

# GETTING MORE. NOW THERE'S A PLAN.

**100+** HMO  
& PPO

Accounts with 100+ Eligible Employees and Enrolled Subscribers  
Effective on anniversary dates on or after January 1, 2022



# PLANS THAT FIT YOUR EMPLOYEES' NEEDS

Selecting a health plan should be easy, and you should feel confident about the plan you choose for your employees. With the largest network of providers in the country, we're able to consistently offer the lowest total cost of care, along with exceptional health care experiences.

Use the information and charts in this brochure to compare the benefits included in each of our plans,\* so you can find the right option for your employees.



\*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.



## BLUEFIT: THE NEXT GENERATION, PROACTIVE HEALTH PLAN

BlueFit is a comprehensive health plan that not only guides employees to lower costs, but actually helps them increase savings over time, avoid cost surprises, and invest in their future health care.

- **A Rewarding Fit:** Day-one engagement powered by behavioral economics.
- **A Secure Fit:** A built-in Health Savings Account (HSA) for take-it-with-you savings.
- **An Innovative Fit:** Intuitive programs and benefits your employees can always access.

BlueFit was designed with the input of nearly 1,200 employers, employees, and health care experts, then road-tested for over 432 hours. The results are in, and they show this new plan is the right fit, and right on time:

- 87% of employers found BlueFit appealing.\*
- 72% of employees agree.\*

Sound like the perfect fit? Contact your Blue Cross account executive or broker.



## TELEHEALTH UPDATE

Throughout the COVID-19 pandemic, our priority has been to make sure members can easily and safely access the health care they need. Moving forward, our goal is to allow members continued telehealth access, as they've come to rely on this option to meet their medical and mental health care needs, so we'll be:

- Changing our telehealth benefit to be administered as a site of care for all members.
- Allowing members to see providers for either an in-person or telehealth visit for appropriate, covered services.
- Enabling the member cost share for a covered telehealth visit (any deductible, copay, or co-insurance) to be the same as if the care were obtained in person.

All commercial Blue Cross members will have telehealth coverage included in their plan when accessed through a Blue Network provider (exclusions: Medicare Advantage, FEP, and Medex®). Well Connection, which provides access to a supplemental network of urgent care and mental health providers, is included for fully insured accounts and available to ASC accounts for a fee.

\*Those rating 4 or 5 on a 5-point scale ranging from 1 "Very unappealing" to 5 "Very appealing."

## SOLUTIONS THAT CREATE VALUE FOR OUR MEMBERS

We're working to transform our Medical Products by offering enhanced value to both employers and employees through customizable medical and pharmacy solutions. These offerings improve access to specific types of care and medications by reducing or even eliminating financial barriers, and can be paired with a variety of plans.

### VALUE CARE OPTIONS

Value Care Options are designed to create value for employers and their employees, eliminating member cost share for a set number of office visits, including telehealth visits, improving access to:

- Alternative and/or holistic care options for the treatment and management of pain:
  - » Acupuncture
  - » Chiropractic care
  - » Physical therapy and occupational therapy
  - » Behavioral health/substance use therapy (e.g., Psychotherapy visits)
- Mental health care
  - » Behavioral health/substance use therapy (e.g., Psychotherapy visits)
- Acute/non-preventive care visits with a primary care provider (PCP)
  - » Non-preventive care visits with a PCP
  - » Behavioral health/substance use therapy (e.g., Psychotherapy visits)

Employers may select any combination of these benefit service categories but must always pair behavioral health/substance use therapy with any of the other benefit categories. Accounts may also choose to

waive the cost share for the first one, first three, or first six outpatient visits.

Value Care Options can be offered with most products and plan designs, including Saver plans. Saver plans require the deductible be met first, then any copay or co-insurance will be waived for the rest of the plan year.

### 90-DAY RETAIL DISPENSING

To allow members more convenience and choice in filling maintenance medications (also known as long-term medications), we're adding the option to fill 90-day supplies of prescription medications at participating retail pharmacies. Member cost share at the retail pharmacy is three times the 30-day cost share.

### \$0 COPAY MEDICATION OFFERINGS

To improve medication adherence, we're adding three additional medication categories to the existing \$0 copay medication offerings. Accounts can select which categories of medications to offer.

This offering is compatible with Health Savings Account (HSA) plans, and if paired with the HSA preventive medication list, the overall deductible will be exempt for certain medications in the categories below:

- Medication-assisted therapies for substance use treatment
- Diabetes testing strips
- Smoking cessation

## SOLUTIONS SUPPORTING HEALTH & WELL-BEING

Employers have become increasingly concerned about the emotional health of their employees, so we've enhanced our Fitness and Mind & Body programs to further promote the mind-body connection, and support the overall health and well-being of our members.

### HOME FITNESS EQUIPMENT

To help employers support their employees' diverse lifestyles and fitness journeys, we're expanding our popular Fitness Program to include home fitness equipment. Members can be reimbursed up to the standard \$150 per calendar year for items such as stationary bikes, weights, exercise bands, treadmills, and fitness machines.

### OPTIONAL MIND & BODY PROGRAM

The COVID-19 pandemic has highlighted the need for enhanced mental health and wellness resources, so we're offering our Mind & Body Program as an opt-in rider. Members and their families can be reimbursed up to \$300 per calendar year for:

- Hypnosis
- Meditation and breathing apps
- Massage therapy
- Tai chi
- Meditation
- Qi gong



## SOLUTIONS ADDRESSING PREMIUM AFFORDABILITY

Given the devastating health and financial impacts that COVID-19 has had on our communities, we recognize that now more than ever, employers need to make premiums more affordable while still providing value to their employees. Employees also need increased access to medical care that considers their overall health and well-being.

### PLANS DESIGNED FOR LOWER PREMIUMS

As employers look for a variety of options to achieve premium savings, we're recommending existing plan designs that maximize premium affordability and continue to achieve minimum value standards, while providing coverage for all essential health benefits.

The Value Copayment plans are lower-cost (premium) plans that allow members to more easily predict out-of-pocket costs through fixed copays. These plans don't have a deductible, but can be paired with a Health Reimbursement Arrangement (HRA) to offset members' out-of-pocket costs from the four levels of medical copays.

- HMO Blue New England Value Copayment
- Preferred Blue® PPO Value Copayment

We've also pre-packaged existing lower-cost plans with optional riders, including a higher deductible and annual out-of-pocket maximum, to help further reduce premiums.

- Access Blue New England Basic Saver II
- Preferred Blue® PPO Basic Saver

### THE AFFORDABLE CARE ACT (ACA) OUT-OF-POCKET MAXIMUM AND INTERNAL REVENUE SERVICE (IRS) COST-OF-LIVING ADJUSTMENTS FOR 2022

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's 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 2022 limits or the IRS's new limits for Saver plans, which are HSA-compatible, high-deductible plans.

### ANNUAL OUT-OF-POCKET MAXIMUMS FOR 2022

| Plan Type                                  | Individual Coverage | Family Coverage |
|--|---------------------|-----------------|
| HSA QUALIFIED HIGH-DEDUCTIBLE HEALTH PLANS | \$7,050             | \$14,100        |
| NON-HSA QUALIFIED HEALTH PLANS             | \$8,700             | \$17,400        |

### MINIMUM DEDUCTIBLE AMOUNTS FOR 2022

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



## UNLOCK THE POWER OF OUR PLANS

One of the most important benefits of a health plan is getting assistance and advice. So no matter which plan your employees choose, we make sure it comes with the helpful tools of MyBlue, and the helpful people of Team Blue. Together, they make Massachusetts' most trusted medical plans more powerful than ever.

# 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 providers and hospitals.<sup>1</sup> For more information, visit [bluecrossma.com/hospitalchoice](https://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](https://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](https://bluecrossma.com/findadoctor) and select **HMO Blue Select**.

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



# HMO

Accounts with 100+ Eligible Employees  
and Enrolled Subscribers



|   | Access Blue New England<br>Total Saver | Access Blue New England<br>Enhanced Value   | Access Blue New England<br>Basic \$2,000  |
|---|--|---|---|
| DEDUCTIBLE <sup>2</sup>   | \$3,550/\$7,100 <sup>3</sup>           | None  | Medical: \$2,000/\$4,000<br>Rx: \$250/\$500   |
| OUT-OF-POCKET<br>MAXIMUM <sup>4</sup>                                       | \$3,550/\$7,100                        | Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000  | Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000  |
| OFFICE VISIT  | Deductible                             | Preventive: \$0<br>PCP: \$20<br>Specialist: \$30  | Preventive: \$0<br>PCP: \$25 after deductible<br>Specialist: \$35 after deductible  |
| EMERGENCY<br>ROOM   | Deductible                             | \$150   | \$200   |
| INPATIENT<br>ADMISSIONS <sup>5</sup>  | Deductible                             | \$500   | 20% co-insurance after deductible   |
| SURGICAL DAY<br>CARE <sup>5</sup>   | Deductible                             | \$250   | 20% co-insurance after deductible   |
| MRI, CT, PET<br>SCANS, AND<br>NUCLEAR CARDIAC<br>IMAGING TESTS <sup>5</sup> | Deductible                             | \$50  | 20% co-insurance after deductible   |
| PRESCRIPTION<br>DRUGS   | Deductible                             | Retail: \$15/\$30/\$50<br>Mail: \$30/\$60/\$100   | Tier 1: Retail: \$15/Mail: \$30<br>Tiers 2 and 3:<br>Retail and Mail: 50% co-insurance<br>after Rx deductible   |
| HOSPITAL CHOICE<br>COST SHARING <sup>6</sup>                                | Not Applicable                         | Inpatient: \$1,500<br>SDC: \$1,250<br>Labs: \$35<br>X-rays: \$100<br>MRI/CT/PET/NC: \$500<br>PT/OT/ST: \$65 | After deductible<br>Inpatient: 30% co-insurance<br>SDC: 30% co-insurance<br>Labs: 30% co-insurance<br>X-rays: 30% co-insurance<br>MRI/CT/PET/NC: 30% co-insurance<br>PT/OT/ST: \$75 |

