



Preferred Blue PPOSM Options v.3

Summary of Benefits

Effective on anniversary dates on or after October 1, 2009

✓ This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents effective January 1, 2009, as part of the Massachusetts Health Care Reform Law.

Your Choice

Preferred Blue PPO Options v.3 is a preferred provider organization (PPO) health plan. You have the option of selecting providers who are part of the network (preferred providers) or providers who are outside the network (non-preferred providers). You'll generally receive a higher level of benefits—and pay lower out-of-pocket costs—when you choose in-network providers.

When You Choose Preferred Providers.

Within the network, certain preferred primary care physicians and preferred general hospitals are ranked into three benefits tiers based on cost and nationally accepted quality performance criteria selected by Blue Cross Blue Shield of Massachusetts.

Where you receive care will determine your out-of-pocket costs for most services under the plan. By choosing Enhanced Benefits Tier preferred providers each time you get care, you can generally lower your out-of-pocket costs.

- **Enhanced Benefits Tier**—Includes preferred providers in Massachusetts that met our quality benchmark and our benchmark for lowest cost.
- **Standard Benefits Tier**—Includes preferred providers in Massachusetts that met our quality benchmark and our benchmark for moderate cost. Also includes providers without sufficient data for measurement on one or both benchmarks. In limited circumstances, the Standard Benefits Tier includes certain providers whose scores would put them in the Basic Benefits Tier to provide geographic access for members.
- **Basic Benefits Tier**—Includes preferred providers in Massachusetts that scored below our quality benchmark and/or our benchmark for moderate cost.

Note: PCPs were measured based on their HMO patients as part of their provider group, and hospitals were measured based on their individual facility performance. Provider groups can be composed of an individual provider, or a number of providers who practice together. Tier placement is based on cost and quality benchmarks where measurable data is available. Providers without sufficient data for either cost or quality are placed in the Standard Benefits Tier. Providers that do not meet benchmarks for one or the both of the domains and hospitals that use nonstandard reimbursement are placed in the Basic Benefits Tier.

It is important to consider the tier of both your physician and the facility where your physician has admitting privileges before you choose a preferred primary care physician or receive care. For example, if you require hospital care and your Enhanced Benefits Tier preferred primary care physician refers you to an Enhanced Benefits Tier preferred hospital, you would pay the lowest cost sharing for both your physician and hospital services. Or, if your Enhanced Benefits Tier preferred primary care physician refers you to a Basic Benefits Tier preferred hospital for care, you will pay the lowest copayments for preferred primary care physician services, but the highest copayments for hospital services, except in an emergency.

How to Find a Preferred Provider.

There are several ways to find a preferred provider or find the tier designation of a preferred primary care physician or preferred general hospital:

- Look up a provider in your Provider Directory. If you need a copy of the directory, call Member Service at the number on your ID card.
- For Massachusetts providers, visit the Blue Cross Blue Shield of Massachusetts website at www.bluecrossma.com.

For providers in other states, visit the BlueCard® Provider Finder website at www.bcbs.com/healthtravel/finder.html, or call the BlueCard Program at 1-800-810-BLUE (2583), 24 hours a day, seven days a week.

Note: In some out-of-state PPO service areas, different levels of preferred providers may not be available. In this case, your cost share will be the same as it would be for an Enhanced Benefits Tier preferred provider.

When You Choose Non-Preferred Providers.

You must pay a plan-year deductible for most out-of-network covered services. Your plan year will differ based on whether you are enrolled as a group member or as an individual. If you are not sure when your plan year begins, contact Blue Cross Blue Shield. After you have met your deductible, you pay **20 percent** co-insurance for most out-of-network covered services.

Emergency Room Services.

In an emergency, such as a suspected heart attack, stroke, or poisoning, you should go directly to the nearest medical facility or call **911** (or the local emergency phone number). You pay a **\$150** copayment per visit for in-network or out-of-network emergency room services. This copayment is waived if you are admitted to the hospital or for an observation stay. Additionally, because you may not have a choice during an emergency, if you are admitted for an inpatient stay from the emergency room, you will be responsible for an Enhanced Benefits Tier copayment regardless of the tier of the hospital.

Utilization Review Requirements.

You must follow the requirements of Utilization Review, which are Pre-Admission Review, Concurrent Review and Discharge Planning, Prior Approval for Home Health Care, and Individual Case Management. Information concerning Utilization Review is detailed in your subscriber certificate. If you need non-emergency or non-maternity hospitalization, you or someone on your behalf must call the number on your ID card for pre-approval. If you do not notify Blue Cross Blue Shield and receive pre-approval, your benefits may be reduced or denied.

Dependent Benefits.

This plan covers dependents up to age 26, or for two years after the end of the calendar year in which they last qualified as a dependent under the Internal Revenue Code, whichever comes first. Additionally, this plan may cover unmarried full-time students or other unmarried dependents who do not otherwise qualify as eligible dependents. Please see your subscriber certificate (and riders, if any) for exact coverage details.

