MASSACHUSETTS

BENEFITS AND COVERAGE
UPDATES FOR 2024

2–50 HMO, PPO & EPO

GETTING MORE. NOW THERE'S A PLAN.

Accounts with 2–50 enrolled subscribers and 50 or fewer full-time employees
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 that 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.

NEW ADVANTAGE BLUE® PREFERRED EPO

Introducing our ADVANTAGE BLUE® PREFERRED EPO plans, where 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 three new plans are:

- Advantage Blue® Preferred EPO $2,000 Deductible
- Advantage Blue® Preferred EPO $3,000 Saver
- Advantage Blue® Preferred EPO $3,000 Deductible

$0 VISITS AT LIMITED SERVICE CLINICS

To increase convenient access to low-cost, high-quality care, this benefit allows members to visit limited service clinics at no cost. Limited service clinics, like CVS Minute Clinic®˝, are typically staffed by nurse practitioners and are located within retail settings and 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.

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.

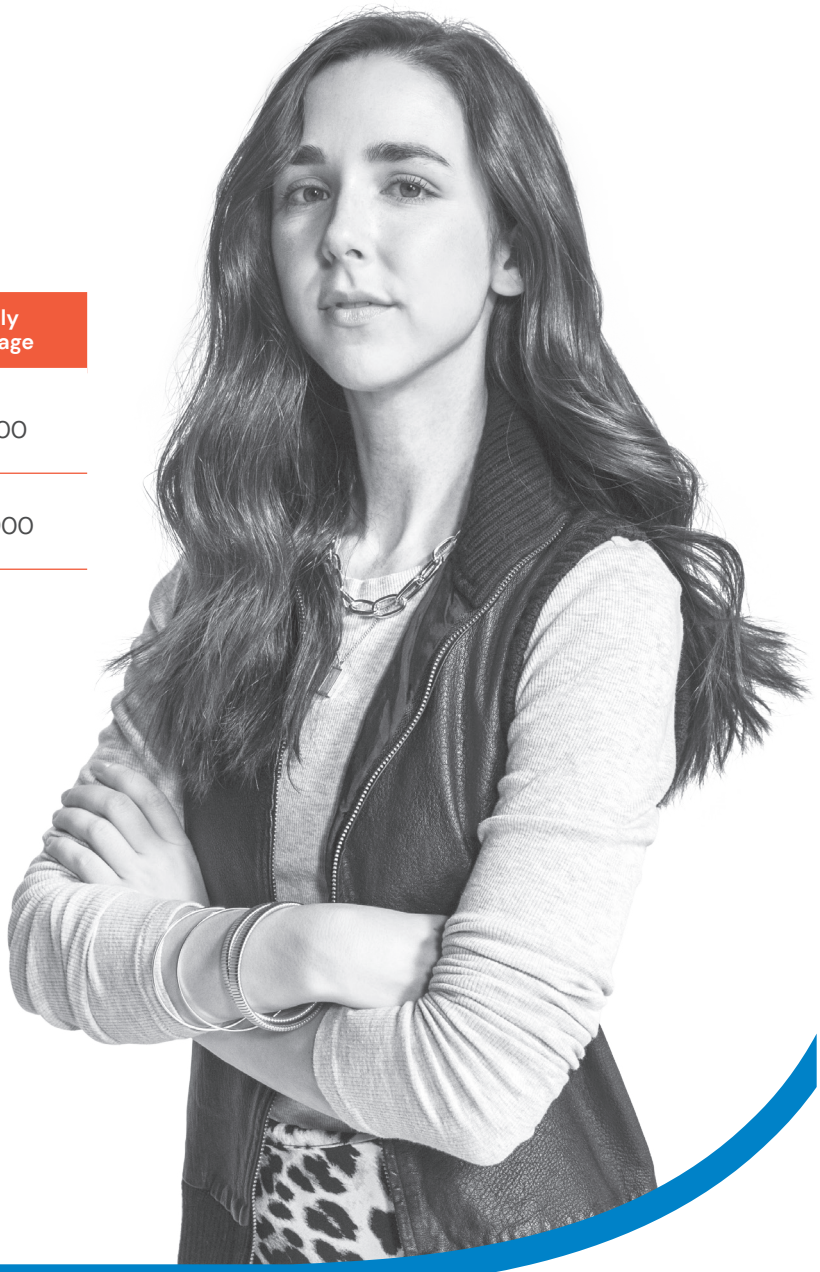
FEDERAL MANDATES AND OTHER CHANGES

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

Most health plans must include an out-of-pocket maximum that limits costs for all essential health benefits, including pharmacy. Out-of-pocket costs include copays, co-insurance, and deductibles. Our standard health plans include an out-of-pocket maximum that's set at or below the ACA's limits and the IRS 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 HIGH-DEDUCTIBLE HEALTH PLANS	$9,450	$ 18,900



THE BEST HEALTH INSURANCE IS THE KIND YOU UNDERSTAND

Hospital Choice Cost Sharing (indicated in orange)

These HMO 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/hospital choice**, or contact your account executive or broker.

Blue Options (indicated in gray)

These HMO health plans include a tiered provider network called **HMO Blue New England Options v.5**. In this network, we place providers into three tiers based on cost and quality. Members pay different levels of cost share (copay, co-insurance, and/or deductible) 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**.

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**.

