

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, 2024



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 that your employees have access to the benefits and services that meet their unique needs.

WHAT YOU CAN EXPECT



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 we 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.*



*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 2024

Here's what we're doing to keep our plans ahead of the curve. These updates are effective January 1, 2024, and upon renewal, unless otherwise noted.

SOLUTIONS THAT DRIVE VALUE AND AFFORDABILITY

NEW EPO/ADVANTAGE BLUE® PREFERRED PLAN DESIGNS

We've expanded our Advantage Blue Preferred EPO plan offerings available to fully-insured employers. Similar to our existing Advantage Blue Preferred EPO plans, so members have access to our extensive, national network of PPO providers with over 1 million doctors and 6,000 hospitals throughout the U.S. and Puerto Rico. Members aren't required to select a PCP or get referrals; they can see any PPO-participating provider. There is no out-of-network coverage, except for emergency care. The two new plans are:

- Advantage Blue® Preferred Deductible with Co-insurance
- Advantage Blue® Preferred Saver with Co-insurance

BLUEFIT PLAN ENHANCEMENTS

BlueFit is a comprehensive health plan that includes medical, dental offerings, pharmacy, wellness, accident and critical illness coverage, and a health savings account (HSA). BlueFit drives engagement, helps subscribers become better consumers of health care, and reduces costs — all by using prompts, nudges, incentives, and technology from day one. The employer contributes a minimum of 10% of the deductible amount to the employee's HSA, and the employee is also eligible to earn up to \$600 per year in incentives, which are auto-deposited into the HSA.

Employers can add riders to change aspects of the standard BlueFit plan design, such as modifying the Deductible, Maximum Out of Pocket (MOOP), and/or copayment amounts, as well as adding select pharmacy benefits.

COST SHARE RIDERS

Accounts now have the option to add a rider for five high-impact benefit categories. This bundled rider changes cost share for inpatient admission, outpatient surgery, X-rays, lab tests, and high-tech radiology (HTR).

LIFESTYLE SPENDING ACCOUNT (LSA) NOW OFFERED THROUGH OUR PARTNERSHIP WITH HEALTHEQUITY

Lifestyle spending accounts (LSAs) are post-tax personal spending accounts, sponsored and funded by the employer through payroll and fully customizable from a benefit design perspective. LSAs provide employers with the flexibility to allow employees to spend benefit dollars on what matters most to them, across the wide spectrum of physical, emotional, and financial well-being. LSAs can serve as a powerful tool to recruit and retain talent, reinforce company culture, and address benefit gaps for unique and diverse employee populations.

REWARDING MEMBERS FOR MEDICATION ADHERENCE IN PARTNERSHIP WITH SEMPRE HEALTH

Sempre Health offers discounts to eligible members who are taking select medications for chronic conditions and who are adherent. Better medication adherence leads to better overall health, and members are more likely to remain adherent when their out-of-pocket costs are reduced. Sempre Health identifies eligible members and invites them to enroll in the program. When members opt in and choose their communication preferences, they can reduce their out-of-pocket costs by filling their medication on time. Members will receive refill reminders and discounted cost information prior to picking up their medication. This program is at no additional cost to accounts or members, and is available to non-HSA commercial medical plans with pharmacy coverage only. It's not available to Saver plans.

FEDERAL MANDATES AND OTHER CHANGES

THE AFFORDABLE CARE ACT (ACA) OUT-OF-POCKET MAXIMUM AND INTERNAL REVENUE SERVICE (IRS) COST-OF-LIVING ADJUSTMENTS FOR 2024

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 2024

Plan Type	Individual Coverage	Family Coverage
HSA-QUALIFIED HIGH-DEDUCTIBLE HEALTH PLANS	\$8,050	\$16,100
NON-HSA-QUALIFIED HEALTH PLANS	\$9,450	\$18,900

MINIMUM DEDUCTIBLE AMOUNTS FOR 2024

Plan Type	Individual Coverage	Family Coverage
HSA-QUALIFIED HIGH-DEDUCTIBLE HEALTH PLANS	\$1,600	\$3,200

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 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 choose **HMO Blue Select**.

HMO

Accounts with 51-99 eligible employees
and enrolled subscribers



	Access Blue New England Saver	Access Blue New England Saver \$2,000	Access Blue New England Saver \$2,500
DEDUCTIBLE	\$1,600/\$3,200 per plan year (includes Rx) ^{4, 8}	\$2,000/\$4,000 per plan year (includes Rx) ^{4, 8}	\$2,500/\$5,000 per plan year (includes Rx) ^{4, 8}
OUT-OF-POCKET MAXIMUM	\$6,450/\$12,900 per plan year (includes Rx) ²	\$6,450/\$12,900 per plan year (includes Rx) ²	\$6,450/\$12,900 per plan year (includes Rx) ²
OFFICE VISIT	Preventive – None VPCP – Ded. ²⁰ PCP – \$15 after Ded. ^{10b} Specialist – \$25 after Ded. ^{10b}	Preventive – None VPCP – Ded. ²⁰ PCP – \$15 after Ded. ^{10b} Specialist – \$25 after Ded. ^{10b}	Preventive – None VPCP – Ded. ²⁰ PCP – \$15 after Ded. ^{10b} Specialist – \$25 after Ded. ^{10b}
EMERGENCY ROOM	\$150 after Ded.	\$150 after Ded.	\$150 after Ded.
INPATIENT ADMISSIONS	Ded.	Ded.	Ded.
SURGICAL DAY CARE	Ded.	Ded.	Ded.
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	Ded.	Ded.	Ded.
PRESCRIPTION DRUGS	After Ded. ¹⁷ Retail ²¹ : \$10/\$25/\$45 Mail: \$20/\$50/\$135	After Ded. ¹⁷ Retail ²¹ : \$10/\$25/\$45 Mail: \$20/\$50/\$135	After Ded. ¹⁷ Retail ²¹ : \$10/\$25/\$45 Mail: \$20/\$50/\$135
HOSPITAL CHOICE COST SHARING	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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	Access Blue New England Saver \$3,000	Access Blue New England Basic Saver II	Access Blue New England Total Saver
DEDUCTIBLE	\$3,000/\$6,000 per plan year (includes Rx) ^{4, 8}	\$3,300/\$6,450 per plan year (includes Rx) ^{4, 8}	\$3,550/\$7,100 per plan year (includes Rx) ^{4, 15}
OUT-OF-POCKET MAXIMUM	\$6,450/\$12,900 per plan year (includes Rx) ²	\$6,450/\$12,900 per plan year (includes Rx) ²	\$3,550/\$7,100 per plan year (includes Rx) ²
OFFICE VISIT	Preventive – None VPCP – Ded. ²⁰ PCP – \$15 after Ded. ^{10b} Specialist – \$25 after Ded. ^{10b}	Preventive – None VPCP – Ded. ²⁰ PCP – \$50 after Ded. ^{10b} Specialist – \$75 after Ded. ^{10b}	Preventive – None VPCP – Ded. ²⁰ PCP – Ded. ^{10b} Specialist – Ded. ^{10b}
EMERGENCY ROOM	\$150 after Ded.	\$750 after Ded.	Ded.
INPATIENT ADMISSIONS	Ded.	\$1,000 after Ded.	Ded.
SURGICAL DAY CARE	Ded.	\$1,000 after Ded.	Ded.
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	Ded.	\$1,000 after Ded.	Ded.
PRESCRIPTION DRUGS	After Ded. ¹⁷ Retail ²¹ : \$10/\$25/\$45 Mail: \$20/\$50/\$135	After Ded. ¹⁷ Retail ²¹ : \$20/\$80/100% Mail: \$40/\$160/\$300	Ded. ^{17, 21}
HOSPITAL CHOICE COST SHARING	Not Applicable	Not Applicable	Not Applicable

