

# HMO

**51-99** | Accounts with 51+ Eligible Employees  
with 99 or Fewer Enrolled

Effective on anniversary dates on or after January 2018

Blue Cross Blue Shield of Massachusetts covers more people in Massachusetts than any other health plan. And we've been rated time and again as a top five health plan nationwide.

## Important Information About This Chart

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This chart allows you to compare some of the benefits under each of the plans listed. There may be other cost-share features not included in this chart. Please refer to the plan subscriber certificates for full benefit information.

**Hospital Choice Cost Sharing (Blue shaded products):** These standard plan designs come with an option to add the Hospital Choice Cost Sharing feature, which results in a lower premium rate. With Hospital Choice Cost Sharing, members are empowered to control their out-of-pocket costs based on the hospital they choose for care. When members choose hospitals that have met our quality benchmarks and are lower cost, they will pay less. This approach provides incentives for members to make more cost-effective provider choices. For a list of higher cost hospitals, see footnote #4 on the back page. For more information, visit [bluecrossma.com/hospitalchoice](https://bluecrossma.com/hospitalchoice) or contact your account executive or broker.

**Blue Options (Green shaded products):** These plans include a tiered provider network called HMO Blue New England Options v.5. Our Blue Options plans combine financial incentives with tiered-networks, adding even greater value to employers and employees. Members 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 [bluecrossma.com](https://bluecrossma.com) and search for HMO Blue New England Options v.5.

**Blue Select (Gray shaded products):** These health plans are a limited provider network plan, and include a limited provider network called HMO Blue Select. These plans provide access to a network that is smaller than the Blue Cross Blue Shield of Massachusetts HMO Blue provider network. Under these plans, members have access to network benefits from only the providers in the HMO Blue Select network. For help in finding which providers are included in the HMO Blue Select network, check the most current provider directory for your health plan option or visit the online provider search tool at [bluecrossma.com/findadoctor](https://bluecrossma.com/findadoctor) and select HMO Blue Select.

**Medicare Creditable Coverage:** All plans in this chart, except Access Blue New England Basic Saver II, 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:** All plans in this chart meet the minimum level of benefits that adult tax filers need to be considered insured and avoid tax penalties in Massachusetts.

**Low-Cost Generic Drug Benefit:** With all plans, members can get a 90-day supply of select generic medications for only \$9 when filled through Express Scripts®, our mail service pharmacy. Normal prescription guidelines apply.

**Value Based Benefits<sup>5</sup>:** This approach to managing costs focuses on improving the health of members who have certain chronic conditions. These benefits are included in all plans listed in this chart.

	HMO Blue New England Value Plus	HMO Blue New England Enhanced Value	HMO Blue New England Premier Value
Office Visit Preventive: \$0 (all plans include diabetic monitoring visit: \$0 <sup>5</sup> )	PCP: \$15 Specialist: \$30	PCP: \$20 Specialist: \$35	PCP: \$25 Specialist: \$40
Emergency Room	\$100	\$150	\$150
Inpatient Admissions <sup>1</sup>	\$250	\$500	Ded.
Surgical Day Care <sup>1</sup>	\$150	\$250	\$250
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests <sup>1</sup>	\$25	\$50	\$75
Medical Deductible <sup>2</sup> (Per Plan Year)	None	None	Inpatient: \$1,000/\$2,500
Out-of-Pocket Maximum <sup>3</sup> (Per Plan Year)	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000
Prescription Drugs <sup>5</sup>	Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$90 VBB: \$10/\$25/\$90	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$100 VBB: \$15/\$30/\$100	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: \$15/\$30/\$150
Hospital Choice Cost Sharing <sup>4</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	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	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

