

GETTING MORE. NOW THERE'S A PLAN.

51-99 HMO,
PPO &
EPO

Accounts with 51+ Eligible Employees and 99 or Fewer Enrolled Subscribers
Effective on anniversary dates on or after January 1, 2023



PLANS THAT FIT YOUR EMPLOYEES' NEEDS

Choosing the right health plan is essential to attracting and retaining top talent. That's where we come in. Our comprehensive plans will help you feel confident, knowing your employees have access to the benefits and services that meet their unique needs.

WHAT YOU CAN EXPECT



Exceptional Member Experiences

For the sixth year in a row, J.D. Power ranked us #1 in member satisfaction among all commercial health plans in Massachusetts.*



Top-rated Tools and Resources

From MyBlue to Team Blue, your employees have 24/7 access to their benefits, and a coordinated team ready to spring into action when questions arise.



Unparalleled Access

With the largest network of providers in the country, we can consistently offer the lowest total cost of care.



Cutting-Edge Innovation

We go beyond keeping up to date with health care reform guidelines, and make sure our plans are ahead of the curve to maximize coverage and lower costs.

FIND THE RIGHT PLAN FOR YOUR EMPLOYEES

Read this brochure to learn about the upcoming changes to enhance our products and offerings, and to compare the benefits included in each of our plans.†



*For J.D. Power 2022 award information, visit [jdpower.com/awards](https://www.jdpower.com/awards).

†Our plans feature more benefits than those listed in this brochure. To see more details about what's included in each plan, refer to the plan subscriber certificates.



WHAT'S NEW FOR 2023

Here's what we're doing to keep our plans ahead of the curve. These updates are effective January 1, 2023, and upon renewal, unless otherwise noted.

SOLUTIONS THAT DRIVE VALUE AND AFFORDABILITY

VIRTUAL CARE TEAM

Getting care should be easy and affordable. That's why we created this feature that gives members the option to receive their primary care virtually by selecting a PCP that is designated as a Virtual Care Team provider. To ensure continuity of care, members who elect this model will be assigned their own dedicated Virtual Care Team that will help manage the member's health and coordinate in-person care with network providers when necessary. This feature is included in most of our plans at no additional cost.

Key Features:

- No cost for primary care and mental health services provided by the member's Virtual Care Team*
- Convenient, concierge-like experience that helps members navigate the health care system — all from their preferred device
- Available to members nationwide
- Best-in-class virtual providers

How It Works:

Once a member enrolls in the program, they'll receive a welcome kit with connected medical devices, such as a blood pressure monitor, to use for virtual visits with their dedicated Virtual Care Team. Members can easily go online to schedule no-cost primary care and mental health visits with their team's providers and use in-app chat to connect with them anytime.

Their team will assess their health and, when necessary, prescribe medications or guide them through the next steps for follow-up care. When in-person care is needed, members have access to their plan's full network of providers. Their Virtual Care Team can recommend a provider that works for them, securely share medical records to ensure continuity of care, and even schedule the appointment on their behalf.



COST-SHARE ASSISTANCE PROGRAM

The Cost-Share Assistance Program is an opt-in program that uses coupons from medication manufacturers to reduce the cost of eligible high-cost specialty medications for you and your employees. Once enrolled, most or all out-of-pocket costs are covered, and there's no need to change where or how you get prescriptions.

*Before qualifying for no-cost virtual visits, HMO members must designate a Virtual Care Team provider as their Primary Care Provider (PCP) and Saver/HSA-eligible plan members must meet their deductible.

NEW PLANS FOR YOU TO CHOOSE FROM

Advantage Blue® Preferred

These Exclusive Provider Organization (EPO) plans offer access to our National BlueCard® network with out-of-network coverage for emergency care only.



Extensive Network

Includes over 1,000,000 providers and 6,100 hospitals in the U.S. and Puerto Rico



Easy to Use

Doesn't require a PCP or referrals, plus offers a single point of contact for administration of claims and services



Flexible Design

Available as a no-deductible plan, traditional deductible plan, or HSA-qualified, high-deductible plan

\$0 VISITS AT LIMITED SERVICE CLINICS

To increase convenient access to low-cost, high-quality care, we're offering this optional rider which allows members to visit limited service clinics at no cost. Limited service clinics, such as CVS Minute Clinics, are typically staffed by a nurse practitioner and are located within retail pharmacies. They can provide vaccinations and routine health checkups, as well as diagnosis and treatment for simple medical concerns.