LEGEND:
HOSPITAL CHOICE COST SHARING
BLUE OPTIONS
BLUE SELECT

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	Access Blue New England Saver II	BlueFit HMO Access Blue New England Saver	HMO Blue New England Value Plus
DEDUCTIBLE	\$4,000/\$8,000 per plan year ^{4, 15}	\$3,500/\$4,500 per plan year ^{4, 15}	None
OUT-OF-POCKET MAXIMUM	\$6,850/\$13,700 per plan year (includes Rx) ²	\$5,950/\$11,900 (includes Rx) ^{2, 19}	\$5,450/\$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²
OFFICE VISIT	Preventive – None VPCP – Ded. ²⁰ PCP – \$25 after Ded. ^{10b} Specialist – \$40 after Ded. ^{10b}	Preventive – None VPCP – Ded. ²⁰ PCP – \$25 after Ded. ^{10b} Specialist – \$45 after Ded. ^{10b}	Preventive – None VPCP – None ²⁰ PCP – \$15 ^{10b} Specialist – \$30 ^{10b}
EMERGENCY ROOM	Ded.	\$500 after Ded.	\$100
INPATIENT ADMISSIONS	Ded.	\$500 after Ded.	\$250
SURGICAL DAY CARE	Ded.	\$500 after Ded.	\$150
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	Ded.	\$500 after Ded.	\$25
PRESCRIPTION DRUGS	After Ded. ¹⁷ Retail ²¹ : \$10/\$25/\$45 Mail: \$20/\$50/\$135	After Ded. ¹⁷ Retail ²¹ : \$10/\$45/\$150/\$225 Mail: \$20/\$90/\$300/\$675	Retail ²¹ : \$10/\$25/\$45 Mail: \$20/\$50/\$90
HOSPITAL CHOICE COST SHARING	Not Applicable	Not Applicable	Inpatient – \$1,250 SDC – \$1,150 MRI/CT/PET/NC – \$475 OP Diag. labs – \$35 OP Diag. X-ray & other imaging tests – \$100 PT/OT/ST – \$65

LEGEND:
HOSPITAL CHOICE COST SHARING
BLUE OPTIONS
BLUE SELECT

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	HMO Blue New England Enhanced Value	HMO Blue New England Value Copayment	HMO Blue New England Premier Value
DEDUCTIBLE	None	None	Inpatient Benefit: \$1,000/\$2,500 per plan year ⁴
OUT-OF-POCKET MAXIMUM	\$5,450/\$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²	\$8,150/\$16,300 (includes Rx) ²	\$5,450/\$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²
OFFICE VISIT	Preventive – None VPCP – None ²⁰ PCP – \$20 ^{10b} Specialist – \$35 ^{10b}	Preventive – None VPCP – None ²⁰ PCP – \$75 ^{10b} Specialist – \$100 ^{10b}	Preventive – None VPCP – None ²⁰ PCP – \$25 ^{10b} Specialist – \$40 ^{10b}
EMERGENCY ROOM	\$150	\$1,000	\$150
INPATIENT ADMISSIONS	\$500	\$1,000	Ded.
SURGICAL DAY CARE	\$250	\$1,000	\$250
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	\$50	\$1,000	\$75
PRESCRIPTION DRUGS	Retail ²¹ : \$15/\$30/\$50 Mail: \$30/\$60/\$100	Retail ²¹ : \$40/\$200/\$250 Mail: \$80/\$400/\$750	Retail ²¹ : \$15/\$30/\$50 Mail: \$30/\$60/\$150
HOSPITAL CHOICE COST SHARING	Inpatient – \$1,500 SDC – \$1,250 MRI/CT/PET/NC – \$500 OP Diag. labs – \$35 OP Diag. X-ray & other imaging tests – \$100 PT/OT/ST – \$70	Not Applicable	Inpatient – \$1,000 after Ded. SDC – \$1,250 MRI/CT/PET/NC – \$525 OP Diag. labs – \$35 OP Diag. X-ray & other imaging tests – \$100 PT/OT/ST – \$75