HMO

Accounts with 2–50 enrolled subscribers and 50 or fewer full-time employees

	HMO Blue New England Premier Value	HMO Blue New England $500 Deductible with Hospital Choice Cost Sharing	HMO Blue New England $1,000 Deductible with Copayment
DEDUCTIBLE	Inpatient Benefit: $1,000/$2,500 per plan year[4]	$500/$1,000 per plan year[4]	$1,000/$2,000 per plan year[4]
OUT-OF-POCKET MAXIMUM	$8,750/$17,500 per plan year (includes Rx)[2]	$8,500/$17,000 per plan year (includes Rx)[2]	$8,750/$17,500 per plan year (includes Rx)[2]
OFFICE VISIT	Preventive - None VPCP - None[20] PCP - $25[10b] Specialist - $45[10b]	Preventive - None VPCP - None[20] PCP - $30[10b] Specialist - $50[10b]	Preventive - None VPCP - None[20] PCP - $25[10b] Specialist - $50[10b]
EMERGENCY ROOM	$250	$250 after Ded.	$250 after Ded.
INPATIENT ADMISSIONS	Ded.	$250 after Ded.[1]	$550 after Ded.
SURGICAL DAY CARE	$500	$250 after Ded.[1]	$250 after Ded.
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	General Hospitals: $300 Other Network Providers: $100	$250 after Ded.[1]	General Hospitals: $350 after Ded. Other Network Providers: $100 after Ded.
PRESCRIPTION DRUGS	Retail[21]: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	Retail[21]: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	Retail[21]: $10/$45/$100/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$200/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22]
HOSPITAL CHOICE COST SHARING	Not Applicable	After Ded. Inpatient - $1,250 SDC - $1,250 MRI/CT/PET/NC - $500 OP Diag. labs - $70 OP Diag. X-ray & other imaging tests - $135 PT/OT/ST - $80	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 New England Options Deductible II v.5	HMO Blue New England $1,500 Deductible with Hospital Choice Cost Sharing	HMO Blue New England $2,000 Deductible
DEDUCTIBLE	$1,000/$2,000 per plan year[4]	$1,500/$3,000 per plan year[4]	$2,000/$4,000 per plan year[4]
OUT-OF-POCKET MAXIMUM	$8,750/$17,500 per plan year (includes Rx)[2]	$7,250/$14,500 per plan year (includes Rx)[2]	$8,750/$17,500 per plan year (includes Rx)[2]
OFFICE VISIT	Preventive - None PCP - EBT: $25[6c, 10b] SBT: $40[6c, 10b] BBT: $55[6c, 10b] Specialist - $60[10b]	Preventive - None VPCP - None[20] PCP - $25[10b] Specialist - $50[10b]	Preventive - None VPCP - None[20] PCP - $25[10b] Specialist - $50[10b]
EMERGENCY ROOM	$250 after Ded.	$250 after Ded.	$250 after Ded.
INPATIENT ADMISSIONS	EBT: $250 after Ded.[6c] SBT: $750 after Ded.[6c] ($300 after Ded. for select hospitals)[7c] BBT: $2,000 after Ded.[6c]	$250 after Ded.[1]	$500 after Ded.
SURGICAL DAY CARE	EBT: Ded.[6c] SBT: $750 after Ded.[6c] ($50 after Ded. for select hospitals)[7c] BBT: $2,000 after Ded.[6c]	$250 after Ded.[1]	Ded.
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	EBT: $150 after Ded.[6c] SBT: $250 after Ded.[6c] BBT: $500 after Ded.[6c] Other Network Providers: $100	$250 after Ded.[1]	General Hospitals: $500 after Ded. Other Network Providers: $250 after Ded.
PRESCRIPTION DRUGS	Retail[21]: $10/$45/$175/$250/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$350/$750 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	Retail[21]: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Cost Share Assistance Program[22]	Retail[21]: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22]