Members on Saver plans must first meet their deductible for the copay or co-insurance to be waived.

NEW PHARMACY BENEFIT MANAGER

We know how important our pharmacy benefit is to our members. That's why starting January 1, 2023, a new pharmacy benefit manager will be administering your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts. This change will help:



**Keep Pharmacy Costs Down
for Accounts and Members**



**Provide More In-network
Pharmacy Locations**



**Offer New Pharmacy Programs
That Drive Better Health Outcomes
for Our Members**

All accounts with pharmacy benefits will transition on January 1, 2023 regardless of renewal date, and all covered employees will receive new ID cards.

MAIL ORDER WITH RETAIL CHOICE PROGRAM

This new program saves you and your employees money when your employees switch their maintenance medications to 90-day prescriptions and fill them through the mail service pharmacy.

- Employers pay less for claims when members use the mail service pharmacy
- Members pay 33% less for 90-day supplies of maintenance medication
- Members are less likely to miss a dose, so your employees are overall healthier

FEDERAL MANDATES AND OTHER CHANGES

BREAST PUMP SUPPLY MANDATE

Members will be eligible to receive breast pump replacement parts 90 days after the purchase of a breast pump and every 60 days following that date. These parts will be available at no additional cost to the member when purchased from an in-network durable medical equipment provider. Benefits won't be available if the parts are obtained from an out-of-network provider.

BENEFIT ALIGNMENT CHANGES

These changes are part of our ongoing efforts to ensure benefit alignment across our products and plan designs.

Short-Term Rehabilitation

To align with all other standard products, we're revising the combined physical and occupational therapy visit limit under the short-term rehabilitation benefit for our Blue Care Elect PPO plans from 100 visits to 60.

The Affordable Care Act (ACA) Out-of-Pocket Maximum and Internal Revenue Service (IRS) Cost-of-Living Adjustments for 2023

Most health plans must include an out-of-pocket maximum that limits costs for all Essential Health Benefits, including pharmacy. Out-of-pocket costs include copays, co-insurance, and deductibles. Our standard health plans include an out-of-pocket maximum that's set at or below the ACA's limits and IRS's guidelines for HSA-compatible, high-deductible plans.

Employers with 51-99 employees can increase their out-of-pocket maximums to any dollar amount up to the ACA's 2023 limits or the IRS's new limits for Saver plans, which are HSA-compatible, high-deductible plans.

ANNUAL OUT-OF-POCKET MAXIMUMS FOR 2023

Plan Type	Individual Coverage	Family Coverage
HSA-QUALIFIED HIGH-DEDUCTIBLE HEALTH PLANS	\$7,500	\$15,000
NON-HSA-QUALIFIED HEALTH PLANS	\$9,100	\$18,200

MINIMUM DEDUCTIBLE AMOUNTS FOR 2023

Plan Type	Individual Coverage	Family Coverage
HSA-QUALIFIED HIGH-DEDUCTIBLE HEALTH PLANS	\$1,500	\$3,000

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.* For more information, visit bluecrossma.com/hospitalchoice, or contact your account executive or broker.

Blue Options (indicated in gray)

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

HMO Blue Select (indicated in blue)