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HOSPITAL CHOICE COST SHARING
BLUE OPTIONS
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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	\$500/\$1,000 per plan year ⁴	\$1,000/\$2,000 per plan year ⁴	\$1,000/\$2,000 per plan year ⁴
OUT-OF-POCKET MAXIMUM	\$5,450/\$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²	\$5,450/\$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²	\$5,450/\$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²
OFFICE VISIT	Preventive – None VPCP – None ²⁰ PCP – \$20 ^{10b} Specialist – \$35 ^{10b}	Preventive – None VPCP – None ²⁰ PCP – \$20 ^{10b} Specialist – \$35 ^{10b}	Preventive – None VPCP – None ²⁰ PCP – \$20 ^{10b} Specialist – \$35 ^{10b}
EMERGENCY ROOM	\$150	\$150	\$100 after Ded.
INPATIENT ADMISSIONS	Ded.	Ded.	\$500 after Ded.
SURGICAL DAY CARE	Ded.	Ded.	\$250 after Ded.
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	Ded.	Ded.	\$50 after Ded.
PRESCRIPTION DRUGS	Retail ²¹ : \$15/\$30/\$50 Mail: \$30/\$60/\$150	Retail ²¹ : \$15/\$30/\$50 Mail: \$30/\$60/\$150	Retail ²¹ : \$15/\$30/\$50 Mail: \$30/\$60/\$150
HOSPITAL CHOICE COST SHARING	After Ded. Inpatient – \$1,000 SDC – \$1,000 MRI/CT/PET/NC – \$450 OP Diag. labs – \$35 OP Diag. X-ray & other imaging tests – \$100 PT/OT/ST – \$70	Not Applicable	After Ded. Inpatient – \$1,500 SDC – \$1,250 MRI/CT/PET/NC – \$500 OP Diag. labs – \$35 OP Diag. X-ray & other imaging tests – \$100 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	\$1,500/\$3,000 per plan year ⁴	\$2,000/\$4,000 per plan year ⁴	\$2,000/\$4,000 per plan year ⁴
OUT-OF-POCKET MAXIMUM	\$5,450/\$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²	\$5,450/\$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²	\$5,450/\$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²
OFFICE VISIT	Preventive – None VPCP – None ²⁰ PCP – \$20 ^{10b} Specialist – \$35 ^{10b}	Preventive – None VPCP – None ²⁰ PCP – \$20 ^{10b} Specialist – \$35 ^{10b}	Preventive – None VPCP – None ²⁰ PCP – \$20 ^{10b} Specialist – \$35 ^{10b}
EMERGENCY ROOM	\$150	\$150	\$250 after Ded.
INPATIENT ADMISSIONS	Ded.	Ded.	\$500 after Ded.
SURGICAL DAY CARE	Ded.	Ded.	\$250 after Ded.
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	Ded.	Ded.	\$250 after Ded.
PRESCRIPTION DRUGS	Retail ²¹ : \$15/\$30/\$50 Mail: \$30/\$60/\$150	Retail ²¹ : \$15/\$30/\$50 Mail: \$30/\$60/\$150	Retail ²¹ : \$15/\$30/\$50 Mail: \$30/\$60/\$150
HOSPITAL CHOICE COST SHARING	After Ded. Inpatient – \$1,000 SDC – \$1,000 MRI/CT/PET/NC – \$450 OP Diag. labs – \$35 OP Diag. X-ray & other imaging tests – \$100 PT/OT/ST – \$70	After Ded. Inpatient – \$1,000 SDC – \$1,000 MRI/CT/PET/NC – \$450 OP Diag. labs – \$35 OP Diag. X-ray & other imaging tests – \$100 PT/OT/ST – \$70	After Ded. Inpatient – \$1,500 SDC – \$1,250 MRI/CT/PET/NC – \$700 OP Diag. labs – \$35 OP Diag. X-ray & other imaging tests – \$100 PT/OT/ST – \$70

LEGEND:
HOSPITAL CHOICE COST SHARING
BLUE OPTIONS
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	HMO Blue New England Basic Copayment	HMO Blue New England \$3,000 Deductible	HMO Blue New England Deductible II
DEDUCTIBLE	\$2,000/\$4,000 per plan year ⁴	\$3,000/\$6,000 per plan year ⁴	\$4,000/\$8,000 per plan year ⁴
OUT-OF-POCKET MAXIMUM	\$5,450/\$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²	\$5,450/\$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²	Medical: \$7,000/\$14,000 Rx: \$1,000/\$2,000
OFFICE VISIT	Preventive – None VPCP – None ²⁰ PCP – \$60 ^{10b} Specialist – \$75 ^{10b}	Preventive – None VPCP – None ²⁰ PCP – \$20 ^{10b} Specialist – \$35 ^{10b}	Preventive – None VPCP – None ²⁰ PCP – \$25 ^{10b} Specialist – \$40 ^{10b}
EMERGENCY ROOM	\$750 after Ded.	\$150	\$500
INPATIENT ADMISSIONS	\$1,000 after Ded.	Ded.	Ded.
SURGICAL DAY CARE	\$1,000 after Ded.	Ded.	Ded.
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	\$1,000 after Ded.	Ded.	Ded.
PRESCRIPTION DRUGS	Retail ²¹ : \$20/\$40/\$60 Mail: \$40/\$80/\$180	Retail ²¹ : \$15/\$30/\$50 Mail: \$30/\$60/\$150	Retail ²¹ : \$15/\$30/\$50 Mail: \$30/\$60/\$150
HOSPITAL CHOICE COST SHARING	Not Applicable	After Ded. Inpatient – \$1,000 SDC – \$1,000 MRI/CT/PET/NC – \$450 OP Diag. labs – \$35 OP Diag. X-ray & other imaging tests – \$100 PT/OT/ST – \$70	Not Applicable