HOSPITAL CHOICE COST SHARING	Not Applicable	After Ded. Inpatient - $1,250 SDC - $1,250 MRI/CT/PET/NC - $500 OP Diag. labs - $70 OP Diag. X-ray & other imaging tests - $135 PT/OT/ST - $80	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 $1,000 Deductible with Copayment	HMO Blue New England Options Deductible III v.5	HMO Blue New England $2,000 Deductible with Hospital Choice Cost Sharing
DEDUCTIBLE	$1,000/$2,000 per plan year[4]	$2,000/$4,000 per plan year[4]	$2,000/$4,000 per plan year[4]
OUT-OF-POCKET MAXIMUM	$6,950/$13,900 per plan year (includes Rx)[2]	$8,750/$17,500 per plan year (includes Rx)[2]	$6,750/$13,500 per plan year (includes Rx)[2]
OFFICE VISIT	Preventive - None PCP - $25[10b] Specialist - $55[10b]	Preventive - None PCP - EBT: $25[6c, 10b] SBT: $40[6c, 10b] BBT: $55[6c, 10b] Specialist - $60[10b]	Preventive - None VPCP - None[20] PCP - $25[10b] Specialist - $50[10b]
EMERGENCY ROOM	$350	$250 after Ded.	$250 after Ded.
INPATIENT ADMISSIONS	$750 after Ded.	EBT: Ded.[6c] SBT: $750 after Ded.[6c] ($50 after Ded. for select hospitals)[7c] BBT: $2,000 after Ded.[6c]	$250 after Ded.[1]
SURGICAL DAY CARE	$500 after Ded.	EBT: Ded.[6c] SBT: $750 after Ded.[6c] ($50 after Ded. for select hospitals)[7c] BBT: $2,000 after Ded.[6c]	$250 after Ded.[1]
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	$250 after Ded.	EBT: $150 after Ded.[6c] SBT: $250 after Ded.[6c] BBT: $500 after Ded.[6c] Other Network Providers: $100	$250 after Ded.[1]
PRESCRIPTION DRUGS	Retail[21]: $10/$45/$80/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$160/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	Retail[21]: $10/$45/$175/$250/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$350/$750 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	Retail[21]: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22]
HOSPITAL CHOICE COST SHARING	Not Applicable	Not Applicable	After Ded. Inpatient - $1,250 SDC - $1,250 MRI/CT/PET/NC - $500 OP Diag. labs - $70 OP Diag. X-ray & other imaging tests - $135 PT/OT/ST - $90

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	HMO Blue New England $1,500 Deductible with Copayment	HMO Blue New England Saver $2,000
DEDUCTIBLE	$2,000/$4,000 per plan year[4]	$1,500/$3,000 per plan year[4]	$2,000/$4,000 per plan year (includes Rx)[4, 8]
OUT-OF-POCKET MAXIMUM	$8,750/$17,500 per plan year (includes Rx)[2]	$6,000/$12,000 per plan year (includes Rx)[2]	$7,150/$14,300 per plan year (includes Rx)[2]
OFFICE VISIT	Preventive - None PCP - $25[10b] Specialist - $50[10b]	Preventive - None VPCP - None[20] PCP - $30[10b] Specialist - $65[10b]	Preventive - None VPCP - Ded.[20] PCP - $30 after Ded.[10b] Specialist - $60 after Ded.[10b]
EMERGENCY ROOM	$500	$750 after Ded.	$350 after Ded.
INPATIENT ADMISSIONS	$250 after Ded.	$1,000 after Ded.	$500 after Ded.
SURGICAL DAY CARE	Ded.	$750 after Ded.	$250 after Ded.
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	$250 after Ded.	General Hospitals: $600 after Ded. Other Network Providers: $300 after Ded.	General Hospitals: $500 after Ded. Other Network Providers: $150 after Ded.
PRESCRIPTION DRUGS	Retail[21]: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	Retail[21]: $10/$45/$175/$200/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$350/$600 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	After Ded.[17] Retail[21]: $10/$45/$175/$250/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$350/$750 Mail Order with Retail Choice Program
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