Your Medical Benefits

Plan Specifics	Your Cost In-Network	Your Cost Out-of-Network (after your deductible)
Plan-year deductible	None	\$2,000 per member \$4,000 per family
Covered Services		
Outpatient Care		
Emergency room visits	All Tiers: \$150 per visit (waived if admitted or for observation stay)	\$150 per visit, no deductible (waived if admitted or for observation stay)
Routine physical exams, including related tests, according to age-based schedule as follows: <ul style="list-style-type: none"> • 10 visits during the first year of life • Three visits during the second year of life • One visit per calendar year from age 2 	Enhanced Benefits Tier: \$15 per visit Standard Benefits Tier: \$25 per visit Basic Benefits Tier: \$45 per visit Other covered provider: \$45 per visit (no cost for routine tests)	20% co-insurance
Routine GYN exams, including related tests (one per calendar year)	Enhanced Benefits Tier: \$15 per visit Standard Benefits Tier: \$25 per visit Basic Benefits Tier: \$45 per visit Other covered provider: \$45 per visit (no cost for routine tests)	20% co-insurance
Health center visits, physicians' and podiatrists' office visits	Enhanced Benefits Tier: \$15 per visit Standard Benefits Tier: \$25 per visit Basic Benefits Tier: \$45 per visit Other covered provider: \$45 per visit	20% co-insurance
Mental health and substance abuse treatment	\$15 per visit	20% co-insurance
Routine vision exam (one every 24 months)	\$15 per visit	20% co-insurance
Chiropractor office visits	\$45 per visit	20% co-insurance
Short-term rehabilitation therapy—physical and occupational (up to 60 visits per calendar year*)	\$45 per visit	20% co-insurance
Speech, hearing, and language disorder treatment—speech therapy	\$45 per visit	20% co-insurance
Home health care and hospice services	Nothing	20% co-insurance
Oxygen and equipment for its administration	Nothing	20% co-insurance
Prosthetic devices	Nothing	20% co-insurance
Diagnostic X-rays, lab tests, and other tests, excluding MRIs, CT scans, PET scans, and nuclear cardiac imaging tests	Nothing	20% co-insurance
MRIs, CT scans, PET scans, and nuclear cardiac imaging tests <ul style="list-style-type: none"> • General hospital • Other covered provider 	(One copayment will apply to each category of test per date of service) Enhanced Benefits Tier: \$75 per test Standard Benefits Tier: \$150 per test Basic Benefits Tier: \$250 per test \$75 per test	20% co-insurance 20% co-insurance
Durable medical equipment—such as wheelchairs, crutches, hospital beds (up to \$750 per calendar year**)	All charges beyond the calendar-year maximum	20% co-insurance and all charges beyond the calendar-year maximum
Outpatient Surgery (and related anesthesia)		
Office setting	Enhanced Benefits Tier: \$15 per visit Standard Benefits Tier: \$25 per visit Basic Benefits Tier: \$45 per visit Other covered provider: \$45 per visit	20% co-insurance
Surgical day care unit of a general hospital	Enhanced Benefits Tier: \$150 per visit Standard Benefits Tier: \$250 per visit Basic Benefits Tier: \$500 per visit	20% co-insurance
Ambulatory surgical facility	\$150 per admission	20% co-insurance

* No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care.

** No dollar limit applies when durable medical equipment is furnished as part of covered home dialysis, home health care, or hospice services.

Your Medical Benefits (continued)

Covered Services	Your Cost In-Network	Your Cost Out-of-Network (after your deductible)
Inpatient Care (and maternity care) General hospital care (as many days as medically necessary)	Enhanced Benefits Tier: \$250 per admission Standard Benefits Tier: \$500 per admission/ \$300 per admission at selected hospitals† Basic Benefits Tier: \$1,000 per admission	20% co-insurance
Mental hospital or substance abuse facility care (as many days as medically necessary)	\$250 per admission	20% co-insurance
Chronic disease hospital care (as many days as medically necessary)	\$250 per admission	20% co-insurance
Rehabilitation hospital care (up to 60 days per calendar year)	Nothing	20% co-insurance
Skilled nursing facility care (up to 100 days per calendar year)	Nothing	20% co-insurance
Prescription Drug Benefits		
At designated retail pharmacies (up to a 90-day formulary supply for each prescription or refill)	\$15 for Tier 1 \$30 for Tier 2 \$50 for Tier 3	\$30 for Tier 1 \$60 for Tier 2 \$100 for Tier 3
Through the designated mail service pharmacy (up to a 90-day formulary supply for each prescription or refill)	\$30 for Tier 1 \$60 for Tier 2 \$150 for Tier 3	Not covered

† To provide geographic access to members, a \$300 Standard Benefits Tier copayment applies for BHS Franklin Medical Center, Falmouth Hospital, Martha's Vineyard Hospital, and Nantucket Cottage Hospital.

Healthy Blue Programs

At Blue Cross Blue Shield of Massachusetts we offer you a group of programs, discounts and savings, resources, and tools to help you get the most you can from your health care plan. Call us at **1-800-262-BLUE (2583)** to receive information that outlines these special programs.

www.livinghealthybabies.com	No additional charge
A Fitness Benefit toward membership at a health club (see your subscriber certificate for details)	\$150 per year, per individual/family
Reimbursement for a Blue Cross Blue Shield of Massachusetts designated weight loss program	\$150 per year, per individual/family
Living Healthy Vision SM —discounts on eyewear (frames, lenses, supplies, and laser vision correction surgery)	Discount varies
Safe Beginnings—discounts on home safety items	Discount varies
Blue Care Line SM to answer your health care questions 24 hours a day—call 1-888-247-BLUE (2583)	No additional charge
Living Healthy Naturally SM —discounts on different types of complementary and alternative medicine services such as acupuncture, massage therapy, nutritional counseling, personal training, Pilates, tai chi, and yoga	Up to a 30% discount
Visit www.AHealthyMe.com for an around-the-clock healthy approach to fitness, family, and fun	No additional charge

Questions? Call 1-800-262-BLUE (2583).

For questions about Blue Cross Blue Shield of Massachusetts, visit the website at www.bluecrossma.com.

Interested in receiving information from Blue Cross Blue Shield of Massachusetts via e-mail?

Go to www.bluecrossma.com/email to sign up.

Limitations and Exclusions. These pages summarize the benefits of your health care plan. Your subscriber certificate and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the subscriber certificate and riders will govern. Some of the services not covered are: cosmetic surgery; custodial care; hearing aids; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your subscriber certificate and riders.