

# GETTING MORE. NOW THERE'S A PLAN.

**51–99** HMO  
& PPO

Accounts with 51+ Eligible Employees and 99 or Fewer 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 available to all members.

## 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 benefit other categories. Employers 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/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.

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

# SOLUTIONS SUPPORTING HEALTH & WELL-BEING

Employers have become increasingly concerned about the overall health and well-being of their employees, so we've enhanced our Fitness Program to better meet our members' needs.

## 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.

# 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.

### 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 51-99 Eligible Employees  
and Enrolled Subscribers



	Access Blue New England Total Saver	Access Blue New England Saver (HSA Compliant)	Access Blue New England Saver \$2,000 (HSA Compliant)
DEDUCTIBLE <sup>2</sup>	\$3,550/\$7,100 <sup>5</sup>	\$1,500/\$3,000 <sup>4</sup>	\$2,000/\$4,000 <sup>4</sup>
OUT-OF-POCKET MAXIMUM <sup>3</sup>	\$3,550/\$7,100	\$6,450/\$12,900	\$6,450/\$12,900
OFFICE VISIT	Preventive: \$0 PCP <sup>1</sup> : Deductible Specialist <sup>1</sup> : Deductible	Preventive: \$0 PCP <sup>1</sup> : \$15 after deductible Specialist <sup>1</sup> : \$25 after deductible	Preventive: \$0 PCP <sup>1</sup> : \$15 after deductible Specialist <sup>1</sup> : \$25 after deductible
EMERGENCY ROOM	Deductible	\$150 after deductible	\$150 after deductible
INPATIENT ADMISSIONS <sup>7</sup>	Deductible	Deductible	Deductible
SURGICAL DAY CARE <sup>7</sup>	Deductible	Deductible	Deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS <sup>7</sup>	Deductible	Deductible	Deductible
PRESCRIPTION DRUGS	Retail: Deductible Mail: Deductible VBB <sup>1</sup> : No Cost	After deductible <sup>6</sup> Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB <sup>1</sup> : \$10/\$25/\$135	After deductible <sup>6</sup> Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB <sup>1</sup> : \$10/\$25/\$135
HOSPITAL CHOICE COST SHARING <sup>8</sup>	Not Applicable	Not Applicable	Not Applicable

LEGEND:	HOSPITAL CHOICE COST SHARING	BLUE OPTIONS	BLUE SELECT
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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



	Access Blue New England Saver \$2,500 (HSA Compliant)	Access Blue New England Saver \$3,000 (HSA Compliant)	Access Blue New England Basic Saver II (HSA Compliant)
DEDUCTIBLE <sup>2</sup>	\$2,500/\$5,000 <sup>4</sup>	\$3,000/\$6,000 <sup>4</sup>	\$3,300/\$6,450 <sup>4</sup>
OUT-OF-POCKET MAXIMUM <sup>3</sup>	\$6,450/\$12,900	\$6,450/\$12,900	\$6,450/\$12,900
OFFICE VISIT	Preventive: \$0 PCP <sup>1</sup> : \$15 after deductible Specialist <sup>1</sup> : \$25 after deductible	Preventive: \$0 PCP <sup>1</sup> : \$15 after deductible Specialist <sup>1</sup> : \$25 after deductible	Preventive: \$0 PCP <sup>1</sup> : \$50 after deductible Specialist <sup>1</sup> : \$75 after deductible
EMERGENCY ROOM	\$150 after deductible	\$150 after deductible	\$750 after deductible
INPATIENT ADMISSIONS <sup>7</sup>	Deductible	Deductible	\$1,000 after deductible
SURGICAL DAY CARE <sup>7</sup>	Deductible	Deductible	\$1,000 after deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS <sup>7</sup>	Deductible	Deductible	\$1,000 after deductible
PRESCRIPTION DRUGS	After deductible <sup>6</sup> Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB <sup>1</sup> : \$10/\$25/\$135	After deductible <sup>6</sup> Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB <sup>1</sup> : \$10/\$25/\$135	After deductible <sup>6</sup> Retail: \$20/\$80/\$100 Mail: \$40/\$160/\$300 VBB <sup>1</sup> : \$20/\$80/\$300
HOSPITAL CHOICE COST SHARING <sup>8</sup>	Not Applicable	Not Applicable	Not Applicable

LEGEND:	HOSPITAL CHOICE COST SHARING	BLUE OPTIONS	BLUE SELECT
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KEY: EBT: Enhanced Benefits Tier SBT: Standard Benefits Tier BBT: Basic Benefits Tier SDC: Surgical Day Care  
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ON THE LAST PAGE