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	HMO Blue New England $2,000 Deductible with Copayment	HMO Blue Select $2,000 Deductible with Copayment	HMO Blue New England Total Deductible with Rx
DEDUCTIBLE	$2,000/$4,000 per plan year[4]	$2,000/$4,000 per plan year[4]	$3,500/$7,000 per plan year[4]
OUT-OF-POCKET MAXIMUM	$9,100/$18,200 per plan year (includes Rx)[2]	$9,100/$18,200 per plan year (includes Rx)[2]	$7,000/$14,000 per plan year[2]
OFFICE VISIT	Preventive - None VPCP - None[20] PCP - $25[10b] Specialist - $60[10b]	Preventive - None PCP - $30[10b] Specialist - $60[10b]	Preventive - None VPCP - None[20] PCP - Ded.[10b] Specialist - Ded.[10b]
EMERGENCY ROOM	$1,200 after Ded.	$850 after Ded.	Ded.
INPATIENT ADMISSIONS	$750 after Ded.	$750 after Ded.	Ded.
SURGICAL DAY CARE	$350 after Ded.	$500 after Ded.	Ded.
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	General Hospitals: $750 after Ded. Other Network Providers: $500 after Ded.	$750 after Ded.	Ded.
PRESCRIPTION DRUGS	Retail[21]: $10/$45/$225/$275/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$450/$825 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	Retail[21]: $10/$45/$225/$275/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$450/$825 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	Retail[21]: $10/$45/$125/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$250/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22]
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 New England $3,000 Deductible	HMO Blue New England Basic Copayment	HMO Blue New England $3,000 Deductible with Hospital Choice Cost Sharing
DEDUCTIBLE	$3,000/$6,000 per plan year[4]	$2,000/$4,000 per plan year[4]	$3,000/$6,000 per plan year[4]
OUT-OF-POCKET MAXIMUM	$9,100/$18,200 per plan year (includes Rx)[2]	$9,100/$18,200 per plan year (includes Rx)[2]	$9,100/$18,200 per plan year (includes Rx)[2]
OFFICE VISIT	Preventive - None VPCP - None[20] PCP - $45[10b] Specialist - $65[10b]	Preventive - None VPCP - None[20] PCP - $45[10b] Specialist - $75[10b]	Preventive - None VPCP - None[20] PCP - $35[10b] Specialist - $60[10b]
EMERGENCY ROOM	$750 after Ded.	$1,000 after Ded.	$800 after Ded.
INPATIENT ADMISSIONS	$750 after Ded.	$1,000 after Ded.	$500 after Ded.[1]
SURGICAL DAY CARE	$750 after Ded.	$1,000 after Ded.	$500 after Ded.[1]
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	General Hospitals: $550 after Ded. Other Network Providers: $300 after Ded.	General Hospitals: $1,000 after Ded. Other Network Providers: $750 after Ded.	$500 after Ded.[1]
PRESCRIPTION DRUGS	Retail[21]: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	Retail[21]: $10/$45/$175/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$350/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	Retail[21]: $10/$45/$200/$250/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$400/$750 Mail Order with Retail Choice Program Cost Share Assistance Program[22]
HOSPITAL CHOICE COST SHARING	Not Applicable	Not Applicable	After Ded. Inpatient - $1,500 SDC - $1,500 MRI/CT/PET/NC - $950 OP Diag. labs - $80 OP Diag. X-ray & other imaging tests - $175 PT/OT/ST - $90

