

GETTING MORE. NOW THERE'S A PLAN.

For individuals and groups of one.

Effective on anniversary dates
on or after January 1, 2023



UPDATED PLAN FEATURES

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.

NEW PHARMACY BENEFIT MANAGER

Getting the most from your pharmacy benefits is important. 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 Your Pharmacy Costs Down



Maintain a Large Pharmacy Network



Offer Programs Designed to Improve Your Health

MAIL ORDER WITH RETAIL CHOICE PROGRAM

Pay 33% less for maintenance medications,* also known as long-term medications, when you switch your 30-day prescriptions to 90-day prescriptions, and fill them through the mail service pharmacy. That's one less copay you have to think about, and there's no additional cost for standard delivery.

Switching to the mail service pharmacy isn't a requirement of the program. If you don't want to switch, you need to opt out annually by calling CVS Customer Care at **1-877-817-0477**. If you don't opt out, you'll be responsible for paying the full retail cost of your medications. To give you time to switch or opt out, we'll provide coverage for your first two 30-day fills at a retail pharmacy. Just pay your regular copay. On your third fill, if you don't opt out, you'll be responsible for the full retail amount.

COST-SHARE ASSISTANCE PROGRAM

Available for plans without an HSA, and purchased outside of the Connector

You shouldn't have to go out of your way to get savings. The Cost-Share Assistance Program provides financial assistance, using coupons from manufacturers of medication, to cover most or all of your out-of-pocket costs for eligible specialty medications. To get the savings, all you need to do is enroll. You don't have to change anything about your prescriptions, including how or where you fill them. It's that easy. If you're taking an eligible medication, you'll be contacted by PillarRx Consulting, an independent company that administers the program, to tell you more about the program and help you enroll.

NO-COST GENERIC MEDICATIONS

We're covering a select list of medications at no cost for eligible members who have one or more of the following conditions: depression, high cholesterol, diabetes, heart disease, and high blood pressure. The copay and deductible will be waived for these medications when purchased at an in-network retail pharmacy, or through the mail service pharmacy.

HEARING AID EXPANSION

We're expanding hearing aid coverage to all members on certain plans by removing the 21 and under age limit. Coverage includes \$2,000 per hearing-impaired ear every 36 months. Studies have shown that people who have access to hearing aids have fewer instances of depression, loneliness, and social isolation. Check the Summary of Benefits to see which plans are eligible for this feature.

*In most cases for eligible maintenance medications. Check plan materials for more details.

FEDERAL MANDATES AND OTHER CHANGES

BREAST PUMP SUPPLY MANDATE

You can now 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 when purchased from an in-network durable medical equipment provider. Benefits will not be available if the parts are obtained from an out-of-network provider.

COST-SHARE CHANGES FOR 2023

Changes to cost-sharing amounts are due to a variety of factors, such as needing to meet the requirements set by the Affordable Care Act (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.

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 guidelines for 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 HIGH-DEDUCTIBLE 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

ACCESS YOUR PLAN WITH MYBLUE



VIEW PLAN AND
COVERAGE DETAILS



FIND IN-NETWORK
DOCTORS



TRACK AND MANAGE
CLAIMS



CHECK DEDUCTIBLE
BALANCES



ACCESS MEMBER
ID CARDS



THE BEST HEALTH INSURANCE IS THE KIND YOU UNDERSTAND

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**.



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	\$5,800/\$11,600
OFFICE VISIT	Preventive: \$0 PCP: \$20 Specialist: \$40	Preventive: \$0 PCP: \$30 Specialist: \$50	Preventive: \$0 PCP: \$30 Specialist: \$55
EMERGENCY ROOM	\$150	\$350	\$350 after deductible
INPATIENT ADMISSIONS	\$500	\$750	\$750 after deductible
SURGICAL DAY CARE	\$250	\$500	\$500 after deductible
LABS	\$0	\$25	\$25 after deductible
X-RAYS	\$0	\$75	\$75 after deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	\$150	\$250	\$300 after deductible
PRESCRIPTION DRUGS	Retail: \$10/\$25/\$50 Mail: \$20/\$50/\$150	Retail: \$30/\$60/\$90 Mail: \$60/\$120/\$270	Retail: \$25/\$50 after Rx deductible/ \$100 after Rx deductible Mail: \$50/\$100 after Rx deductible/ \$300 after Rx deductible