|         |                              |              |             |
|---------|------------------------------|--------------|-------------|
| 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  
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|   | Access Blue New England<br>Saver (HSA Compliant)                                   | Access Blue New England<br>Basic Saver<br>(HSA Compliant)                          | Access Blue New England<br>Basic Saver II<br>(HSA Compliant)   |
|---|--|--|--|
| DEDUCTIBLE <sup>2</sup>   | \$1,500/\$3,000 <sup>7</sup>   | \$3,000/\$5,950 <sup>7</sup>   | \$3,300/\$6,450 <sup>7</sup>   |
| OUT-OF-POCKET<br>MAXIMUM <sup>4</sup>                                       | \$6,450/\$12,900   | \$6,450/\$12,900   | \$6,450/\$12,900   |
| OFFICE VISIT  | Preventive: \$0<br>PCP: \$15 after deductible<br>Specialist: \$25 after deductible | Preventive: \$0<br>PCP: \$60 after deductible<br>Specialist: \$75 after deductible | Preventive: \$0<br>PCP: \$50 after deductible<br>Specialist: \$75 after deductible                         |
| EMERGENCY<br>ROOM   | \$150 after deductible   | \$250 after deductible   | \$750 after deductible   |
| INPATIENT<br>ADMISSIONS <sup>5</sup>  | Deductible   | 35% co-insurance after deductible  | \$1,000 after deductible   |
| SURGICAL DAY<br>CARE <sup>5</sup>   | Deductible   | 35% co-insurance after deductible  | \$1,000 after deductible   |
| MRI, CT, PET<br>SCANS, AND<br>NUCLEAR CARDIAC<br>IMAGING TESTS <sup>5</sup> | Deductible   | 35% co-insurance after deductible  | \$1,000 after deductible   |
| PRESCRIPTION<br>DRUGS   | After deductible<br>Retail: \$10/\$25/\$45<br>Mail: \$20/\$50/\$135                | After deductible<br>Retail: \$15/\$30/\$50<br>Mail: \$30/\$60/\$150                | After deductible<br>Tier 1: Retail: \$15/Mail: \$30<br>Tiers 2 and 3: Retail and Mail:<br>50% co-insurance |
| HOSPITAL CHOICE<br>COST SHARING <sup>6</sup>                                | Not Applicable   | Not Applicable   | Not Applicable   |

|         |                              |              |             |
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|  | Blue Choice® New England  | Blue Choice® New England Value Plus   | Blue Choice® New England Deductible   |
|--|---|---|---|
| DEDUCTIBLE <sup>2</sup>  | PCP/Plan-Approved: None<br>Self-Referred: \$250/\$500 per calendar year   | PCP/Plan-Approved: None<br>Self-Referred: \$500/\$1,000 per calendar year   | PCP/Plan-Approved: \$1,000/\$2,000 per calendar year<br>Self-Referred: \$2,000/\$4,000 per calendar year  |
| OUT-OF-POCKET MAXIMUM <sup>4</sup>                                 | PCP/Plan-Approved: Medical: \$5,450/\$10,900 per calendar year<br>Rx: \$1,000/\$2,000 per calendar year<br>Self-Referred: Medical: \$6,450/\$12,900 per calendar year | PCP/Plan-Approved: Medical: \$5,450/\$10,900 per calendar year<br>Rx: \$1,000/\$2,000 per calendar year<br>Self-Referred: Medical: \$6,450/\$12,900 per calendar year | PCP/Plan-Approved: Medical: \$5,450/\$10,900 per calendar year<br>Rx: \$1,000/\$2,000 per calendar year<br>Self-Referred: Medical: \$6,450/\$12,900 per calendar year |
| OFFICE VISIT   | PCP/Plan-Approved: Preventive: \$0<br>PCP: \$10<br>Specialist: \$10<br>Self-Referred: 20% co-insurance after deductible   | PCP/Plan-Approved: Preventive: \$0<br>PCP: \$15<br>Specialist: \$15<br>Self-Referred: 20% co-insurance after deductible   | PCP/Plan-Approved: Preventive: \$0<br>PCP: \$20<br>Specialist: \$35<br>Self-Referred: 20% co-insurance after deductible   |
| EMERGENCY ROOM   | \$100   | \$100   | \$150   |
| INPATIENT ADMISSIONS <sup>5</sup>                                  | PCP/Plan-Approved: \$0<br>Self-Referred: 20% co-insurance after deductible  | PCP/Plan-Approved: \$250<br>Self-Referred: 20% co-insurance after deductible  | PCP/Plan-Approved: Deductible<br>Self-Referred: 20% co-insurance after deductible   |
| SURGICAL DAY CARE <sup>5</sup>                                     | PCP/Plan-Approved: \$0<br>Self-Referred: 20% co-insurance after deductible  | PCP/Plan-Approved: \$150<br>Self-Referred: 20% co-insurance after deductible  | PCP/Plan-Approved: Deductible<br>Self-Referred: 20% co-insurance after deductible   |
| MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS <sup>5</sup> | PCP/Plan-Approved: \$25<br>Self-Referred: 20% co-insurance after deductible   | PCP/Plan-Approved: \$25<br>Self-Referred: 20% co-insurance after deductible   | PCP/Plan-Approved: Deductible<br>Self-Referred: 20% co-insurance after deductible   |
| PRESCRIPTION DRUGS   | PCP/Plan-Approved: Retail: \$10/\$25/\$45<br>Mail: \$20/\$50/\$90<br>Self-Referred: Not covered   | PCP/Plan-Approved: Retail: \$10/\$25/\$45<br>Mail: \$20/\$50/\$90<br>Self-Referred: Not covered   | PCP/Plan-Approved: Retail: \$15/\$30/\$50<br>Mail: \$30/\$60/\$150<br>Self-Referred: Not covered  |
| HOSPITAL CHOICE COST SHARING <sup>6</sup>                          | Not Applicable  | Not Applicable  | Not Applicable  |

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|   | HMO Blue New England<br>Value Copayment   | HMO Blue New England  | HMO Blue New England<br>\$500 Deductible  |
|---|---|---|---|
| DEDUCTIBLE <sup>2</sup>   | None  | None  | \$500/\$1,000   |
| OUT-OF-POCKET<br>MAXIMUM <sup>4</sup>                                       | \$8,150/\$16,300  | Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000  | Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000  |
| OFFICE VISIT  | Preventive: \$0<br>PCP: \$75<br>Specialist: \$100   | Preventive: \$0<br>PCP: \$10<br>Specialist: \$25  | Preventive: \$0<br>PCP: \$20<br>Specialist: \$35  |
| EMERGENCY<br>ROOM   | \$1,000   | \$100   | \$150   |
| INPATIENT<br>ADMISSIONS <sup>5</sup>  | \$1,000   | \$0   | Deductible  |
| SURGICAL DAY<br>CARE <sup>5</sup>   | \$1,000   | \$0   | Deductible  |
| MRI, CT, PET<br>SCANS, AND<br>NUCLEAR CARDIAC<br>IMAGING TESTS <sup>5</sup> | \$1,000   | \$25  | Deductible  |
| PRESCRIPTION<br>DRUGS   | Retail: \$40/\$200/\$250<br>Mail: \$80/\$400/\$750  | Retail: \$10/\$25/\$45<br>Mail: \$20/\$50/\$90  | Retail: \$15/\$30/\$50<br>Mail: \$30/\$60/\$150   |
| HOSPITAL CHOICE<br>COST SHARING <sup>6</sup>                                | Inpatient: \$2,000<br>SDC: \$2,000<br>Labs: \$135<br>X-rays: \$350<br>MRI/CT/PET/NC: \$1,450<br>PT/OT/ST: \$135 | Inpatient: \$1,000<br>SDC: \$1,000<br>Labs: \$35<br>X-rays: \$100<br>MRI/CT/PET/NC: \$475<br>PT/OT/ST: \$60 | After deductible<br>Inpatient: \$1,000<br>SDC: \$1,000<br>Labs: \$35<br>X-rays: \$100<br>MRI/CT/PET/NC: \$450<br>PT/OT/ST: \$70 |

