

PPO

2-50

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

Effective on anniversary dates on or after January 2019

At Blue Cross Blue Shield of Massachusetts, we're leading the way to better health and lower costs. Rated among the nation's best health plans for member satisfaction and quality, we cover more people in Massachusetts than any other health plan.



TWO YEARS IN A ROW

We ranked "Highest in Member Satisfaction among Commercial Health Plans in Massachusetts" by J.D. Power in 2017 and 2018.

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 standard 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'll pay less. This approach provides incentives for members to make 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 Preferred Blue PPO 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 Preferred Blue PPO Options v.5.

New in 2019—Select Home Delivery: Members in plans with Select Home Delivery need to select whether they want to fill their maintenance medications through our mail order pharmacy, Express Scripts® (ESI), or at a retail pharmacy. Members who fill their prescriptions through ESI can save time and money on a 90-day supply of their medications. Members who choose to fill their prescriptions at a retail pharmacy need to notify ESI before their third medication fill, or they will be responsible for the full cost of their medication. Select Home Delivery is included in all plans listed in this chart.

Medicare Creditable Coverage: All plans this chart, except for Preferred Blue® PPO Basic Saver and Preferred Blue® PPO Saver \$3,000, 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.

	Preferred Blue® PPO \$500 Ded. with Hospital Choice Cost Sharing	Preferred Blue® PPO Options Ded. II	Preferred Blue® PPO \$1,000 Ded.
Office Visit (all plans—diabetic monitoring visit: \$0 ¹)	PREVENTIVE IN: \$0 OON: 20% Coins. after Ded. MEDICAL IN: Primary Care: \$25 Specialist: \$40 OON: 20% Coins. after Ded.	PREVENTIVE IN: \$0 OON: 20% Coins. after Ded. MEDICAL IN: EBT: \$25 ⁵ SBT: \$40 ⁵ BBT: \$55 ⁵ Other network providers: \$55 OON: 20% Coins. after Ded.	PREVENTIVE IN: \$0 OON: 20% Coins. after Ded. MEDICAL IN: Primary Care: \$25 after Ded. Specialist: \$40 after Ded. OON: 20% Coins. after Ded.
Emergency Room	\$150 after In-Network Ded.	\$350	\$150 after In-Network Ded.