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

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	HMO Blue New England $3,000 Deductible with Copayment	HMO Blue New England $4,500 Deductible	HMO Blue Select $3,000 Deductible
DEDUCTIBLE	$3,000/$6,000 per plan year[4]	$4,500/$9,000 per plan year[4]	$3,000/$6,000 per plan year[4]
OUT-OF-POCKET MAXIMUM	$9,000/$18,000 per plan year (includes Rx)[2]	$8,750/$17,500 per plan year (includes Rx)[2]	$9,100/$18,200 per plan year (includes Rx)[2]
OFFICE VISIT	Preventive - None VPCP - None[20] PCP - $45[10b] Specialist - $70[10b]	Preventive - None VPCP - None[20] PCP - $45[10b] Specialist - $65[10b]	Preventive - None PCP - $40[10b] Specialist - $65[10b]
EMERGENCY ROOM	$750 after Ded.	$500 after Ded.	$750 after Ded.
INPATIENT ADMISSIONS	$1,500 after Ded.	$750 after Ded.	$1,000 after Ded.
SURGICAL DAY CARE	$750 after Ded.	$750 after Ded.	$750 after Ded.
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	General Hospitals: $500 after Ded. Other Network Providers: $250 after Ded.	General Hospitals: $750 after Ded. Other Network Providers: $250 after Ded.	$500 after Ded.
PRESCRIPTION DRUGS	Retail[21]: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max Mail: $20/$90/$300/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	Retail[21]: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	Retail[21]: $10/$45/$175/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$350/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22]
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 New England $5,000 Deductible	HMO Blue New England Saver $3,000	HMO Blue Select Saver $2,000
DEDUCTIBLE	$5,000/$10,000 per plan year [4]	$3,000/$6,000 per plan year (includes Rx)[4, 8]	$2,000/$4,000 per plan year[4, 8]
OUT-OF-POCKET MAXIMUM	$8,750/$17,500 per plan year (includes Rx)[2]	$7,150/$14,300 per plan year (includes Rx)[2]	$7,150/$14,300 per plan year (includes Rx)[2]
OFFICE VISIT	Preventive - None VPCP - None[20] PCP - $40[10b] Specialist - $65[10b]	Preventive - None VPCP - Ded.[20] PCP - $35 after Ded.[10b] Specialist - $60 after Ded.[10b]	Preventive - None PCP - $35 after Ded.[10b] Specialist - $65 after Ded.[10b]
EMERGENCY ROOM	$500 after Ded.	$350 after Ded.	$250 after Ded.
INPATIENT ADMISSIONS	$1,000 after Ded.	$500 after Ded.	$750 after Ded.
SURGICAL DAY CARE	$750 after Ded.	$250 after Ded.	$500 after Ded.
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	General Hospitals: $750 after Ded. Other Network Providers: $250 after Ded.	General Hospitals: $400 after Ded. Other Network Providers: $150 after Ded.	$350 after Ded.
PRESCRIPTION DRUGS	Retail[21]: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	After Ded.[17] Retail[21]: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program	After Ded.[17] Retail[21]: $10/$45/$175/$250/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$350/$750 Mail Order with Retail Choice Program
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
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FOOTNOTES LOCATED ON THE LAST PAGE