	Access Blue New England Saver II (HSA Compliant)	HMO Blue New England Value Copayment	HMO Blue New England Value Plus
DEDUCTIBLE <sup>2</sup>	\$4,000/\$8,000 <sup>5</sup>	None	None
OUT-OF-POCKET MAXIMUM <sup>3</sup>	\$6,850/\$13,700	\$8,150/\$16,300	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000
OFFICE VISIT	Preventive: \$0 PCP <sup>1</sup> : \$25 after deductible Specialist <sup>1</sup> : \$40 after deductible	Preventive: \$0 PCP <sup>1</sup> : \$75 Specialist <sup>1</sup> : \$100	Preventive: \$0 PCP <sup>1</sup> : \$15 Specialist <sup>1</sup> : \$30
EMERGENCY ROOM	Deductible	\$1,000	\$100
INPATIENT ADMISSIONS <sup>7</sup>	Deductible	\$1,000	\$250
SURGICAL DAY CARE <sup>7</sup>	Deductible	\$1,000	\$150
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS <sup>7</sup>	Deductible	\$1,000	\$25
PRESCRIPTION DRUGS	After deductible <sup>6</sup> Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB <sup>1</sup> : \$10/\$25/\$135	Retail: \$40/\$200/\$250 Mail: \$80/\$400/\$750 VBB <sup>1</sup> : \$40/\$200/\$750	Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$90 VBB <sup>1</sup> : \$10/\$25/\$90
HOSPITAL CHOICE COST SHARING <sup>8</sup>	Not Applicable	Not Applicable	Inpatient: \$1,250 SDC: \$1,150 Labs: \$35 X-rays: \$100 MRI/CT/PET/NC: \$475 PT/OT/ST: \$65

LEGEND:	HOSPITAL CHOICE COST SHARING	BLUE OPTIONS	BLUE SELECT
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ON THE LAST PAGE

	HMO Blue New England Enhanced Value	HMO Blue New England Premier Value	HMO Blue New England \$500 Deductible
DEDUCTIBLE <sup>2</sup>	None	Inpatient: \$1,000/\$2,500	\$500/\$1,000
OUT-OF-POCKET MAXIMUM <sup>3</sup>	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000
OFFICE VISIT	Preventive: \$0 PCP <sup>4</sup> : \$20 Specialist <sup>4</sup> : \$35	Preventive: \$0 PCP <sup>4</sup> : \$25 Specialist <sup>4</sup> : \$40	Preventive: \$0 PCP <sup>4</sup> : \$20 Specialist <sup>4</sup> : \$35
EMERGENCY ROOM	\$150	\$150	\$150
INPATIENT ADMISSIONS <sup>7</sup>	\$500	Deductible	Deductible
SURGICAL DAY CARE <sup>7</sup>	\$250	\$250	Deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS <sup>7</sup>	\$50	\$75	Deductible
PRESCRIPTION DRUGS	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$100 VBB <sup>5</sup> : \$15/\$30/\$100	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB <sup>5</sup> : \$15/\$30/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB <sup>5</sup> : \$15/\$30/\$150
HOSPITAL CHOICE COST SHARING <sup>8</sup>	Inpatient: \$1,500 SDC: \$1,250 Labs: \$35 X-rays: \$100 MRI/CT/PET/NC: \$500 PT/OT/ST: \$70	Inpatient: \$1,000 after deductible SDC: \$1,250 Labs: \$35 X-rays: \$100 MRI/CT/PET/NC: \$525 PT/OT/ST: \$75	After deductible Inpatient: \$1,000 SDC: \$1,000 Labs: \$35 X-rays: \$100 MRI/CT/PET/NC: \$450 PT/OT/ST: \$70

LEGEND:	HOSPITAL CHOICE COST SHARING	BLUE OPTIONS	BLUE SELECT
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FOOTNOTES LOCATED  
ON THE LAST PAGE

	HMO Blue New England \$1,000 Deductible	HMO Blue New England \$1,000 Deductible with Copayment	HMO Blue New England \$1,000 Deductible with Co- insurance
DEDUCTIBLE <sup>2</sup>	\$1,000/\$2,000	\$1,000/\$2,000	\$1,000/\$2,000
OUT-OF-POCKET MAXIMUM <sup>3</sup>	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000
OFFICE VISIT	Preventive: \$0 PCP <sup>4</sup> : \$20 Specialist <sup>4</sup> : \$35	Preventive: \$0 PCP <sup>4</sup> : \$20 Specialist <sup>4</sup> : \$35	Preventive: \$0 PCP <sup>4</sup> : \$20 Specialist <sup>4</sup> : \$35
EMERGENCY ROOM	\$150	\$100 after deductible	20% co-insurance after deductible
INPATIENT ADMISSIONS <sup>7</sup>	Deductible	\$500 after deductible	20% co-insurance after deductible
SURGICAL DAY CARE <sup>7</sup>	Deductible	\$250 after deductible	20% co-insurance after deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS <sup>7</sup>	Deductible	\$50 after deductible	20% co-insurance after deductible
PRESCRIPTION DRUGS	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB <sup>5</sup> : \$15/\$30/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB <sup>5</sup> : \$15/\$30/\$150	Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB <sup>5</sup> : \$10/\$25/\$135
HOSPITAL CHOICE COST SHARING <sup>8</sup>	After deductible Inpatient: \$1,000 SDC: \$1,000 Labs: \$35 X-rays: \$100 MRI/CT/PET/NC: \$450 PT/OT/ST: \$70	After deductible Inpatient: \$1,500 SDC: \$1,250 Labs: \$35 X-rays: \$100 MRI/CT/PET/NC: \$500 PT/OT/ST: \$70	After deductible Inpatient: 30% co-insurance SDC: 30% co-insurance Labs: 30% co-insurance X-rays: 30% co-insurance MRI/CT/PET/NC: 30% co-insurance PT/OT/ST: \$75