|         |                              |              |             |
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|   | HMO Blue New England<br>\$1,000 Deductible  | HMO Blue New England<br>\$1,000 Deductible with<br>Co-insurance   | HMO Blue New England<br>\$1,500 Deductible  |
|---|---|---|---|
| DEDUCTIBLE <sup>2</sup>   | \$1,000/\$2,000   | \$1,000/\$2,000   | \$1,500/\$3,000   |
| OUT-OF-POCKET<br>MAXIMUM <sup>4</sup>                                       | Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000  | Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000  | Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000  |
| OFFICE VISIT  | Preventive: \$0<br>PCP: \$20<br>Specialist: \$35  | Preventive: \$0<br>PCP: \$20<br>Specialist: \$35  | Preventive: \$0<br>PCP: \$20<br>Specialist: \$35  |
| EMERGENCY<br>ROOM   | \$150   | 20% co-insurance after<br>deductible  | \$150   |
| INPATIENT<br>ADMISSIONS <sup>5</sup>  | Deductible  | 20% co-insurance after<br>deductible  | Deductible  |
| SURGICAL DAY<br>CARE <sup>5</sup>   | Deductible  | 20% co-insurance after<br>deductible  | Deductible  |
| MRI, CT, PET<br>SCANS, AND<br>NUCLEAR CARDIAC<br>IMAGING TESTS <sup>5</sup> | Deductible  | Deductible  | Deductible  |
| PRESCRIPTION<br>DRUGS   | Retail: \$15/\$30/\$50<br>Mail: \$30/\$60/\$150   | Retail: \$10/\$25/\$45<br>Mail: \$20/\$50/\$135   | Retail: \$15/\$30/\$50<br>Mail: \$30/\$60/\$150   |
| HOSPITAL CHOICE<br>COST SHARING <sup>6</sup>                                | After deductible<br>Inpatient: \$1,000<br>SDC: \$1,000<br>Labs: \$35<br>X-rays: \$100<br>MRI/CT/PET/NC: \$450<br>PT/OT/ST: \$70 | After deductible<br>Inpatient: 30% co-insurance<br>SDC: 30% co-insurance<br>Labs: 30% co-insurance<br>X-rays: 30% co-insurance<br>MRI/CT/PET/NC: 30% co-insurance<br>PT/OT/ST: \$75 | After deductible<br>Inpatient: \$1,000<br>SDC: \$1,000<br>Labs: \$35<br>X-rays: \$100<br>MRI/CT/PET/NC: \$450<br>PT/OT/ST: \$70 |

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|   | HMO Blue New England<br>\$2,000 Deductible  | HMO Blue New England<br>\$3,000 Deductible  |
|---|---|---|
| DEDUCTIBLE <sup>2</sup>   | \$2,000/\$4,000   | \$3,000/\$6,000   |
| OUT-OF-POCKET<br>MAXIMUM <sup>4</sup>                                       | Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000  | Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000  |
| OFFICE VISIT  | Preventive: \$0<br>PCP: \$20<br>Specialist: \$35  | Preventive: \$0<br>PCP: \$25<br>Specialist: \$40  |
| EMERGENCY<br>ROOM   | \$150   | \$150   |
| INPATIENT<br>ADMISSIONS <sup>5</sup>  | Deductible  | Deductible  |
| SURGICAL DAY<br>CARE <sup>5</sup>   | Deductible  | Deductible  |
| MRI, CT, PET<br>SCANS, AND<br>NUCLEAR CARDIAC<br>IMAGING TESTS <sup>5</sup> | Deductible  | Deductible  |
| PRESCRIPTION<br>DRUGS   | Retail: \$15/\$30/\$50<br>Mail: \$30/\$60/\$150   | Retail: \$15/\$30/\$50<br>Mail: \$30/\$60/\$150   |
| HOSPITAL CHOICE<br>COST SHARING <sup>6</sup>                                | After deductible<br>Inpatient: \$1,000<br>SDC: \$1,000<br>Labs: \$35<br>X-rays: \$100<br>MRI/CT/PET/NC: \$450<br>PT/OT/ST: \$70 | After deductible<br>Inpatient: \$1,000<br>SDC: \$1,000<br>Labs: \$35<br>X-rays: \$100<br>MRI/CT/PET/NC: \$450<br>PT/OT/ST: \$75 |

|         |                              |              |             |
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|---------|------------------------------|--------------|-------------|

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|   | HMO Blue New England<br>Deductible II   | HMO Blue New England<br>Basic Copayment          | HMO Blue New England<br>Basic Co-insurance   |
|---|---|--|--|
| DEDUCTIBLE <sup>2</sup>   | \$4,000/\$8,000   | \$2,000/\$4,000                                  | \$2,000/\$4,000  |
| OUT-OF-POCKET<br>MAXIMUM <sup>4</sup>                                       | Medical: \$7,000/\$14,000<br>Rx: \$1,000/\$2,000  | Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000 | Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000                                   |
| OFFICE VISIT  | Preventive: \$0<br>PCP: \$25<br>Specialist: \$40  | Preventive: \$0<br>PCP: \$60<br>Specialist: \$75 | Preventive: \$0<br>PCP: \$60<br>Specialist: \$75                                   |
| EMERGENCY<br>ROOM   | \$500   | \$750 after deductible                           | 35% co-insurance after deductible  |
| INPATIENT<br>ADMISSIONS <sup>5</sup>  | Deductible  | \$1,000 after deductible                         | 35% co-insurance after deductible  |
| SURGICAL DAY<br>CARE <sup>5</sup>   | Deductible  | \$1,000 after deductible                         | 35% co-insurance after deductible  |
| MRI, CT, PET<br>SCANS, AND<br>NUCLEAR CARDIAC<br>IMAGING TESTS <sup>5</sup> | Deductible  | \$1,000 after deductible                         | 35% co-insurance after deductible  |
| PRESCRIPTION<br>DRUGS   | Retail: \$15/\$30/\$50<br>Mail: \$30/\$60/\$150   | Retail: \$20/\$40/\$60<br>Mail: \$40/\$80/\$180  | Tier 1: Retail: \$15/Mail: \$30<br>Tiers 2 & 3:<br>Retail & Mail: 50% co-insurance |
| HOSPITAL CHOICE<br>COST SHARING <sup>6</sup>                                | After deductible<br>Inpatient: \$1,000<br>SDC: \$1,000<br>Labs: \$35<br>X-rays: \$100<br>MRI/CT/PET/NC: \$450<br>PT/OT/ST: \$75 | 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  
PT/OT/ST: Physical/Occupational/Speech Therapy VBB: Value-Based Benefits OON: Out-of-Network

FOOTNOTES LOCATED  
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|   | HMO Blue New England<br>Options v.5 <sup>8</sup>                                      | HMO Blue New England<br>Options Deductible v.5 <sup>8</sup>  | HMO Blue New England<br>Options Deductible II v.5 <sup>8</sup>   |
|---|---|--|--|
| DEDUCTIBLE <sup>2</sup>   | None  | EBT: None<br>SBT: \$500/\$1,000<br>BBT: \$2,000/\$4,000  | EBT: None<br>SBT: \$500/\$1,000<br>BBT: \$2,000/\$4,000  |
| OUT-OF-POCKET<br>MAXIMUM <sup>4</sup>                                       | Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000                                      | Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000   | Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000   |
| OFFICE VISIT  | Preventive: \$0<br>PCP: EBT: \$15<br>SBT: \$25<br>BBT: \$45<br>Specialist: \$45       | Preventive: \$0<br>PCP: EBT: \$15<br>SBT: \$25<br>BBT: \$50<br>Specialist: \$50  | Preventive: \$0<br>PCP: EBT: \$20<br>SBT: \$30<br>BBT: \$50<br>Specialist: \$50  |
| EMERGENCY<br>ROOM   | \$150   | \$150  | \$200  |
| INPATIENT<br>ADMISSIONS <sup>5</sup>  | EBT: \$250<br>SBT: \$500<br>(\$300 for select hospitals) <sup>9</sup><br>BBT: \$1,000 | EBT: \$150<br>SBT: \$150 after deductible<br>(\$200 for select hospitals) <sup>9</sup><br>BBT: \$1,000 after deductible                            | EBT: \$250<br>SBT: \$250 after deductible<br>(\$300 for select hospitals) <sup>9</sup><br>BBT: \$1,500 after deductible                            |
| SURGICAL DAY<br>CARE <sup>5</sup>   | EBT: \$150<br>SBT: \$250<br>BBT: \$500  | EBT: \$150<br>SBT: \$150 after deductible<br>(\$200 for select hospitals) <sup>9</sup><br>BBT: \$1,000 after deductible                            | EBT: \$250<br>SBT: \$250 after deductible<br>(\$300 for select hospitals) <sup>9</sup><br>BBT: \$1,500 after deductible                            |
| MRI, CT, PET<br>SCANS, AND<br>NUCLEAR CARDIAC<br>IMAGING TESTS <sup>5</sup> | EBT: \$75<br>SBT: \$150<br>BBT: \$250<br>Other Network Provider: \$75                 | EBT: \$50<br>SBT: \$50 after deductible<br>(\$50 for select hospitals) <sup>9</sup><br>BBT: \$450 after deductible<br>Other Network Provider: \$50 | EBT: \$75<br>SBT: \$75 after deductible<br>(\$75 for select hospitals) <sup>9</sup><br>BBT: \$450 after deductible<br>Other Network Provider: \$75 |
| PRESCRIPTION<br>DRUGS   | Retail: \$15/\$30/\$50<br>Mail: \$30/\$60/\$150                                       | Retail: \$15/\$30/\$50<br>Mail: \$30/\$60/\$150  | Retail: \$15/\$35/\$50<br>Mail: \$30/\$70/\$150  |
| HOSPITAL CHOICE<br>COST SHARING <sup>6</sup>                                | 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  
PT/OT/ST: Physical/Occupational/Speech Therapy VBB: Value-Based Benefits OON: Out-of-Network

