



HMO Blue New EnglandSM Product Coverage Options for Accounts with 51+ Eligible Employees with 99 or Fewer Enrolled

Effective January 2012*

 Blue shaded products: The standard plan design comes with an option to add 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). Adding the Hospital Choice Cost Sharing feature will result in a lower premium rate.

 This health plan includes a tiered provider network called HMO Blue New England Options v.3. Members in this plan pay different levels of cost share (copayments, coinsurance, 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. For help in finding the benefits tier of a provider, visit the online provider search tool at www.bluecrossma.com and search for HMO Blue New England Options v.3.

Ded.—Deductible // Co-ins.—Co-insurance // VBB—Value Based Benefits// EBT—Enhanced Benefit Tier // SBT—Standard Benefit Tier // BBT—Basic Benefit 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	Emergency Room	Inpatient Admissions ¹	Surgical Day Care (SDC) ¹	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests ¹	Medical Deductible ²	Out-of-Pocket Maximum ³	Prescription Drugs	Hospital Choice Cost Sharing ⁴
Blue Choice New EnglandSM Value Plus	PCP/Plan-Approved: Preventive—\$0 PCP—\$15 Specialist—\$15 Diabetic monitoring visit—\$0 ⁵ Self-Referred: \$100 20% Co-ins. after Ded	PCP/Plan-Approved: \$100 Self-Referred: \$100	PCP/Plan-Approved: \$250 Self-Referred: 20% Co-ins. after Ded.	PCP/Plan-Approved: \$150 Self-Referred: 20% Co-ins. after Ded.	PCP/Plan-Approved: \$25 Self-Referred: 20% Co-ins. after Ded.	PCP/Plan-Approved: None Self-Referred: \$500/\$1,000 per calendar year	PCP/Plan-Approved: \$1,000/\$2,000 per calendar year Self-Referred: \$1,000/\$2,000 per calendar year	PCP/Plan-Approved: Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$90 VBB—Mail: \$10/\$25/\$90 ⁵ Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs ⁵ Self-Referred: Not covered	Not Applicable
HMO Blue New England Value Plus	Preventive—\$0 PCP—\$15 Specialist—\$30 Diabetic monitoring visit—\$0 ⁵	\$100	\$250	\$150	\$25	None	\$5,000/\$10,000 per calendar year	Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$90 VBB—Mail: \$15/\$30/\$90 ⁵ Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs ⁵	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
Access Blue New EnglandSM Enhanced Value	Preventive—\$0 PCP—\$20 Specialist—\$30 Diabetic monitoring visit—\$0 ⁵	\$150	\$500	\$250	\$50	None	\$2,000/\$4,000 per calendar year	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$100 VBB—Mail: \$15/\$30/\$100 ⁵ Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs ⁵	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—\$65 Additional Changes: Out-of-Pocket Maximum: Increase to \$5,000/\$10,000 individual/ family ⁹
HMO Blue New EnglandSM Enhanced Value	Preventive—\$0 PCP—\$20 Specialist—\$35 Diabetic monitoring visit—\$0 ⁵	\$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 ⁵ Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs ⁵	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
HMO Blue New England OptionsSM v.3	In Massachusetts: Preventive—\$0 PCP—EBT: \$15 ⁶ SBT: \$25 ⁷ BBT: \$45 ⁷ Specialist—\$45 Diabetic monitoring visit—\$0 ⁵	\$150	In Massachusetts: EBT: \$250 ⁶ SBT: \$500 (\$300 for selected hospitals ⁸) BBT: \$1,000	In Massachusetts: EBT: \$150 ⁷ SBT: \$250 BBT: \$500	In Massachusetts: EBT: \$75 ⁶ SBT: \$150 BBT: \$250 Other Network Providers: \$75	None	None	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB—Mail: \$15/\$30/\$150 ⁵ Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs ⁵	Not Applicable
HMO Blue New England Value	Preventive—\$0 PCP—\$25 Specialist—\$40 Diabetic monitoring visit—\$0 ⁵	\$150	\$500	\$250	\$75	None	\$2,000/\$4,000 per calendar year	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB—Mail: \$15/\$30/\$150 ⁵ Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs ⁵	Inpatient—\$1,500 SDC—\$1,250 MRI/CT/PET/NC—\$525 OP diag. labs—\$35 OP diag. X-ray & other imaging tests—\$100 PT/OT/ST—\$75 Additional Changes: Out-of-Pocket Maximum: Increase to \$5,000/\$10,000 ⁹
HMO Blue New EnglandSM Premier Value	Preventive—\$0 PCP—\$25 Specialist—\$40 Diabetic monitoring visit—\$0 ⁵	\$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 ⁵ Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs ⁵	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
HMO Blue New England \$500 Deductible	Preventive—\$0 PCP—\$20 Specialist—\$35 Diabetic monitoring visit—\$0 ⁵	\$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 ⁵ Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs ⁵	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
HMO Blue New EnglandSM Premier Value with Co-insurance	Preventive—\$0 PCP—\$25 Specialist—\$40 Diabetic monitoring visit—\$0 ⁵	\$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 ⁵ Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs ⁵	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
HMO Blue New England \$1,000 Deductible	Preventive—\$0 PCP—\$20 Specialist—\$35 Diabetic monitoring visit—\$0 ⁵	\$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 ⁵ Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs ⁵	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
HMO Blue New England \$1,500	Preventive—\$0 PCP—\$20 Specialist—\$35 Diabetic monitoring visit—\$0 ⁵	\$150	Ded.	Ded.	Ded.	\$1,500/\$3,000 per plan year	\$5,000/\$10,000 per plan year	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB—Mail: \$15/\$30/\$150 ⁵ Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs ⁵	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