**LEGEND:**  Hospital Choice Cost Sharing  Blue Options  Blue Select

**KEY:** Ded: Deductible Coins: Coinsurance VBB: Value Based Benefits

**EBT:** Enhanced Benefits Tier **SBT:** Standard Benefits Tier **BBT:** Basic Benefits Tier

**FOOTNOTES LOCATED ON THE LAST PAGE**

	HMO Blue New England \$500 Deductible	HMO Blue New England \$1,000 Deductible	HMO Blue New England Options Deductible v.5
Office Visit Preventive: \$0 (all plans include diabetic monitoring visit: \$0 <sup>5</sup> )	PCP: \$20 Specialist: \$35	PCP: \$20 Specialist: \$35	PCP: EBT: \$15 <sup>6</sup> SBT: \$25 <sup>6</sup> BBT: \$50 <sup>6</sup> Specialist: \$50
Emergency Room	\$150	\$150	\$150
Inpatient Admissions <sup>1</sup>	Ded.	Ded.	EBT: \$150 <sup>6</sup> SBT: \$150 after Ded. <sup>6</sup> (\$200 for select hospitals <sup>7</sup> ) BBT: \$1,000 after Ded. <sup>6</sup>
Surgical Day Care <sup>1</sup>	Ded.	Ded.	EBT: \$150 <sup>6</sup> SBT: \$150 after Ded. <sup>6</sup> (\$200 for select hospitals <sup>7</sup> ) BBT: \$1,000 after Ded. <sup>6</sup>
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests <sup>1</sup>	Ded.	Ded.	EBT: \$50 <sup>6</sup> SBT: \$50 after Ded. <sup>6</sup> (\$50 for select hospitals <sup>7</sup> ) BBT: \$450 after Ded. <sup>6</sup> Other Network Providers: \$50
Medical Deductible <sup>2</sup> (Per Plan Year)	\$500/\$1,000	\$1,000/\$2,000	EBT: None SBT: \$500/\$1,000 BBT: \$2,000/\$4,000
Out-of-Pocket Maximum <sup>3</sup> (Per Plan Year)	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000
Prescription Drugs <sup>5</sup>	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: \$15/\$30/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: \$15/\$30/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: \$15/\$30/\$150
Hospital Choice Cost Sharing <sup>4</sup>	AFTER DEDUCTIBLE 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	AFTER DEDUCTIBLE 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	Not Applicable

**LEGEND:**  Hospital Choice Cost Sharing  Blue Options  Blue Select

**KEY:** Ded: Deductible **Coins:** Coinsurance **VBB:** Value Based Benefits  
**EBT:** Enhanced Benefits Tier **SBT:** Standard Benefits Tier **BBT:** Basic Benefits Tier

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	HMO Blue New England \$1,000 Deductible with Copayment	HMO Blue New England Options Deductible II v.5	HMO Blue New England \$1,500 Deductible
Office Visit Preventive: \$0 (all plans include diabetic monitoring visit: \$0 <sup>5</sup> )	PCP: \$20 Specialis: \$35	PCP: EBT: \$20 <sup>6</sup> SBT: \$30 <sup>6</sup> BBT: \$50 <sup>6</sup> Specialist: \$50	PCP: \$20 Specialist: \$35
Emergency Room	\$100 after Ded.	\$200	\$150
Inpatient Admissions <sup>1</sup>	\$500 after Ded.	EBT: \$250 <sup>6</sup> SBT: \$250 after Ded. <sup>6</sup> ((\$300 for select hospitals <sup>7</sup> ) BBT: \$1,500 after Ded. <sup>6</sup>	Ded.
Surgical Day Care <sup>1</sup>	\$250 after Ded.	EBT: \$250 <sup>6</sup> SBT: \$250 after Ded. <sup>6</sup> ((\$300 for select hospitals <sup>7</sup> ) BBT: \$1,500 after Ded. <sup>6</sup>	Ded.
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests <sup>1</sup>	\$50 after Ded.	EBT: \$75 <sup>6</sup> SBT: \$75 after Ded. <sup>6</sup> ((\$75 for select hospitals <sup>7</sup> ) BBT: \$450 after Ded. <sup>6</sup> Other Network Providers : \$75	Ded.
Medical Deductible <sup>2</sup> (Per Plan Year)	\$1,000/\$2,000	EBT: None SBT: \$500/\$1,000 BBT: \$2,000/\$4,000	\$1,500/\$3,000
Out-of-Pocket Maximum <sup>3</sup> (Per Plan Year)	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000
Prescription Drugs <sup>5</sup>	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: \$15/\$30/\$150	Retail: \$15/\$35/\$50 Mail: \$30/\$70/\$150 VBB: \$15/\$35/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: \$15/\$30/\$150
Hospital Choice Cost Sharing <sup>4</sup>	AFTER DEDUCTIBLE 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/S: \$70	Not Applicable	AFTER DEDUCTIBLE 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

