



# HMO Blue New England<sup>SM</sup> Product Coverage Options for Small-Group Accounts

Effective January 2012\*

  Blue shaded products: The standard plan design includes the Hospital Choice Cost Sharing feature, (Members will pay a higher cost share when they receive certain services at or by higher cost share hospitals, including inpatient admissions, surgical day care, and some other hospital outpatient services.) Accounts have the opportunity to remove the Hospital Choice Cost Sharing feature should they decide to do so. Removing the Hospital Choice Cost Sharing feature will result in a higher premium rate.

  This health plan includes a tiered provider network called HMO Blue New England Options<sup>SM</sup> v.3. Members in this plan pay different cost share levels (copayments, co-insurance, and/or deductibles) depending on the benefits tier of the provider furnishing the services. A provider's benefits tier may change. Overall changes to the benefits tiers of providers will happen no more than once each calendar year. To find the benefits tier of a provider, visit the online provider search tool at [www.bluecrossma.com/findadoctor](http://www.bluecrossma.com/findadoctor) and select HMO Blue New England Options v.3 for the network.

All plans listed below include Value Based Benefits<sup>1</sup>:

Ded.—Deductible // Co-ins.—Co-insurance // VBB—Value-Based Benefits // EBT—Enhanced Benefits Tier // SBT—Standard Benefits Tier // BBT—Basic Benefits Tier

\*This chart highlights some of the benefits under each of the plans listed for comparison purposes. There may be other cost share features not included on this sheet. See subscriber certificate for full benefit information.