LEGEND:
HOSPITAL CHOICE COST SHARING
BLUE OPTIONS
BLUE SELECT

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	HMO Blue New England Options Deductible v.5	HMO Blue New England Options Deductible II v.5	HMO Blue New England Options Deductible III v.5
DEDUCTIBLE	EBT: None SBT: \$500/\$1,000 per plan year ⁴ BBT: \$2,000/\$4,000 per plan year ⁴	EBT: None SBT: \$500/\$1,000 per plan year ⁴ BBT: \$2,000/\$4,000 per plan year ⁴	\$2,000/\$4,000 per plan year ⁴
OUT-OF-POCKET MAXIMUM	\$5,450/\$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²	\$5,450/\$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²	\$5,450/\$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²
OFFICE VISIT	Preventive – None VPCP – None ²⁰ PCP – EBT – \$15 ^{6c, 10b} SBT – \$25 ^{6c, 10b} BBT – \$50 ^{6c, 10b} Specialist – \$50 ^{10b}	Preventive – None VPCP – None ²⁰ PCP – EBT – \$20 ^{6c, 10b} SBT – \$30 ^{6c, 10b} BBT – \$50 ^{6c, 10b} Specialist – \$50 ^{10b}	Preventive – None VPCP – None ²⁰ PCP – EBT – \$20 ^{6c, 10b} SBT – \$35 ^{6c, 10b} BBT – \$55 ^{6c, 10b} Specialist – \$55 ^{10b}
EMERGENCY ROOM	\$150	\$200	\$250
INPATIENT ADMISSIONS	EBT: \$150 ^{6c} SBT: \$150 after Ded. ^{6c} (\$200 for select hospitals) ^{7c} BBT: \$1,000 after Ded. ^{6c}	EBT: \$250 ^{6c} SBT: \$250 after Ded. ^{6c} (\$300 for select hospitals) ^{7c} BBT: \$1,500 after Ded. ^{6c}	EBT: Ded. ^{6c} SBT: \$500 after Ded. ^{6c} (\$50 after Ded. for select hospitals) ^{7c} BBT: \$1,500 after Ded. ^{6c}
SURGICAL DAY CARE	EBT: \$150 ^{6c} SBT: \$150 after Ded. ^{6c} (\$200 for select hospitals) ^{7c} BBT: \$1,000 after Ded. ^{6c}	EBT: \$250 ^{6c} SBT: \$250 after Ded. ^{6c} (\$300 for select hospitals) ^{7c} BBT: \$1,500 after Ded. ^{6c}	EBT: Ded. ^{6c} SBT: \$500 after Ded. ^{6c} (\$50 after Ded. for select hospitals) ^{7c} BBT: \$1,500 after Ded. ^{6c}
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	EBT: \$50 ^{6c} SBT: \$50 after Ded. ^{6c} (\$50 for select hospitals) ^{7c} BBT: \$450 after Ded. ^{6c} Other Network Providers: \$50	EBT: \$75 ^{6c} SBT: \$75 after Ded. ^{6c} (\$75 for select hospitals) ^{7c} BBT: \$450 after Ded. ^{6c} Other Network Providers: \$75	EBT: Ded. ^{6c} SBT: \$75 after Ded. ^{6c} BBT: \$450 after Ded. ^{6c} Other Network Providers: None
PRESCRIPTION DRUGS	Retail ²¹ : \$15/\$30/\$50 Mail: \$30/\$60/\$150	Retail ²¹ : \$15/\$35/\$50 Mail: \$30/\$70/\$150	Retail ²¹ : \$20/\$40/\$60 Mail: \$40/\$80/\$180
HOSPITAL CHOICE COST SHARING	Not Applicable	Not Applicable	Not Applicable

LEGEND:
HOSPITAL CHOICE COST SHARING
BLUE OPTIONS
BLUE SELECT

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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	\$1,000/\$2,000 per plan year ⁴	\$1,000/\$2,000 per plan year ⁴	\$2,000/\$4,000 per plan year ⁴
OUT-OF-POCKET MAXIMUM	\$5,450/\$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²	\$5,450/\$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²	\$5,450/\$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²
OFFICE VISIT	Preventive – None PCP – \$20 ^{10b} Specialist – \$35 ^{10b}	Preventive – None PCP – \$20 ^{10b} Specialist – \$35 ^{10b}	Preventive – None PCP – \$20 ^{10b} Specialist – \$35 ^{10b}
EMERGENCY ROOM	\$150	\$100 after Ded.	\$150
INPATIENT ADMISSIONS	Ded.	\$500 after Ded.	Ded.
SURGICAL DAY CARE	Ded.	\$250 after Ded.	Ded.
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	Ded.	\$50 after Ded.	Ded.
PRESCRIPTION DRUGS	Retail ²¹ : \$15/\$30/\$50 Mail: \$30/\$60/\$150	Retail ²¹ : \$15/\$30/\$50 Mail: \$30/\$60/\$150	Retail ²¹ : \$15/\$30/\$50 Mail: \$30/\$60/\$150
HOSPITAL CHOICE COST SHARING	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
ON THE LAST PAGE**

	HMO Blue Select \$2,000 Deductible with Copayment	HMO Blue Select \$3,000 Deductible
DEDUCTIBLE	\$2,000/\$4,000 per plan year ⁴	\$3,000/\$6,000 per plan year ⁴
OUT-OF-POCKET MAXIMUM	\$5,450/\$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²	\$5,450/\$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²
OFFICE VISIT	Preventive – None PCP – \$20 ^{10b} Specialist – \$35 ^{10b}	Preventive – None PCP – \$20 ^{10b} Specialist – \$35 ^{10b}
EMERGENCY ROOM	\$250 after Ded.	\$150
INPATIENT ADMISSIONS	\$500 after Ded.	Ded.
SURGICAL DAY CARE	\$250 after Ded.	Ded.
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	\$250 after Ded.	Ded.
PRESCRIPTION DRUGS	Retail ²¹ : \$15/\$30/\$50 Mail: \$30/\$60/\$150	Retail ²¹ : \$15/\$30/\$50 Mail: \$30/\$60/\$150
HOSPITAL CHOICE COST SHARING	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
ON THE LAST PAGE**

PPO

Accounts with 51-99 eligible employees
and enrolled subscribers



	Blue Care® Elect Value Plus	Blue Care® Elect Enhanced Value	Blue Care® Elect Value Copayment
DEDUCTIBLE	IN: None OON: \$500/\$1,000 per plan year ⁴	IN: None OON: \$500/\$1,000 per plan year ⁴	IN: None OON: \$500/\$1,000 per plan year ⁴
OUT-OF-POCKET MAXIMUM	IN and OON combined: \$5,450/ \$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²	IN and OON combined: \$5,450/ \$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²	IN and OON combined: \$8,150/ \$16,300 per plan year (includes Rx) ²
OFFICE VISIT	Preventive – IN: None OON: 20% Coins. after Ded. Medical – IN: VPCP – None ²⁰ PCP/Specialist – \$15 ^{10b} OON: 20% Coins. after Ded.	Preventive – IN: None OON: 20% Coins. after Ded. Medical – IN: VPCP – None ²⁰ PCP/Specialist – \$20 ^{10b} OON: 20% Coins. after Ded.	Preventive: IN – None OON – 20% Coins. after Ded. IN: VPCP – None ²⁰ PCP – \$75 ^{10b, 14} Specialist – \$100 ^{10b} OON: 20% after Ded.
EMERGENCY ROOM	\$100	\$150	\$1,000
INPATIENT ADMISSIONS	IN: \$250 OON: 20% Coins. after Ded.	IN: \$500 OON: 20% Coins. after Ded.	IN: \$1,000 OON: 20% after Ded.
SURGICAL DAY CARE	IN: \$150 OON: 20% Coins. after Ded.	IN: \$250 OON: 20% Coins. after Ded.	IN: \$1,000 OON: 20% after Ded.
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	IN: \$25 OON: 20% Coins. after Ded.	IN: \$50 OON: 20% Coins. after Ded.	IN: \$1,000 OON: 20% after Ded.
PRESCRIPTION DRUGS	IN: Retail ²¹ : \$10/\$25/\$45 Mail: \$20/\$50/\$90 OON: Not covered	IN: Retail ²¹ : \$15/\$30/\$50 Mail: \$30/\$60/\$100 OON: Not covered	IN: Retail ²¹ : \$40/\$200/\$250 Mail: \$80/\$400/\$750 OON: Not Covered
HOSPITAL CHOICE COST SHARING	Inpatient – \$1,250 SDC – \$1,150 MRI/CT/PET/NC – \$475 OP Diag. labs – \$35 OP Diag. X-ray & other imaging tests – \$100 PT/OT/ST – \$50	Inpatient – \$1,500 SDC – \$1,250 MRI/CT/PET/NC – \$500 OP Diag. labs – \$35 OP Diag. X-ray & other imaging tests – \$100 PT/OT/ST – \$55	Not Applicable