Inpatient Admissions ²	IN: Ded. OON: 20% Coins. after Ded.	IN: EBT: Ded. ⁵ SBT: \$750 after Ded. ⁵ ((\$50 after Ded. for select hospitals) ⁶) BBT: \$2,000 after Ded. ⁵ OON: 20% Coins. after Ded.	IN: \$500 after Ded. OON: 20% Coins. after Ded.
Surgical Day Care ²	IN: Ded. OON: 20% Coins. after Ded.	IN: EBT: Ded. ⁵ SBT: \$750 after Ded. ⁵ ((\$50 after Ded. for select hospitals) ⁶) BBT: \$2,000 after Ded. ⁵ OON: 20% Coins. after Ded.	IN: \$250 after Ded. OON: 20% Coins. after Ded.
Labs ²	IN: \$25 after Ded. OON: 20% Coins. after Ded.	IN: EBT: \$15 after Ded. ⁵ SBT: \$50 after Ded. ⁵ BBT: \$70 after Ded. ⁵ Other network providers: \$15 OON: 20% Coins. after Ded.	IN: Hospital: \$60 after Ded. Other: Ded. OON: 20% Coins. after Ded.
X-rays ²	IN: \$25 after Ded. OON: 20% Coins. after Ded.	IN: EBT: \$15 after Ded. ⁵ SBT: \$50 after Ded. ⁵ BBT: \$70 after Ded. ⁵ Other network providers: \$15 OON: 20% Coins. after Ded.	IN: Hospital: \$80 after Ded. Other: Ded. OON: 20% Coins. after Ded.
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests ²	IN: \$75 after Ded. OON: 20% Coins. after Ded.	IN: EBT: Ded. ⁵ SBT: \$150 after Ded. ⁵ BBT: \$500 after Ded. ⁵ Other network providers: \$0 OON: 20% Coins. after Ded.	IN: Hospital: \$120 after Ded. Other: Ded. OON: 20% Coins. after Ded.
Medical Ded. ³ (Per Plan Year)	IN: \$500/\$1,000 OON: \$1,000/\$2,000	IN: \$1,000/\$2,000 OON: \$4,000/\$8,000	IN: \$1,000/\$2,500 OON: \$2,000/\$5,000
Out-of-Pocket Maximum ³ (Per Plan Year)	IN: \$6,850/\$13,700—Medical & Rx OON: \$7,500/\$15,000—Medical & Rx	IN: \$6,850/\$13,700—Medical & Rx OON: \$7,500/\$15,000—Medical & Rx	IN: \$6,850/\$13,700—Medical & Rx OON: \$7,500/\$15,000—Medical & Rx
Prescription Drugs ¹ All plans include Select Home Delivery (IN)	IN: Retail: \$25/\$50/\$150/\$225 Mail: \$50/\$100/\$300/\$675 VBB: Mail: \$25/\$50/\$150/\$675 OON: Retail: \$50/\$100/\$300/\$450 Mail: Not covered	IN: Retail: \$25/\$50/\$175/\$250 Mail: \$50/\$100/\$350/\$750 VBB: Mail: \$25/\$50/\$175/\$750 OON: Retail: \$50/\$100/\$350/\$500 Mail: Not covered	IN: Retail: \$25/\$50/\$150/\$225 Mail: \$50/\$100/\$300/\$675 VBB: Mail: \$25/\$50/\$150/\$675 OON: Retail: \$50/\$100/\$300/\$450 Mail: Not covered
Hospital Choice Cost Sharing ⁴	IN: AFTER Ded. Inpatient: \$1,000 SDC: \$1,000 MRI/CT/PET/NC: \$525 OP diag. labs: \$60 OP diag. X-ray & other imaging tests: \$125 PT/OT/ST: \$75	Not Applicable	Not Applicable

