

HMO

2-50

**Accounts with 2-50 Enrolled with
50 or Fewer Full-Time Employees**

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

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 plan designs include 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 or contact your account executive or broker.

Blue Options (Green shaded products): These health 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 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 and select HMO Blue Select.

Medicare Creditable Coverage: All plans in this chart, except HMO Blue New England Saver \$3,000 and HMO Blue New England Basic Saver 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 Benefits¹: 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 Premier Value	HMO Blue New England Premier Value with Hospital Choice Cost Sharing	HMO Blue New England \$500 Deductible with Hospital Choice Cost Sharing
Office Visit (all plans— Preventive: \$0 Diabetic monitoring visit: \$0 ¹)	PCP: \$25 Specialist: \$40	PCP: \$25 Specialist: \$40	PCP: \$25 Specialist: \$40
Emergency Room	\$250	\$250	\$150
Inpatient Admissions ²	Deductible	Deductible	Deductible
Surgical Day Care ²	\$500	\$500	Deductible
Labs ²	\$25	\$25	\$35 after Deductible
X-rays ²	\$25	\$25	\$35 after Deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests ²	\$150	\$150	Deductible
Medical Deductible ³ (Per Plan Year)	Inpatient: \$1,000/\$2,500	Inpatient: \$1,000/\$2,500	\$500/\$1,000
Out-of-Pocket Maximum ³ (Per Plan Year)	\$6,850/\$13,700—Includes Rx	\$6,850/\$13,700—Includes Rx	\$6,850/\$13,700—Includes Rx
Prescription Drugs ¹	Retail: \$25/\$50/\$150/\$225 Mail: \$50/\$100/\$300/\$675 VBB: \$25/\$50/\$150/\$675	Retail: \$25/\$50/\$150/\$225 Mail: \$50/\$100/\$300/\$675 VBB: \$25/\$50/\$150/\$675	Retail: \$25/\$50/\$150/\$225 Mail: \$50/\$100/\$300/\$675 VBB: \$25/\$50/\$150/\$675
Hospital Choice Cost Sharing ⁴	Not Applicable	Inpatient: \$1,000 after Deductible SDC: \$1,500 MRI/CT/PET/NC: \$600 OP diag. labs: \$60 OP diag. X-ray & other imaging tests: \$125 PT/OT/ST: \$75	AFTER DEDUCTIBLE Inpatient: \$1,000 SDC: \$1,000 MRI/CT/PET/NC: \$450 OP diag. labs: \$70 OP diag. X-ray & other imaging tests: \$135 PT/OT/ST: \$75

LEGEND: Hospital Choice Cost Sharing Blue Options Blue Select

KEY: 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 \$1,000 Deductible with Hospital Choice Cost Sharing	HMO Blue New England \$1,000 Deductible with Copayment	HMO Blue New England \$1,500 Deductible with Hospital Choice Cost Sharing
Office Visit (all plans— Preventive: \$0 Diabetic monitoring visit: \$0 ¹)	PCP: \$25 Specialist: \$40	PCP: \$25 Specialist: \$45	PCP: \$25 Specialist: \$40
Emergency Room	\$250	\$250 after Deductible	\$125
Inpatient Admissions ²	Deductible	\$500 after Deductible	Deductible
Surgical Day Care ²	Deductible	\$250 after Deductible	Deductible
Labs ²	\$35 after Deductible	\$55 after Deductible	\$35 after Deductible
X-rays ²	\$35 after Deductible	\$55 after Deductible	\$35 after Deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests ²	\$75 after Deductible	\$150 after Deductible	\$75 after Deductible
Medical Deductible ³ (Per Plan Year)	\$1,000/\$2,000	\$1,000/\$2,000	\$1,500/\$3,000
Out-of-Pocket Maximum ³ (Per Plan Year)	\$5,550/\$11,100—Includes Rx	\$7,350/\$14,700—Includes Rx	\$5,550/\$11,100—Includes Rx
Prescription Drugs ¹	Retail: \$25/\$50/\$150/\$225 Mail: \$50/\$100/\$300/\$675 VBB: \$25/\$50/\$150/\$675	Retail: \$25/\$50/\$150/\$225 Mail: \$50/\$100/\$300/\$675 VBB: \$25/\$50/\$150/\$675	Retail: \$25/\$50/\$150/\$225 Mail: \$50/\$100/\$300/\$675 VBB: \$25/\$50/\$150/\$675
Hospital Choice Cost Sharing ⁴	AFTER DEDUCTIBLE Inpatient: \$1,000 SDC: \$1,000 MRI/CT/PET/NC: \$525 OP diag. labs: \$70 OP diag. X-ray & other imaging tests: \$135 PT/OT/ST: \$75	Not Applicable	AFTER DEDUCTIBLE Inpatient: \$1,000 SDC: \$1,000 MRI/CT/PET/NC: \$525 OP diag. labs: \$70 OP diag. X-ray & other imaging tests: \$135 PT/OT/ST: \$75