LEGEND:
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 Basic	NEW Preferred Blue PPO Saver with Copayment	HMO Blue Select \$1,000 Deductible with Copayment
DEDUCTIBLE ¹	\$2,000/\$4,000 (Includes Tier 2 and 3 prescriptions)	IN: \$2,000/\$4,000 OON: \$5,000/\$10,000	\$1,000/\$2,000
OUT-OF-POCKET MAXIMUM ²	\$8,750/\$17,500	IN: \$6,700/\$13,400 OON: \$13,400/\$26,800	\$6,950/\$13,900
OFFICE VISIT	Preventive: \$0 PCP: \$30 Specialist: \$60	Preventive: \$0 PCP: IN: \$30 after deductible OON: 20% after deductible Specialist: IN: \$60 after deductible OON: 20% after deductible	Preventive: \$0 PCP ³ : \$25 Specialist ³ : \$50
EMERGENCY ROOM	\$350 after deductible	\$300 after in-network deductible	\$350
INPATIENT ADMISSIONS	\$1,000 after deductible	IN: \$750 after deductible OON: 20% after deductible	\$750 after deductible
SURGICAL DAY CARE	\$500 after deductible	IN: \$500 after deductible OON: 20% after deductible	\$500 after deductible
LABS	\$50 after deductible	IN: \$60 after deductible OON: 20% after deductible	\$60 after deductible
X-RAYS	\$75 after deductible	IN: \$75 after deductible OON: 20% after deductible	\$60 after deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	\$350 after deductible	IN: \$500 after deductible OON: 20% after deductible	\$250 after deductible
PRESCRIPTION DRUGS	Retail: \$30/\$60 after deductible/\$90 after deductible Mail: \$60/\$120 after deductible/\$270 after deductible	After in-network deductible IN: Retail: \$30/\$60/\$105 Mail: \$60/\$120/\$315 after out-of-network deductible OON Retail: \$60/\$120/\$210 Mail: Not covered	Retail: \$10/\$45/\$80/\$225/ 50% with \$350 Max/50% with \$500 Max Mail: \$20/\$90/\$160/\$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	\$8,750/\$17,500	\$6,700/\$13,400	\$8,750/\$17,500
OFFICE VISIT	Preventive: \$0 PCP ³ : \$25 Specialist ³ : \$50	Preventive: \$0 PCP: \$30 after deductible Specialist: \$60 after deductible	Preventive: \$0 PCP ³ : \$30 Specialist ³ : \$60
EMERGENCY ROOM	\$500	\$300 after deductible	\$750 after deductible
INPATIENT ADMISSIONS	\$250 after deductible	\$750 after deductible	\$750 after deductible
SURGICAL DAY CARE	Deductible	\$500 after deductible	\$500 after deductible
LABS	\$15 after deductible	\$60 after deductible	\$55 after deductible
X-RAYS	\$35 after deductible	\$75 after deductible	\$55 after deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	\$250 after deductible	\$500 after deductible	\$450 after deductible
PRESCRIPTION DRUGS	Retail: \$10/\$45/\$150/\$225/ 50% with \$350 Max/50% with \$500 Max Mail: \$20/\$90/\$300/\$675	After deductible ⁵ Retail: \$30/\$60/\$105 Mail: \$60/\$120/\$315	Retail: \$10/\$45/\$200/\$250/ 50% with \$350 Max/50% with \$500 Max Mail: \$20/\$90/\$400/\$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	\$2,850/5,700
OUT-OF-POCKET MAXIMUM ²	\$8,750/\$17,500	\$6,700/\$13,400	\$8,750/\$17,500
OFFICE VISIT	Preventive: \$0 PCP ³ : \$40 Specialist: ³ \$60	Preventive: \$0 PCP ¹ : \$35 after deductible Specialist: ³ \$65 after deductible	Preventive: \$0 PCP: \$30 after deductible Specialist: \$65 after deductible
EMERGENCY ROOM	\$500 after deductible	\$250 after deductible	\$400 after deductible
INPATIENT ADMISSIONS	\$1,000 after deductible	\$750 after deductible	\$1,000 after deductible
SURGICAL DAY CARE	\$750 after deductible	\$500 after deductible	\$500 after deductible
LABS	\$40 after deductible	\$40 after deductible	\$50 after deductible
X-RAYS	\$40 after deductible	\$75 after deductible	\$100 after deductible
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	\$350 after deductible	\$350 after deductible	\$350 after deductible
PRESCRIPTION DRUGS	Retail: \$10/\$45/\$150/\$225/ 50% with \$350 Max/50% with \$500 Max Mail: \$20/\$90/\$300/\$675	After deductible ⁵ Retail: \$10/\$45/\$175/\$250/ 50% with \$350 Max/50% with \$500 Max Mail: \$20/\$90/\$350/\$750	Retail: \$30/\$65 after deductible/ \$100 after deductible Mail: \$60/\$130 after deductible/ \$300 after deductible

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HMO Blue Essential

DEDUCTIBLE ¹	\$8,750/\$17,500 per calendar year
OUT-OF-POCKET MAXIMUM ²	\$8,750/\$17,500 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: 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:

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MEDICARE CREDITABLE COVERAGE

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

MINIMUM CREDITABLE COVERAGE

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

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

FOOTNOTES

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.
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.
4. The 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 drugs.

Questions?

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



MASSACHUSETTS