LEGEND: Hospital Choice Cost Sharing Blue Options

KEY: Ded: Deductible Coins: Coinsurance IN: In-Network OON: Out-of-Network VBB: Value Based Benefits
EBT: Enhanced Benefits Tier SBT: Standard Benefits Tier BBT: Basic Benefits Tier

FOOTNOTES LOCATED ON THE LAST PAGE

	Preferred Blue® PPO \$1,000 Ded. with Hospital Choice Cost Sharing	Preferred Blue® PPO Options Ded. III	Preferred Blue® PPO \$2,000 Ded.
Office Visit (all plans—diabetic monitoring visit: \$0 ¹)	<p>PREVENTIVE IN: \$0 OON: 20% Coins. after Ded.</p> <p>MEDICAL IN: Primary Care: \$25 after Ded. Specialist: \$40 after Ded OON: 20% Coins. after Ded.</p>	<p>PREVENTIVE IN: \$0 OON: 20% Coins. after Ded.</p> <p>MEDICAL IN: EBT: \$25⁵ SBT: \$40⁵ BBT: \$55⁵ Other network providers: \$55 OON: 20% Coins. after Ded.</p>	<p>PREVENTIVE IN: \$0 OON: 20% Coins. after Ded.</p> <p>MEDICAL IN: Primary Care: \$35 after Ded. Specialist: \$45 after Ded. OON: 20% Coins. after Ded.</p>
Emergency Room	\$200 after In-Network Ded.	\$350	\$250 after In-Network Ded.
Inpatient Admissions ²	<p>IN: \$500 after Ded. OON: 20% Coins. after Ded.</p>	<p>IN: EBT: Ded.⁵ SBT: \$750 after Ded.⁵ (\$50 after Ded. for select hospitals)⁶ BBT: \$2,000 after Ded.⁵ OON: 20% Coins. after Ded.</p>	<p>IN: \$250 after Ded. OON: 20% Coins. after Ded.</p>
Surgical Day Care ²	<p>IN: \$250 after Ded. OON: 20% Coins. after Ded.</p>	<p>IN: EBT: Ded.⁵ SBT: \$750 after Ded.⁵ (\$50 after Ded. for select hospitals)⁶ BBT: \$2,000 after Ded.⁵ OON: 20% Coins. after Ded.</p>	<p>IN: \$250 after Ded. OON: 20% Coins. after Ded.</p>
Labs ²	<p>IN: \$35 after Ded. OON: 20% Coins. after Ded.</p>	<p>IN: EBT: \$15 after Ded.⁵ SBT: \$50 after Ded.⁵ BBT: \$70 after Ded.⁵ Other network providers: \$15 OON: 20% Coins. after Ded.</p>	<p>IN: Hospital: \$60 after Ded. Other: Ded. OON: 20% Coins. after Ded.</p>
X-rays ²	<p>IN: \$35 after Ded. OON: 20% Coins. after Ded.</p>	<p>IN: EBT: \$15 after Ded.⁵ SBT: \$50 after Ded.⁵ BBT: \$70 after Ded.⁵ Other network providers: \$15 OON: 20% Coins. after Ded.</p>	<p>IN: Hospital: \$100 after Ded. Other: Ded. OON: 20% Coins. after Ded.</p>
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests ²	<p>IN: \$75 after Ded. OON: 20% Coins. after Ded.</p>	<p>IN: EBT: Ded.⁵ SBT: \$150 after Ded.⁵ BBT: \$500 after Ded.⁵ Other network providers: \$0 OON: 20% Coins. after Ded.</p>	<p>IN: Hospital: \$400 after Ded. Other: \$75 after Ded. OON: 20% Coins. after Ded.</p>
Medical Ded. ³ (Per Plan Year)	<p>IN: \$1,000/\$2,500 OON: \$2,000/\$5,000</p>	<p>IN: \$2,000/\$4,000 OON: \$4,000/\$8,000</p>	<p>IN: \$2,000/\$4,000 OON: \$4,000/\$8,000</p>
Out-of-Pocket Maximum ³ (Per Plan Year)	<p>IN: \$6,850/\$13,700—Medical & Rx OON: \$7,500/\$15,000—Medical & Rx</p>	<p>IN: \$6,850/\$13,700—Medical & Rx OON: \$7,500/\$15,000—Medical & Rx</p>	<p>IN: \$6,850/\$13,700—Medical & Rx OON: \$7,500/\$15,000—Medical & Rx</p>
Prescription Drugs ¹ All plans include Select Home Delivery (IN)	<p>IN: Retail: \$25/\$50/\$150/\$225 Mail: \$50/\$100/\$300/\$675 VBB: Mail: \$25/\$50/\$150/\$675 OON: Retail: \$50/\$100/\$300/\$450 Mail: Not covered</p>	<p>IN: Retail: \$25/\$50/\$175/\$250 Mail: \$50/\$100/\$350/\$750 VBB: Mail: \$25/\$50/\$175/\$750 OON: Retail: \$50/\$100/\$350/\$500 Mail: Not covered</p>	<p>IN: Retail: \$25/\$50/\$150/\$225 Mail: \$50/\$100/\$300/\$675 VBB: Mail: \$25/\$50/\$150/\$675 OON: Retail: \$50/\$100/\$300/\$450 Mail: Not covered</p>
Hospital Choice Cost Sharing ⁴	<p>IN: AFTER Ded. Inpatient: \$1,500 SDC: \$1,250 MRI/CT/PET/NC: \$525 OP diag. labs: \$70 OP diag. X-ray & other imaging tests: \$135 PT/OT/ST: \$75</p>	Not Applicable	Not Applicable

LEGEND: Hospital Choice Cost Sharing Blue Options

KEY: Ded: Deductible Coins: Coinsurance IN: In-Network OON: Out-of-Network VBB: Value Based Benefits
EBT: Enhanced Benefits Tier SBT: Standard Benefits Tier BBT: Basic Benefits Tier