**LEGEND:**  Hospital Choice Cost Sharing  Blue Options  Blue Select

**KEY:** Ded: Deductible Coins: Coinsurance VBB: Value Based Benefits

EBT: Enhanced Benefits Tier SBT: Standard Benefits Tier BBT: Basic Benefits Tier

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	HMO Blue Select \$1,000 Deductible	HMO Blue New England \$1,000 Deductible with Coinsurance	Access Blue New England Saver (HSA Compliant)
Office Visit Preventive: \$0 (all plans include diabetic monitoring visit: \$0 <sup>5</sup> )	PCP: \$20 Specialist: \$35	PCP: \$20 Specialist: \$35	PCP: \$15 after Ded. Specialist: \$25 after Ded.
Emergency Room	\$150	20% Coins. after Ded.	\$150 after Ded.
Inpatient Admissions <sup>1</sup>	Ded.	20% Coins. after Ded.	Ded.
Surgical Day Care <sup>1</sup>	Ded.	20% Coins. after Ded.	Ded.
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests <sup>1</sup>	Ded.	20% Coins. after Ded.	Ded.
Medical Deductible <sup>2</sup> (Per Plan Year)	\$1,000/\$2,000	\$1,000/\$2,000	\$1,500/\$3,000—Includes Rx <sup>8,9</sup>
Out-of-Pocket Maximum <sup>3</sup> (Per Plan Year)	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	\$6,450/\$12,900—Includes Rx
Prescription Drugs <sup>5</sup>	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: \$15/\$30/\$150	Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB: \$10/\$25/\$135	AFTER DEDUCTIBLE Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB: \$10/\$25/\$135 (no Ded.)
Hospital Choice Cost Sharing <sup>4</sup>	Not Applicable	AFTER DEDUCTIBLE Inpatient: 30% Coins. SDC: 30% Coins. MRI/CT/PET/NC: 30% Coins. OP Diag. labs: 30% Coins. OP Diag. X-ray & other imaging tests: 30% Coins. PT/OT/ST: \$75	Not Applicable

**LEGEND:**  Hospital Choice Cost Sharing  Blue Options  Blue Select

**KEY:** **Ded:** Deductible **Coins:** Coinsurance **VBB:** Value Based Benefits

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	HMO Blue Select \$1,000 Deductible with Copayment	HMO Blue New England \$2,000 Deductible	HMO Blue New England \$2,000 Deductible with Copayment
Office Visit Preventive: \$0 (all plans include diabetic monitoring visit: \$0 <sup>5</sup> )	PCP: \$20 Specialist: \$35	PCP: \$20 Specialist: \$35	PCP: \$20 Specialist: \$35
Emergency Room	\$100 after Ded.	\$150	\$250 after Ded.
Inpatient Admissions <sup>1</sup>	\$500 after Ded.	Ded.	\$500 after Ded.
Surgical Day Care <sup>1</sup>	\$250 after Ded.	Ded.	\$250 after Ded.
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests <sup>1</sup>	\$50 after Ded.	Ded.	\$250 after Ded.
Medical Deductible <sup>2</sup> (Per Plan Year)	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000
Out-of-Pocket Maximum <sup>3</sup> (Per Plan Year)	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000
Prescription Drugs <sup>5</sup>	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: \$15/\$30/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: \$15/\$30/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: \$15/\$30/\$150
Hospital Choice Cost Sharing <sup>4</sup>	Not Applicable	AFTER DEDUCTIBLE 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	AFTER DEDUCTIBLE Inpatient: \$1,500 SDC: \$1,250 MRI/CT/PET/NC: \$700 OP Diag. labs: \$35 OP Diag. X-ray & other imaging tests: \$100 PT/OT/ST: \$70