LEGEND:	HOSPITAL CHOICE COST SHARING	BLUE OPTIONS	BLUE SELECT
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FOOTNOTES LOCATED  
ON THE LAST PAGE



	HMO Blue New England \$1,500 Deductible	HMO Blue New England \$2,000 Deductible	HMO Blue New England \$2,000 Deductible with Copayment
DEDUCTIBLE <sup>2</sup>	\$1,500/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000
OUT-OF-POCKET MAXIMUM <sup>3</sup>	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000
OFFICE VISIT	Preventive: \$0 PCP <sup>4</sup> : \$20 Specialist <sup>4</sup> : \$35	Preventive: \$0 PCP <sup>4</sup> : \$20 Specialist <sup>4</sup> : \$35	Preventive: \$0 PCP <sup>4</sup> : \$20 Specialist <sup>4</sup> : \$35
EMERGENCY ROOM	\$150	\$150	\$250 after deductible
INPATIENT ADMISSIONS <sup>7</sup>	Deductible	Deductible	\$500 after deductible
SURGICAL DAY CARE <sup>7</sup>	Deductible	Deductible	\$250 after deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS <sup>7</sup>	Deductible	Deductible	\$250 after deductible
PRESCRIPTION DRUGS	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB <sup>5</sup> : \$15/\$30/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB <sup>5</sup> : \$15/\$30/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB <sup>5</sup> : \$15/\$30/\$150
HOSPITAL CHOICE COST SHARING <sup>8</sup>	After deductible Inpatient: \$1,000 SDC: \$1,000 Labs: \$35 X-rays: \$100 MRI/CT/PET/NC: \$450 PT/OT/ST: \$70	After deductible Inpatient: \$1,000 SDC: \$1,000 Labs: \$35 X-rays: \$100 MRI/CT/PET/NC: \$450 PT/OT/ST: \$70	After deductible Inpatient: \$1,500 SDC: \$1,250 Labs: \$35 X-rays: \$100 MRI/CT/PET/NC: \$700 PT/OT/ST: \$70

LEGEND:	HOSPITAL CHOICE COST SHARING	BLUE OPTIONS	BLUE SELECT
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FOOTNOTES LOCATED  
ON THE LAST PAGE

	HMO Blue New England Basic Copayment	HMO Blue New England \$3,000 Deductible
DEDUCTIBLE <sup>2</sup>	\$2,000/\$4,000	\$3,000/\$6,000
OUT-OF-POCKET MAXIMUM <sup>3</sup>	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000
OFFICE VISIT	Preventive: \$0 PCP <sup>4</sup> : \$60 Specialist <sup>4</sup> : \$75	Preventive: \$0 PCP <sup>4</sup> : \$20 Specialist <sup>4</sup> : \$35
EMERGENCY ROOM	\$750 after deductible	\$150
INPATIENT ADMISSIONS <sup>7</sup>	\$1,000 after deductible	Deductible
SURGICAL DAY CARE <sup>7</sup>	\$1,000 after deductible	Deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS <sup>7</sup>	\$1,000 after deductible	Deductible
PRESCRIPTION DRUGS	Retail: \$20/\$40/\$60 Mail: \$40/\$80/\$180 VBB <sup>5</sup> : \$20/\$40/\$180	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB <sup>5</sup> : \$15/\$30/\$150
HOSPITAL CHOICE COST SHARING <sup>8</sup>	Not Applicable	After deductible Inpatient: \$1,000 SDC: \$1,000 Labs: \$35 X-rays: \$100 MRI/CT/PET/NC: \$450 PT/OT/ST: \$70

LEGEND:	HOSPITAL CHOICE COST SHARING	BLUE OPTIONS	BLUE SELECT
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KEY: EBT: Enhanced Benefits Tier SBT: Standard Benefits Tier BBT: Basic Benefits Tier SDC: Surgical Day Care  
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FOOTNOTES LOCATED  
ON THE LAST PAGE

