

GETTING MORE. NOW THERE'S A PLAN.

Individuals and
Groups of One

Individuals and Groups of One

Effective on anniversary dates on or after January 1, 2022



PLANS THAT FIT YOUR NEEDS

Selecting a health plan should be easy, and you should feel confident about the plan you choose. 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.



*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.

EXPANDED OFFERINGS FOR 2022

HOME FITNESS EQUIPMENT

To support your lifestyle and fitness journey, 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.

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. Retail drugs are available in a 90-day supply at three times the standard retail cost share.

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, plan-covered services.
- Enabling the member cost share for a covered telehealth visit (any copay, co-insurance, or deductible) 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 through MyBlue.

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 Health Savings Account (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

COST SHARE CHANGES FOR 2022

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

Changes for 2022	Details
PHARMACY BENEFIT CHANGE	Apply 6 tier pharmacy benefit with preferred brand specialty medications in Tier 5 and non-preferred brand specialty medications in Tier 6. Tiers 5 and 6 will have a 50% co-insurance with dollar maximums. Specialty medications are available through our network of specialty pharmacies.



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 you 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

Blue Select (indicated by blue)

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



PRODUCT BENEFITS AND COVERAGE OPTIONS

Individuals and Groups of One



	HMO Blue Premium	HMO Blue Copayment	HMO Blue Deductible with Copayment
DEDUCTIBLE ¹	None	None	Medical: \$2,000/\$4,000 Rx: \$250/\$500
OUT-OF-POCKET MAXIMUM ²	\$2,650/\$5,300	\$4,650/\$9,300	\$6,250/\$12,500
OFFICE VISIT	Preventive: \$0 PCP: \$20 Specialist: \$40	Preventive: \$0 PCP: \$25 Specialist: \$50	Preventive: \$0 PCP: \$30 Specialist: \$55
EMERGENCY ROOM	\$150	\$300	\$350 after deductible
INPATIENT ADMISSIONS	\$500	\$750	\$750 after deductible
SURGICAL DAY CARE	\$250	\$500	\$500 after deductible
LABS	\$0	\$50	\$50 after deductible
X-RAYS	\$0	\$75	\$75 after deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	\$150	\$400	\$300 after deductible
PRESCRIPTION DRUGS	Retail: \$10/\$25/\$50 Mail: \$20/\$50/\$150	Retail: \$25/\$50/\$75 Mail: \$50/\$100/\$225	Retail: \$25/\$50 after Rx deductible/ \$125 after Rx deductible Mail: \$50/\$100 after Rx deductible/ \$375 after Rx deductible

LEGEND:
BLUE SELECT
 INDICATES CHANGES TO PLAN

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 Basic	Preferred Blue® PPO Deductible with Co-insurance	HMO Blue Select \$1,000 Deductible with Copayment
DEDUCTIBLE ¹	\$2,000/\$4,000 (includes Tier 3 prescriptions)	IN: \$3,000/\$6,000 (includes Tiers 2 and 3 prescriptions) OON: \$6,000/\$13,000 (includes Tiers 2 and 3 prescriptions)	\$1,000/\$2,000
OUT-OF-POCKET MAXIMUM ²	\$8,350/\$16,700	IN: \$6,000/\$12,000 OON: \$7,850/\$15,700	\$7,350/\$14,700
OFFICE VISIT	Preventive: \$0 PCP: \$25 Specialist: \$50	IN: Preventive: \$0 Primary Care: 30% co-insurance after deductible Specialist: 30% co-insurance after deductible OON: Preventive: 20% co-insurance after deductible Other provider: 50% co-insurance after deductible	Preventive: \$0 PCP ³ : \$25 Specialist ³ : \$50
EMERGENCY ROOM	\$300 after deductible	30% co-insurance after in-network deductible	\$250
INPATIENT ADMISSIONS	\$750 after deductible	IN: 30% co-insurance after deductible OON: 50% co-insurance after deductible	\$550 after deductible
SURGICAL DAY CARE	\$500 after deductible	IN: 30% co-insurance after deductible OON: 50% co-insurance after deductible	\$250 after deductible
LABS	\$45 after deductible	IN: 30% co-insurance after deductible OON: 50% co-insurance after deductible	\$60 after deductible
X-RAYS	\$75 after deductible	IN: 30% co-insurance after deductible OON: 50% co-insurance after deductible	\$60 after deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	\$375 after deductible	IN: 30% co-insurance after deductible OON: 50% co-insurance after deductible	\$250 after deductible
PRESCRIPTION DRUGS	Retail: \$25/\$50/\$75 after deductible Mail: \$50/\$100/\$225 after deductible	IN: Retail: \$25/\$45 after deductible/ \$90 after deductible Mail: \$50/\$90 after deductible/ \$270 after deductible OON: Retail: \$50/\$90 after deductible/ \$180 after deductible Mail: Not covered	Retail: \$10/\$45/\$150/\$225/ 50% with \$350 Max/50% with \$500 Max Mail: \$20/\$90/\$300/\$675 VBB ⁴ : \$10/\$45/\$150/\$675
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	HMO Blue Select \$2,000 Deductible	HMO Blue Saver (HSA Compliant)	HMO Blue Select \$2,000 Deductible with Copayment
DEDUCTIBLE ¹	\$2,000/\$4,000	\$2,000/\$4,000 ⁴	\$2,000/\$4,000
OUT-OF-POCKET MAXIMUM ²	\$8,150/\$16,300	\$6,700/\$13,400	\$8,150/\$16,300
OFFICE VISIT	Preventive: \$0 PCP ³ : \$25 Specialist ³ : \$45	Preventive: \$0 PCP: \$30 after deductible Specialist: \$60 after deductible	Preventive: \$0 PCP ³ : \$25 Specialist ³ : \$45
EMERGENCY ROOM	\$250	\$300 after deductible	\$750 after deductible
INPATIENT ADMISSIONS	Deductible	\$750 after deductible	\$500 after deductible
SURGICAL DAY CARE	Deductible	\$500 after deductible	\$250 after deductible
LABS	\$15 after deductible	\$60 after deductible	\$55 after deductible
X-RAYS	\$15 after deductible	\$75 after deductible	\$55 after deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	\$75 after deductible	\$500 after deductible	\$200 after deductible
PRESCRIPTION DRUGS	Retail: \$10/\$45/\$150/\$225/ 50% with \$350 Max/50% with \$500 Max Mail: \$20/\$90/\$300/\$675 VBB ³ : \$10/\$45/\$150/\$675	After deductible ⁵ Retail: \$30/\$60/\$105 Mail: \$60/\$120/\$315	Retail: \$10/\$45/\$175/\$250/ 50% with \$350 Max/50% with \$500 Max Mail: \$20/\$90/\$350/\$750 VBB ³ : \$10/\$45/\$175/\$750