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

KEY: VBB: Value Based Benefits EB: Enhanced Benefits Tier SBT: Standard Benefits Tier BBT: Basic Benefits Tier

FOOTNOTES LOCATED ON THE LAST PAGE

	HMO Blue Select \$1,000 Deductible	HMO Blue New England Options Deductible II v.5 ⁵	HMO Blue New England \$2,000 Deductible
Office Visit (all plans— Preventive: \$0 Diabetic monitoring visit: \$0 ¹)	PCP: \$25 Specialist: \$40	PCP: EBT: \$25 SBT: \$40 BBT: \$55 Specialist: \$55	PCP: \$25 Specialist: \$40
Emergency Room	\$250	\$350	\$250
Inpatient Admissions ²	Deductible	EBT: \$500 SBT: \$750 after Deductible (\$550 for select hospitals ⁶) BBT: \$2,000 after Deductible	Deductible
Surgical Day Care ²	Deductible	EBT: \$500 SBT: \$750 after Deductible (\$550 for select hospitals ⁶) BBT: \$2,000 after Deductible	Deductible
Labs ²	\$40 after Deductible	EBT: \$35 SBT: \$50 after Deductible (\$50 for select hospitals ⁶) BBT: \$70 after Deductible Other Network Providers: \$35	\$15 after Deductible
X-rays ²	\$40 after Deductible	EBT: \$35 SBT: \$75 after Deductible (\$75 for select hospitals ⁶) BBT: \$150 after Deductible Other Network Providers: \$35	\$15 after Deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests ²	\$75 after Deductible	EBT: \$250 SBT: \$400 after Deductible (\$400 for select hospitals ⁶) BBT: \$750 after Deductible Other Network Providers: \$250	\$75 after Deductible
Medical Deductible ³ (Per Plan Year)	\$1,000/\$2,000	EBT: None SBT: \$750/\$1,500 BBT: \$2,250/\$4,500	\$2,000/\$4,000
Out-of-Pocket Maximum ³ (Per Plan Year)	\$5,550/\$11,100—Includes Rx	\$7,350/\$14,700—Includes Rx	\$5,550/\$11,100—Includes Rx
Prescription Drugs ¹	Retail: \$25/\$50/\$150/\$225 Mail: \$50/\$100/\$300/\$675 VBB: \$25/\$50/\$150/\$675	Retail: \$25/\$50/\$175/\$250 Mail: \$50/\$100/\$350/\$750 VBB: \$25/\$50/\$175/\$750	Retail: \$25/\$50/\$150/\$225 Mail: \$50/\$100/\$300/\$675 VBB: \$25/\$50/\$150/\$675
Hospital Choice Cost Sharing ⁴	Not Applicable	Not Applicable	Not Applicable

LEGEND: Hospital Choice Cost Sharing Blue Options Blue Select

KEY: VBB: Value Based Benefits EBT: Enhanced Benefits Tier SBT: Standard Benefits Tier BBT: Basic Benefits Tier