FOOTNOTES LOCATED  
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|   | HMO Blue New England<br>Options Deductible III v.5 <sup>8</sup>   | HMO Blue New England<br>Value   | HMO Blue New England<br>Value Plus  |
|---|---|---|---|
| DEDUCTIBLE <sup>2</sup>   | \$2,000/\$4,000   | None  | None  |
| OUT-OF-POCKET<br>MAXIMUM <sup>4</sup>                                       | Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000  | Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000  | Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000  |
| OFFICE VISIT  | Preventive: \$0<br>PCP: EBT: \$20<br>SBT: \$35<br>BBT: \$55<br>Specialist: \$55   | Preventive: \$0<br>PCP: \$25<br>Specialist: \$40  | Preventive: \$0<br>PCP: \$15<br>Specialist: \$30  |
| EMERGENCY<br>ROOM   | \$250   | \$150   | \$100   |
| INPATIENT<br>ADMISSIONS <sup>5</sup>  | EBT: Deductible<br>SBT: \$500 after deductible<br>(\$50 after deductible for select<br>hospitals) <sup>9</sup><br>BBT: \$1,500 after deductible | \$500   | \$250   |
| SURGICAL DAY<br>CARE <sup>5</sup>   | EBT: Deductible<br>SBT: \$500 after deductible<br>(\$50 after deductible for select<br>hospitals) <sup>9</sup><br>BBT: \$1,500 after deductible | \$250   | \$150   |
| MRI, CT, PET<br>SCANS, AND<br>NUCLEAR CARDIAC<br>IMAGING TESTS <sup>5</sup> | EBT: Deductible<br>SBT: \$75 after deductible<br>BBT: \$450 after deductible<br>Other Network Provider: \$0                                     | \$75  | \$25  |
| PRESCRIPTION<br>DRUGS   | Retail: \$20/\$40/\$60<br>Mail: \$40/\$80/\$180   | Retail: \$15/\$30/\$50<br>Mail: \$30/\$60/\$150   | Retail: \$10/\$25/\$45<br>Mail: \$20/\$50/\$90  |
| HOSPITAL CHOICE<br>COST SHARING <sup>6</sup>                                | Not Applicable  | Inpatient: \$1,500<br>SDC: \$1,250<br>Labs: \$35<br>X-rays: \$100<br>MRI/CT/PET/NC: \$525<br>PT/OT/ST: \$75 | Inpatient: \$1,250<br>SDC: \$1,150<br>Labs: \$35<br>X-rays: \$100<br>MRI/CT/PET/NC: \$475<br>PT/OT/ST: \$65 |

|         |                              |              |             |
|---------|------------------------------|--------------|-------------|
| 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  
PT/OT/ST: Physical/Occupational/Speech Therapy VBB: Value-Based Benefits OON: Out-of-Network

FOOTNOTES LOCATED  
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|   | HMO Blue New England<br>Enhanced Value  | HMO Blue New England<br>Premier Value  | HMO Blue New England<br>Premier Value with<br>Co-insurance  |
|---|---|--|---|
| DEDUCTIBLE <sup>2</sup>   | None  | Inpatient: \$1,000/\$2,500   | Inpatient: \$1,000/\$2,500  |
| OUT-OF-POCKET<br>MAXIMUM <sup>4</sup>                                       | Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000  | Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000   | Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000  |
| OFFICE VISIT  | Preventive: \$0<br>PCP: \$20<br>Specialist: \$35  | Preventive: \$0<br>PCP: \$25<br>Specialist: \$40   | Preventive: \$0<br>PCP: \$25<br>Specialist: \$40  |
| EMERGENCY<br>ROOM   | \$150   | \$150  | \$200   |
| INPATIENT<br>ADMISSIONS <sup>5</sup>  | \$500   | Deductible   | Deductible  |
| SURGICAL DAY<br>CARE <sup>5</sup>   | \$250   | \$250  | 35% co-insurance  |
| MRI, CT, PET<br>SCANS, AND<br>NUCLEAR CARDIAC<br>IMAGING TESTS <sup>5</sup> | \$50  | \$75   | 35% co-insurance  |
| PRESCRIPTION<br>DRUGS   | Retail: \$15/\$30/\$50<br>Mail: \$30/\$60/\$100   | Retail: \$15/\$30/\$50<br>Mail: \$30/\$60/\$150  | Retail: \$15/\$30/\$50<br>Mail: \$30/\$60/\$150   |
| HOSPITAL CHOICE<br>COST SHARING <sup>6</sup>                                | Inpatient: \$1,500<br>SDC: \$1,250<br>Labs: \$35<br>X-rays: \$100<br>MRI/CT/PET/NC: \$500<br>PT/OT/ST: \$70 | Inpatient: \$1,000 after deductible<br>SDC: \$1,250<br>Labs: \$35<br>X-rays: \$100<br>MRI/CT/PET/NC: \$525<br>PT/OT/ST: \$75 | Inpatient: \$1,000 after deductible<br>SDC: 50% co-insurance<br>Labs: 50% co-insurance<br>X-rays: 50% co-insurance<br>MRI/CT/PET/NC: 50% co-insurance<br>PT/OT/ST: \$75 |

|         |                              |              |             |
|---------|------------------------------|--------------|-------------|
| 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  
PT/OT/ST: Physical/Occupational/Speech Therapy VBB: Value-Based Benefits OON: Out-of-Network

FOOTNOTES LOCATED  
ON THE LAST PAGE

|   | HMO Blue Select Deductible                       |
|---|--|
| DEDUCTIBLE <sup>2</sup>   | \$1,000/\$2,000                                  |
| OUT-OF-POCKET MAXIMUM <sup>4</sup>                                    | Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000 |
| OFFICE VISIT  | Preventive: \$0<br>PCP: \$20<br>Specialist: \$35 |
| EMERGENCY ROOM  | \$150  |
| INPATIENT ADMISSIONS <sup>5</sup>                                     | Deductible                                       |
| SURGICAL DAY CARE <sup>5</sup>  | Deductible                                       |
| MRI, CT, PET SCANS, AND<br>NUCLEAR CARDIAC IMAGING TESTS <sup>5</sup> | Deductible                                       |
| PRESCRIPTION DRUGS  | Retail: \$15/\$30/\$50<br>Mail: \$30/\$60/\$150  |
| HOSPITAL CHOICE COST SHARING <sup>6</sup>                             | Not Applicable                                   |

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

# PPO

Accounts with 100+ Eligible Employees  
and Enrolled Subscribers



|   | Blue Care® Elect<br>Value Copayment   | Blue Care® Elect<br>Preferred   | Blue Care® Elect<br>Preferred 90 with<br>Copayment   |
|---|---|---|--|
| DEDUCTIBLE <sup>2</sup>   | IN: None<br>OON: \$500/\$1,000  | IN: None<br>OON: \$250/\$500  | IN and OON combined:<br>\$250/\$500  |
| OUT-OF-POCKET<br>MAXIMUM <sup>4</sup>                                       | IN and OON combined:<br>\$8,150/\$16,300  | IN and OON combined:<br>Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000                                    | IN and OON combined:<br>Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000   |
| OFFICE VISIT  | IN: Preventive: \$0<br>Primary Care: \$75<br>Specialist: \$100<br>OON: 20% co-insurance after<br>deductible     | IN: Preventive: \$0<br>Primary Care: \$15<br>Specialist: \$15<br>OON: 20% co-insurance after<br>deductible  | IN: Preventive: \$0<br>Primary Care: \$15<br>Specialist: \$15<br>OON: 20% co-insurance after<br>deductible   |
| EMERGENCY<br>ROOM   | \$1,000   | \$100   | \$150  |
| INPATIENT<br>ADMISSIONS <sup>5</sup>  | IN: \$1,000<br>OON: 20% co-insurance after<br>deductible  | IN: \$0<br>OON: 20% co-insurance after<br>deductible  | IN: 10% co-insurance after<br>deductible<br>OON: 30% co-insurance after<br>deductible  |
| SURGICAL DAY<br>CARE <sup>5</sup>   | IN: \$1,000<br>OON: 20% co-insurance after<br>deductible  | IN: \$0<br>OON: 20% co-insurance after<br>deductible  | IN: \$250 after deductible<br>OON: 20% co-insurance after<br>deductible  |
| MRI, CT, PET<br>SCANS, AND<br>NUCLEAR CARDIAC<br>IMAGING TESTS <sup>5</sup> | IN: \$1,000<br>OON: 20% co-insurance after<br>deductible  | IN: \$25<br>OON: 20% co-insurance after<br>deductible   | IN: 10% co-insurance after<br>deductible<br>OON: 30% co-insurance after<br>deductible  |
| PRESCRIPTION<br>DRUGS   | IN: Retail: \$40/\$200/\$250<br>Mail: \$80/\$400/\$750<br>OON: Not covered                                      | IN: Retail: \$10/\$25/\$45<br>Mail: \$20/\$50/\$90<br>OON: Not covered                                      | IN: Retail: \$10/\$25/\$45<br>Mail: \$20/\$50/\$90<br>OON: Not covered   |
| HOSPITAL CHOICE<br>COST SHARING <sup>6</sup>                                | Inpatient: \$2,000<br>SDC: \$2,000<br>Labs: \$135<br>X-rays: \$350<br>MRI/CT/PET/NC: \$1,450<br>PT/OT/ST: \$135 | Inpatient: \$1,000<br>SDC: \$1,000<br>Labs: \$35<br>X-rays: \$100<br>MRI/CT/PET/NC: \$475<br>PT/OT/ST: \$50 | After deductible<br>Inpatient: 20% co-insurance<br>SDC: \$1,250<br>Labs: 20% co-insurance<br>X-rays: 20% co-insurance<br>MRI/CT/PET/NC: 20% co-insurance<br>PT/OT/ST: \$50 (no deductible) |

**LEGEND:**
**HOSPITAL CHOICE COST SHARING**
**BLUE OPTIONS**

**KEY:** EBT: Enhanced Benefits Tier SBT: Standard Benefits Tier BBT: Basic Benefits Tier SDC: Surgical Day Care  
PT/OT/ST: Physical/Occupational/Speech Therapy VBB: Value-Based Benefits OON: Out-of-Network