Plan Designs	Office Visit	ER	Inpatient Admissions <sup>2</sup>	Surgical Day Care (SDC) <sup>2</sup>	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests <sup>2</sup>	Medical Ded. <sup>3</sup>	Out-of-Pocket Maximum <sup>3</sup>	Prescription Drugs	Hospital Choice Cost Sharing <sup>4</sup>
<b>HMO Blue New England<sup>SM</sup> Value Plus</b>	Preventive: \$0 PCP: \$15 Specialist: \$30 Diabetic monitoring visit: \$0 <sup>1</sup>	\$100	\$250	\$150	\$25	None	\$5,000/\$10,000 per calendar year	Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$90 VBB—Mail: \$10/\$25/\$90 <sup>1</sup> Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs <sup>1</sup>	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
<b>HMO Blue New England Enhanced Value</b>	Preventive: \$0 PCP: \$20 Specialist: \$35 Diabetic monitoring visit: \$0 <sup>1</sup>	\$150	\$500	\$250	\$50	None	\$5,000/\$10,000 per calendar year	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$100 VBB—Mail: \$15/\$30/\$100 <sup>1</sup> Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs <sup>1</sup>	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
<b>HMO Blue New England \$500 Ded.</b>	Preventive: \$0 PCP: \$20 Specialist: \$35 Diabetic monitoring visit: \$0 <sup>1</sup>	\$150	Ded.	Ded.	Ded.	\$500/\$1,000 per plan year	\$5,000/\$10,000 per plan year	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB—Mail: \$15/\$30/\$150 <sup>1</sup> Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs <sup>1</sup>	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
<b>HMO Blue New England Premier Value</b>	Preventive: \$0 PCP: \$25 Specialist: \$40 Diabetic monitoring visit: \$0 <sup>1</sup>	\$150	Ded.	\$250	\$75	\$1,000/\$2,500 per plan year	\$5,000/\$10,000 per plan year	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB—Mail: \$15/\$30/\$150 <sup>1</sup> Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs <sup>1</sup>	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
<b>HMO Blue New England Options<sup>SM</sup> Ded. v.3</b>	In Massachusetts: Preventive: \$0 PCP—EBT: \$15 <sup>5</sup> SBT: \$25 <sup>6</sup> BBT: \$50 <sup>6</sup> Specialist: \$50 Diabetic monitoring visit: \$0 <sup>1</sup>	\$150	In Massachusetts: EBT: \$150 <sup>5</sup> SBT: \$150 after Ded. (\$200 for selected hospitals <sup>7</sup> ) BBT: \$1,000 after Ded.	In Massachusetts: EBT: \$150 <sup>5</sup> SBT: \$150 after Ded. (\$200 at selected hospitals <sup>7</sup> ) \$1,000 after Ded.	In Massachusetts: EBT: \$50 <sup>5</sup> SBT: \$50 after Ded. BBT: \$450 after Ded. Other network providers: \$50	In Massachusetts: EBT: None SBT: \$500/\$1,000 per plan year BBT: \$2,000/\$4,000 per plan year	\$5,000/\$10,000 per plan year	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB—Mail: \$15/\$30/\$150 <sup>1</sup> Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs <sup>1</sup>	Not Applicable
<b>HMO Blue New England \$1,000 Ded.<sup>SM</sup></b>	Preventive: \$0 PCP: \$20 Specialist: \$35 Diabetic monitoring visit: \$0 <sup>1</sup>	\$150	Ded.	Ded.	Ded.	\$1,000/\$2,000 per plan year	\$5,000/\$10,000 per plan year	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB—Mail: \$15/\$30/\$150 <sup>1</sup> Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs <sup>1</sup>	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
<b>HMO Blue New England Premier Value with Co-ins.</b>	Preventive: \$0 PCP: \$25 Specialist: \$40 Diabetic monitoring visit: \$0 <sup>1</sup>	\$200	Ded.	35% Co-ins.	35% Co-ins.	\$1,000/\$2,500 per plan year	\$3,000/\$6,000 per plan year	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB—Mail: \$15/\$30/\$150 <sup>1</sup> Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs <sup>1</sup>	Inpatient: \$1,000 after Ded. SDC: 50% Co-ins. MRI/CT/PET/NC: 50% Co-ins. OP diag. labs: 50% Co-ins. OP diag. X-ray & other imaging tests: 50% Co-ins. PT/OT/ST: \$75
<b>HMO Blue New England Options Deductible II v.3</b>	In Massachusetts: Preventive: \$0 PCP—EBT: \$20 <sup>5</sup> SBT: \$30 <sup>6</sup> BBT: \$50 <sup>6</sup> Specialist: \$50 Diabetic monitoring visit: \$0 <sup>1</sup>	\$200	In Massachusetts: EBT: \$250 <sup>5</sup> SBT: \$250 after Ded. (\$300 for selected hospitals <sup>7</sup> ) BBT: \$1,500 after Ded.	In Massachusetts: EBT: \$250 <sup>5</sup> SBT: \$250 after Ded. (\$300 for selected hospitals <sup>7</sup> ) BBT: \$1,500 after Ded.	In Massachusetts: EBT: \$75 <sup>5</sup> SBT: \$75 after Ded. BBT: \$450 after Ded. Other network providers: \$75	In Massachusetts: EBT: None SBT: \$500/\$1,000 per plan year BBT: \$2,000/\$4,000 per plan year	\$5,000/\$10,000 per plan year	Retail: \$15/\$35/\$50 Mail: \$30/\$70/\$150 VBB—Mail: \$15/\$35/\$150 <sup>1</sup> Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs <sup>1</sup>	Not Applicable
<b>Access Blue<sup>SM</sup> New England Saver</b> <small>(HSA Compliant)</small>	Preventive: \$0 PCP: \$15 after Ded. Specialist: \$25 after Ded. Diabetic monitoring visit: \$0 <sup>1</sup>	\$150 after Ded.	Ded.	Ded.	Ded.	\$1,500/\$3,000 per plan year— Includes Rx <sup>8</sup>	\$5,000/\$10,000 per plan year	After Ded. Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB—Mail: \$10/\$25/\$135 (no Ded.) <sup>1</sup> Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs <sup>1</sup>	Not Applicable
<b>HMO Blue New England \$2,000 Ded.</b>	Preventive—\$0 PCP—\$20 Specialist—\$35 Diabetic monitoring visit—\$0 <sup>1</sup>	\$150	Ded.	Ded.	Ded.	\$2,000/\$4,000 per plan year	\$5,000/\$10,000 per plan year	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB—Mail: \$15/\$30/\$150 <sup>1</sup> Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs <sup>1</sup>	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
<b>Access Blue New England Basic \$2,000</b>	Preventive: \$0 PCP: \$25 after Ded. Specialist: \$35 after Ded. Diabetic monitoring visit: \$0 <sup>1</sup>	\$200	20% Co-ins. after Ded.	20% Co-ins. after Ded.	20% Co-ins. after Ded.	\$2,000/\$4,000 per plan year	\$5,000/\$10,000 per plan year	Tier 1 Retail: \$15 Mail: \$30 VBB—Mail: \$15 <sup>1</sup> Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs <sup>1</sup> Tier 2 and Tier 3 Retail and Mail: \$250/\$500 <sup>9</sup> Ded. then 50% Co-ins. after Ded. <sup>9</sup>	After Ded.— Inpatient: 30% Co-ins. SDC: 30% Co-ins. MRI/CT/PET/NC: 30% Co-ins. OP diag. labs: 30% Co-ins. OP diag. X-ray & other imaging tests: 30% Co-ins. PT/OT/ST: \$75
<b>Access Blue New England Basic Saver</b> <small>(HSA Compliant)</small>	Preventive: \$0 PCP: \$60 after Ded. Specialist: \$75 after Ded. Diabetic monitoring visit: \$0 <sup>1</sup>	\$250 after Ded.	35% Co-ins. after Ded.	35% Co-ins. after Ded.	35% Co-ins. after ded.	\$3,000/\$5,950 per plan year— Includes Rx <sup>8</sup>	\$5,800/\$11,600 per plan year	After Ded.— Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB—Mail: \$15/\$30/\$150 (no Ded.) <sup>1</sup> Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs <sup>1</sup>	Not Applicable