LEGEND:
HOSPITAL CHOICE COST SHARING
BLUE OPTIONS

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

**FOOTNOTES LOCATED
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	Blue Care® Elect Preferred 80 with Copayment	Blue Care® Elect Saver \$1,600	Blue Care® Elect Saver \$2,000
DEDUCTIBLE	IN and OON combined: \$500/ \$1,000 per plan year ⁴	IN and OON combined: \$1,600/ \$3,200 per plan year (includes Rx) ^{4, 8}	IN and OON combined: \$2,000/ \$4,000 per plan year (includes Rx) ^{4, 8}
OUT-OF-POCKET MAXIMUM	IN and OON combined: \$5,450/ \$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²	IN and OON combined: \$6,450/ \$12,900 per plan year (includes Rx) ²	IN and OON combined: \$6,450/ \$12,900 per plan year (includes Rx) ²
OFFICE VISIT	Preventive – IN: None OON: 20% Coins. after Ded. Medical – IN: VPCP – None ²⁰ PCP/Specialist – \$20 ^{10b} OON: 20% Coins. after Ded.	Preventive – IN: None OON: 20% Coins. Medical – IN: VPCP – Ded. ²⁰ PCP/Specialist – Ded. ^{10b} OON: 20% Coins. after Ded.	Preventive – IN: None OON: 20% Coins. Medical – IN: VPCP – Ded. ²⁰ PCP/Specialist – Ded. ^{10b} OON: 20% Coins. after Ded.
EMERGENCY ROOM	\$150	\$150 after Ded.	\$150 after Ded.
INPATIENT ADMISSIONS	IN: 20% Coins. after Ded. OON: 40% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.
SURGICAL DAY CARE	IN: \$250 after Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	IN: 20% Coins. after Ded. OON: 40% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.
PRESCRIPTION DRUGS	IN: Retail ²¹ : \$15/\$30/\$50 Mail: \$30/\$60/\$150 OON: Not covered	After Ded. ¹⁷ IN: Retail ²¹ : \$10/\$25/\$45 Mail: \$20/\$50/\$135 OON: Retail: \$20/\$50/\$90 Mail: Not covered	After Ded. ¹⁷ IN: Retail ²¹ : \$10/\$25/\$45 Mail: \$20/\$50/\$135 OON: Retail: \$20/\$50/\$90 Mail: Not covered
HOSPITAL CHOICE COST SHARING	Not Applicable	Not Applicable	Not Applicable