FOOTNOTES LOCATED ON THE LAST PAGE

	Preferred Blue® PPO \$2,000 Ded. with Hospital Choice Cost Sharing	Preferred Blue® PPO Saver \$2,000 (HSA Compliant)	Preferred Blue® PPO Basic \$2,000
Office Visit (all plans—diabetic monitoring visit: \$0 ¹)	<p>PREVENTIVE IN: \$0 OON: 20% Coins. after Ded.</p> <p>MEDICAL IN: Primary Care: \$35 after Ded. Specialist: \$45 after Ded. OON: 20% Coins. after Ded.</p>	<p>PREVENTIVE IN: \$0 OON: 20% Coins.</p> <p>MEDICAL IN: Primary Care: \$30 after Ded. Specialist: \$45 after Ded. OON: 20% Coins. after Ded.</p>	<p>PREVENTIVE IN: \$0 OON: 20% Coins.</p> <p>MEDICAL IN: Primary Care: \$40 after Ded. Specialist: \$55 after Ded. OON: 20% Coins. after Ded.</p>
Emergency Room	\$250 after In-Network Ded.	\$250 after In-Network Ded.	\$250 after In-Network Ded.
Inpatient Admissions ²	IN: \$500 after Ded. OON: 20% Coins. after Ded.	IN: \$250 after Ded. OON: 20% Coins. after Ded.	IN: 20% Coins. after Ded. OON: 40% Coins. after Ded.
Surgical Day Care ²	IN: \$250 after Ded. OON: 20% Coins. after Ded.	IN: \$250 after Ded. OON: 20% Coins. after Ded.	IN: 20% Coins. after Ded. OON: 40% Coins. after Ded.
Labs ²	IN: \$35 after Ded. OON: 20% Coins. after Ded.	IN: Hospital: \$60 after Ded. Other: Ded. OON: 20% Coins. after Ded.	IN: Hospital: 30% after Ded. Other: 20% after Ded. OON: 40% Coins. after Ded.
X-rays ²	IN: \$35 after Ded. OON: 20% Coins. after Ded.	IN: Hospital: \$80 after Ded. Other: Ded. OON: 20% Coins. after Ded.	IN: Hospital: 30% after Ded. Other: 20% after Ded. OON: 40% Coins. after Ded.
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests ²	IN: \$250 after Ded. OON: 20% Coins. after Ded.	IN: Hospital: \$400 after Ded. Other: \$75 after Ded. OON: 20% Coins. after Ded.	IN: Hospital: 30% after Ded. Other: 20% after Ded. OON: 40% Coins. after Ded.
Medical Ded. ³ (Per Plan Year)	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000	IN: \$2,000/\$4,000 ^{7, 8} OON: \$4,000/\$7,500 ^{7, 8}	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000
Out-of-Pocket Maximum ³ (Per Plan Year)	IN: \$6,000/\$12,000—Medical & Rx OON: \$7,500/\$15,000—Medical & Rx	IN: \$6,550/\$13,100—Medical & Rx OON: \$7,500/\$15,000—Medical & Rx	IN: \$6,850/\$13,700—Medical & Rx OON: \$7,500/\$15,000—Medical & Rx
Prescription Drugs ¹ All plans include Select Home Delivery (IN)	IN: Retail: \$25/\$50/\$150/\$225 Mail: \$50/\$100/\$300/\$675 VBB: Mail: \$25/\$50/\$150/\$675 OON: Retail: \$50/\$100/\$300/\$450 Mail: Not covered	AFTER Ded. IN: Retail: \$25/\$50/\$175/\$250 Mail: \$50/\$100/\$350/\$750 VBB: Mail: \$25/\$50/\$175/\$750 (no Ded.) OON: Retail: \$50/\$100/\$350/\$500 Mail: Not covered	IN: Retail: \$25/\$50/\$150/\$225 Mail: \$50/\$100/\$300/\$675 VBB: Mail: \$25/\$50/\$150/\$675 OON: Retail: \$50/\$100/\$300/\$450 Mail: Not covered
Hospital Choice Cost Sharing ⁴	IN: AFTER Ded. Inpatient: \$1,500 SDC: \$1,250 MRI/CT/PET/NC: \$700 OP diag. labs: \$70 OP diag. X-ray & other imaging tests: \$135 PT/OT/ST: \$80	Not Applicable	Not Applicable