**Blue Cross Blue Shield of Massachusetts allows small employer groups<sup>10</sup> to provide multiple plan options to their employees:**

- Small employer groups with two or more enrolled employees may offer up to two medical plans.

**Below are underwriting guidelines for this type of offering:**

- 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).
- 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 and HMO Blue New England Options Deductible II 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.

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**1. Value-Based Benefits:**

- Members will pay nothing for the first two diabetic monitoring visits per calendar year. These are services such as diabetes evaluation and management services, including diabetic eye exams and foot care.
- Members will pay the same cost share for a 90-day supply of medication when purchased at the mail pharmacy as they do for a 30-day supply when purchased from a retail pharmacy. (This does not apply to the mail service Tier 2 cost share of the Access Blue New England Basic \$2,000 plan design.) This applies to a specific list of Tier 1 and Tier 2 medications used in the treatment of asthma, coronary artery disease/cardio vascular disease, and diabetes, as well as a co-morbidity of Depression. The overall deductible will not apply for these medications on the HSA-compliant plan designs.
- Members will pay nothing for certain Tier 1 and Tier 2 smoking cessation products when purchased at either a retail pharmacy or mail pharmacy.

2. This is the cost sharing for services rendered at hospitals other than those that are designated as higher cost.
3. The two amounts in this column refer to individual and family.
4. Higher cost hospitals are: Baystate Medical Center, Berkshire Medical Center, Brigham and Women's Hospital, Cape Cod Hospital, Children's Hospital Medical Center, Dana-Farber Cancer Institute, Fairview Hospital, Harrington Memorial Hospital, Massachusetts General Hospital, North Shore Medical Center—Salem Campus, North Shore Medical Center—Union Campus, South Shore Hospital, Sturdy Memorial Hospital, UMass Memorial Medical Center—Memorial Campus, and UMass Memorial Medical Center—University Campus.
5. Outside Massachusetts, the lower Enhanced Benefits Tier copayment applies to any network provider who is listed as a general practitioner, internist, family practitioner, pediatrician, obstetrician/gynecologist, nurse practitioner, rural health center, or general hospital.
6. Applies to nurse practitioner or nurse midwife visit when billed by a primary care provider (PCP).
7. To provide geographic access to members, the lower Standard Benefits Tier copayment applies for Baystate Franklin 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.
9. There is a \$5,000 per member/\$10,000 per family plan-year co-insurance maximum for Tier 2 and Tier 3 prescription drugs.
10. Small employer group: A sole proprietorship, firm, corporation, partnership, or association engaged in business that, on at least 50 percent of its working days during the preceding year, employed from among one to not more than 50 eligible employees, the majority of whom worked in Massachusetts. In determining the number of eligible employees, companies that are affiliated companies, or that are eligible to file a combined tax return for purposes of state taxation, will be considered one business. These eligible accounts are subject to Massachusetts small group reform legislation.