	HMO Blue New England Deductible II	HMO Blue New England Options Deductible v.5 <sup>9</sup>	HMO Blue New England Options Deductible II v.5 <sup>9</sup>
DEDUCTIBLE <sup>2</sup>	\$4,000/\$8,000	EBT: None SBT: \$500/\$1,000 BBT: \$2,000/\$4,000	EBT: None SBT: \$500/\$1,000 BBT: \$2,000/\$4,000
OUT-OF-POCKET MAXIMUM <sup>3</sup>	Medical: \$7,000/\$14,000 Rx: \$1,000/\$2,000	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000
OFFICE VISIT	Preventive: \$0 PCP <sup>1</sup> : \$25 Specialist <sup>1</sup> : \$40	Preventive: \$0 PCP <sup>1</sup> : EBT: \$15 SBT: \$25 BBT: \$50 Specialist <sup>1</sup> : \$50	Preventive: \$0 PCP <sup>1</sup> : EBT: \$20 SBT: \$30 BBT: \$50 Specialist <sup>1</sup> : \$50
EMERGENCY ROOM	\$500	\$150	\$200
INPATIENT ADMISSIONS <sup>7</sup>	Deductible	EBT: \$150 SBT: \$150 after deductible (\$200 for select hospitals) <sup>10</sup> BBT: \$1,000 after deductible	EBT: \$250 SBT: \$250 after deductible (\$300 for select hospitals) <sup>10</sup> BBT: \$1,500 after deductible
SURGICAL DAY CARE <sup>7</sup>	Deductible	EBT: \$150 SBT: \$150 after deductible (\$200 for select hospitals) <sup>10</sup> BBT: \$1,000 after deductible	EBT: \$250 SBT: \$250 after deductible (\$300 for select hospitals) <sup>10</sup> BBT: \$1,500 after deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS <sup>7</sup>	Deductible	EBT: \$50 SBT: \$50 after deductible (\$50 for select hospitals) <sup>10</sup> BBT: \$450 after deductible Other Network Provider: \$50	EBT: \$75 SBT: \$75 after deductible (\$75 for select hospitals) <sup>10</sup> BBT: \$450 after deductible Other Network Provider: \$75
PRESCRIPTION DRUGS	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB <sup>1</sup> : \$15/\$30/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB <sup>1</sup> : \$15/\$30/\$150	Retail: \$15/\$35/\$50 Mail: \$30/\$70/\$150 VBB <sup>1</sup> : \$15/\$35/\$150
HOSPITAL CHOICE COST SHARING <sup>8</sup>	Not Applicable	Not Applicable	Not Applicable

LEGEND:	HOSPITAL CHOICE COST SHARING	BLUE OPTIONS	BLUE SELECT
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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 New England Options Deductible III v.5	HMO Blue Select \$1,000 Deductible	HMO Blue Select \$1,000 Deductible with Copayment
DEDUCTIBLE <sup>2</sup>	\$2,000/\$4,000	\$1,000/\$2,000	\$1,000/\$2,000
OUT-OF-POCKET MAXIMUM <sup>3</sup>	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000
OFFICE VISIT	Preventive: \$0 PCP <sup>1</sup> : \$20 SBT: \$35 BBT: \$55 Specialist <sup>1</sup> : \$55	Preventive: \$0 PCP <sup>1</sup> : \$20 Specialist <sup>1</sup> : \$35	Preventive: \$0 PCP <sup>1</sup> : \$20 Specialist <sup>1</sup> : \$35
EMERGENCY ROOM	\$250	\$150	\$100 after deductible
INPATIENT ADMISSIONS <sup>7</sup>	EBT: Deductible SBT: \$500 after deductible (\$50 after deductible for select hospitals) <sup>10</sup> BBT: \$1,500 after deductible	Deductible	\$500 after deductible
SURGICAL DAY CARE <sup>7</sup>	EBT: Deductible SBT: \$500 after deductible (\$50 after deductible for select hospitals) <sup>10</sup> BBT: \$1,500 after deductible	Deductible	\$250 after deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS <sup>7</sup>	EBT: Deductible SBT: \$75 after deductible BBT: \$450 after deductible Other Network Provider: \$0	Deductible	\$50 after deductible
PRESCRIPTION DRUGS	Retail: \$20/\$40/\$60 Mail: \$40/\$80/\$180 VBB <sup>1</sup> : \$20/\$40/\$180	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB <sup>1</sup> : \$15/\$30/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB <sup>1</sup> : \$15/\$30/\$150
HOSPITAL CHOICE COST SHARING <sup>8</sup>	Not Applicable	Not Applicable	Not Applicable

LEGEND:	HOSPITAL CHOICE COST SHARING	BLUE OPTIONS	BLUE SELECT
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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 \$2,000 Deductible	HMO Blue Select \$2,000 Deductible with Copayment	HMO Blue Select \$3,000 Deductible
DEDUCTIBLE <sup>2</sup>	\$2,000/\$4,000	\$2,000/\$4,000	\$3,000/\$6,000
OUT-OF-POCKET MAXIMUM <sup>3</sup>	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000
OFFICE VISIT	Preventive: \$0 PCP <sup>1</sup> : \$20 Specialist <sup>1</sup> : \$35	Preventive: \$0 PCP <sup>1</sup> : \$20 Specialist <sup>1</sup> : \$35	Preventive: \$0 PCP <sup>1</sup> : \$20 Specialist <sup>1</sup> : \$35
EMERGENCY ROOM	\$150	\$250 after deductible	\$150
INPATIENT ADMISSIONS <sup>7</sup>	Deductible	\$500 after deductible	Deductible
SURGICAL DAY CARE <sup>7</sup>	Deductible	\$250 after deductible	Deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS <sup>7</sup>	Deductible	\$250 after deductible	Deductible
PRESCRIPTION DRUGS	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB <sup>1</sup> : \$15/\$30/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB <sup>1</sup> : \$15/\$30/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB <sup>1</sup> : \$15/\$30/\$150
HOSPITAL CHOICE COST SHARING <sup>8</sup>	Not Applicable	Not Applicable	Not Applicable