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

*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 ²	\$3,550/\$7,100	\$1,500/\$3,000	\$2,000/\$4,000
OUT-OF-POCKET MAXIMUM ³	\$3,550/\$7,100	\$6,450/\$12,900	\$6,450/\$12,900
OFFICE VISIT	Preventive: \$0 PCP: ¹ Deductible Specialist: ¹ Deductible	Preventive: \$0 PCP: ¹ \$15 after deductible Specialist: ¹ \$25 after deductible	Preventive: \$0 PCP: ¹ \$15 after deductible Specialist: ¹ \$25 after deductible
EMERGENCY ROOM	Deductible	\$150 after deductible	\$150 after deductible
INPATIENT ADMISSIONS ⁵	Deductible	Deductible	Deductible
SURGICAL DAY CARE ⁵	Deductible	Deductible	Deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS ⁵	Deductible	Deductible	Deductible
PRESCRIPTION DRUGS	Retail: Deductible Mail: Deductible VBB: ¹ No Cost	After deductible ⁴ Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB: ¹ \$10/\$25/\$135	After deductible ⁴ Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB: ¹ \$10/\$25/\$135
HOSPITAL CHOICE COST SHARING ⁶	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
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	Access Blue New England Saver \$2,500 (HSA Compliant)	Access Blue New England Saver \$3,000 (HSA Compliant)	BlueFit Access Blue New England Saver
DEDUCTIBLE ²	\$2,500/\$5,000	\$3,000/\$6,000	\$3,000/\$4,000
OUT-OF-POCKET MAXIMUM ³	\$6,450/\$12,900	\$6,450/\$12,900	\$5,950/\$11,900
OFFICE VISIT	Preventive: \$0 PCP: ¹ \$15 after deductible Specialist: ¹ \$25 after deductible	Preventive: \$0 PCP: ¹ \$15 after deductible Specialist: ¹ \$25 after deductible	Preventive: \$0 PCP: ¹ \$25 after deductible Specialist: ¹ \$45 after deductible
EMERGENCY ROOM	\$150 after deductible	\$150 after deductible	\$500 after deductible
INPATIENT ADMISSIONS ⁵	Deductible	Deductible	\$500 after deductible
SURGICAL DAY CARE ⁵	Deductible	Deductible	\$500 after deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS ⁵	Deductible	Deductible	\$500 after deductible
PRESCRIPTION DRUGS	After deductible ⁴ Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB: ¹ \$10/\$25/\$135	After deductible ⁴ Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB: ¹ \$10/\$25/\$135	After deductible ⁴ Retail: \$10/\$45/\$150/\$225 Mail: \$20/\$90/\$300/\$675 VBB: ¹ \$10/\$45/\$150 (no deductible)/\$675 after deductible
HOSPITAL CHOICE COST SHARING ⁶	Not Applicable	Not Applicable	Not Applicable

LEGEND:	HOSPITAL CHOICE COST SHARING	BLUE OPTIONS	BLUE SELECT
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	Access Blue New England Basic Saver II (HSA Compliant)	Access Blue New England Saver II (HSA Compliant)	HMO Blue New England Value Copayment
DEDUCTIBLE ²	\$3,300/\$6,450	\$4,000/\$8,000	None
OUT-OF-POCKET MAXIMUM ³	\$6,450/\$12,900	\$6,850/\$13,700	\$8,150/\$16,300
OFFICE VISIT	Preventive: \$0 PCP: ¹ \$50 after deductible Specialist: ¹ \$75 after deductible	Preventive: \$0 PCP: ¹ \$25 after deductible Specialist: ¹ \$40 after deductible	Preventive: \$0 PCP: ¹ \$75 Specialist: ¹ \$100
EMERGENCY ROOM	\$750 after deductible	Deductible	\$1,000
INPATIENT ADMISSIONS ⁵	\$1,000 after deductible	Deductible	\$1,000
SURGICAL DAY CARE ⁵	\$1,000 after deductible	Deductible	\$1,000
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS ⁵	\$1,000 after deductible	Deductible	\$1,000
PRESCRIPTION DRUGS	After deductible ⁴ Retail: \$20/\$80/\$100 Mail: \$40/\$160/\$300 VBB: ¹ \$20/\$80/\$300	After deductible ⁴ Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB: ¹ \$10/\$25/\$135	Retail: \$40/\$200/\$250 Mail: \$80/\$400/\$750 VBB: ¹ \$40/\$200/\$750
HOSPITAL CHOICE COST SHARING ⁶	Not Applicable	Not Applicable	Not Applicable

LEGEND:	HOSPITAL CHOICE COST SHARING	BLUE OPTIONS	BLUE SELECT
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	HMO Blue New England Value Plus	HMO Blue New England Enhanced Value	HMO Blue New England Premier Value
DEDUCTIBLE ²	None	None	Inpatient: \$1,000/\$2,500
OUT-OF-POCKET MAXIMUM ³	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: ¹ \$15 Specialist: ¹ \$30	Preventive: \$0 PCP: ¹ \$20 Specialist: ¹ \$35	Preventive: \$0 PCP: ¹ \$25 Specialist: ¹ \$40
EMERGENCY ROOM	\$100	\$150	\$150
INPATIENT ADMISSIONS ⁵	\$250	\$500	Deductible
SURGICAL DAY CARE ⁵	\$150	\$250	\$250
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS ⁵	\$25	\$50	\$75
PRESCRIPTION DRUGS	Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$90 VBB: ¹ \$10/\$25/\$90	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$100 VBB: ¹ \$15/\$30/\$100	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: ¹ \$15/\$30/\$150
HOSPITAL CHOICE COST SHARING ⁶	Inpatient: \$1,250 SDC: \$1,150 Labs: \$35 X-rays: \$100 MRI/CT/PET/NC: \$475 PT/OT/ST: \$65	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