**FOOTNOTES LOCATED  
ON THE LAST PAGE**



|  | Blue Care® Elect Preferred 90   | Blue Care® Elect Preferred 80 wih Copayment  | Blue Care® Elect Preferred 80   |
|--|---|--|---|
| DEDUCTIBLE <sup>2</sup>  | IN and OON combined: \$250/\$500  | IN and OON combined: \$500/\$1,000   | IN and OON combined: \$500/\$1,000  |
| OUT-OF-POCKET MAXIMUM <sup>4</sup>                                 | IN and OON combined: Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000  | IN and OON combined: Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000   | IN and OON combined: Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000  |
| OFFICE VISIT   | IN: Preventive: \$0<br>Primary Care: 10% co-insurance after deductible<br>Specialist: 10% co-insurance after deductible<br>OON: 30% co-insurance after deductible                               | IN: Preventive: \$0<br>Primary Care: \$20<br>Specialist: \$20<br>OON: 20% co-insurance after deductible  | IN: Preventive: \$0<br>Primary Care: 20% co-insurance after deductible<br>Specialist: 20% co-insurance after deductible<br>OON: 40% co-insurance after deductible                               |
| EMERGENCY ROOM   | 10% co-insurance after deductible   | \$150  | 20% co-insurance after deductible   |
| INPATIENT ADMISSIONS <sup>5</sup>                                  | IN: 10% co-insurance after deductible<br>OON: 30% co-insurance after deductible   | IN: 20% co-insurance after deductible<br>OON: 40% co-insurance after deductible  | IN: 20% co-insurance after deductible<br>OON: 40% co-insurance after deductible   |
| SURGICAL DAY CARE <sup>5</sup>                                     | IN: 10% co-insurance after deductible<br>OON: 30% co-insurance after deductible   | IN: \$250 after deductible<br>OON: 20% co-insurance after deductible   | IN: 20% co-insurance after deductible<br>OON: 40% co-insurance after deductible   |
| MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS <sup>5</sup> | IN: 10% co-insurance after deductible<br>OON: 30% co-insurance after deductible   | IN: 20% co-insurance after deductible<br>OON: 40% co-insurance after deductible  | IN: 20% co-insurance after deductible<br>OON: 40% co-insurance after deductible   |
| PRESCRIPTION DRUGS   | IN: Retail: \$10/\$25/\$45<br>Mail: \$20/\$50/\$90<br>OON: Not covered  | IN: Retail: \$10/\$25/\$45<br>Mail: \$20/\$50/\$90<br>OON: Not covered   | IN: Retail: \$10/\$25/\$45<br>Mail: \$20/\$50/\$90<br>OON: Not covered  |
| HOSPITAL CHOICE COST SHARING <sup>6</sup>                          | After deductible<br>Inpatient: 20% co-insurance<br>SDC: 20% co-insurance<br>Labs: 20% co-insurance<br>X-rays: 20% co-insurance<br>MRI/CT/PET/NC: 20% co-insurance<br>PT/OT/ST: 20% co-insurance | After deductible<br>Inpatient: 30% co-insurance<br>SDC: \$1,250<br>Labs: 30% co-insurance<br>X-rays: 30% co-insurance<br>MRI/CT/PET/NC: 30% co-insurance<br>PT/OT/ST: \$55 (no deductible) | After deductible<br>Inpatient: 30% co-insurance<br>SDC: 30% co-insurance<br>Labs: 30% co-insurance<br>X-rays: 30% co-insurance<br>MRI/CT/PET/NC: 30% co-insurance<br>PT/OT/ST: 30% co-insurance |

**LEGEND:**
**HOSPITAL CHOICE COST SHARING**
**BLUE OPTIONS**

KEY: EBT: Enhanced Benefits Tier SBT: Standard Benefits Tier BBT: Basic Benefits Tier SDC: Surgical Day Care  
PT/OT/ST: Physical/Occupational/Speech Therapy VBB: Value-Based Benefits OON: Out-of-Network

**FOOTNOTES LOCATED  
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|   | Blue Care Elect<br>Value Plus   | Blue Care Elect<br>Enhanced Value   | Blue Care Elect<br>\$1,000 Deductible   |
|---|---|---|---|
| DEDUCTIBLE <sup>2</sup>   | IN: None<br>OON: \$500/\$1,000  | IN: None<br>OON: \$500/\$1,000  | IN and OON combined:<br>\$1,000/\$2,500   |
| OUT-OF-POCKET<br>MAXIMUM <sup>4</sup>                                       | IN and OON combined:<br>Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000                                    | IN and OON combined:<br>Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000                                    | IN and OON combined:<br>Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000  |
| OFFICE VISIT  | IN: Preventive: \$0<br>Primary Care: \$15<br>Specialist: \$15<br>OON: 20% co-insurance after deductible     | IN: Preventive: \$0<br>Primary Care: \$20<br>Specialist: \$20<br>OON: 20% co-insurance after deductible     | IN: Preventive: \$0<br>Primary Care: \$15 after deductible<br>Specialist: \$15 after deductible<br>OON: 20% co-insurance after deductible |
| EMERGENCY<br>ROOM   | \$100   | \$150   | \$150 after deductible  |
| INPATIENT<br>ADMISSIONS <sup>5</sup>  | IN: \$250<br>OON: 20% co-insurance after deductible   | IN: \$500<br>OON: 20% co-insurance after deductible   | IN: Deductible<br>OON: 20% co-insurance after deductible  |
| SURGICAL DAY<br>CARE <sup>5</sup>   | IN: \$150<br>OON: 20% co-insurance after deductible   | IN: \$250<br>OON: 20% co-insurance after deductible   | IN: Deductible<br>OON: 20% co-insurance after deductible  |
| MRI, CT, PET<br>SCANS, AND<br>NUCLEAR CARDIAC<br>IMAGING TESTS <sup>5</sup> | IN: \$25<br>OON: 20% co-insurance after deductible  | IN: \$50<br>OON: 20% co-insurance after deductible  | IN: Deductible<br>OON: 20% co-insurance after deductible  |
| PRESCRIPTION<br>DRUGS   | IN: Retail: \$10/\$25/\$45<br>Mail: \$20/\$50/\$90<br>OON: Not covered                                      | IN: Retail: \$15/\$30/\$50<br>Mail: \$30/\$60/\$100<br>OON: Not covered                                     | IN: Retail: \$15/\$30/\$50<br>Mail: \$30/\$60/\$150<br>OON: Not covered   |
| HOSPITAL CHOICE<br>COST SHARING <sup>6</sup>                                | Inpatient: \$1,250<br>SDC: \$1,150<br>Labs: \$35<br>X-rays: \$100<br>MRI/CT/PET/NC: \$475<br>PT/OT/ST: \$50 | Inpatient: \$1,500<br>SDC: \$1,250<br>Labs: \$35<br>X-rays: \$100<br>MRI/CT/PET/NC: \$500<br>PT/OT/ST: \$55 | After deductible<br>Inpatient: \$1,000<br>SDC: \$1,000<br>Labs: \$35<br>X-rays: \$100<br>MRI/CT/PET/NC: \$450<br>PT/OT/ST: \$50           |

**LEGEND:**
**HOSPITAL CHOICE COST SHARING**
**BLUE OPTIONS**

**KEY:** EBT: Enhanced Benefits Tier SBT: Standard Benefits Tier BBT: Basic Benefits Tier SDC: Surgical Day Care  
PT/OT/ST: Physical/Occupational/Speech Therapy VBB: Value-Based Benefits OON: Out-of-Network

**FOOTNOTES LOCATED  
ON THE LAST PAGE**

|   | Blue Care Elect<br>\$1,500 Deductible   | Blue Care Elect<br>\$2,000 Deductible   | Blue Care Elect<br>\$3,000 Deductible   |
|---|---|---|---|
| DEDUCTIBLE <sup>2</sup>   | IN and OON combined:<br>\$1,500/\$3,750   | IN and OON combined:<br>\$2,000/\$4,000   | IN and OON combined:<br>\$3,000/\$7,500   |
| OUT-OF-POCKET<br>MAXIMUM <sup>4</sup>                                       | IN and OON combined:<br>Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000  | IN and OON combined:<br>Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000  | IN and OON combined:<br>Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000  |
| OFFICE VISIT  | IN: Preventive: \$0<br>Primary Care: \$15 after deductible<br>Specialist: \$15 after deductible<br>OON: 20% co-insurance after deductible | IN: Preventive: \$0<br>Primary Care: \$15 after deductible<br>Specialist: \$15 after deductible<br>OON: 20% co-insurance after deductible | IN: Preventive: \$0<br>Primary Care: \$15 after deductible<br>Specialist: \$15 after deductible<br>OON: 20% co-insurance after deductible |
| EMERGENCY<br>ROOM   | \$150 after deductible  | \$150 after deductible  | \$150 after deductible  |
| INPATIENT<br>ADMISSIONS <sup>5</sup>  | IN: Deductible<br>OON: 20% co-insurance after deductible  | IN: Deductible<br>OON: 20% co-insurance after deductible  | IN: Deductible<br>OON: 20% co-insurance after deductible  |
| SURGICAL DAY<br>CARE <sup>5</sup>   | IN: Deductible<br>OON: 20% co-insurance after deductible  | IN: Deductible<br>OON: 20% co-insurance after deductible  | IN: Deductible<br>OON: 20% co-insurance after deductible  |
| MRI, CT, PET<br>SCANS, AND<br>NUCLEAR CARDIAC<br>IMAGING TESTS <sup>5</sup> | IN: Deductible<br>OON: 20% co-insurance after deductible  | IN: Deductible<br>OON: 20% co-insurance after deductible  | IN: Deductible<br>OON: 20% co-insurance after deductible  |
| PRESCRIPTION<br>DRUGS   | IN: Retail: \$15/\$30/\$50<br>Mail: \$30/\$60/\$150<br>OON: Not covered   | IN: Retail: \$15/\$30/\$50<br>Mail: \$30/\$60/\$150<br>OON: Not covered   | IN: Retail: \$15/\$30/\$50<br>Mail: \$30/\$60/\$150<br>OON: Not covered   |
| HOSPITAL CHOICE<br>COST SHARING <sup>6</sup>                                | After deductible<br>Inpatient: \$1,000<br>SDC: \$1,000<br>Labs: \$35<br>X-rays: \$100<br>MRI/CT/PET/NC: \$450<br>PT/OT/ST: \$50           | After deductible<br>Inpatient: \$1,000<br>SDC: \$1,000<br>Labs: \$35<br>X-rays: \$100<br>MRI/CT/PET/NC: \$450<br>PT/OT/ST: \$50           | After deductible<br>Inpatient: \$1,000<br>SDC: \$1,000<br>Labs: \$35<br>X-rays: \$100<br>MRI/CT/PET/NC: \$450<br>PT/OT/ST: \$50           |