LEGEND:	HOSPITAL CHOICE COST SHARING	BLUE OPTIONS	BLUE SELECT
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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

# PPO

Accounts with 51-99 Eligible Employees  
and Enrolled Subscribers



	Blue Care® Elect Value Copayment	Blue Care® Elect Value Plus	Blue Care® Elect Enhanced Value
DEDUCTIBLE <sup>2</sup>	IN: None OON: \$500/\$1,000	IN: None OON: \$500/\$1,000	IN: None OON: \$500/\$1,000
OUT-OF-POCKET MAXIMUM <sup>3</sup>	IN and OON combined: \$8,150/\$16,300	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 Primary Care <sup>1</sup> : \$75 Specialist <sup>1</sup> : \$100 OON: 20% co-insurance after deductible	IN: Preventive: \$0 Primary Care <sup>1</sup> : \$15 Specialist <sup>1</sup> : \$15 OON: 20% co-insurance after deductible	IN: Preventive: \$0 Primary Care <sup>1</sup> : \$20 Specialist <sup>1</sup> : \$20 OON: 20% co-insurance after deductible
EMERGENCY ROOM	\$1,000	\$100	\$150
INPATIENT ADMISSIONS <sup>7</sup>	IN: \$1,000 OON: 20% co-insurance after deductible	IN: \$250 OON: 20% co-insurance after deductible	IN: \$500 OON: 20% co-insurance after deductible
SURGICAL DAY CARE <sup>7</sup>	IN: \$1,000 OON: 20% co-insurance after deductible	IN: \$150 OON: 20% co-insurance after deductible	IN: \$250 OON: 20% co-insurance after deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS <sup>7</sup>	IN: \$1,000 OON: 20% co-insurance after deductible	IN: \$25 OON: 20% co-insurance after deductible	IN: \$50 OON: 20% co-insurance after deductible
PRESCRIPTION DRUGS	IN: Retail: \$40/\$200/\$250 Mail: \$80/\$400/\$750 VBB <sup>1</sup> : \$40/\$200/\$750 OON: Not covered	IN: Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$90 VBB <sup>1</sup> : \$10/\$25/\$90 OON: Not covered	IN: Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$100 VBB <sup>1</sup> : \$15/\$30/\$100 OON: Not covered
HOSPITAL CHOICE COST SHARING <sup>8</sup>	Not Applicable	Inpatient: \$1,250 SDC: \$1,150 Labs: \$35 X-rays: \$100 MRI/CT/PET/NC: \$475 PT/OT/ST: \$50	Inpatient: \$1,500 SDC: \$1,250 Labs: \$35 X-rays: \$100 MRI/CT/PET/NC: \$500 PT/OT/ST: \$55