	HMO Blue New England Saver $4,500	HMO Blue New England Saver $3,000 with Hospital Choice Cost Sharing	HMO Blue New England Basic Saver
DEDUCTIBLE	$4,500/$9,000 per plan year[4, 15]	$3,000/$6,000 per plan year (includes Rx)[4, 8]	$3,350/$6,550 per plan year[4, 15]
OUT-OF-POCKET MAXIMUM	$6,950/$13,900 per plan year (includes Rx)[2]	$7,150/$14,300 per plan year (includes Rx)[2]	$7,100/$14,200 per plan year (includes Rx)[2]
OFFICE VISIT	Preventive - None VPCP - Ded.[20] PCP - $35 after Ded.[10b] Specialist - $65 after Ded.[10b]	Preventive - None VPCP - Ded.[20] PCP - $35 after Ded.[10b] Specialist - $55 after Ded.[10b]	Preventive - None VPCP - Ded.[20] PCP - $45 after Ded.[10b] Specialist - $75 after Ded.[10b]
EMERGENCY ROOM	$500 after Ded.	$350 after Ded.	$1,500 after Ded.
INPATIENT ADMISSIONS	$1,000 after Ded.	$250 after Ded.[1]	$1,500 after Ded.
SURGICAL DAY CARE	$750 after Ded.	$250 after Ded.[1]	$1,000 after Ded.
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	General Hospitals: $500 after Ded. Other Network Providers: $150 after Ded.	$250 after Ded.[1]	General Hospitals: $1,000 after Ded. Other Network Providers: $750 after Ded.
PRESCRIPTION DRUGS	After Ded.[17] Retail[21]: $10/$45/$175/$250/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$350/$750 Mail Order with Retail Choice Program	After Ded.[17] Retail[21]: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program	After Ded.[17] Retail[21]: $10/$45/$175/$250/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$350/$750 Mail Order with Retail Choice Program
HOSPITAL CHOICE COST SHARING	Not Applicable	After Ded. Inpatient - $1,250 SDC - $1,250 MRI/CT/PET/NC - $500 OP Diag. labs - $55 OP Diag. X-ray & other imaging tests - $125 PT/OT/ST - $80	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 2–50 enrolled subscribers and 50 or fewer full-time employees

	Preferred Blue® PPO $1,500 Deductible	Preferred Blue® PPO Saver $2,000	Preferred Blue® PPO $2,500 Deductible
DEDUCTIBLE	IN: $1,500/$3,000[4] OON: $4,500/$9,000[4]	IN: $2,000/$4,000 per plan year (includes Rx)[4, 8] OON: $5,000/$10,000 per plan year (includes Rx)[4, 8]	IN: $2,500/$5,000 per plan year[4] OON: $5,500/$11,000 per plan year[4]
OUT-OF-POCKET MAXIMUM	IN: $8,750/$17,500[2] OON: $17,500/$35,000[2]	IN: $7,150/$14,300 per plan year (includes Rx)[2] OON: $14,300/$28,600 per plan year (includes Rx)[2]	IN: $8,750/$17,500 per plan year (includes Rx)[2] OON: $17,500/$35,000 per plan year (includes Rx)[2]
OFFICE VISIT	Preventive - IN: None OON: 20% Coins. after Ded. Medical - IN: VPCP - None[20] PCP - $35 after Ded.[10b, 14] Specialist - $55 after Ded.[10b] OON: 20% Coins. after Ded.	Preventive - IN: None OON: 20% Coins. Medical - IN: VPCP - Ded.[20] PCP - $30 after Ded.[10b, 14] Specialist - $50 after Ded.[10b] OON: 20% Coins. after Ded.	Preventive:IN: None OON: 20% after Ded. Medical: VPCP - None[20] PCP - $35 after Ded.[10b] Specialist - $45 after Ded.[10b] OON: 20% after Ded.
EMERGENCY ROOM	$350 after In-Network Ded.	$350 after In-Network Ded.	$350 after In-network Ded.
INPATIENT ADMISSIONS	IN: 10% after Ded. OON: 20% after Ded.	IN: 10% Coins. after Ded. OON: 20% Coins. after Ded.	IN: 10% after Ded. OON: 20% after Ded.
SURGICAL DAY CARE	IN: $350 after Ded. OON: 20% after Ded.	IN: $350 after Ded. OON: 20% Coins. after Ded.	IN: $500 after Ded. OON: 20% after Ded.
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	IN: General Hospitals: $500 after Ded. Other Network Providers: $250 after Ded. OON: 20% Coins. after Ded.	IN: General Hospitals: $450 after Ded. Other Network Providers: $125 after Ded. OON: 20% Coins. after Ded.	IN: General Hospitals: $500 after Ded. Other Network Providers: $250 after Ded. OON: 20% after Ded.
PRESCRIPTION DRUGS	IN: Retail[21]: $10/$45/$150/ $225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22] OON: Retail: $20/$90/$300/$450 Mail: Not covered	After in-network Ded[17]: IN: Retail[21]: $10/$45/$175/ $250/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$350/$750 Mail Order with Retail Choice Program After out-of-network Ded[17]: OON: Retail: $20/$90/$350/$500 Mail: Not covered	IN: Retail[21]: $10/$45/$150/ $225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22] OON: Retail: $20/$90/$300/$450 Mail: Not covered
HOSPITAL CHOICE COST SHARING	Not Applicable	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