**FOOTNOTES LOCATED
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	HMO Blue Select \$1,000 Deductible with Copayment	HMO Blue New England \$2,000 Deductible with Hospital Choice Cost Sharing	HMO Blue New England Options Deductible III v.5 ⁵
Office Visit (all plans— Preventive: \$0 Diabetic monitoring visit: \$0 ¹)	PCP: \$25 Specialist: \$45	PCP: \$25 Specialist: \$40	PCP: EBT: \$25 SBT: \$40 BBT: \$55 Specialist: \$55
Emergency Room	\$250 after Deductible	\$150	\$350
Inpatient Admissions ²	\$500 after Deductible	Deductible	EBT: Deductible SBT: \$750 after Deductible (\$50 after Deductible for select hospitals ⁶) BBT: \$2,000 after Deductible
Surgical Day Care ²	\$250 after Deductible	Deductible	EBT: Deductible SBT: \$750 after Deductible (\$50 after Deductible for select hospitals ⁶) BBT: \$2,000 after Deductible
Labs ²	\$55 after Deductible	Deductible	EBT: \$15 after Deductible SBT: \$50 after Deductible BBT: \$70 after Deductible Other Network Providers: \$15
X-rays ²	\$55 after Deductible	Deductible	EBT: \$15 after Deductible SBT: \$50 after Deductible BBT: \$70 after Deductible Other Network Providers: \$15
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests ²	\$150 after Deductible	Deductible	EBT: Deductible SBT: \$150 after Deductible BBT: \$500 after Deductible Other Network Providers: \$0
Medical Deductible ³ (Per Plan Year)	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000
Out-of-Pocket Maximum ³ (Per Plan Year)	\$7,350/\$14,700—Includes Rx	\$5,550/\$11,100—Includes Rx	\$6,850/\$13,700—Includes Rx
Prescription Drugs ¹	Retail: \$25/\$50/\$150/\$225 Mail: \$50/\$100/\$300/\$675 VBB: \$25/\$50/\$150/\$675	Retail: \$25/\$50/\$150/\$225 Mail: \$50/\$100/\$300/\$675 VBB: \$25/\$50/\$150/\$675	Retail: \$25/\$50/\$175/\$250 Mail: \$50/\$100/\$350/\$750 VBB: \$25/\$50/\$175/\$750
Hospital Choice Cost Sharing ⁴	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: \$75	Not Applicable

LEGEND: Hospital Choice Cost Sharing Blue Options Blue Select

KEY: VBB: Value Based Benefits EBT: Enhanced Benefits Tier SBT: Standard Benefits Tier BBT: Basic Benefits Tier

**FOOTNOTES LOCATED
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	HMO Blue New England \$2,000 Deductible with Copayment	HMO Blue Select \$2,000 Deductible	HMO Blue New England \$3,000 Deductible
Office Visit (all plans— Preventive: \$0 Diabetic monitoring visit: \$0 ¹)	PCP: \$25 Specialist: \$45	PCP: \$25 Specialist: \$40	PCP: \$40 Specialist: \$55
Emergency Room	\$250 after Deductible	\$250	\$500 after Deductible
Inpatient Admissions ²	\$500 after Deductible	Deductible	\$500 after Deductible
Surgical Day Care ²	\$250 after Deductible	Deductible	\$500 after Deductible
Labs ²	\$55 after Deductible	\$15 after Deductible	\$40 after Deductible
X-rays ²	\$55 after Deductible	\$15 after Deductible	\$40 after Deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests ²	\$150 after Deductible	\$75 after Deductible	\$300 after Deductible
Medical Deductible ³ (Per Plan Year)	\$2,000/\$4,000	\$2,000/\$4,000	\$3,000/\$6,000
Out-of-Pocket Maximum ³ (Per Plan Year)	\$7,350/\$14,700—Includes Rx	\$5,550/\$11,100—Includes Rx	\$6,850/\$13,700—Includes Rx
Prescription Drugs ¹	Retail: \$25/\$50/\$150/\$225 Mail: \$50/\$100/\$300/\$675 VBB: \$25/\$50/\$150/\$675	Retail: \$25/\$50/\$150/\$225 Mail: \$50/\$100/\$300/\$675 VBB: \$25/\$50/\$150/\$675	Retail: \$25/\$50/\$150/\$225 Mail: \$50/\$100/\$300/\$675 VBB: \$25/\$50/\$150/\$675
Hospital Choice Cost Sharing ⁴	Not Applicable	Not Applicable	Not Applicable

LEGEND: Hospital Choice Cost Sharing Blue Options Blue Select

KEY: VBB: Value Based Benefits EBT: Enhanced Benefits Tier SBT: Standard Benefits Tier BBT: Basic Benefits Tier