**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 \$3,000 Deductible	Blue Care® Elect \$4,500 Deductible	Preferred Blue® PPO Value Copayment
DEDUCTIBLE <sup>2</sup>	IN and OON combined: \$3,000/\$7,500	IN and OON combined: \$4,500/\$9,000	IN: None OON: \$500/\$1,000
OUT-OF-POCKET MAXIMUM <sup>3</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: \$8,150/\$16,300
OFFICE VISIT	IN: Preventive: \$0 Primary Care <sup>1</sup> : \$15 after deductible Specialist <sup>1</sup> : \$15 after deductible OON: 20% co-insurance after deductible	IN: Preventive: \$0 Primary Care <sup>1</sup> : \$25 after deductible Specialist <sup>1</sup> : \$25 after deductible OON: \$45 after deductible	IN: Preventive: \$0 Primary Care <sup>1</sup> : \$75 Specialist <sup>1</sup> : \$100 OON: 20% co-insurance after deductible
EMERGENCY ROOM	\$150 after deductible	\$150 after deductible	\$1,000
INPATIENT ADMISSIONS <sup>7</sup>	IN: Deductible OON: 20% co-insurance after deductible	IN: Deductible OON: 20% co-insurance after deductible	IN: \$1,000 OON: 20% co-insurance after deductible
SURGICAL DAY CARE <sup>7</sup>	IN: Deductible OON: 20% co-insurance after deductible	IN: Deductible OON: 20% co-insurance after deductible	IN: \$1,000 OON: 20% co-insurance after deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS <sup>7</sup>	IN: Deductible OON: 20% co-insurance after deductible	IN: Deductible OON: 20% co-insurance after deductible	IN: \$1,000 OON: 20% co-insurance after deductible
PRESCRIPTION DRUGS	IN: Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB <sup>1</sup> : \$15/\$30/\$150 OON: Not covered	IN: Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB <sup>1</sup> : \$15/\$30/\$150 OON: Not covered	IN: Retail: \$40/\$200/\$250 Mail: \$80/\$400/\$750 VBB <sup>1</sup> : \$140/\$200/\$750 OON: Retail: \$80/\$400/\$500 Mail: Not covered
HOSPITAL CHOICE COST SHARING <sup>8</sup>	After deductible Inpatient: \$1,000 SDC: \$1,000 Labs: \$35 X-rays: \$100 MRI/CT/PET/NC: \$450 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  
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 Copayment	Preferred Blue® PPO 80 with Copayment	Preferred Blue® PPO \$500 Deductible
DEDUCTIBLE <sup>2</sup>	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000	IN and OON combined: \$500/\$1,000	IN and OON combined: \$500/\$1,000
OUT-OF-POCKET MAXIMUM <sup>3</sup>	IN: Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000 OON: Medical: \$10,900/\$21,800 Rx: \$2,000/\$4,000	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 Primary Care <sup>1</sup> : \$65 Specialist <sup>1</sup> : \$65 OON: 20% co-insurance after deductible	IN: Preventive: \$0 Primary Care <sup>1</sup> : \$20 Specialist <sup>1</sup> : \$20 OON: 20% co-insurance after deductible	IN: Preventive: \$0 Primary Care <sup>1</sup> : \$15 after deductible Specialist <sup>1</sup> : \$15 after deductible OON: 20% co-insurance after deductible
EMERGENCY ROOM	\$750 after in-network deductible	\$150	\$150 after deductible
INPATIENT ADMISSIONS <sup>7</sup>	IN: \$1,000 after deductible OON: 20% co-insurance after deductible	IN: 20% co-insurance after deductible OON: 40% co-insurance after deductible	IN: Deductible OON: 20% co-insurance after deductible
SURGICAL DAY CARE <sup>7</sup>	IN: \$1,000 after deductible OON: 20% co-insurance after deductible	IN: \$250 after deductible OON: 20% co-insurance after deductible	IN: Deductible OON: 20% co-insurance after deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS <sup>7</sup>	IN: \$1,000 after deductible OON: 20% co-insurance after deductible	IN: 20% co-insurance after deductible OON: 40% co-insurance after deductible	IN: Deductible OON: 20% co-insurance after deductible
PRESCRIPTION DRUGS	IN: Retail: \$20/\$40/\$60 Mail: \$40/\$80/\$180 VBB <sup>1</sup> : \$20/\$40/\$180 OON: Retail: \$40/\$80/\$120 Mail: Not covered	IN: Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB <sup>1</sup> : \$15/\$30/\$150 OON: Retail: \$30/\$60/\$100 Mail: Not covered	IN: Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB <sup>1</sup> : \$15/\$30/\$150 OON: Retail: \$30/\$60/\$100 Mail: Not covered
HOSPITAL CHOICE COST SHARING <sup>8</sup>	Not Applicable	Not Applicable	After deductible Inpatient: \$1,000 SDC: \$1,000 Labs: \$35 X-rays: \$100 MRI/CT/PET/NC: \$450 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**