LEGEND:	HOSPITAL CHOICE COST SHARING	BLUE OPTIONS	BLUE SELECT
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	HMO Blue New England \$500 Deductible	HMO Blue New England \$1,000 Deductible	HMO Blue New England \$1,000 Deductible with Copayment
DEDUCTIBLE ²	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000
OUT-OF-POCKET MAXIMUM ³	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: ¹ \$20 Specialist: ¹ \$35	Preventive: \$0 PCP: ¹ \$20 Specialist: ¹ \$35	Preventive: \$0 PCP: ¹ \$20 Specialist: ¹ \$35
EMERGENCY ROOM	\$150	\$150	\$100 after deductible
INPATIENT ADMISSIONS ⁵	Deductible	Deductible	\$500 after deductible
SURGICAL DAY CARE ⁵	Deductible	Deductible	\$250 after deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS ⁵	Deductible	Deductible	\$50 after deductible
PRESCRIPTION DRUGS	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: ¹ \$15/\$30/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: ¹ \$15/\$30/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: ¹ \$15/\$30/\$150
HOSPITAL CHOICE COST SHARING ⁶	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: \$500 PT/OT/ST: \$70

LEGEND:	HOSPITAL CHOICE COST SHARING	BLUE OPTIONS	BLUE SELECT
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	HMO Blue New England \$1,500 Deductible	HMO Blue New England \$2,000 Deductible	HMO Blue New England \$2,000 Deductible with Copayment
DEDUCTIBLE ²	\$1,500/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000
OUT-OF-POCKET MAXIMUM ³	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: ¹ \$20 Specialist: ¹ \$35	Preventive: \$0 PCP: ¹ \$20 Specialist: ¹ \$35	Preventive: \$0 PCP: ¹ \$20 Specialist: ¹ \$35
EMERGENCY ROOM	\$150	\$150	\$250 after deductible
INPATIENT ADMISSIONS ⁵	Deductible	Deductible	\$500 after deductible
SURGICAL DAY CARE ⁵	Deductible	Deductible	\$250 after deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS ⁵	Deductible	Deductible	\$250 after deductible
PRESCRIPTION DRUGS	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: ¹ \$15/\$30/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: ¹ \$15/\$30/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: ¹ \$15/\$30/\$150
HOSPITAL CHOICE COST SHARING ⁶	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
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	HMO Blue New England Basic Copayment	HMO Blue New England \$3,000 Deductible	HMO Blue New England Deductible II
DEDUCTIBLE ²	\$2,000/\$4,000	\$3,000/\$6,000	\$4,000/\$8,000
OUT-OF-POCKET MAXIMUM ³	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	Medical: \$7,000/\$14,000 Rx: \$1,000/\$2,000
OFFICE VISIT	Preventive: \$0 PCP: ¹ \$60 Specialist: ¹ \$75	Preventive: \$0 PCP: ¹ \$20 Specialist: ¹ \$35	Preventive: \$0 PCP: ¹ \$25 Specialist: ¹ \$40
EMERGENCY ROOM	\$750 after deductible	\$150	\$500
INPATIENT ADMISSIONS ⁵	\$1,000 after deductible	Deductible	Deductible
SURGICAL DAY CARE ⁵	\$1,000 after deductible	Deductible	Deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS ⁵	\$1,000 after deductible	Deductible	Deductible
PRESCRIPTION DRUGS	Retail: \$20/\$40/\$60 Mail: \$40/\$80/\$180 VBB: ¹ \$20/\$40/\$180	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: ¹ \$15/\$30/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: ¹ \$15/\$30/\$150
HOSPITAL CHOICE COST SHARING ⁶	Not Applicable	After deductible Inpatient: \$1,000 SDC: \$1,000 Labs: \$35 X-rays: \$100 MRI/CT/PET/NC: \$450 PT/OT/ST: \$70	Not Applicable