	Preferred Blue® PPO $3,000 Deductible with Hospital Choice Cost Sharing	Preferred Blue® PPO Saver $3,000	Preferred Blue® PPO $4,500 Deductible
DEDUCTIBLE	IN: $3,000/$7,500 per plan year[4] OON: $6,000/$13,000 per plan year[4]	IN: $3,000/$6,000 per plan year (includes Rx)[4, 8] OON: $6,000/$12,000 per plan year (includes Rx)[4, 8]	IN: $4,500/$9,000 per plan year[4] OON: $7,500/$15,000 per plan year[4]
OUT-OF-POCKET MAXIMUM	IN: $8,750/$17,500 per plan year (includes Rx)[2] OON: $17,500/$35,000 per plan year (includes Rx)[2]	IN: $7,150/$14,300 per plan year (includes Rx)[2] OON: $14,300/$28,600 per plan year (includes Rx)[2]	IN: $9,100/$18,200 per plan year[2] OON: $18,200/$36,400 per plan year[2]
OFFICE VISIT	Preventive - IN: None OON: 20% Coins. after Ded. Medical - IN: VPCP - None[20] PCP - $40 after Ded.[10b, 14] Specialist - $55 after Ded.[10b] OON: 20% Coins. after Ded.	Preventive - IN: None OON: 20% Coins. Medical - IN: VPCP - Ded.[20] PCP - $35 after Ded.[10b, 14] Specialist - $50 after Ded.[10b] OON: 20% Coins. after Ded.	Preventive - IN: None OON: 20% Coins. after Ded. Medical - IN: VPCP - None[20] PCP - $40 after Ded.[10b, 14] Specialist - $55 after Ded.[10b] OON: 20% Coins. after Ded.
EMERGENCY ROOM	$500 after In-Network Ded.	$400 after In-Network Ded.	$600 after In-Network Ded.
INPATIENT ADMISSIONS	IN: 10% after Ded.[1] OON: 20% Coins. after Ded.	IN: 10% Coins. after Ded. OON: 20% Coins. after Ded.	IN: 10% Coins. after Ded. OON: 20% Coins. after Ded.
SURGICAL DAY CARE	IN: $500 after Ded.[1] OON: 20% Coins. after Ded.	IN: $250 after Ded. OON: 20% Coins. after Ded.	IN: $750 after Ded. OON: 20% Coins. after Ded.
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	IN: $350 after Ded.[1] OON: 20% Coins. after Ded.	IN: General Hospitals: $450 after Ded. Other Network Providers: $125 after Ded. OON: 20% Coins. after Ded.	IN: General Hospitals: $750 after Ded. Other Network Providers: $250 after Ded. OON: 20% Coins. after Ded.
PRESCRIPTION DRUGS	IN: Retail[21]: $10/$45/$150/$250/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$750 Mail Order with Retail Choice Program Cost Share Assistance Program[22] OON: Retail: $20/$90/$300/$500 Mail: Not covered	After in-network Ded[17]: IN: Retail[21]: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program After out-of-network Ded[17]: OON: Retail: $20/$90/$300/$450 Mail: Not covered	IN: Retail[21]: $10/$45/$175/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$350/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22] OON: Retail: $20/$90/$350/$450 Mail: Not covered
HOSPITAL CHOICE COST SHARING	IN: After Ded. Inpatient - 20% Coins. SDC - $1,500 MRI/CT/PET/NC - $750 OP Diag. labs - $70 OP Diag. X-ray & other imaging tests - $155 PT/OT/ST - $80	Not Applicable	Not Applicable

LEGEND: HOSPITAL CHOICE COST SHARING

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FOOTNOTES LOCATED ON THE LAST PAGE