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	HMO Blue Select \$3,000 Deductible	HMO Blue Select Saver \$2,000 (HSA Compliant)	HMO Blue Basic Deductible
DEDUCTIBLE ¹	\$3,000/\$6,000	\$2,000/\$4,000 ⁴	\$2,750/\$5,500
OUT-OF-POCKET MAXIMUM ²	\$8,150/\$16,300	\$6,700/\$13,400	\$8,350/\$16,700
OFFICE VISIT	Preventive: \$0 PCP ³ : \$40 Specialist ³ : \$55	Preventive: \$0 PCP ¹ : \$25 after deductible Specialist ³ : \$45 after deductible	Preventive: \$0 PCP: \$35 after deductible Specialist: \$75 after deductible
EMERGENCY ROOM	\$750 after deductible	\$250 after deductible	\$750 after deductible
INPATIENT ADMISSIONS	\$500 after deductible	\$250 after deductible	\$1,200 after deductible
SURGICAL DAY CARE	\$500 after deductible	\$150 after deductible	\$500 after deductible
LABS	\$40 after deductible	\$40 after deductible	\$75 after deductible
X-RAYS	\$40 after deductible	\$40 after deductible	\$100 after deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	\$300 after deductible	\$250 after deductible	\$800 after deductible
PRESCRIPTION DRUGS	Retail: \$10/\$45/\$150/\$225/ 50% with \$350 Max/50% with \$500 Max Mail: \$20/\$90/\$300/\$675 VBB ³ : \$10/\$45/\$150/\$675	After deductible ⁵ Retail: \$10/\$45/\$175/\$250/ 50% with \$350 Max/50% with \$500 Max Mail: \$20/\$90/\$350/\$750 VBB ³ : \$10/\$45/\$175/\$750	Retail: \$30/\$100 after deductible/ \$150 after deductible Mail: \$60/\$200 after deductible/ \$450 after deductible

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HMO Blue Essential

DEDUCTIBLE ¹	\$8,350/\$16,700 per calendar year
OUT-OF-POCKET MAXIMUM ²	\$8,350/\$16,700 per calendar year
OFFICE VISIT	Preventive: \$0 PCP: \$35 or 50% co-insurance, whichever is less, for first three visits per calendar year, then deductible Specialist: \$0 after deductible
EMERGENCY ROOM	Deductible
INPATIENT ADMISSIONS	Deductible
SURGICAL DAY CARE	Deductible
LABS	Deductible
X-RAYS	Deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	Deductible
PRESCRIPTION DRUGS	Retail: Deductible Mail: Deductible

LEGEND:

BLUE SELECT

INDICATES CHANGES TO PLAN

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MEDICARE CREDITABLE COVERAGE

All plans in this chart meet Medicare Creditable Coverage¹ prescription drug coverage requirements. Creditable Coverage means that the member's prescription drug coverage is as good as or better than the standard Medicare Part D plan.

MINIMUM CREDITABLE COVERAGE

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

LOW-COST GENERIC MEDICATION BENEFIT

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

SELECT HOME DELIVERY

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

Members who choose to fill their prescriptions at a retail pharmacy need to notify Express Scripts[®], an independent company that administers the pharmacy benefit on behalf of Blue Cross Blue Shield of Massachusetts, before their third medication fill, or they'll be responsible for the full cost of their medication. Select Home Delivery is included in all plans listed in this guide.

VALUE-BASED BENEFITS (VBB)

The VBB¹ approach to managing costs focuses on improving the health of members who have certain chronic conditions. These benefits are included in some plans listed in this guide.

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

FOOTNOTES

3. Value-Based Benefits:

- Members will pay nothing for the first two diabetic monitoring visits per calendar year. These are services such as diabetes evaluation and management services, including diabetic eye exams and foot care.
- Members will pay the same cost share for a 90-day supply of medication when purchased at the mail order pharmacy as they do for a 30-day supply when purchased from a retail pharmacy. For 4-Tier pharmacy benefits, this applies to a specific list of Tier 1, Tier 2, and Tier 3 medications used in the treatment of asthma, coronary artery disease/cardiovascular disease, and diabetes, as well as a comorbidity of depression.
- Members will pay nothing for certain Tier 1 and Tier 2 smoking cessation products when purchased at either a retail pharmacy or mail order pharmacy.

1. The two deductible amounts refer to per member and per family per plan year, unless otherwise noted.
2. 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. Overall deductible does not apply to preventive or Value-Based Benefits drugs.

Questions?

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



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