LEGEND:	HOSPITAL CHOICE COST SHARING	BLUE OPTIONS	BLUE SELECT
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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 Options Deductible v.5 ⁷	HMO Blue New England Options Deductible II v.5 ⁷	HMO Blue New England Options Deductible III v.5
DEDUCTIBLE ²	EBT: None SBT: \$500/\$1,000 BBT: \$2,000/\$4,000	EBT: None SBT: \$500/\$1,000 BBT: \$2,000/\$4,000	\$2,000/\$4,000
OUT-OF-POCKET MAXIMUM ³	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: ¹ EBT: \$15 SBT: \$25 BBT: \$50 Specialist: ¹ \$50	Preventive: \$0 PCP: ¹ EBT: \$20 SBT: \$30 BBT: \$50 Specialist: ¹ \$50	Preventive: \$0 PCP: ¹ EBT: \$20 SBT: \$35 BBT: \$55 Specialist: ¹ \$55
EMERGENCY ROOM	\$150	\$200	\$250
INPATIENT ADMISSIONS ⁵	EBT: \$150 SBT: \$150 after deductible (\$200 for select hospitals) ⁸ BBT: \$1,000 after deductible	EBT: \$250 SBT: \$250 after deductible (\$300 for select hospitals) ⁸ BBT: \$1,500 after deductible	EBT: Deductible SBT: \$500 after deductible (\$50 after deductible for select hospitals) ⁸ BBT: \$1,500 after deductible
SURGICAL DAY CARE ⁵	EBT: \$150 SBT: \$150 after deductible (\$200 for select hospitals) ⁸ BBT: \$1,000 after deductible	EBT: \$250 SBT: \$250 after deductible (\$300 for select hospitals) ⁸ BBT: \$1,500 after deductible	EBT: Deductible SBT: \$500 after deductible (\$50 after deductible for select hospitals) ⁸ BBT: \$1,500 after deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS ⁵	EBT: \$50 SBT: \$50 after deductible (\$50 for select hospitals) ⁸ BBT: \$450 after deductible Other Network Provider: \$50	EBT: \$75 SBT: \$75 after deductible (\$75 for select hospitals) ⁸ BBT: \$450 after deductible Other Network Provider: \$75	EBT: Deductible SBT: \$75 after deductible BBT: \$450 after deductible Other Network Provider: \$0
PRESCRIPTION DRUGS	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: ¹ \$15/\$30/\$150	Retail: \$15/\$35/\$50 Mail: \$30/\$70/\$150 VBB: ¹ \$15/\$35/\$150	Retail: \$20/\$40/\$60 Mail: \$40/\$80/\$180 VBB: ¹ \$20/\$40/\$180
HOSPITAL CHOICE COST SHARING ⁶	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 Select \$1,000 Deductible	HMO Blue Select \$1,000 Deductible with Copayment	HMO Blue Select \$2,000 Deductible
DEDUCTIBLE ²	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000
OUT-OF-POCKET MAXIMUM ³	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: ¹ \$20 Specialist: ¹ \$35	Preventive: \$0 PCP: ¹ \$20 Specialist: ¹ \$35	Preventive: \$0 PCP: ¹ \$20 Specialist: ¹ \$35
EMERGENCY ROOM	\$150	\$100 after deductible	\$150
INPATIENT ADMISSIONS ⁵	Deductible	\$500 after deductible	Deductible
SURGICAL DAY CARE ⁵	Deductible	\$250 after deductible	Deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS ⁵	Deductible	\$50 after deductible	Deductible
PRESCRIPTION DRUGS	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: ¹ \$15/\$30/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: ¹ \$15/\$30/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: ¹ \$15/\$30/\$150
HOSPITAL CHOICE COST SHARING ⁶	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 with Copayment	HMO Blue Select \$3,000 Deductible
DEDUCTIBLE ²	\$2,000/\$4,000	\$3,000/\$6,000
OUT-OF-POCKET MAXIMUM ³	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: ¹ \$20 Specialist: ¹ \$35	Preventive: \$0 PCP: ¹ \$20 Specialist: ¹ \$35
EMERGENCY ROOM	\$250 after deductible	\$150
INPATIENT ADMISSIONS ⁵	\$500 after deductible	Deductible
SURGICAL DAY CARE ⁵	\$250 after deductible	Deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS ⁵	\$250 after deductible	Deductible
PRESCRIPTION DRUGS	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: ¹ \$15/\$30/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: ¹ \$15/\$30/\$150
HOSPITAL CHOICE COST SHARING ⁶	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
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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 ²	IN: None OON: \$500/\$1,000	IN: None OON: \$500/\$1,000	IN: None OON: \$500/\$1,000
OUT-OF-POCKET MAXIMUM ³	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: ¹ \$75 Specialist: ¹ \$100 OON: 20% co-insurance after deductible	IN: Preventive: \$0 Primary Care: ¹ \$15 Specialist: ¹ \$15 OON: 20% co-insurance after deductible	IN: Preventive: \$0 Primary Care: ¹ \$20 Specialist: ¹ \$20 OON: 20% co-insurance after deductible
EMERGENCY ROOM	\$1,000	\$100	\$150
INPATIENT ADMISSIONS ⁵	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 ⁵	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 ⁵	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: ¹ \$40/\$200/\$750 OON: Not covered	IN: Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$90 VBB: ¹ \$10/\$25/\$90 OON: Not covered	IN: Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$100 VBB: ¹ \$15/\$30/\$100 OON: Not covered
HOSPITAL CHOICE COST SHARING ⁶	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
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	Blue Care Elect \$3,000 Deductible	Blue Care Elect \$4,500 Deductible	Preferred Blue® PPO Value Copayment
DEDUCTIBLE ²	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 ³	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: ¹ \$15 after deductible Specialist: ¹ \$15 after deductible OON: 20% co-insurance after deductible	IN: Preventive: \$0 Primary Care: ¹ \$25 after deductible Specialist: ¹ \$25 after deductible OON: \$45 after deductible	IN: Preventive: \$0 Primary Care: ¹ \$75 Specialist: ¹ \$100 OON: 20% co-insurance after deductible
EMERGENCY ROOM	\$150 after deductible	\$150 after deductible	\$1,000
INPATIENT ADMISSIONS ⁵	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 ⁵	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 ⁵	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: ¹ \$15/\$30/\$150 OON: Not covered	IN: Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: ¹ \$15/\$30/\$150 OON: Not covered	IN: Retail: \$40/\$200/\$250 Mail: \$80/\$400/\$750 VBB: ¹ \$140/\$200/\$750 OON: Retail: \$80/\$400/\$500 Mail: Not covered
HOSPITAL CHOICE COST SHARING ⁶	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