LEGEND: Hospital Choice Cost Sharing Blue Options

KEY: **Ded:** Deductible **Coins:** Coinsurance **IN:** In-Network **OON:** Out-of-Network **VBB:** Value Based Benefits
EBT: Enhanced Benefits Tier **SBT:** Standard Benefits Tier **BBT:** Basic Benefits Tier

FOOTNOTES LOCATED ON THE LAST PAGE

	Preferred Blue® PPO Saver \$3,000 (HSA Compliant)	Preferred Blue® PPO Basic Saver (HSA Compliant)	Preferred Blue® PPO \$3,000 Ded.
Office Visit (all plans—diabetic monitoring visit: \$0 ¹)	PREVENTIVE IN: \$0 OON: 20% Coins. MEDICAL IN: Primary Care: \$30 after Ded. Specialist: \$45 after Ded. OON: 20% Coins. after Ded.	PREVENTIVE IN: \$0 OON: 20% Coins. MEDICAL IN: Primary Care: \$40 after Ded. Specialist: \$60 after Ded. OON: 20% Coins. after Ded.	PREVENTIVE IN: \$0 OON: 20% Coins. after Ded. MEDICAL IN: Primary Care: \$35 after Ded. Specialist: \$45 after Ded. OON: 20% Coins. after Ded.
Emergency Room	\$150 after In-Network Ded.	\$1,000 after In-Network Ded.	\$500 after In-Network Ded.
Inpatient Admissions ²	IN: \$250 after Ded. OON: 20% Coins. after Ded.	IN: \$1,000 after Ded. OON: 20% Coins. after Ded.	IN: \$500 after Ded. OON: 20% Coins. after Ded.
Surgical Day Care ²	IN: \$250 after Ded. OON: 20% Coins. after Ded.	IN: \$1,000 after Ded. OON: 20% Coins. after Ded.	IN: \$500 after Ded. OON: 20% Coins. after Ded.
Labs ²	IN: Hospital: \$40 after Ded. Other: Ded. OON: 20% Coins. after Ded.	IN: Hospital: \$80 after Ded. Other: Ded. OON: 20% Coins. after Ded.	IN: Hospital: \$40 after Ded. Other: Ded. OON: 20% Coins. after Ded.
X-rays ²	IN: Hospital: \$40 after Ded. Other: Ded. OON: 20% Coins. after Ded.	IN: Hospital: \$125 after Ded. Other: Ded. OON: 20% Coins. after Ded.	IN: Hospital: \$60 after Ded. Other: Ded. OON: 20% Coins. after Ded.
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests ²	IN: Hospital: \$400 after Ded. Other: \$75 after Ded. OON: 20% Coins. after Ded.	IN: Hospital: \$1,000 after Ded. Other: \$750 after Ded. OON: 20% Coins. after Ded.	IN: Hospital: \$400 after Ded. Other: \$75 after Ded. OON: 20% Coins. after Ded.
Medical Ded. ³ (Per Plan Year)	IN: \$3,000/\$6,000 ^{7,8} OON: \$5,000/\$7,500 ^{7,8}	IN: \$3,350/\$6,550 ^{8,10} OON: \$6,500/\$7,500 ^{8,10}	IN: \$3,000/\$7,500 OON: \$6,000/\$13,000
Out-of-Pocket Maximum ³ (Per Plan Year)	IN: \$6,550/\$13,100—Medical & Rx OON: \$7,500/\$15,000—Medical & Rx	IN: \$6,750/\$13,500—Medical & Rx OON: \$7,500/\$15,000—Medical & Rx	IN: \$7,500/\$15,000—Medical & Rx OON: \$7,500/\$15,000—Medical & Rx
Prescription Drugs ¹ All plans include Select Home Delivery (IN)	AFTER Ded. IN: Retail: \$25/\$50/\$150/\$225 Mail: \$50/\$100/\$300/\$675 VBB: Mail: \$25/\$50/\$150/\$675 (no Ded.) OON: Retail: \$50/\$100/\$300/\$450 Mail: Not covered	AFTER Ded. IN: Retail: \$35/\$50/\$175/\$250 Mail: \$70/\$100/\$350/\$750 VBB: Mail: \$35/\$50/\$175/\$750 (no Ded.) OON: Retail: \$70/\$100/\$350/\$500 Mail: Not covered	IN: Retail: \$25/\$50/\$175/\$250 Mail: \$50/\$100/\$350/\$750 VBB: Mail: \$25/\$50/\$175/\$750 OON: Retail: \$50/\$100/\$350/\$500 Mail: Not covered
Hospital Choice Cost Sharing ⁴	Not Applicable	Not Applicable	Not Applicable