LEGEND:
HOSPITAL CHOICE COST SHARING
BLUE OPTIONS

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

FOOTNOTES LOCATED
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	Blue Care® Elect Saver \$2,900	Blue Care® Elect \$3,000 Deductible	Blue Care® Elect \$4,500 Deductible
DEDUCTIBLE	IN and OON combined: \$2,900/ \$5,800 per plan year (includes Rx) ^{4, 8}	IN and OON combined: \$3,000/ \$7,500 per plan year ⁴	IN and OON combined: \$4,500/ \$9,000 per plan year ⁴
OUT-OF-POCKET MAXIMUM	IN and OON combined: \$6,450/ \$12,900 per plan year (includes Rx) ²	IN and OON combined: \$5,450/ \$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²	IN and OON combined: \$5,450/ \$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²
OFFICE VISIT	Preventive – IN: None OON: 20% Coins. Medical – IN: VPCP – Ded. ²⁰ PCP/Specialist – Ded. ^{10b} OON: 20% Coins. after Ded.	Preventive – IN: None OON: 20% Coins. after Ded. Medical – IN: VPCP – None ²⁰ PCP/Specialists – \$15 after Ded. ^{10b} OON: 20% Coins. after Ded.	Preventive – IN: None OON: \$45 after Ded. Medical – IN: VPCP – None ²⁰ PCP/Specialists – \$25 after Ded. ^{10b} OON: \$45 after Ded.
EMERGENCY ROOM	\$150 after Ded.	\$150 after Ded.	\$150 after Ded.
INPATIENT ADMISSIONS	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.
SURGICAL DAY CARE	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.
PRESCRIPTION DRUGS	After Ded. ¹⁷ IN: Retail ²¹ : \$10/\$25/\$45 Mail: \$20/\$50/\$135 OON: Retail: \$20/\$50/\$90 Mail: Not covered	IN: Retail ²¹ : \$15/\$30/\$50 Mail: \$30/\$60/\$150 OON: Not covered	IN: Retail ²¹ : \$15/\$30/\$50 Mail: \$30/\$60/\$150 OON: Not covered
HOSPITAL CHOICE COST SHARING	Not Applicable	After Ded. Inpatient – \$1,000 SDC – \$1,000 MRI/CT/PET/NC – \$450 OP Diag. labs – \$35 OP Diag. X-ray & other imaging tests – \$100 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
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	Preferred Blue® PPO \$500 Deductible	Preferred Blue® PPO \$1,000 Deductible	Preferred Blue® PPO \$2,000 Deductible
DEDUCTIBLE	IN and OON combined: \$500/ \$1,000 per plan year ⁴	IN and OON combined: \$1,000/ \$2,500 per plan year ⁴	IN and OON combined: \$2,000/ \$4,000 per plan year ⁴
OUT-OF-POCKET MAXIMUM	IN and OON combined: \$5,450/ \$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²	IN and OON combined: \$5,450/ \$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²	IN and OON combined: \$5,450/ \$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²
OFFICE VISIT	Preventive – IN: None OON: 20% Coins. after Ded. Medical – IN: VPCP – None ²⁰ PCP/Specialist – \$15 after Ded. ^{10b} OON: 20% Coins. after Ded.	Preventive – IN: None OON: 20% Coins. after Ded. Medical – IN: VPCP – Ded. ²⁰ PCP/Specialist – \$15 after Ded. ^{10b} OON: 20% Coins. after Ded.	Preventive – IN: None OON: 20% Coins. after Ded. Medical – IN: VPCP – None ²⁰ PCP/Specialist – \$15 after Ded. ^{10b} OON: 20% Coins. after Ded.
EMERGENCY ROOM	\$150 after Ded.	\$150 after Ded.	\$150 after Ded.
INPATIENT ADMISSIONS	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.
SURGICAL DAY CARE	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.
PRESCRIPTION DRUGS	IN: Retail ²¹ : \$15/\$30/\$50 Mail: \$30/\$60/\$150 OON: Retail:\$30/\$60/\$100 Mail: Not covered	IN: Retail ²¹ : \$15/\$30/\$50 Mail: \$30/\$60/\$150 OON: Retail: \$30/\$60/\$100 Mail: Not covered	IN: Retail ²¹ : \$15/\$30/\$50 Mail: \$30/\$60/\$150 OON: Retail: \$30/\$60/\$100 Mail: Not covered
HOSPITAL CHOICE COST SHARING	After Ded. Inpatient – \$1,000 SDC – \$1,000 MRI/CT/PET/NC – \$450 OP Diag. labs – \$35 OP Diag. X-ray & other imaging tests – \$100 PT/OT/ST – \$50	IN: After Ded. Inpatient – \$1,000 SDC – \$1,000 MRI/CT/PET/NC – \$450 OP Diag. labs – \$35 OP Diag. X-ray & other imaging tests – \$100 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
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	Preferred Blue® PPO Basic Copayment	Preferred Blue® PPO Deductible II	Preferred Blue® PPO Options v.5
DEDUCTIBLE	IN: \$2,000/\$4,000 per plan year ⁴ OON: \$4,000/\$8,000 per plan year ⁴	IN and OON combined: \$4,000/ \$8,000 per plan year (includes Rx) ⁴	IN: None OON: \$2,000/\$4,000 per plan year ⁴
OUT-OF-POCKET MAXIMUM	IN: \$5,450/\$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ² OON: \$10,900/\$21,800 per plan year for medical benefits ² ; \$2,000/\$4,000 per plan year for prescription drug benefits ²	IN and OON combined: \$7,000/ \$14,000 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²	IN and OON combined: \$5,450/ \$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²
OFFICE VISIT	Preventive – IN: None OON: 20% Coins. after Ded. Medical – IN: VPCP – None ²⁰ PCP/Specialist – \$65 ^{10b} OON: 20% Coins. after Ded.	Preventive – IN: None OON: 20% Coins. after Ded. Medical – IN: VPCP – None ²⁰ PCP – \$25 after Ded. ^{10b, 14} Specialist – \$40 after Ded. ^{10b} OON: 20% Coins. after Ded.	Preventive – IN: None OON: 20% Coins. after Ded. Medical – IN: VPCP – None ²⁰ PCP: EBT – \$15 ^{5, 10b} SBT – \$25 ^{5, 10b} BBT – \$45 ^{5, 10b} Specialist – \$45 ^{10b} OON: 20% Coins. after Ded.
EMERGENCY ROOM	\$750 after In-Network Ded.	Ded.	\$150
INPATIENT ADMISSIONS	IN: \$1,000 after Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: EBT: \$250 ⁵ SBT: \$500 ⁵ (\$300 for select hospitals) ^{7c} BBT: \$1,000 ⁵ OON: 20% Coins. after Ded.
SURGICAL DAY CARE	IN: \$1,000 after Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: EBT: \$150 ⁵ SBT: \$250 ⁵ BBT: \$500 ⁵ OON: 20% Coins. after Ded.
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	IN: \$1,000 after Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: EBT: \$75 ⁵ SBT: \$150 ⁵ BBT: \$250 ⁵ Other Network Providers: \$75 OON: 20% Coins. after Ded.
PRESCRIPTION DRUGS	IN: Retail ²¹ : \$20/\$40/\$60 Mail: \$40/\$80/\$180 OON: Retail: \$40/\$80/\$120 Mail: Not covered	IN: Retail ²¹ : \$15/\$30/\$50 Mail: \$30/\$60/\$150 OON: Retail: \$30/\$60/\$100 Mail: Not covered	IN: Retail ²¹ : \$15/\$30/\$50 Mail: \$30/\$60/\$150 OON: Retail: \$30/\$60/\$100 Mail: Not covered
HOSPITAL CHOICE COST SHARING	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 Options Deductible II v.5	Preferred Blue® PPO Options Deductible III v.5	Preferred Blue® PPO Basic Saver
DEDUCTIBLE	IN: EBT: None SBT: \$500/\$1,000 per plan year ⁴ BBT: \$2,000/\$4,000 per plan year ⁴ OON: \$4,000/\$8,000 per plan year ⁴	IN: \$2,000/\$4,000 per plan year ⁴ OON: \$4,000/\$8,000 per plan year ⁴	IN: \$3,300/\$6,450 per plan year (includes Rx) ^{4, 8} OON: \$6,300/\$10,000 per plan year (includes Rx) ^{4, 8}
OUT-OF-POCKET MAXIMUM	IN: \$4,850/\$9,700 per plan year for medical benefits ² ; \$2,000/\$4,000 per plan year for prescription drug benefits ² OON: \$7,500/\$15,000 per plan year for medical benefits ² ; \$2,000/\$4,000 per plan year for prescription drug benefits ²	IN: \$5,850/\$11,700 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ² OON: \$7,500/\$15,000 per plan year for medical benefits ² ; \$2,000/\$4,000 per plan year for prescription drug benefits ²	IN: \$6,450/\$12,900 per plan year (includes Rx) ² OON: \$11,000/\$23,000 per plan year (includes Rx) ²
OFFICE VISIT	Preventive – IN: None OON: 20% Coins. after Ded. Medical – IN: VPCP – None ²⁰ PCP: EBT – \$20 ^{5, 10b} SBT – \$35 ^{5, 10b} BBT – \$55 ^{5, 10b} Specialist – \$55 ^{10b} OON: 20% Coins. after Ded.	Preventive – IN: None OON: 20% Coins. after Ded. Medical – IN: VPCP – None ²⁰ PCP: EBT – \$20 ^{5, 10b} SBT – \$35 ^{5, 10b} BBT – \$55 ^{5, 10b} Specialist – \$55 ^{5, 10b} OON: 20% Coins. after Ded.	Preventive – IN: None OON: 20% Coins. Medical – IN: VPCP – None ²⁰ PCP/Specialist – \$60 after Ded. ^{10b} OON: 20% Coins. after Ded.
EMERGENCY ROOM	\$250	\$250	\$750 after In-Network Ded.
INPATIENT ADMISSIONS	IN: EBT: \$500 ⁵ SBT: \$500 after Ded. ⁵ (\$550 for select hospitals) ^{7c} BBT: \$1,500 after Ded. ⁵ OON: 20% Coins. after Ded.	IN: EBT: Ded. ⁵ SBT: \$500 after Ded. ⁵ (\$50 after Ded. for select hospitals) ^{7c} BBT: \$1,500 after Ded. ⁵ OON: 20% Coins. after Ded.	IN: \$1,000 after Ded. OON: 20% Coins. after Ded.
SURGICAL DAY CARE	IN: EBT: \$500 ⁵ SBT: \$500 after Ded. ⁵ (\$550 for select hospitals) ^{7c} BBT: \$1,500 after Ded. ⁵ OON: 20% Coins. after Ded.	IN: EBT: Ded. ⁵ SBT: \$500 after Ded. ⁵ (\$50 after Ded. for select hospitals) ^{7c} BBT: \$1,500 after Ded. ⁵ OON: 20% Coins. after Ded.	IN: \$1,000 after Ded. OON: 20% Coins. after Ded.
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	IN: EBT: \$75 ⁵ SBT: \$75 after Ded. ⁵ (\$75 for select hospitals) ^{7c} BBT: \$450 after Ded. ⁵ Other Network Providers: \$75 OON: 20% Coins. after Ded.	IN: EBT: Ded. ⁵ SBT: \$75 after Ded. ⁵ BBT: \$450 after Ded. ⁵ Other Network Providers: None OON: 20% Coins. after Ded.	IN: \$1,000 after Ded. OON: 20% Coins. after Ded.
PRESCRIPTION DRUGS	IN: Retail ²¹ : \$20/\$40/\$60/\$120 Mail: \$40/\$80/\$120/\$360 OON: Retail: \$40/\$80/\$120/\$240 Mail: Not covered	IN: Retail ²¹ : \$15/\$30/\$60/\$120 Mail: \$30/\$60/\$120/\$360 OON: Retail: \$30/\$60/\$120/\$240 Mail: Not covered	After Ded. ¹⁷ IN: Retail ²¹ : \$20/\$80/\$100 Mail: \$40/\$160/\$300 OON: Retail: \$40/\$160/\$200 Mail: Not covered
HOSPITAL CHOICE COST SHARING	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 II	BlueFit Preferred Blue® PPO Saver
DEDUCTIBLE	IN and OON combined: \$4,000/ \$8,000 per plan year (includes Rx) ^{4, 15}	IN: \$3,500/\$4,500 per plan year ^{4, 15} OON: \$6,000/\$8,000 per plan year ^{4, 15}
OUT-OF-POCKET MAXIMUM	IN and OON combined: \$6,850/ \$13,700 per plan year (includes Rx) ²	IN: \$5,950/\$11,900 per plan year (includes Rx) ^{2, 19} OON: \$11,950/\$23,900 per plan year (includes Rx) ²
OFFICE VISIT	Preventive – IN: None OON: 20% Coins. after Ded. Medical – IN: VPCP – Ded. ²⁰ PCP – \$25 after Ded. ^{10b, 14} Specialist – \$40 after Ded. ^{10b} OON: 20% Coins. after Ded.	Preventive – IN: None OON: 20% Coins Medical – IN: VPCP – Ded. ²⁰ PCP – \$25 after Ded. ^{10b} Specialist – \$45 after Ded. ^{10b} OON: 20% Coins after Ded.
EMERGENCY ROOM	Ded.	\$500 after Ded.
INPATIENT ADMISSIONS	IN: Ded. OON: 20% Coins. after Ded.	IN: \$500 after Ded. OON: 20% Coins after Ded.
SURGICAL DAY CARE	IN: Ded. OON: 20% Coins. after Ded.	IN: \$500 after Ded. OON: 20% Coins after Ded.
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	IN: Ded. OON: 20% Coins. after Ded.	IN: \$500 after Ded. OON: 20% Coins after Ded.
PRESCRIPTION DRUGS	After Ded. ¹⁷ IN: Retail ²¹ : \$10/\$25/\$45 Mail: \$20/\$50/\$135 OON: Retail: \$20/\$50/\$90 Mail: Not covered	After Ded. ¹⁷ IN: Retail ²¹ : \$10/\$45/\$150/\$225 Mail: \$20/\$90/\$300/\$675 OON: Retail: \$20/\$90/\$300/\$450 Mail: Not covered
HOSPITAL CHOICE COST SHARING	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