Plan Designs	Office Visit	Emergency Room	Inpatient Admissions ¹	Surgical Day Care (SDC) ¹	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests ¹	Medical Deductible ²	Out-of-Pocket Maximum ³	Prescription Drugs	Hospital Choice Cost Sharing ⁴
HMO Blue New England \$2,000 Deductible	Preventive—\$0 PCP—\$20 Specialist—\$35 Diabetic monitoring visit—\$0 ⁵	\$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 ⁵ Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs ⁵	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
HMO Blue New EnglandSM Options Deductible v.3	In Massachusetts: Preventive—\$0 PCP—EBT: \$15 ⁶ SBT: \$25 ⁷ BBT: \$50 ⁷ Specialist—\$50 Diabetic monitoring visit—\$0 ⁵	\$150	In Massachusetts: EBT: \$150 ⁶ SBT: \$150 after Ded. (\$200 for selected hospitals ⁸) BBT: \$1,000 after Ded.	In Massachusetts: EBT: \$150 ⁶ SBT: \$150 after Ded. (\$200 for selected hospitals ⁸) BBT: \$1,000 after Ded.	In Massachusetts: EBT: \$50 ⁶ 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 ⁵ Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs ⁵	Not Applicable
HMO Blue New England OptionsSM Deductible II v.3	In Massachusetts: Preventive—\$0 PCP—EBT: \$20 ⁶ SBT: \$30 ⁷ BBT: \$50 ⁷ Specialist—\$50 Diabetic monitoring visit—\$0 ⁵	\$200	In Massachusetts: EBT: \$250 ⁶ SBT: \$250 after Ded. (\$300 for selected hospitals ⁸) BBT: \$1,500 after Ded.	In Massachusetts: EBT: \$250 ⁶ SBT: \$250 after Ded. (\$300 for selected hospitals ⁸) BBT: \$1,500 after Ded.	In Massachusetts: EBT: \$75 ⁶ 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 ⁵ Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs ⁵	Not Applicable
Access Blue New England Basic Saver (HSA Compliant) (Available April 1, 2012)	Preventive—\$0 PCP—\$60 after Ded. Specialist—\$75 after Ded. Diabetic monitoring visit—\$0 ⁵	\$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 ⁹	\$5,800/\$11,600 per plan year	After Ded. Retail \$15/\$30/\$50 Mail \$30/\$60/\$150 VBB—Mail: \$15/\$30/\$150 (no Ded.) ⁵ Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs ⁵	Not Applicable
Access Blue New England Saver (HSA Compliant)	Preventive—\$0 PCP—\$15 after Ded. Specialist—\$25 after Ded. Diabetic monitoring visit—\$0 ⁵	\$150 after Ded.	Ded.	Ded.	Ded.	\$1,500/\$3,000 per plan year— Includes Rx ⁹	\$5,000/\$10,000 per plan year	After Ded.: Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB—Mail: \$10/\$25/\$135 (no Ded.) ⁵ Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs ⁵	Not Applicable
Access Blue New England Basic \$2,000 (Available April 1, 2012)	Preventive—\$0 PCP—\$25 after Ded. Specialist—\$35 after Ded. Diabetic monitoring visit—\$0 ⁵	\$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 ⁵ Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs ⁵ Tier 2 and Tier 3 Retail and Mail \$250/\$500 Ded. Then 50% Co-ins after Ded. ¹⁰	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

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).
- HMO Blue New England Options, 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.

Footnotes

1. This is the cost sharing for services rendered at hospitals other than those that are designated as higher cost.
2. The two deductible amounts refer to individual and family, respectively.
3. The two out-of-pocket maximum amounts 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. Value Based Benefits:

- Members will pay nothing for the first 2 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 applies to a specific list of Tier 1 and Tier 2 medications used in the treatment of asthma, coronary artery disease/cardiovascular disease, diabetes, as well as a co-morbidity of depression. (This does not apply to the mail service Tier 2 cost share of the Access Blue New England Basic \$2,000 plan design.) The overall deductible will not apply for these medications on the HSA-compliant plan designs.
 - Members will pay nothing for Tier 1 and Tier 2 smoking cessation products when purchased at either a retail pharmacy or mail pharmacy.
6. Outside Massachusetts, the lower Enhanced Benefits Tier copayment applies to any network provider who is listed as a general practitioner, pediatrician, obstetrician/gynecologist, nurse practitioner, rural health center, or general hospital.
 7. Applies to nurse practitioner or nurse midwife visit when billed by a primary care provider (PCP).
 8. 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.
 9. Entire family deductible must be satisfied before benefits are provided for any one member enrolled under a family membership.
 10. There is a \$5,000 per member/\$10,000 per family plan-year co-insurance maximum for Tier 2 and Tier 3 prescription drugs.