	Preferred Blue® PPO \$1,000 Deductible	Preferred Blue® PPO \$2,000 Deductible	Preferred Blue® PPO Deductible II
DEDUCTIBLE <sup>2</sup>	IN and OON combined: \$1,000/\$2,500	IN and OON combined: \$2,000/\$4,000	IN and OON combined: \$4,000/\$8,000
OUT-OF-POCKET MAXIMUM <sup>3</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: \$7,000/\$14,000 Rx: \$1,000/\$2,000
OFFICE VISIT	IN: Preventive: \$0 Primary Care <sup>1</sup> : \$15 after deductible Specialist <sup>1</sup> : \$15 after deductible OON: 20% co-insurance after deductible	IN: Preventive: \$0 Primary Care <sup>1</sup> : \$15 after deductible Specialist <sup>1</sup> : \$15 after deductible OON: 20% co-insurance after deductible	IN: Preventive: \$0 Primary Care <sup>1</sup> : \$25 after deductible Specialist <sup>1</sup> : \$40 after deductible OON: 20% co-insurance after deductible
EMERGENCY ROOM	\$150 after deductible	\$150 after deductible	Deductible
INPATIENT ADMISSIONS <sup>7</sup>	IN: Deductible OON: 20% co-insurance after deductible	IN: Deductible OON: 20% co-insurance after deductible	IN: Deductible OON: 20% co-insurance after deductible
SURGICAL DAY CARE <sup>7</sup>	IN: Deductible OON: 20% co-insurance after deductible	IN: Deductible OON: 20% co-insurance after deductible	IN: Deductible OON: 20% co-insurance after deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS <sup>7</sup>	IN: Deductible OON: 20% co-insurance after deductible	IN: Deductible OON: 20% co-insurance after deductible	IN: Deductible OON: 20% co-insurance after deductible
PRESCRIPTION DRUGS	IN: Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB <sup>1</sup> : \$15/\$30/\$150 OON: Retail: \$30/\$60/\$100 Mail: Not covered	IN: Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB <sup>1</sup> : \$15/\$30/\$150 OON: Retail: \$30/\$60/\$100 Mail: Not covered	IN: Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB <sup>1</sup> : \$15/\$30/\$150 OON: Retail \$30/\$60/\$100 Mail: Not covered
HOSPITAL CHOICE COST SHARING <sup>8</sup>	After deductible Inpatient: \$1,000 SDC: \$1,000 Labs: \$35 X-rays: \$100 MRI/CT/PET/NC: \$450 PT/OT/ST: \$50	After deductible Inpatient: \$1,000 SDC: \$1,000 Labs: \$35 X-rays: \$100 MRI/CT/PET/NC: \$450 PT/OT/ST: \$50	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 v.5 <sup>9</sup>	Preferred Blue® PPO Options Deductible II v.5 <sup>9</sup>	Preferred Blue® PPO Options Deductible III v.5 <sup>9</sup>
DEDUCTIBLE <sup>2</sup>	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 <sup>3</sup>	IN and OON combined: Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	IN: Medical: \$4,850/\$9,700 Rx: \$2,000/\$4,000 OON: Medical: \$7,500/\$15,000 Rx: \$2,000/\$4,000	IN: Medical: \$5,850/\$11,700 Rx: \$1,000/\$2,000 OON: Medical: \$7,500/\$15,000 Rx: \$2,000/\$4,000
OFFICE VISIT	IN: Preventive: \$0 EBT <sup>1</sup> : \$15 SBT <sup>1</sup> : \$25 BBT <sup>1</sup> : \$45 Other Network Provider <sup>1</sup> : \$45 OON: 20% co-insurance after deductible	IN: Preventive: \$0 EBT <sup>1</sup> : \$20 SBT <sup>1</sup> : \$35 BBT <sup>1</sup> : \$55 Other Network Provider <sup>1</sup> : \$55 OON: 20% co-insurance after deductible	IN: Preventive: \$0 EBT <sup>1</sup> : \$20 SBT <sup>1</sup> : \$35 BBT <sup>1</sup> : \$55 Other Network Provider <sup>1</sup> : \$55 OON: 20% co-insurance after deductible
EMERGENCY ROOM	\$150	\$250	\$250
INPATIENT ADMISSIONS <sup>7</sup>	IN: EBT: \$250 SBT: \$500 ((\$300 for select hospitals) <sup>10</sup> ) BBT: \$1,000 OON: 20% co-insurance after deductible	IN: EBT: \$500 SBT: \$500 after deductible ((\$550 for select hospitals) <sup>10</sup> ) BBT: \$1,500 after deductible OON: 20% co-insurance after deductible	IN: EBT: Deductible SBT: \$500 after deductible ((\$50 after deductible for select hospitals) <sup>10</sup> ) BBT: \$1,500 after deductible OON: 20% co-insurance after deductible
SURGICAL DAY CARE <sup>7</sup>	IN: EBT: \$150 SBT: \$250 BBT: \$500 OON: 20% co-insurance after deductible	IN: EBT: \$500 SBT: \$500 after deductible ((\$550 for select hospitals) <sup>10</sup> ) BBT: \$1,500 after deductible OON: 20% co-insurance after deductible	IN: EBT: Deductible SBT: \$500 after deductible ((\$50 after deductible for select hospitals) <sup>10</sup> ) BBT: \$1,500 after deductible OON: 20% co-insurance after deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS <sup>7</sup>	IN: EBT: \$75 SBT: \$150 BBT: \$250 Other Network Provider: \$75 OON: 20% co-insurance after deductible	IN: EBT: \$75 SBT: \$75 after deductible ((\$75 for select hospitals) <sup>10</sup> ) BBT: \$450 after deductible Other Network Provider: \$75 OON: 20% co-insurance after deductible	IN: EBT: Deductible SBT: \$75 after deductible BBT: \$450 after deductible Other Network Provider: \$0 OON: 20% co-insurance after deductible
PRESCRIPTION DRUGS	IN: Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB <sup>1</sup> : \$15/\$30/\$150 OON: Retail: \$30/\$60/\$100 Mail: Not covered	IN: Retail: \$20/\$40/\$60/\$120 Mail: \$40/\$80/\$120/\$360 VBB <sup>1</sup> : \$20/\$40/\$60/\$360 OON: Retail: \$40/\$80/\$120/\$240 Mail: Not covered	IN: Retail: \$15/\$30/\$60/\$120 Mail: \$30/\$60/\$120/\$360 VBB <sup>1</sup> : \$15/\$30/\$60/\$360 OON: Retail: \$30/\$60/\$120/\$240 Mail: Not covered
