network deductible
INPATIENT ADMISSIONS	Deductible	$1,000 after deductible	IN: 30% coinsurance after deductible OON: 50% coinsurance after deductible
SURGICAL DAY CARE	Deductible	$500 after deductible	IN: 30% coinsurance after deductible OON: 50% coinsurance after deductible
LABS	$40 after deductible	$50 after deductible	IN: 30% coinsurance after deductible OON: 50% coinsurance after deductible
X-RAYS	$40 after deductible	$75 after deductible	IN: 30% coinsurance after deductible OON: 50% coinsurance after deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	$75 after deductible	$400 after deductible	IN: 30% coinsurance after deductible OON: 50% coinsurance after deductible
PRESCRIPTION DRUGS	Retail: $10/$45/$150/$225 Mail: $20/$90/$300/$675 VBB[1]: $10/$45/$150/$675	Retail: $25/$50/$75 after deductible Mail: $50/$100/$225 after deductible	IN: Retail: $25/$45 after deductible/$90 after deductible Mail: $50/$90 after deductible/$270 after deductible OON: Retail: $50/$90 after deductible/$180 after deductible Mail: Not covered

LEGEND: BLUE SELECT | INDICATES CHANGES TO PLAN

FOOTNOTES LOCATED ON PAGE 11

	HMO Blue Select $1,000 Deductible with Copayment	HMO Blue Select $2,000 Deductible	HMO Blue Saver (HSA Compliant)
DEDUCTIBLE[2]	$1,000/$2,000	$2,000/$4,000	$2,000/$4,000[4]
OUT-OF-POCKET MAXIMUM[3]	$7,450/$14,900	$8,150/$16,300	$6,500/$13,000
OFFICE VISIT	Preventive: $0 PCP[1]: $25 Specialist[1]: $50	Preventive: $0 PCP[1]: $25 Specialist[1]: $45	Preventive: $0 PCP: $30 after deductible Specialist: $60 after deductible
EMERGENCY ROOM	$250	$250	$300 after deductible
INPATIENT ADMISSIONS	$550 after deductible	Deductible	$750 after deductible
SURGICAL DAY CARE	$250 after deductible	Deductible	$500 after deductible
LABS	$60 after deductible	$15 after deductible	$60 after deductible
X-RAYS	$60 after deductible	$15 after deductible	$75 after deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	$250 after deductible	$75 after deductible	$500 after deductible
PRESCRIPTION DRUGS	Retail: $10/$45/$150/$225 Mail: $20/$90/$300/$675 VBB[1]: $10/$45/$150/$675	Retail: $10/$45/$150/$225 Mail: $20/$90/$300/$675 VBB[1]: $10/$45/$150/$675	After deductible[5] Retail: $30/$60/$105 Mail: $60/$120/$315

LEGEND: BLUE SELECT INDICATES CHANGES TO PLAN

FOOTNOTES LOCATED ON PAGE 11

	HMO Blue Select $2,000 Deductible with Copayment	HMO Blue Select $3,000 Deductible	HMO Blue Select Saver $2,000 (HSA Compliant)
DEDUCTIBLE[2]	$2,000/$4,000	$3,000/$6,000	$2,000/$4,000[4]
OUT-OF-POCKET MAXIMUM[3]	$8,150/$16,300	$8,150/$16,300	$6,900/$13,800
OFFICE VISIT	Preventive: $0 PCP[1]: $25 Specialist[1]: $45	Preventive: $0 PCP[1]: $40 Specialist[1]: $55	Preventive: $0 PCP[1]: $25 after deductible Specialist[1]: $45 after deductible
EMERGENCY ROOM	$750 after deductible	$750 after deductible	$250 after deductible
INPATIENT ADMISSIONS	$500 after deductible	$500 after deductible	$250 after deductible
SURGICAL DAY CARE	$250 after deductible	$500 after deductible	$150 after deductible
LABS	$55 after deductible	$40 after deductible	$40 after deductible
X-RAYS	$55 after deductible	$40 after deductible	$40 after deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	$200 after deductible	$300 after deductible	$250 after deductible
PRESCRIPTION DRUGS	Retail: $10/$45/$175/$250 Mail: $20/$90/$350/$750 VBB[1]: $10/$45/$175/$750	Retail: $10/$45/$150/$225 Mail: $20/$90/$300/$675 VBB[1]: $10/$45/$150/$675	After deductible[5] Retail: $10/$45/$175/$250 Mail: $20/$90/$350/$750 VBB[1]: $10/$45/$175/$750 (no deductible)