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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
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	Preferred Blue® PPO Basic Copayment	Preferred Blue® PPO 80 with Copayment	Preferred Blue® PPO \$500 Deductible
DEDUCTIBLE ²	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 ³	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: ¹ \$65 Specialist: ¹ \$65 OON: 20% co-insurance after deductible	IN: Preventive: \$0 Primary Care: ¹ \$20 Specialist: ¹ \$20 OON: 20% co-insurance after deductible	IN: Preventive: \$0 Primary Care: ¹ \$15 after deductible Specialist: ¹ \$15 after deductible OON: 20% co-insurance after deductible
EMERGENCY ROOM	\$750 after in-network deductible	\$150	\$150 after deductible
INPATIENT ADMISSIONS ⁵	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 ⁵	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 ⁵	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: ¹ \$20/\$40/\$180 OON: Retail: \$40/\$80/\$120 Mail: Not covered	IN: Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: ¹ \$15/\$30/\$150 OON: Retail: \$30/\$60/\$100 Mail: Not covered	IN: Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: ¹ \$15/\$30/\$150 OON: Retail: \$30/\$60/\$100 Mail: Not covered
HOSPITAL CHOICE COST SHARING ⁶	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
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	Preferred Blue® PPO \$1,000 Deductible	Preferred Blue® PPO \$2,000 Deductible	Preferred Blue® PPO Deductible II
DEDUCTIBLE ²	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 ³	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: ¹ \$15 after deductible Specialist: ¹ \$15 after deductible OON: 20% co-insurance after deductible	IN: Preventive: \$0 Primary Care: ¹ \$15 after deductible Specialist: ¹ \$15 after deductible OON: 20% co-insurance after deductible	IN: Preventive: \$0 Primary Care: ¹ \$25 after deductible Specialist: ¹ \$40 after deductible OON: 20% co-insurance after deductible
EMERGENCY ROOM	\$150 after deductible	\$150 after deductible	Deductible
INPATIENT ADMISSIONS ⁵	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 ⁵	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 ⁵	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: ¹ \$15/\$30/\$150 OON: Retail: \$30/\$60/\$100 Mail: Not covered	IN: Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: ¹ \$15/\$30/\$150 OON: Retail: \$30/\$60/\$100 Mail: Not covered	IN: Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: ¹ \$15/\$30/\$150 OON: Retail \$30/\$60/\$100 Mail: Not covered
HOSPITAL CHOICE COST SHARING ⁶	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 ⁷	Preferred Blue® PPO Options Deductible II v.5 ⁷	Preferred Blue® PPO Options Deductible III v.5 ⁷
DEDUCTIBLE ²	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 ³	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: \$15 SBT: \$25 BBT: \$45 Other Network Provider: \$45 OON: 20% co-insurance after deductible	IN: Preventive: \$0 EBT: \$20 SBT: \$35 BBT: \$55 Other Network Provider: \$55 OON: 20% co-insurance after deductible	IN: Preventive: \$0 EBT: \$20 SBT: \$35 BBT: \$55 Other Network Provider: \$55 OON: 20% co-insurance after deductible
EMERGENCY ROOM	\$150	\$250	\$250
INPATIENT ADMISSIONS ⁵	IN: EBT: \$250 SBT: \$500 (\$300 for select hospitals) ⁸ BBT: \$1,000 OON: 20% co-insurance after deductible	IN: EBT: \$500 SBT: \$500 after deductible (\$550 for select hospitals) ⁸ BBT: \$1,500 after deductible OON: 20% co-insurance after deductible	IN: EBT: Deductible SBT: \$500 after deductible (\$50 after deductible for select hospitals) ⁸ BBT: \$1,500 after deductible OON: 20% co-insurance after deductible
SURGICAL DAY CARE ⁵	IN: EBT: \$150 SBT: \$250 BBT: \$500 OON: 20% co-insurance after deductible	IN: EBT: \$500 SBT: \$500 after deductible (\$550 for select hospitals) ⁸ BBT: \$1,500 after deductible OON: 20% co-insurance after deductible	IN: EBT: Deductible SBT: \$500 after deductible (\$50 after deductible for select hospitals) ⁸ BBT: \$1,500 after deductible OON: 20% co-insurance after deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS ⁵	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) ⁸ 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: \$15/\$30/\$150 OON: Retail: \$30/\$60/\$100 Mail: Not covered	IN: Retail: \$20/\$40/\$60/\$120 Mail: \$40/\$80/\$120/\$360 VBB: \$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: \$15/\$30/\$60/\$360 OON: Retail: \$30/\$60/\$120/\$240 Mail: Not covered
HOSPITAL CHOICE COST SHARING ⁶	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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	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 ²	IN and OON combined: \$1,500/\$3,000	IN and OON combined: \$2,000/\$4,000	IN and OON combined: \$2,900/\$5,800
OUT-OF-POCKET MAXIMUM ³	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: ¹ Deductible Specialist: ¹ Deductible OON: 20% co-insurance after deductible	IN: Preventive: \$0 Primary Care: ¹ Deductible Specialist: ¹ Deductible OON: 20% co-insurance after deductible	IN: Preventive: \$0 Primary Care: ¹ Deductible Specialist: ¹ Deductible OON: 20% co-insurance after deductible
EMERGENCY ROOM	\$150 after deductible	\$150 after deductible	\$150 after deductible
INPATIENT ADMISSIONS ⁵	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 ⁵	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 ⁵	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 ⁴ IN: Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB: ¹ \$10/\$25/\$135 (no deductible) OON: Retail: \$20/\$50/\$90 Mail: Not covered	After deductible ⁴ IN: Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB: ¹ \$10/\$25/\$135 (no deductible) OON: Retail: \$20/\$50/\$90 Mail: Not covered	After deductible ⁴ IN: Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB: ¹ \$10/\$25/\$135 (no deductible) OON: Retail: \$20/\$50/\$90 Mail: Not covered
HOSPITAL CHOICE COST SHARING ⁶	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**