**LEGEND:**
**HOSPITAL CHOICE COST SHARING**
**BLUE OPTIONS**

**KEY:** EBT: Enhanced Benefits Tier SBT: Standard Benefits Tier BBT: Basic Benefits Tier SDC: Surgical Day Care  
PT/OT/ST: Physical/Occupational/Speech Therapy VBB: Value-Based Benefits OON: Out-of-Network

**FOOTNOTES LOCATED  
ON THE LAST PAGE**

|  | Blue Care Elect \$4,500   | Blue Care Elect Saver \$1,500 (HSA Compliant)   | Blue Care Elect Saver 90 (HSA Compliant)   |
|--|---|---|--|
| DEDUCTIBLE <sup>2</sup>  | IN and OON combined: \$4,500/\$9,000  | IN and OON combined: \$1,500/\$3,000 <sup>3</sup>   | IN and OON combined: \$1,500/\$3,000 <sup>3</sup>  |
| OUT-OF-POCKET MAXIMUM <sup>4</sup>                                 | IN and OON combined: Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000  | IN and OON combined: \$6,450/\$12,900   | IN and OON combined: \$6,450/\$12,900  |
| OFFICE VISIT   | IN: Preventive: \$0<br>Primary Care: \$25 after deductible<br>Specialist: \$25 after deductible<br>OON: \$45 after deductible | IN: Preventive: \$0<br>Primary Care: Deductible<br>Specialist: Deductible<br>OON: 20% co-insurance after deductible (no deductible for preventive care) | IN: Preventive: \$0<br>Primary Care: 10% co-insurance after deductible<br>Specialist: 10% co-insurance after deductible<br>OON: 30% co-insurance after deductible (20% co-insurance for preventive care) |
| EMERGENCY ROOM   | \$150 after deductible  | \$150 after deductible  | \$150 after deductible   |
| INPATIENT ADMISSIONS <sup>5</sup>                                  | IN: Deductible<br>OON: 20% co-insurance after deductible  | IN: Deductible<br>OON: 20% co-insurance after deductible  | IN: 10% co-insurance after deductible<br>OON: 30% co-insurance after deductible  |
| SURGICAL DAY CARE <sup>5</sup>                                     | IN: Deductible<br>OON: 20% co-insurance after deductible  | IN: Deductible<br>OON: 20% co-insurance after deductible  | IN: 10% co-insurance after deductible<br>OON: 30% co-insurance after deductible  |
| MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS <sup>5</sup> | IN: Deductible<br>OON: 20% co-insurance after deductible  | IN: Deductible<br>OON: 20% co-insurance after deductible  | IN: 10% co-insurance after deductible<br>OON: 30% co-insurance after deductible  |
| PRESCRIPTION DRUGS   | IN: Retail: \$15/\$30/\$50<br>Mail: \$30/\$60/\$150<br>OON: Not covered   | After deductible<br>IN: Retail: \$10/\$25/\$45<br>Mail: \$20/\$50/\$135<br>OON: Retail: \$20/\$50/\$90<br>Mail: Not covered                             | After deductible<br>IN: Retail: \$10/\$25/\$45<br>Mail: \$20/\$50/\$135<br>OON: Retail: \$20/\$50/\$90<br>Mail: Not covered  |
| HOSPITAL CHOICE COST SHARING <sup>6</sup>                          | 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  
PT/OT/ST: Physical/Occupational/Speech Therapy VBB: Value-Based Benefits OON: Out-of-Network

FOOTNOTES LOCATED  
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|   | Blue Care Elect<br>Saver \$2,700<br>(HSA Compliant)   | Preferred Blue® PPO<br>Value Copayment  | Preferred Blue PPO<br>80 with Copayment   |
|---|---|---|---|
| DEDUCTIBLE <sup>2</sup>   | IN and OON combined:<br>\$2,700/\$5,400 <sup>3</sup>  | IN: None<br>OON: \$500/\$1,000  | IN and OON combined:<br>\$500/\$1,000   |
| OUT-OF-POCKET<br>MAXIMUM <sup>4</sup>                                       | IN and OON combined:<br>\$6,450/\$12,900  | IN and OON combined:<br>\$8,150/\$16,300  | IN and OON combined:<br>Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000  |
| OFFICE VISIT  | IN: Preventive: \$0<br>Primary Care: Deductible<br>Specialist: Deductible<br>OON: 20% co-insurance after<br>deductible (no deductible for<br>preventive care) | IN: Preventive: \$0<br>Primary Care: \$75<br>Specialist: \$100<br>OON: 20% co-insurance after<br>deductible     | IN: Preventive: \$0<br>Primary Care: \$20<br>Specialist: \$20<br>OON: 20% co-insurance after<br>deductible  |
| EMERGENCY<br>ROOM   | \$150 after deductible  | \$1,000   | \$150   |
| INPATIENT<br>ADMISSIONS <sup>5</sup>  | IN: Deductible<br>OON: 20% co-insurance after<br>deductible   | IN: \$1,000<br>OON: 20% co-insurance after<br>deductible  | IN: 20% co-insurance after<br>deductible<br>OON: 40% co-insurance after<br>deductible   |
| SURGICAL DAY<br>CARE <sup>5</sup>   | IN: Deductible<br>OON: 20% co-insurance after<br>deductible   | IN: \$1,000<br>OON: 20% co-insurance after<br>deductible  | IN: \$250 after deductible<br>OON: 20% co-insurance after<br>deductible   |
| MRI, CT, PET<br>SCANS, AND<br>NUCLEAR CARDIAC<br>IMAGING TESTS <sup>5</sup> | IN: Deductible<br>OON: 20% co-insurance after<br>deductible   | IN: \$1,000<br>OON: 20% co-insurance after<br>deductible  | IN: 20% co-insurance after<br>deductible<br>OON: 40% co-insurance after<br>deductible   |
| PRESCRIPTION<br>DRUGS   | After deductible<br>IN: Retail: \$10/\$25/\$45<br>Mail: \$20/\$50/\$135<br>OON: Retail: \$20/\$50/\$90<br>Mail: Not covered                                   | IN: Retail: \$40/\$200/\$250<br>Mail: \$80/\$400/\$750<br>OON: Retail: \$80/\$400/\$500<br>Mail: Not covered    | IN: Retail: \$15/\$30/\$50<br>Mail: \$30/\$60/\$150<br>OON: Retail: \$30/\$60/\$100<br>Mail: Not covered  |
| HOSPITAL CHOICE<br>COST SHARING <sup>6</sup>                                | Not Applicable  | Inpatient: \$2,000<br>SDC: \$2,000<br>Labs: \$135<br>X-rays: \$350<br>MRI/CT/PET/NC: \$1,450<br>PT/OT/ST: \$135 | After deductible<br>Inpatient: 30% co-insurance<br>SDC: \$1,250<br>Labs: 30% co-insurance<br>X-rays: 30% co-insurance<br>MRI/CT/PET/NC: 30% co-insurance<br>PT/OT/ST: \$55, (no deductible) |

**LEGEND:**
**HOSPITAL CHOICE COST SHARING**
**BLUE OPTIONS**

**KEY:** EBT: Enhanced Benefits Tier SBT: Standard Benefits Tier BBT: Basic Benefits Tier SDC: Surgical Day Care  
PT/OT/ST: Physical/Occupational/Speech Therapy VBB: Value-Based Benefits OON: Out-of-Network

