

PPO Product Coverage Options for Accounts with 51+ Eligible Employees with 99 or Fewer Enrolled

Effective January 2012*

 Blue shaded products: The 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 Preferred Blue PPO 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 Preferred Blue PPO Options v.3.

IN—In-Network // OON—Out-of-Network // 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	ER	Inpatient Admissions ¹	Surgical Day Care (SDC) ¹	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests ¹	Medical Ded. ²	Out-of-Pocket Maximum ³	Prescription Drugs	Hospital Choice Cost Sharing ⁴
Blue Care Elect Value Plus	Preventive—IN: \$0 OON: 20% Co-ins. after Ded. Medical—IN: \$15 Diabetic monitoring visit—\$0 ⁵ OON: 20% Co-ins. after Ded.	\$100	IN: \$250 OON: 20% Co-ins. after Ded.	IN: \$150 OON: 20% Co-ins. after Ded.	IN: \$25 OON: 20% Co-ins. after Ded.	IN: None OON: \$500/\$1,000 per calendar year	IN: None OON: \$1,000/\$2,000 per calendar year	IN: 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 OON: Not covered	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
Blue Care Elect Enhanced Value	Preventive—IN: \$0 OON: 20% Co-ins. after Ded. Medical—IN: \$20 Diabetic monitoring visit—\$0 ⁵ OON: 20% Co-ins. after Ded.	\$150	IN: \$500 OON: 20% Co-ins. after Ded.	IN: \$250 OON: 20% Co-ins. after Ded.	IN: \$50 OON: 20% Co-ins. after Ded.	IN: None OON: \$500/\$1,000 per calendar year	IN: None OON: \$1,000/\$2,000 per calendar year	IN: 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 OON: Not covered	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
Preferred Blue PPO Options v.3	In Massachusetts: Preventive—IN: \$0 OON: 20% Co-ins. after Ded. Medical—IN: EBT: \$15 ⁶ SBT: \$25 BBT: \$45 Other network providers: \$45 Diabetic monitoring visit—\$0 ⁵ OON: 20% Co-ins. after Ded.	\$150	In Massachusetts: IN: EBT: \$250 ⁶ SBT: \$500 (\$300 for selected hospitals) ⁷ BBT: \$1,000 OON: 20% Co-ins. after Ded.	In Massachusetts: IN: EBT: \$150 ⁶ SBT: \$250 BBT: \$500 OON: 20% Co-ins. after Ded.	In Massachusetts: IN: EBT: \$75 ⁶ SBT: \$150 BBT: \$250 Other network providers: \$75 OON: 20% Co-ins. after Ded.	IN: None OON: \$2,000/\$4,000 per plan year	None	IN: 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 OON: Retail: \$30/\$60/\$100 Mail: Not covered	Not Applicable
Preferred Blue PPOSM \$1000 Deductible	Preventive—IN: \$0 OON: 20% Co-ins. after Ded. Medical—IN: \$15 after Ded. Diabetic monitoring visit—\$0 ⁵ OON: 20% Co-ins. after Ded.	\$150 after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN and OON combined: \$1,000/\$2,500 per plan year	IN and OON combined: \$5,000/\$10,000 per plan year	IN: 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 OON: Retail: \$30/\$60/\$100 Mail: Not covered	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
Preferred Blue PPOSM Saver \$1,500 (HSA Compliant)	Preventive—IN: \$0 OON: 20% Co-ins. after Ded. Medical—IN: Ded. Diabetic monitoring visit—\$0 ⁵ OON: 20% Co-ins. after Ded.	\$150 after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN and OON combined: \$1,500/\$3,000 per plan year includes Rx ⁸	IN and OON combined: \$5,000/\$10,000 per plan year	After Ded.: IN: 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 After Ded.: OON: Retail: \$20/\$50/\$90 Mail: Not covered	Not Applicable