**FOOTNOTES LOCATED
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	HMO Blue New England Basic Copayment	HMO Blue New England \$3,000 Deductible with Hospital Choice Cost Sharing	HMO Blue Select \$2,000 Deductible with Copayment
Office Visit (all plans— Preventive: \$0 Diabetic monitoring visit: \$0 ¹)	PCP: \$60 Specialist: \$75	PCP: \$30 Specialist: \$40	PCP: \$25 Specialist: \$45
Emergency Room	\$1,000 after Deductible	\$500 after Deductible	\$250 after Deductible
Inpatient Admissions ²	\$1,000 after Deductible	\$500 after Deductible	\$500 after Deductible
Surgical Day Care ²	\$1,000 after Deductible	\$500 after Deductible	\$250 after Deductible
Labs ²	\$40 after Deductible	\$35 after Deductible	\$55 after Deductible
X-rays ²	\$40 after Deductible	\$35 after Deductible	\$55 after Deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests ²	\$1,000 after Deductible	\$500 after Deductible	\$150 after Deductible
Medical Deductible ³ (Per Plan Year)	\$2,000/\$4,000	\$3,000/\$6,000	\$2,000/\$4,000
Out-of-Pocket Maximum ³ (Per Plan Year)	\$6,850/\$13,700—Includes Rx	\$7,350/\$14,700—Includes Rx	\$7,350/\$14,700—Includes Rx
Prescription Drugs ¹	Retail: \$25/\$50/\$150/\$225 Mail: \$50/\$100/\$300/\$675 VBB: \$25/\$50/\$150/\$675	Retail: \$25/\$50/\$150/\$225 Mail: \$50/\$100/\$300/\$675 VBB: \$25/\$50/\$150/\$675	Retail: \$25/\$50/\$150/\$225 Mail: \$50/\$100/\$300/\$675 VBB: \$25/\$50/\$150/\$675
Hospital Choice Cost Sharing ⁴	Not Applicable	AFTER DEDUCTIBLE Inpatient: \$1,500 SDC: \$1,500 MRI/CT/PET/NC: \$950 OP diag. labs: \$70 OP diag. X-ray & other imaging tests: \$135 PT/OT/ST: \$75	Not Applicable

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

KEY: VBB: Value Based Benefits EBT: Enhanced Benefits Tier SBT: Standard Benefits Tier BBT: Basic Benefits Tier

**FOOTNOTES LOCATED
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	HMO Blue Select \$3,000 Deductible	HMO Blue New England Saver \$2,000	HMO Blue New England Saver \$3,000
Office Visit (all plans— Preventive: \$0 Diabetic monitoring visit: \$0 ¹)	PCP: \$40 Specialist: \$55	PCP: \$25 after Deductible Specialist: \$40 after Deductible	PCP: \$20 after Deductible Specialist: \$25 after Deductible
Emergency Room	\$500 after Deductible	\$250 after Deductible	\$150 after Deductible
Inpatient Admissions ²	\$500 after Deductible	\$250 after Deductible	Deductible
Surgical Day Care ²	\$500 after Deductible	\$250 after Deductible	Deductible
Labs ²	\$40 after Deductible	\$40 after Deductible	\$30 after Deductible
X-rays ²	\$40 after Deductible	\$40 after Deductible	\$30 after Deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests ²	\$300 after Deductible	\$250 after Deductible	Deductible
Medical Deductible ³ (Per Plan Year)	\$3,000/\$6,000	\$2,000/\$4,000—Includes Rx ^{7,8}	\$3,000/\$6,000—Includes Rx ^{7,8}
Out-of-Pocket Maximum ³ (Per Plan Year)	\$6,850/\$13,700—Includes Rx	\$6,550/\$13,100—Includes Rx	\$6,550/\$13,100—Includes Rx
Prescription Drugs ¹	Retail: \$25/\$50/\$150/\$225 Mail: \$50/\$100/\$300/\$675 VBB: \$25/\$50/\$150/\$675	AFTER DEDUCTIBLE Retail: \$25/\$50/\$175/\$250 Mail: \$50/\$100/\$350/\$750 VBB: \$25/\$50/\$175/\$750 (no Deductible)	AFTER DEDUCTIBLE Retail: \$25/\$50/\$150/\$225 Mail: \$50/\$100/\$300/\$675 VBB: \$25/\$50/\$150/\$675 (no Deductible)
Hospital Choice Cost Sharing ⁴	Not Applicable	Not Applicable	Not Applicable