**FOOTNOTES LOCATED  
ON THE LAST PAGE**

|   | Preferred Blue PPO<br>\$1,000 Deductible  | Preferred Blue PPO<br>\$2,000 Deductible  | Preferred Blue PPO<br>Deductible II   |
|---|---|---|---|
| DEDUCTIBLE <sup>2</sup>   | IN and OON combined:<br>\$1,000/\$2,500   | IN and OON combined:<br>\$2,000/\$4,000   | IN and OON combined:<br>\$4,000/\$8,000   |
| OUT-OF-POCKET<br>MAXIMUM <sup>4</sup>                                       | IN and OON combined:<br>Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000  | IN and OON combined:<br>Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000  | IN and OON combined:<br>Medical: \$7,000/\$14,000<br>Rx: \$1,000/\$2,000  |
| OFFICE VISIT  | IN: Preventive: \$0<br>Primary Care: \$15 after deductible<br>Specialist: \$15 after deductible<br>OON: 20% co-insurance after deductible | IN: Preventive: \$0<br>Primary Care: \$15 after deductible<br>Specialist: \$15 after deductible<br>OON: 20% co-insurance after deductible | IN: Preventive: \$0<br>Primary Care: \$25 after deductible<br>Specialist: \$40 after deductible<br>OON: 20% co-insurance after deductible |
| EMERGENCY<br>ROOM   | \$150 after deductible  | \$150 after deductible  | Deductible  |
| INPATIENT<br>ADMISSIONS <sup>5</sup>  | IN: Deductible<br>OON: 20% co-insurance after deductible  | IN: Deductible<br>OON: 20% co-insurance after deductible  | IN: Deductible<br>OON: 20% co-insurance after deductible  |
| SURGICAL DAY<br>CARE <sup>5</sup>   | IN: Deductible<br>OON: 20% co-insurance after deductible  | IN: Deductible<br>OON: 20% co-insurance after deductible  | IN: Deductible<br>OON: 20% co-insurance after deductible  |
| MRI, CT, PET<br>SCANS, AND<br>NUCLEAR CARDIAC<br>IMAGING TESTS <sup>5</sup> | IN: Deductible<br>OON: 20% co-insurance after deductible  | IN: Deductible<br>OON: 20% co-insurance after deductible  | IN: Deductible<br>OON: 20% co-insurance after deductible  |
| PRESCRIPTION<br>DRUGS   | IN: Retail: \$15/\$30/\$50<br>Mail: \$30/\$60/\$150<br>OON: Retail: \$30/\$60/\$100<br>Mail: Not covered                                  | IN: Retail: \$15/\$30/\$50<br>Mail: \$30/\$60/\$150<br>OON: Retail: \$30/\$60/\$100<br>Mail: Not covered                                  | IN: Retail: \$15/\$30/\$50<br>Mail: \$30/\$60/\$150<br>OON: Retail: \$30/\$60/\$100<br>Mail: Not covered                                  |
| HOSPITAL CHOICE<br>COST SHARING <sup>6</sup>                                | After deductible<br>Inpatient: \$1,000<br>SDC: \$1,000<br>Labs: \$35<br>X-rays: \$100<br>MRI/CT/PET/NC: \$450<br>PT/OT/ST: \$50           | After deductible<br>Inpatient: \$1,000<br>SDC: \$1,000<br>MRI/CT/PET/NC: \$450<br>Labs: \$35<br>X-rays: \$100<br>PT/OT/ST: \$50           | After deductible<br>Inpatient: \$1,000<br>SDC: \$1,000<br>Labs: \$35<br>X-rays: \$100<br>MRI/CT/PET/INC: \$450<br>PT/OT/ST: \$75          |

**LEGEND:**
**HOSPITAL CHOICE COST SHARING**
**BLUE OPTIONS**

**KEY:** EBT: Enhanced Benefits Tier SBT: Standard Benefits Tier BBT: Basic Benefits Tier SDC: Surgical Day Care  
PT/OT/ST: Physical/Occupational/Speech Therapy VBB: Value-Based Benefits OON: Out-of-Network

**FOOTNOTES LOCATED  
ON THE LAST PAGE**

|   | Preferred Blue PPO Basic<br>\$2,000  | Preferred Blue PPO Basic<br>Copayment  | Preferred Blue PPO Basic<br>Co-insurance   |
|---|--|--|--|
| DEDUCTIBLE <sup>2</sup>   | IN and OON combined:<br>Medical: \$2,000/\$4,000<br>Rx: \$250/\$500  | IN: \$2,000/\$4,000<br>OON: \$4,000/\$8,000  | IN: \$2,000/\$4,000<br>OON: \$4,000/\$8,000  |
| OUT-OF-POCKET<br>MAXIMUM <sup>4</sup>                                       | IN and OON combined:<br>Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000   | IN: Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000<br>OON: Medical: \$10,900/\$21,800<br>Rx: \$2,000/\$4,000   | IN: Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000<br>OON: Medical: \$10,900/\$21,800<br>Rx: \$2,000/\$4,000   |
| OFFICE VISIT  | IN: Preventive: \$0<br>Primary Care: \$25<br>Specialist: \$25<br>OON: 20% co-insurance after deductible  | IN: Preventive: \$0<br>Primary Care: \$65<br>Specialist: \$65<br>OON: 20% co-insurance after deductible  | IN: Preventive: \$0<br>Primary Care: \$60<br>Specialist: \$60<br>OON: 20% co-insurance after deductible  |
| EMERGENCY<br>ROOM   | \$250  | \$750 after in-network deductible  | 35% co-insurance after in-network deductible   |
| INPATIENT<br>ADMISSIONS <sup>5</sup>  | IN: 20% co-insurance after deductible<br>OON: 40% co-insurance after deductible  | IN: \$1,000 after deductible<br>OON: 20% co-insurance after deductible   | IN: 35% co-insurance after deductible<br>OON: 55% co-insurance after deductible  |
| SURGICAL DAY<br>CARE <sup>5</sup>   | IN: 20% co-insurance after deductible<br>OON: 40% co-insurance after deductible  | IN: \$1,000 after deductible<br>OON: 20% co-insurance after deductible   | IN: 35% co-insurance after deductible<br>OON: 55% co-insurance after deductible  |
| MRI, CT, PET<br>SCANS, AND<br>NUCLEAR CARDIAC<br>IMAGING TESTS <sup>5</sup> | IN: 20% co-insurance after deductible<br>OON: 40% co-insurance after deductible  | IN: \$1,000 after deductible<br>OON: 20% co-insurance after deductible   | IN: 35% co-insurance after deductible<br>OON: 55% co-insurance after deductible  |
| PRESCRIPTION<br>DRUGS   | IN: Retail: \$15/50% co-insurance/50% co-insurance<br>Mail: \$30/50% co-insurance/50% co-insurance<br>OON: \$30/50% co-insurance/50% co-insurance<br>Mail: Not covered                             | IN: Retail: \$15/50% co-insurance/50% co-insurance<br>Mail: \$30/50% co-insurance/50% co-insurance<br>OON: \$30/50% co-insurance/50% co-insurance<br>Mail: Not covered | IN: Retail: \$15/50% co-insurance/50% co-insurance<br>Mail: \$30/50% co-insurance/50% co-insurance<br>OON: \$30/50% co-insurance/50% co-insurance<br>Mail: Not covered |
| HOSPITAL CHOICE<br>COST SHARING <sup>6</sup>                                | After deductible<br>Inpatient: 30% co-insurance<br>SDC: 30% co-insurance<br>Labs: 30% co-insurance<br>X-rays: 30% co-insurance<br>MRI/CT/PET/NC: 30% co-insurance<br>PT/OT/ST: \$60, no deductible | 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  
PT/OT/ST: Physical/Occupational/Speech Therapy VBB: Value-Based Benefits OON: Out-of-Network

**FOOTNOTES LOCATED  
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|   | Preferred Blue PPO<br>Saver \$1,500<br>(HSA Compliant)  | Preferred Blue PPO<br>Saver \$2,000<br>(HSA Compliant)  | Preferred Blue PPO<br>Saver \$2,900<br>(HSA Compliant)  |
|---|---|---|---|
| DEDUCTIBLE <sup>2</sup>   | IN and OON combined:<br>\$1,500/\$3,000 <sup>3</sup>  | IN and OON combined:<br>\$2,000/\$4,000 <sup>3</sup>  | IN and OON combined:<br>\$2,900/\$5,800 <sup>3</sup>  |
| OUT-OF-POCKET<br>MAXIMUM <sup>4</sup>                                       | IN and OON combined:<br>\$6,450/\$12,900  | IN and OON combined:<br>\$6,450/\$12,900  | IN and OON combined:<br>\$6,450/\$12,900  |
| OFFICE VISIT  | IN: Preventive: \$0<br>Primary Care: Deductible<br>Specialist: Deductible<br>OON: 20% co-insurance after<br>deductible (no deductible for<br>preventive care) | IN: Preventive: \$0<br>Primary Care: Deductible<br>Specialist: Deductible<br>OON: 20% co-insurance after<br>deductible (no deductible for<br>preventive care) | IN: Preventive: \$0<br>Primary Care: Deductible<br>Specialist: Deductible<br>OON: 20% co-insurance after<br>deductible (no deductible for<br>preventive care) |
| EMERGENCY<br>ROOM   | \$150 after deductible  | \$150 after deductible  | \$150 after deductible  |
| INPATIENT<br>ADMISSIONS <sup>5</sup>  | IN: Deductible<br>OON: 20% co-insurance after<br>deductible   | IN: Deductible<br>OON: 20% co-insurance after<br>deductible   | IN: Deductible<br>OON: 20% co-insurance after<br>deductible   |
| SURGICAL DAY<br>CARE <sup>5</sup>   | IN: Deductible<br>OON: 20% co-insurance after<br>deductible   | IN: Deductible<br>OON: 20% co-insurance after<br>deductible   | IN: Deductible<br>OON: 20% co-insurance after<br>deductible   |
| MRI, CT, PET<br>SCANS, AND<br>NUCLEAR CARDIAC<br>IMAGING TESTS <sup>5</sup> | IN: Deductible<br>OON: 20% co-insurance after<br>deductible   | IN: Deductible<br>OON: 20% co-insurance after<br>deductible   | IN: Deductible<br>OON: 20% co-insurance after<br>deductible   |
| PRESCRIPTION<br>DRUGS   | After deductible<br>IN: Retail: \$10/\$25/\$45<br>Mail: \$20/\$50/\$135<br>OON: Retail: \$20/\$50/\$90<br>Mail: Not covered                                   | After deductible<br>IN: Retail: \$10/\$25/\$45<br>Mail: \$20/\$50/\$135<br>OON: Retail: \$20/\$50/\$90<br>Mail: Not covered                                   | After deductible<br>IN: Retail: \$10/\$25/\$45<br>Mail: \$20/\$50/\$135<br>OON: Retail: \$20/\$50/\$90<br>Mail: Not covered                                   |
| HOSPITAL CHOICE<br>COST SHARING <sup>6</sup>                                | 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  
PT/OT/ST: Physical/Occupational/Speech Therapy VBB: Value-Based Benefits OON: Out-of-Network