Preferred Blue PPOSM 80 with Copay	Preventive—IN: \$0 OON: 20% Co-ins. after Ded. Medical—IN: \$20 Diabetic monitoring visit—\$0 ⁵ OON: 20% Co-ins. after Ded.	\$150	IN: 20% Co-ins. after Ded. OON: 40% Co-ins. after Ded.	IN: \$250 after Ded. OON: 20% Co-ins. after Ded.	IN: 20% Co-ins. after Ded. OON: 40% Co-ins. after Ded.	IN and OON combined: \$500/\$1,000 per plan year	IN and OON combined: \$5,000/\$10,000 per plan year	IN: 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 OON: Retail: \$30/\$60/\$100 Mail: Not covered	IN: Inpatient—30% Co-ins. after Ded. SDC—\$1,250 after Ded. MRI/CT/PET/NC—30% Co-ins. after Ded. OP diag. labs—30% Co-ins. after Ded. OP diag. X-ray & other imaging tests—30% Co-ins. after Ded. PT/OT/ST—\$55
Preferred Blue PPOSM \$2000 Deductible	Preventive—IN: \$0 OON: 20% Co-ins. after Ded. Medical—IN: \$15 after Ded. Diabetic monitoring visit—\$0 ⁵ OON: 20% Co-ins. after Ded.	\$150 after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN and OON combined: \$2,000/\$4,000 per plan year	IN and OON combined: \$5,000/\$10,000 per plan year	IN: 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 OON: Retail: \$30/\$60/\$100 Mail: Not covered	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
Preferred Blue PPOSM Saver \$2,000 (HSA Compliant)	Preventive—IN: \$0 OON: 20% Co-ins. after Ded. Medical—IN: Ded. Diabetic monitoring visit—\$0 ⁵ OON: 20% Co-ins. after Ded.	\$150 after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN and OON combined: \$2,000/\$4,000 per plan year includes Rx ⁸	IN and OON combined: \$5,000/\$10,000 per plan year	After Ded.: IN: 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 After Ded.: OON: Retail: \$20/\$50/\$90 Mail: Not covered	Not Applicable
Preferred Blue PPOSM Saver \$2,900 (HSA Compliant)	Preventive—IN: \$0 OON: 20% Co-ins. after Ded. Medical—IN: Ded. Diabetic monitoring visit—\$0 ⁵ OON: 20% Co-ins. after Ded.	\$150 after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN and OON combined: \$2,900/\$5,800 per plan year includes Rx ⁸	IN and OON combined: \$5,000/\$10,000 per plan year	After Ded.: IN: 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 After Ded.: OON: Retail: \$20/\$50/\$90 Mail: Not covered	Not Applicable
Blue Care Elect \$3,000 Ded. (Does Not Meet MCC)	Preventive—IN: \$0 OON: 20% Co-ins. after Ded. Medical—IN: \$15 after Ded. Diabetic monitoring visit—\$0 ⁵ OON: 20% Co-ins. after Ded.	\$150 after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN and OON combined: \$3,000/\$7,500 per plan year	IN and OON combined: \$5,000/\$10,000 per plan year	IN: 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 OON: Not covered	Not Applicable
Blue Care Elect \$4,500 Ded. (Does Not Meet MCC)	Preventive—IN: \$0 OON: \$45 after Ded. Medical—IN: \$25 after Ded. Diabetic monitoring visit—\$0 ⁵ OON: \$45 after Ded.	\$150 after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN and OON combined: \$4,500/\$9,000 per plan year	IN and OON combined: \$5,000/\$10,000 per plan year	IN: 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 OON: Not covered	Not Applicable

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.

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.

- 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 service 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. 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.
- 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.
- 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.
- Entire family deductible must be satisfied before benefits are provided for any one member enrolled under a family membership.

Footnotes

- This is the cost sharing for services rendered at hospitals other than those that are designated as higher cost.
- The two deductible amounts refer to individual and family.
- The two out-of-pocket maximum amounts refer to individual and family.
- 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—