**LEGEND:**  Hospital Choice Cost Sharing  Blue Options  Blue Select

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	Access Blue New England Saver \$2,000 (HSA Compliant)	HMO Blue New England Options Deductible III v.5	Access Blue New England Saver \$2,500 (HSA Compliant)
Office Visit Preventive: \$0 (all plans include diabetic monitoring visit: \$0 <sup>5</sup> )	PCP: \$15 after Ded. Specialist: \$25 after Ded.	PCP: EBT: \$20 <sup>6</sup> SBT: \$35 <sup>6</sup> BBT: \$55 <sup>6</sup> Specialist: \$55	PCP: \$15 after Ded. Specialist: \$25 after Ded.
Emergency Room	\$150 after Ded.	\$250	\$150 after Ded.
Inpatient Admissions <sup>1</sup>	Ded.	EBT: Ded. <sup>6</sup> SBT: \$500 after Ded. <sup>6</sup> ((\$50 after Ded. for select hospitals <sup>7</sup> ) BBT: \$1,500 after Ded. <sup>6</sup>	Ded.
Surgical Day Care <sup>1</sup>	Ded.	EBT: Ded. <sup>6</sup> SBT: \$500 after Ded. <sup>6</sup> ((\$50 after Ded. for select hospitals <sup>7</sup> ) BBT: \$1,500 after Ded. <sup>6</sup>	Ded.
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests <sup>1</sup>	Ded.	EBT: Ded. <sup>6</sup> SBT: \$75 after Ded. <sup>6</sup> BBT: \$450 after Ded. <sup>6</sup> Other network providers: \$0	Ded.
Medical Deductible <sup>2</sup> (Per Plan Year)	\$2,000/\$4,000—Includes Rx <sup>8,9</sup>	\$2,000/\$4,000	\$2,500/\$5,000—Includes Rx <sup>8,9</sup>
Out-of-Pocket Maximum <sup>3</sup> (Per Plan Year)	\$6,450/\$12,900—Includes Rx	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	\$6,450/\$12,900—Includes Rx
Prescription Drugs <sup>5</sup>	AFTER DEDUCTIBLE Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB: \$10/\$25/\$135 (no Ded.)	Retail: \$20/\$40/\$60 Mail: \$40/\$80/\$180 VBB: \$20/\$40/\$180	AFTER DEDUCTIBLE Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB: \$10/\$25/\$135 (no Ded.)
Hospital Choice Cost Sharing <sup>4</sup>	Not Applicable	Not Applicable	Not Applicable

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	HMO Blue Select \$2,000 Deductible	HMO Blue Select \$2,000 Deductible with Copayment	HMO Blue New England \$3,000 Deductible
Office Visit Preventive: \$0 (all plans include diabetic monitoring visit: \$0 <sup>5</sup> )	PCP: \$20 Specialist: \$35	PCP: \$20 Specialist: \$35	PCP: \$20 Specialist: \$35
Emergency Room	\$150	\$250 after Ded.	\$150
Inpatient Admissions <sup>1</sup>	Ded.	\$500 after Ded.	Ded.
Surgical Day Care <sup>1</sup>	Ded.	\$250 after Ded.	Ded.
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests <sup>1</sup>	Ded.	\$250 after Ded.	Ded.
Medical Deductible <sup>2</sup> (Per Plan Year)	\$2,000/\$4,000	\$2,000/\$4,000	\$3,000/\$6,000
Out-of-Pocket Maximum <sup>3</sup> (Per Plan Year)	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000
Prescription Drugs <sup>5</sup>	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: \$15/\$30/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: \$15/\$30/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: \$15/\$30/\$150
Hospital Choice Cost Sharing <sup>4</sup>	Not Applicable	Not Applicable	AFTER DEDUCTIBLE 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