LEGEND: Hospital Choice Cost Sharing Blue Options Blue Select

KEY: VBB: Value Based Benefits EBT: Enhanced Benefits Tier SBT: Standard Benefits Tier BBT: Basic Benefits Tier

**FOOTNOTES LOCATED
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	HMO Blue New England Basic Saver	HMO Blue Select Saver \$2,000
Office Visit (all plans— Preventive: \$0 Diabetic monitoring visit: \$0 ¹)	PCP: \$60 after Deductible Specialist: \$75 after Deductible	PCP: \$25 after Deductible Specialist: \$40 after Deductible
Emergency Room	\$1,000 after Deductible	\$250 after Deductible
Inpatient Admissions ²	\$1,000 after Deductible	\$250 after Deductible
Surgical Day Care ²	\$1,000 after Deductible	\$150 after Deductible
Labs ²	\$60 after Deductible	\$40 after Deductible
X-rays ²	\$60 after Deductible	\$40 after Deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests ²	\$1,000 after Deductible	\$250 after Deductible
Medical Deductible ³ (Per Plan Year)	\$3,350/\$6,550—Includes Rx ^{7,8}	\$2,000/\$4,000—Includes Rx ^{7,8}
Out-of-Pocket Maximum ³ (Per Plan Year)	\$6,550/\$13,100—Includes Rx	\$6,550/\$13,100—Includes Rx
Prescription Drugs ¹	AFTER DEDUCTIBLE Retail: \$25/\$50/\$175/\$250 Mail: \$50/\$100/\$350/\$750 VBB: \$25/\$50/\$175/\$750 (no Deductible)	AFTER DEDUCTIBLE Retail: \$25/\$50/\$175/\$250 Mail: \$50/\$100/\$350/\$750 VBB: \$25/\$50/\$175/\$750 (no Deductible)
Hospital Choice Cost Sharing ⁴	Not Applicable	Not Applicable

LEGEND: Hospital Choice Cost Sharing Blue Options Blue Select

KEY: VBB: Value Based Benefits EB: Enhanced Benefits Tier SBT: Standard Benefits Tier BBT: Basic Benefits Tier

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Blue Cross Blue Shield of Massachusetts allows small group employer groups⁹ with two or more enrolled employees to offer up to two medical plans.

Below you'll 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).
- 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, 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.
- Any HMO New England Product without the Hospital Choice Cost Sharing feature can be paired alongside a PPO Product with the HCCS feature in the scenario where the PPO is set-up for out of New England membership only.

Footnotes

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. 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/cardio vascular disease, and 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. The overall deductible won't 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, 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. 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.
 6. To provide geographic access to members, the lower Standard Benefits Tier copayment applies for Athol Memorial Hospital, Baystate Franklin Medical Center, Berkshire Medical Center, Falmouth Hospital, Martha's Vineyard Hospital, Nantucket Cottage Hospital.
 7. Entire family deductible must be satisfied before benefits are provided for any one member enrolled under a family membership.
 8. Overall deductible doesn't apply to preventive drugs.
 9. Small employer group: "Eligible small business" or "group", any sole proprietorship, firm, corporation, partnership or association actively engaged in business who, on at least fifty percent of its working days during the preceding year employed from among one to not more than fifty full-time equivalent employees, the majority of whom worked in the commonwealth; provided, however, that a health carrier may offer health insurance to a business of more than fifty employees in accordance with the provisions of this chapter. In determining the number of full-time equivalent employees, a business shall be considered to be one eligible small business or group if: (1) it is eligible to file a combined tax return for purpose of state taxation, or (2) its companies are affiliated companies through the same corporate parent. Except as otherwise specifically provided, provisions of this chapter which apply to an eligible small business shall continue to apply through the end of the rating period in which an eligible insured no longer meets the requirements of this definition. An eligible small business that exists within a MEWA shall be subject to this chapter.



MASSACHUSETTS