	Preferred Blue® PPO Saver $4,500
DEDUCTIBLE	IN: $4,500/$9,000 per plan year (includes Rx)[4, 15] OON: $7,500/$15,000 per plan year (includes Rx)[4, 15]
OUT-OF-POCKET MAXIMUM	IN: $6,800/$13,600 per plan year (includes Rx)[2] OON: $13,600/$27,200 per plan year (includes Rx)[2]
OFFICE VISIT	Preventive - IN: None OON: 20% Coins. Medical - IN: VPCP - Ded.[20] PCP - $50 after Ded.[10b, 14] Specialist - $75 after Ded.[10b] OON: 20% Coins. after Ded.
EMERGENCY ROOM	$500 after In-Network Ded.
INPATIENT ADMISSIONS	IN: 10% Coins. after Ded. OON: 20% Coins. after Ded.
SURGICAL DAY CARE	IN: $750 after Ded. OON: 20% Coins. after Ded.
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	IN: General Hospitals: $750 after Ded. Other Network Providers: $250 after Ded. OON: 20% Coins. after Ded.
PRESCRIPTION DRUGS	After in-network Ded.[17] IN: Retail[21]: $10/$45/$175/ $250/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$350/$750 Mail Order with Retail Choice Program After out-of-network Ded.[17] OON: Retail: $20/$90/$350/$500 Mail: Not covered
HOSPITAL CHOICE COST SHARING	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

EPO

Accounts with 2–50 eligible employees and enrolled subscribers

	Advantage Blue® Preferred EPO $2,000 Deductible	Advantage Blue® Preferred EPO $3,000 Deductible	Advantage Blue® Preferred EPO Saver $3,000
DEDUCTIBLE	$2,000/$4,000 per plan year[4]	$3,000/$6,000 per plan year[4]	$3,000/$6,000 per plan year (includes Rx)[4, 8]
OUT-OF-POCKET MAXIMUM	$9,100/$18,200 per plan year	$9,100/$18,200 per plan year	$7,150/$14,300 per plan year (includes Rx)[2]
OFFICE VISIT	Preventive - None VPCP - None[20] PCP - $25[10b] Specialist - $65[10b]	Preventive - None VPCP - None[20] PCP - $45[10b] Specialist - $65[10b]	Preventive - None VPCP - Ded.[20] PCP - $35 after Ded.[10b] Specialist - $65 after Ded. [10b]
EMERGENCY ROOM	$1,000 after Ded.	$750 after Ded.	$350 after Ded.
INPATIENT ADMISSIONS	$1,000 after Ded.	$1,000 after Ded.	$500 after Ded.
SURGICAL DAY CARE	$750 after Ded.	$750 after Ded.	$500 after Ded.
MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS	General Hospitals: $750 after Ded. Other Network Providers: $500 after Ded.	General Hospitals: $500 after Ded. Other Network Providers: $250 after Ded.	General Hospitals: $400 after Ded. Other Network Providers: $150 after Ded.
PRESCRIPTION DRUGS	Retail[21]: $10/$45/$225/$275/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$450/$825 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	Retail[21]: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program Cost Share Assistance Program[22]	After deductible [17]: Retail[21]: $10 / $45 /$150/$225/50% with $350 Max/50% with $500 Max Mail[21]: $20/$90/$300/$675 Mail Order with Retail Choice Program
HOSPITAL CHOICE COST SHARING	Not Applicable	Not Applicable	Not Applicable

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 (MCC)

With the exception of the Advantage Blue Preferred EPO $3000 Deductible, 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, the Advantage Blue Preferred EPO $3000 Deductible would become MCC compliant.

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS ALLOWS SMALL EMPLOYER GROUPS[11] WITH TWO OR MORE ENROLLED EMPLOYEES TO OFFER UP TO TWO MEDICAL PLANS

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).
- Preferred Blue® PPO Options can be sold alongside any product with the Hospital Choice Cost Sharing feature (HCCS or Options). Preferred Blue PPO Options can also be sold alongside any HMO Blue New England product without the Hospital Choice Cost Sharing feature as long as Preferred Blue PPO Options is for out-of-New England employees only.
- 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.
- Any HMO Blue New England product without the Hospital Choice Cost Sharing feature can be offered alongside a PPO product with the HCCS feature when the PPO is set up for out-of-New England membership 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/csphws1571/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.

6 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.

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.

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 to 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.

22 The Cost Share Assistance Program helps qualified members who take certain high-cost specialty medications.

Questions?

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

MASSACHUSETTS

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