LEGEND: Hospital Choice Cost Sharing Blue Options

KEY: Ded: Deductible Coins: Coinsurance IN: In-Network OON: Out-of-Network VBB: Value Based Benefits
EBT: Enhanced Benefits Tier SBT: Standard Benefits Tier BBT: Basic Benefits Tier

FOOTNOTES LOCATED ON THE LAST PAGE

	Preferred Blue® PPO \$3,000 Ded. with Hospital Choice Cost Sharing
Office Visit (all plans—diabetic monitoring visit: \$0 ¹)	<p>PREVENTIVE IN: \$0 OON: 20% Coins. after Ded.</p> <p>MEDICAL IN: Primary Care: \$35 after Ded. Specialist: \$45 after Ded. OON: 20% Coins. after Ded.</p>
Emergency Room	\$500 after In-Network Ded.
Inpatient Admissions ²	<p>IN: \$500 after Ded. OON: 20% Coins. after Ded.</p>
Surgical Day Care ²	<p>IN: \$500 after Ded. OON: 20% Coins. after Ded.</p>
Labs ²	<p>IN: \$35 after Ded. OON: 20% Coins. after Ded.</p>
X-rays ²	<p>IN: \$35 after Ded. OON: 20% Coins. after Ded.</p>
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests ²	<p>IN: \$250 after Ded. OON: 20% Coins. after Ded.</p>
Medical Ded. ³ (Per Plan Year)	<p>IN: \$3,000/\$7,500 OON: \$6,000/\$13,000</p>
Out-of-Pocket Maximum ³ (Per Plan Year)	<p>IN: \$7,500/\$15,000—Medical & Rx OON: \$7,500/\$15,000—Medical & Rx</p>
Prescription Drugs ¹ All plans include Select Home Delivery (IN)	<p>IN: Retail: \$25/\$50/\$175/\$250 Mail: \$50/\$100/\$350/\$750 VBB: Mail: \$25/\$50/\$175/\$750 OON: Retail: \$50/\$100/\$350/\$500 Mail: Not covered</p>
Hospital Choice Cost Sharing ⁴	<p>IN: AFTER Ded. Inpatient: \$1,500 SDC: \$1,500 MRI/CT/PET/NC: \$700 OP diag. labs: \$70 OP diag. X-ray & other imaging tests: \$135 PT/OT/ST: \$80</p>

LEGEND: Hospital Choice Cost Sharing Blue Options

KEY: Ded: Deductible Coins: Coinsurance IN: In-Network OON: Out-of-Network VBB: Value Based Benefits
 EB: Enhanced Benefits Tier SBT: Standard Benefits Tier BBT: Basic Benefits Tier

FOOTNOTES LOCATED
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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 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/cardiovascular 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, and 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.
10. The family deductible can be met through any combination of eligible costs from members on the same family plan. Each member is only responsible for their member deductible.