LEGEND: BLUE SELECT INDICATES CHANGES TO PLAN

FOOTNOTES LOCATED ON PAGE 11

	HMO Blue Basic Deductible	HMO Blue Essential
DEDUCTIBLE[2]	$2,700/$5,400	$8,200/$16,400 per calendar year
OUT-OF-POCKET MAXIMUM[3]	$8,200/$16,400	$8,200/$16,400 per calendar year
OFFICE VISIT	Preventive: $0 PCP: $40 after deductible Specialist: $90 after deductible	Preventive: $0 PCP: $35 or 50% coinsurance, whichever is less, for first three visits per calendar year, then deductible Specialist: $0 after deductible
EMERGENCY ROOM	$750 after deductible	Deductible
INPATIENT ADMISSIONS	$1,200 after deductible	Deductible
SURGICAL DAY CARE	$500 after deductible	Deductible
LABS	$75 after deductible	Deductible
X-RAYS	$100 after deductible	Deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	$1,000 after deductible	Deductible
PRESCRIPTION DRUGS	Retail: $30/$100 after deductible/$150 after deductible Mail: $60/$200 after deductible/$450 after deductible	Retail: Deductible Mail: Deductible

LEGEND: BLUE SELECT | INDICATES CHANGES TO PLAN

FOOTNOTES LOCATED ON PAGE 11

Medicare Creditable Coverage**

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

Low-Cost Generic Drug Benefit

With all plans, members can get a 90-day supply of select generic medications for only $9 when filled through Express Scripts®′ (ESI), the mail order pharmacy. Normal prescription guidelines apply.

Select Home Delivery

Members in plans with Select Home Delivery need to select whether they want to fill their maintenance medications through the mail order pharmacy ESI, or at a retail pharmacy. Members who fill their prescriptions through ESI can save time and money on a 90-day supply of their medications.

Members who choose to fill their prescriptions at a retail pharmacy need to notify ESI before their third medication fill, or they will be responsible for the full cost of their medication. Select Home Delivery is included in all plans listed in this guide.

Value-Based Benefits[1]

This approach to managing costs focuses on improving the health of members who have certain chronic conditions. These benefits are included in some plans listed in this guide.

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

FOOTNOTES

1. Value-Based Benefits:
   - Members will pay nothing for the first two diabetic monitoring visits per calendar year. These are services such as diabetes evaluation and management services, including diabetic eye exams and foot care.
   - Members will pay the same cost share for a 90-day supply of medication when purchased at the mail order pharmacy as they do for a 30-day supply when purchased from a retail pharmacy. For 4-Tier pharmacy benefits, this applies to a specific list of Tier 1, Tier 2, and Tier 3 medications used in the treatment of asthma, coronary artery disease/cardiovascular disease, and diabetes, as well as a comorbidity of depression.
   - Members will pay nothing for certain Tier 1 and Tier 2 smoking cessation products when purchased at either a retail pharmacy or mail order pharmacy.
2. The two deductible amounts refer to per member and per family per plan year, unless otherwise noted.
3. The two out-of-pocket maximum amounts refer to per member and per family per plan year, unless otherwise noted. The out-of-pocket maximum amounts include copayments, coinsurance, and deductible, including costs for covered prescription drugs.
4. Entire family deductible must be satisfied before benefits are provided for any one member enrolled under a family membership.
5. Overall deductible does not apply to preventive or Value-Based Benefits drugs.

Questions?

If you have any questions, please call Member Service at the number on the front of your ID card (TTY: **711**).

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