HOSPITAL CHOICE COST SHARING <sup>8</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 Saver \$1,500 (HSA Compliant)	Preferred Blue® PPO Saver \$2,000 (HSA Compliant)	Preferred Blue® PPO Saver \$2,900 (HSA Compliant)
DEDUCTIBLE <sup>2</sup>	IN and OON combined: \$1,500/\$3,000 <sup>4</sup>	IN and OON combined: \$2,000/\$4,000 <sup>4</sup>	IN and OON combined: \$2,900/\$5,800 <sup>4</sup>
OUT-OF-POCKET MAXIMUM <sup>3</sup>	IN and OON combined: \$6,450/\$12,900	IN and OON combined: \$6,450/\$12,900	IN and OON combined: \$6,450/\$12,900
OFFICE VISIT	IN: Preventive: \$0 Primary Care <sup>1</sup> : Deductible Specialist <sup>1</sup> : Deductible OON: 20% co-insurance after deductible	IN: Preventive: \$0 Primary Care <sup>1</sup> : Deductible Specialist <sup>1</sup> : Deductible OON: 20% co-insurance after deductible	IN: Preventive: \$0 Primary Care <sup>1</sup> : Deductible Specialist <sup>1</sup> : Deductible OON: 20% co-insurance after deductible
EMERGENCY ROOM	\$150 after deductible	\$150 after deductible	\$150 after deductible
INPATIENT ADMISSIONS <sup>7</sup>	IN: Deductible OON: 20% co-insurance after deductible	IN: Deductible OON: 20% co-insurance after deductible	IN: Deductible OON: 20% co-insurance after deductible
SURGICAL DAY CARE <sup>7</sup>	IN: Deductible OON: 20% co-insurance after deductible	IN: Deductible OON: 20% co-insurance after deductible	IN: Deductible OON: 20% co-insurance after deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS <sup>7</sup>	IN: Deductible OON: 20% co-insurance after deductible	IN: Deductible OON: 20% co-insurance after deductible	IN: Deductible OON: 20% co-insurance after deductible
PRESCRIPTION DRUGS	After deductible <sup>6</sup> IN: Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB <sup>1</sup> : \$10/\$25/\$135 (no deductible) OON: Retail: \$20/\$50/\$90 Mail: Not covered	After deductible <sup>6</sup> IN: Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB <sup>1</sup> : \$10/\$25/\$135 (no deductible) OON: Retail: \$20/\$50/\$90 Mail: Not covered	After deductible <sup>6</sup> IN: Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB <sup>1</sup> : \$10/\$25/\$135 (no deductible) OON: Retail: \$20/\$50/\$90 Mail: Not covered
HOSPITAL CHOICE COST SHARING <sup>8</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 Basic Saver (HSA Compliant)	Preferred Blue® PPO Saver II (HSA Compliant)
DEDUCTIBLE <sup>2</sup>	IN: \$3,300/\$6,450 <sup>4</sup> OON: \$6,300/\$10,000 <sup>4</sup>	IN and OON combined: \$4,000/\$8,000 <sup>5</sup>
OUT-OF-POCKET MAXIMUM <sup>3</sup>	IN: \$6,450/\$12,900 OON: \$11,000/\$23,000	IN and OON combined: \$6,850/\$13,700
OFFICE VISIT	IN: Preventive: \$0 Primary Care <sup>1</sup> : \$60 after deductible Specialist <sup>1</sup> : \$60 after deductible OON: 20% co-insurance after deductible	IN: Preventive: \$0 Primary Care <sup>1</sup> : \$25 after deductible Specialist <sup>1</sup> : \$40 after deductible OON: 20% co-insurance after deductible
EMERGENCY ROOM	\$750 after in-network deductible	Deductible
INPATIENT ADMISSIONS <sup>7</sup>	IN: \$1,000 after deductible OON: 20% co-insurance after deductible	IN: Deductible OON: 20% co-insurance after deductible
SURGICAL DAY CARE <sup>7</sup>	IN: \$1,000 after deductible OON: 20% co-insurance after deductible	IN: Deductible OON: 20% co-insurance after deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS <sup>7</sup>	IN: \$1,000 after deductible OON: 20% co-insurance after deductible	IN: Deductible OON: 20% co-insurance after deductible
PRESCRIPTION DRUGS	After deductible <sup>6</sup> IN: Retail: \$20/\$80/\$100 Mail: \$40/\$160/\$300 VBB <sup>1</sup> : \$20/\$80/\$300 (no deductible) OON: Retail: \$40/\$160/\$200 Mail: Not covered	After deductible <sup>6</sup> IN: Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB <sup>1</sup> : \$10/\$25/\$135 (no deductible) OON: Retail: \$20/\$50/\$90 Mail: Not covered
HOSPITAL CHOICE COST SHARING <sup>8</sup>	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**

## 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.

## VALUE-BASED BENEFITS<sup>1</sup>

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

## 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.

## BLUE CROSS BLUE SHIELD OF MASSACHUSETTS ALLOWS EMPLOYER GROUPS WITH 51+ ELIGIBLE EMPLOYEES WITH 99 OR FEWER ENROLLED TO PROVIDE MULTIPLE PLAN OPTIONS TO THEIR EMPLOYEES.

Please see our Underwriting Guidelines for this type of arrangement:

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



## FOOTNOTES

1. 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 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, co-insurance, 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. 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.
6. Overall deductible does not apply to Value-Based Benefits drugs.
7. Cost sharing for these benefits may be higher when performed at a general hospital or hospital-owned outpatient facility.
8. 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.
9. Outside Massachusetts, the lower Enhanced Benefits Tier copayment applies to any network provider who 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.
10. 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