	BlueFit Preferred Blue® PPO Saver	Preferred Blue® PPO Basic Saver (HSA Compliant)	Preferred Blue® PPO Saver II (HSA Compliant)
DEDUCTIBLE ²	IN: \$3,000/\$4,000 OON: \$6,000/\$8,000	IN: \$3,300/\$6,450 OON: \$6,300/\$10,000	IN and OON combined: \$4,000/\$8,000
OUT-OF-POCKET MAXIMUM ³	IN: \$5,950/\$11,900 OON: \$11,950/\$23,900	IN: \$6,450/\$12,900 OON: \$11,000/\$23,000	IN and OON combined: \$6,850/\$13,700
OFFICE VISIT	Preventive: \$0 Primary Care: ¹ \$25 after deductible Specialist: ¹ \$45 after deductible	IN: Preventive: \$0 Primary Care: ¹ \$60 after deductible Specialist: ¹ \$60 after deductible OON: 20% co-insurance after deductible	IN: Preventive: \$0 Primary Care: ¹ \$25 after deductible Specialist: ¹ \$40 after deductible OON: 20% co-insurance after deductible
EMERGENCY ROOM	\$500 after in-network deductible	\$750 after in-network deductible	Deductible
INPATIENT ADMISSIONS ⁵	IN: \$500 after deductible OON: 20% co-insurance after deductible	IN: \$1,000 after deductible OON: 20% co-insurance after deductible	IN: Deductible OON: 20% co-insurance after deductible
SURGICAL DAY CARE ⁵	IN: \$500 after deductible OON: 20% co-insurance after deductible	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 ⁵	IN: \$500 after deductible OON: 20% co-insurance after deductible	IN: \$1,000 after deductible OON: 20% co-insurance after deductible	IN: Deductible OON: 20% co-insurance after deductible
PRESCRIPTION DRUGS	After deductible ⁴ IN: Retail: \$10/\$45/\$150/\$225 Mail: \$20/\$90/\$300/\$675 VBB: ¹ \$10/\$45/\$150 (no deductible)/\$675 after deductible OON: Retail: \$20/\$90/\$300/\$450 Mail: Not covered	After deductible ⁴ IN: Retail: \$20/\$80/\$100 Mail: \$40/\$160/\$300 VBB: ¹ \$20/\$80/\$300 (no deductible) OON: Retail: \$40/\$160/\$200 Mail: Not covered	After deductible ⁴ IN: Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB: ¹ \$10/\$25/\$135 (no deductible) OON: Retail: \$20/\$50/\$90 Mail: Not covered
HOSPITAL CHOICE COST SHARING ⁶	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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EPO