	Advantage Blue® Preferred	Advantage Blue® Preferred Deductible	Advantage Blue® Preferred Deductible with Coinsurance
DEDUCTIBLE	None	\$1,500/\$3,000 per plan year ⁴	\$3,000/\$6,000 per plan year ⁴
OUT-OF-POCKET MAXIMUM	\$5,450/\$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²	\$5,450/\$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²	\$5,450/\$10,900 per plan year for medical benefits ² ; \$1,000/\$2,000 per plan year for prescription drug benefits ²
OFFICE VISIT	Preventive – None VPCP – None ²⁰ PCP – \$15 ^{10b} Specialist – \$15 ^{10b}	Preventive – None VPCP – None ²⁰ PCP – \$15 after Ded. ^{10b} Specialist – \$15 after Ded. ^{10b}	Preventive – None VPCP – None ²⁰ PCP/Specialist – \$25 after Ded. ^{10b}
EMERGENCY ROOM	\$150	Ded.	\$150 after Ded.
INPATIENT ADMISSIONS	\$500	Ded.	20% Coins. after Ded.
SURGICAL DAY CARE	\$250	Ded.	20% Coins. after Ded.
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	\$75	Ded.	20% Coins. after Ded.
PRESCRIPTION DRUGS	Retail ²¹ : \$10/\$25/\$45 Mail: \$20/\$50/\$90	Retail ²¹ : \$15/\$30/\$50 Mail: \$30/\$60/\$100	Retail ²¹ : \$15/\$30/\$50 Mail: \$30/\$60/\$100
HOSPITAL CHOICE COST SHARING	Not Applicable	IN: After Ded. Inpatient – \$1,000 SDC – \$1,000 MRI/CT/PET/NC – \$450 OP Diag. labs – \$35 OP Diag. X-ray & other imaging tests – \$100 PT/OT/ST – \$50	IN: After Ded. Inpatient – 30% coins. SDC – 30% coins. MRI/CT/PET/NC – 30% coins. OP Diag. labs – 30% coins. OP Diag. X-ray & other imaging tests – 30% coins. PT/OT/ST – \$60