**LEGEND:**  Hospital Choice Cost Sharing  Blue Options  Blue Select

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	Access Blue New England Saver \$3,000 (HSA Compliant)	HMO Blue Select \$3,000 Deductible	HMO Blue New England Basic Copayment
Office Visit Preventive: \$0 (all plans include diabetic monitoring visit: \$0 <sup>5</sup> )	PCP: \$15 after Ded. Specialist: \$25 after Ded.	PCP: \$20 Specialist: \$35	PCP: \$60 Specialist: \$75
Emergency Room	\$150 after Ded.	\$150	\$750 after Ded.
Inpatient Admissions <sup>1</sup>	Ded.	Ded.	\$1,000 after Ded.
Surgical Day Care <sup>1</sup>	Ded.	Ded.	\$1,000 after Ded.
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests <sup>1</sup>	Ded.	Ded.	\$1,000 after Ded.
Medical Deductible <sup>2</sup> (Per Plan Year)	\$3,000/\$6,000—Includes Rx <sup>8,9</sup>	\$3,000/\$6,000	\$2,000/\$4,000
Out-of-Pocket Maximum <sup>3</sup> (Per Plan Year)	\$6,450/\$12,900—Includes Rx	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000
Prescription Drugs <sup>5</sup>	AFTER DEDUCTIBLE Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB: \$10/\$25/\$135 (no Ded.)	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: \$15/\$30/\$150	Retail: \$20/\$40/\$60 Mail: \$40/\$80/\$180 VBB: \$20/\$40/\$180
Hospital Choice Cost Sharing <sup>4</sup>	Not Applicable	Not Applicable	Not Applicable

**LEGEND:**  Hospital Choice Cost Sharing  Blue Options  Blue Select

**KEY:** Ded: Deductible Coins: Coinsurance VBB: Value Based Benefits

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**FOOTNOTES LOCATED  
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	Access Blue New England Basic Saver II (HSA Compliant)
Office Visit Preventive: \$0 (all plans include diabetic monitoring visit: \$0 <sup>5</sup> )	PCP: \$50 after Ded. Specialist: \$75 after Ded.
Emergency Room	\$750 after Ded.
Inpatient Admissions <sup>1</sup>	\$1,000 after Ded.
Surgical Day Care <sup>1</sup>	\$1,000 after Ded.
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests <sup>1</sup>	\$1,000 after Ded.
Medical Deductible <sup>2</sup> (Per Plan Year)	\$3,300/\$6,450—Includes Rx <sup>8,9</sup>
Out-of-Pocket Maximum <sup>3</sup> (Per Plan Year)	\$6,450/\$12,900—Includes Rx
Prescription Drugs <sup>5</sup>	AFTER DEDUCTIBLE Retail: \$20/\$80/\$100 Mail: \$40/\$160/\$300 VBB: \$20/\$80/\$300 (no Ded.)
Hospital Choice Cost Sharing <sup>4</sup>	Not Applicable

**LEGEND:**  Hospital Choice Cost Sharing  Blue Options  Blue Select

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# Blue Cross Blue Shield of Massachusetts allows employer groups with 51+ Eligible Employees with 99 or Fewer Enrolled to provide multiple plan options to their employees.

Below you will find 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).
- HMO Blue New England Options Deductible, 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.

## 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 and are plan year.
3. The two out-of-pocket maximum amounts refer to individual and family, and are plan year.
4. Higher-cost hospitals are: Baystate Medical Center, Brigham and Women's Hospital, Cape Cod Hospital, Boston Children's Hospital (other than Boston Children's Hospital locations at Lexington, Peabody, and Waltham), Dana-Farber Cancer Institute, Fairview Hospital, Massachusetts General 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 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. For a 3-Tier pharmacy benefit 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. For a 4-Tier pharmacy benefit this applies to a specific list of Tier 1, Tier 2, and Tier 3 medications used in the treatment of asthma, coronary artery disease/cardiovascular disease, diabetes, as well as a co-morbidity of depression. (This doesn't apply to the mail service Tier 2 cost share of the Access Blue New England Basic \$2,000 plan design.) The overall deductible won't 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, limited services clinic, or general hospital. In New Hampshire a Tier 1 provider equates to an Enhanced Benefits Tier provider. In New Hampshire a Tier 2 provider equates to a Standard Benefits Tier provider.
7. To provide geographic access to members, the lower Standard Benefits Tier copayment applies for Athol Memorial Hospital, Baystate Mary Lane Hospital, Berkshire Medical Center, Falmouth Hospital, Martha's Vineyard Hospital, Nantucket Cottage Hospital.
8. Entire family deductible must be satisfied before benefits are provided for any one member enrolled under a family membership.
9. Overall deductible doesn't apply to preventive drugs.