Accounts with 51–99 Eligible Employees
and Enrolled Subscribers



	NEW FOR 2023 Advantage Blue® Preferred	NEW FOR 2023 Advantage Blue® Preferred Deductible	NEW FOR 2023 Advantage Blue® Preferred Saver
DEDUCTIBLE ²	None	\$1,500/\$3,000	\$2,000/\$4,000
OUT-OF-POCKET MAXIMUM ³	Medical: \$5,490/\$10,900 Rx: \$1,000/\$2,000	Medical: \$5,490/\$10,900 Rx: \$1,000/\$2,000	\$6,750/\$13,500 (but no more than \$6,750 per member)
OFFICE VISIT	Preventive: \$0 PCP: \$15 Specialist: \$15	Preventive: \$0 PCP: \$15 after deductible Specialist: \$15 after deductible	Preventive: \$0 PCP: \$15 after deductible Specialist: \$15 after deductible
EMERGENCY ROOM	\$150	No cost after deductible	No cost after deductible
INPATIENT ADMISSIONS ⁵	\$500	No cost after deductible	No cost after deductible
SURGICAL DAY CARE ⁵	\$250	No cost after deductible	No cost after deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS ⁵	\$75	No cost after deductible	No cost after deductible
PRESCRIPTION DRUGS	Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$90 VBB: \$10/\$25/\$90	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$100 VBB: \$15/\$30/\$100	Retail: \$10/\$25/\$45 after deductible Mail: \$20/\$50/\$90 after deductible VBB: \$10/\$25/\$90 (no deductible)

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 BENEFITS¹

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.

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 unless a separate out-of-pocket prescription maximum is provided.

4. Overall deductible does not apply to Value-Based Benefits drugs.

5. Cost sharing for these benefits may be higher when performed at a general hospital or hospital-owned outpatient facility.

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.

7. 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 service 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.

8. 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.



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