LEGEND:
HOSPITAL CHOICE COST SHARING

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

	Advantage® Blue Preferred Saver	Advantage Blue® Preferred Saver with Coinsurance
DEDUCTIBLE	\$2,000/\$4,000 per plan year (includes Rx) ^{4, 8}	\$3,000/\$6,000 per plan year (includes Rx) ^{4, 8}
OUT-OF-POCKET MAXIMUM	\$6,750/\$13,500 per plan year (includes Rx) ²	\$7,000/\$14,000 per plan year (includes Rx) ²
OFFICE VISIT	Preventive – None VPCP – Ded. ²⁰ PCP – \$15 after Ded. ^{10b} Specialist – \$15 after Ded. ^{10b}	Preventive – None PCP/Specialist – 20% Coins. after Ded. ^{10b}
EMERGENCY ROOM	Ded.	\$150 after Ded.
INPATIENT ADMISSIONS	Ded.	20% Coins. after Ded.
SURGICAL DAY CARE	Ded.	20% Coins. after Ded.
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	Ded.	20% Coins. after Ded.
PRESCRIPTION DRUGS	After Ded. ¹⁷ Retail ²¹ : \$10/\$25/\$45 Mail: \$20/\$50/\$90	After Ded. ¹⁷ Retail ²¹ : \$15/\$30/\$50 Mail: \$30/\$60/\$100
HOSPITAL CHOICE COST SHARING	Not Applicable	Not Applicable

LEGEND:
HOSPITAL CHOICE COST SHARING

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.

MINIMUM CREDITABLE COVERAGE

With the exception of Advantage Blue Deductible with Coinsurance, 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.

We're applying for special MCC Certification through the MA Health Connector. If approved, Advantage Blue Deductible with Coinsurance would become MCC compliant.

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 This is the cost sharing for services rendered at hospitals other than those that are designated as higher cost.
- 2 The two out-of-pocket maximum amounts refer to individual and family.
- 3a View a list of HCCS hospitals and clinics and their cost share:
https://home.bluecrossma.com/collateral/sites/g/files/cspghws1571/files/acquiadam-assets/55-1508_HCCS_Hospital_List.pdf
- 4 The two deductible amounts refer to individual and family.
- 5 Outside of Massachusetts, the lower Enhanced Benefits Tier copayment applies to any network provider that is listed as a general practitioner, pediatrician, obstetrician/gynecologist, nurse practitioner, rural health center, or general hospital.
- 6c Outside Massachusetts, the lower Enhanced Benefits Tier copayment applies to any network provider that is listed as a general practitioner, pediatrician, obstetrician/gynecologist, nurse practitioner, rural health center, limited services clinic, or general hospital. In New Hampshire, a Tier 1 provider equates to an Enhanced Benefits Tier provider and a Tier 2 provider equates to a Standard Benefits Tier provider.
- 7c To provide geographic access to members, the lower Standard Benefits Tier copayment applies for Athol Memorial Hospital, Baystate Franklin Medical Center, Berkshire Medical Center, Falmouth Hospital, Martha's Vineyard Hospital, and Nantucket Cottage Hospital.
- 8 Entire family deductible must be satisfied before benefits are provided for any one member enrolled under a family membership.
- 10b Members will pay nothing for the first two diabetic monitoring visits per calendar year. These are services such as diabetic evaluation and management services, including diabetic eye exams and foot care.
- 14 Primary care providers include: family or general practitioner, internist, OB/GYN physician, pediatrician, geriatric specialist, nurse midwife, limited services clinic, or multi-specialty provider group; or by any physician assistant or nurse practitioner.
- 15 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 member deductible.
- 17 For HSA compliant Saver plans overall deductible does not apply towards drugs defined as preventive under the Affordable Care Act.
- 19 With BlueFit plans, subscribers:
 - can earn up to \$600 auto-deposited to their HealthEquity HSA by:
 - providing contact information, opting in to receive digital communications, and authenticating on MyBlue
 - registering with HealthEquity and using the HSA Optimizer Tool
 - depositing at least \$1 to their HSA
 - engaging in healthy activities using the ahealthyme[®] Rewards program powered by Virgin Pulse
 - and their families have Accident Insurance and Critical Illness coverage available and payable automatically for qualifying claims
 - and their families may access up to two no-cost online dental health consultations per year and receive, at no cost, one adult Philips[®] Sonicare[®] Bluetooth[®]-enabled toothbrush (every three years) and one toothbrush per covered dependent ages 5-12 years (every three years)
 - can be reimbursed up to \$300 for each program under their Fitness and Weight-Loss benefits (total \$600).
- 20 Network providers who are designated as a Virtual Primary Care Provider (VPCP) as part of a Virtual Care Team. A Virtual Care Team is a model that includes primary care with integrated mental health and/or substance use support delivered virtually by a Primary Care Provider as part of a patient care team. The Virtual Care Model includes a care coordinator to assist in managing care with a Virtual Care Team or other in-network specialist (virtually or in person) as well as exchange any necessary medical records when possible.
- 21 No-Cost Generic Medications are select generic medications used to treat chronic conditions at no cost share.

Questions?

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



MASSACHUSETTS