**FOOTNOTES LOCATED  
ON THE LAST PAGE**

|   | Preferred Blue PPO<br>Basic Saver (HSA Compliant)  | Preferred Blue PPO Saver II<br>(HSA Compliant)  | Preferred Blue PPO<br>Options v.5 <sup>8</sup>   |
|---|--|---|--|
| DEDUCTIBLE <sup>2</sup>   | IN: \$3,300/\$6,450 <sup>7</sup><br>OON: \$6,300/\$10,000  | IN and OON combined:<br>\$4,000/\$8,000 <sup>3</sup>  | IN: None<br>OON: \$2,000/\$4,000   |
| OUT-OF-POCKET<br>MAXIMUM <sup>4</sup>                                       | IN: \$6,450/\$12,900<br>OON: \$11,000/\$23,000   | IN and OON combined:<br>\$6,850/\$13,700  | IN and OON combined:<br>Medical: \$5,450/\$10,900<br>Rx: \$1,000/\$2,000   |
| OFFICE VISIT  | IN: Preventive: \$0<br>Primary Care: \$60 after deductible<br>Specialist: \$60 after deductible<br>OON: 20% co-insurance after deductible (no deductible for preventive care)              | IN: Preventive: \$0<br>Primary Care: \$25 after deductible<br>Specialist: \$40 after deductible<br>OON: 20% co-insurance after deductible (no deductible for preventive care) | IN: Preventive: \$0<br>EBT: \$15<br>SBT: \$25<br>BBT: \$45<br>Other Network Provider: \$45<br>OON: 20% co-insurance after deductible |
| EMERGENCY<br>ROOM   | \$750 after in-network deductible  | Deductible  | \$150  |
| INPATIENT<br>ADMISSIONS <sup>5</sup>  | IN: \$1,000 after deductible<br>OON: 20% co-insurance after deductible   | IN: Deductible<br>OON: 20% co-insurance after deductible  | IN: EBT: \$250<br>SBT: \$500 (\$300 for select hospitals) <sup>8</sup><br>BBT: \$1,000<br>OON: 20% co-insurance after deductible     |
| SURGICAL DAY<br>CARE <sup>5</sup>   | IN: \$1,000 after deductible<br>OON: 20% co-insurance after deductible   | IN: Deductible<br>OON: 20% co-insurance after deductible  | IN: EBT: \$150<br>SBT: \$250<br>BBT: \$500<br>OON: 20% co-insurance after deductible   |
| MRI, CT, PET<br>SCANS, AND<br>NUCLEAR CARDIAC<br>IMAGING TESTS <sup>5</sup> | IN: \$1,000 after deductible<br>OON: 20% co-insurance after deductible   | IN: Deductible<br>OON: 20% co-insurance after deductible  | IN: EBT: \$75<br>SBT: \$150<br>BBT: \$250<br>Other Network Provider: \$75<br>OON: 20% co-insurance after deductible                  |
| PRESCRIPTION<br>DRUGS   | After deductible<br>IN: Retail: \$15/50% co-insurance/50% co-insurance<br>Mail: \$30/50% co-insurance/50% co-insurance<br>OON: \$30/50% co-insurance/50% co-insurance<br>Mail: Not covered | After deductible<br>IN: Retail: \$10/\$25/\$45<br>Mail: \$20/\$50/\$135<br>OON: Retail: \$20/\$50/\$90<br>Mail: Not covered   | IN: Retail: \$15/\$30/\$50<br>Mail: \$30/\$60/\$150<br>OON: Retail: \$30/\$60/\$100<br>Mail: Not covered                             |
| HOSPITAL CHOICE<br>COST SHARING <sup>6</sup>                                | 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  
PT/OT/ST: Physical/Occupational/Speech Therapy VBB: Value-Based Benefits OON: Out-of-Network

**FOOTNOTES LOCATED  
ON THE LAST PAGE**

|   | Preferred Blue® PPO Options<br>Deductible II v.5 <sup>8</sup>   | Preferred Blue® PPO Options<br>Deductible III v.5 <sup>8</sup>   |
|---|---|--|
| DEDUCTIBLE <sup>2</sup>   | IN: EBT: None<br>SBT: \$500/\$1,000<br>BBT: \$2,000/\$4,000<br>OON: \$4,000/\$8,000   | IN: \$2,000/\$4,000<br>OON: \$4,000/\$8,000  |
| OUT-OF-POCKET MAXIMUM <sup>4</sup>  | IN: Medical: \$4,850/\$9,700<br>Rx: \$2,000/\$4,000<br>OON: Medical: \$7,500/\$15,000<br>Rx: \$2,000/\$4,000  | IN: Medical: \$5,850/\$11,700<br>Rx: \$1,000/\$2,000<br>OON: Medical: \$7,500/\$15,000<br>Rx: \$2,000/\$4,000  |
| OFFICE VISIT  | IN: Preventive: \$0<br>EBT: \$20<br>SBT: \$35<br>BBT: \$55<br>Other Network Provider: \$55<br>OON: 20% co-insurance after deductible                                  | IN: Preventive: \$0<br>EBT: \$20<br>SBT: \$35<br>BBT: \$55<br>Other Network Provider: \$55<br>OON: 20% co-insurance after deductible   |
| EMERGENCY ROOM  | \$250   | \$250  |
| INPATIENT ADMISSIONS <sup>5</sup>   | IN: EBT: \$500<br>SBT: \$500 after deductible<br>(\$550 for select hospitals) <sup>9</sup><br>BBT: \$1,500 after deductible<br>OON: 20% co-insurance after deductible | IN: EBT: Deductible<br>SBT: \$500 after deductible<br>(\$50 after deductible for select hospitals) <sup>9</sup><br>BBT: \$1,500 after deductible<br>OON: 20% co-insurance after deductible |
| SURGICAL DAY CARE <sup>5</sup>  | IN: EBT: \$500<br>SBT: \$500 after deductible<br>(\$550 for select hospitals) <sup>9</sup><br>BBT: \$1,500 after deductible<br>OON: 20% co-insurance after deductible | IN: EBT: Deductible<br>SBT: \$500 after deductible<br>(\$50 after deductible for select hospitals) <sup>9</sup><br>BBT: \$1,500 after deductible<br>OON: 20% co-insurance after deductible |
| MRI, CT, PET<br>SCANS, AND<br>NUCLEAR CARDIAC<br>IMAGING TESTS <sup>5</sup> | IN: EBT: \$75<br>SBT: \$75 after deductible<br>BBT: \$450 after deductible<br>Other Network Provider: \$75<br>OON: 20% co-insurance after deductible                  | IN: EBT: Deductible<br>SBT: \$75 after deductible<br>BBT: \$450 after deductible<br>Other Network Provider: \$0<br>OON: 20% co-insurance after deductible                                  |
| PRESCRIPTION DRUGS  | IN: Retail: \$20/\$40/\$60/\$120<br>Mail: \$40/\$80/\$120/\$360<br>OON: Retail: \$40/\$80/\$120/\$240<br>Mail: Not covered  | IN: Retail: \$15/\$30/\$60/\$120<br>Mail: \$30/\$60/\$120/\$360<br>OON: Retail: \$30/\$60/\$120/\$240<br>Mail: Not covered   |
| HOSPITAL CHOICE COST SHARING <sup>6</sup>                                   | Not Applicable  | Not Applicable   |

**LEGEND:**
**HOSPITAL CHOICE COST SHARING**
**BLUE OPTIONS**

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**FOOTNOTES LOCATED  
ON THE LAST PAGE**



## 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 for adult tax filers to be considered insured and avoid tax penalties in Massachusetts.

## LOW-COST GENERIC MEDICATION BENEFIT

With all plans, members can get a 90-day supply of select generic medications for only \$9 through mail order pharmacy. Normal prescription guidelines apply.

## FOOTNOTES

2. The two deductible amounts refer to individual and family per plan year unless otherwise noted.
3. 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 individual deductible.
4. The two out-of-pocket maximum amounts refer to individual and family per plan year unless otherwise noted. The out-of-pocket maximum amounts include copayments, co-insurance, and deductible, including costs for covered prescription drugs.
5. This is the cost sharing for services rendered at hospitals other than those that are designated as higher cost.
6. Higher-cost hospitals are: Baystate Medical Center, Brigham and Women's Hospital, Cape Cod Hospital, Boston Children's Hospital (other than locations at Lexington, Peabody, and Waltham), Dana-Farber Cancer Institute, Fairview Hospital, Massachusetts General Hospital, and UMass Memorial Medical Center – Memorial and University Campuses. This applies to in-network services only.
7. Entire family deductible must be satisfied before benefits are provided for any one member enrolled under a family membership.
8. 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.
9. To provide geographic access to members, the lower Standard Benefits Tier copayment applies to Athol Memorial Hospital, Baystate Franklin Medical Center, Berkshire Medical Center, Falmouth Hospital, Martha's Vineyard Hospital, and Nantucket Cottage Hospital.

## Questions?

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



MASSACHUSETTS