

# HMO

# 100+

Accounts with 100 or more Eligible Employees

Effective on anniversary dates on or after January 2020

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.



## THREE YEARS IN A ROW

We ranked "Highest in Member Satisfaction among Commercial Health Plans in Massachusetts" by J.D. Power in 2017, 2018, and 2019.

## 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 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 they choose hospitals that have met our quality benchmarks and are lower cost, they'll pay less. This approach provides incentives for members to make more cost-effective provider choices. For a list of higher cost hospitals, see footnote #6 on page 13. For more information, visit [bluecrossma.com/hospitalchoice](https://bluecrossma.com/hospitalchoice) or contact your account executive or broker.

**Blue Options (green shaded products):** These health plans include two tiered provider networks 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 limited provider network plans, 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, 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 for 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 for adult tax filers 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<sup>®</sup>, our mail service pharmacy. Normal prescription guidelines apply.

	Access Blue New England		
	Access Blue New England Enhanced Value	Access Blue New England Saver (HSA Compliant)	Access Blue New England Basic \$2,000
Deductible <sup>1</sup>	None	\$1,500/\$3,000 <sup>3</sup>	Medical: \$2,000/\$4,000 Rx: \$250/\$500
Out-of-Pocket Maximum <sup>2</sup>	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	\$6,450/\$12,900	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000
Office Visit	Preventive: \$0 PCP: \$20 Specialist: \$30	Preventive: \$0 PCP: \$15 after deductible Specialist: \$25 after deductible	Preventive: \$0 PCP: \$25 after deductible Specialist: \$35 after deductible
Emergency Room	\$150	\$150 after deductible	\$200
Inpatient Admissions <sup>5</sup>	\$500	Deductible	20% coinsurance after deductible
Surgical Day Care <sup>5</sup>	\$250	Deductible	20% coinsurance after deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests <sup>5</sup>	\$50	Deductible	20% coinsurance after deductible
Prescription Drugs	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$100	After deductible Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135	Tier 1: Retail: \$15/Mail: \$30 Tiers 2 & 3: Retail and Mail: 50% coinsurance after Rx deductible
Hospital Choice Cost Sharing <sup>6</sup>	Inpatient: \$1,500 SDC: \$1,250 Labs: \$35 X-rays and other imaging tests: \$100 MRI/CT/PET/NC: \$500 PT/OT/ST: \$65	Not Applicable	After deductible Inpatient: 30% coinsurance SDC: 30% coinsurance Labs: 30% coinsurance X-rays and other imaging tests: 30% coinsurance MRI/CT/PET/NC: 30% coinsurance PT/OT/ST: \$75

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

**KEY:** **EBT:** Enhanced Benefits Tier **SBT:** Standard Benefits Tier **BBT:** Basic Benefits Tier  
**SDC:** Surgical Day Care **PT/OT/ST:** Physical/Occupational/Speech Therapy

**FOOTNOTES LOCATED ON THE LAST PAGE**

	Access Blue New England		Blue Choice® New England
	Access Blue New England Basic Saver (HSA Compliant)	Access Blue New England Basic Saver II (HSA Compliant)	Blue Choice New England
Deductible <sup>1</sup>	\$3,000/\$5,950 <sup>3</sup>	\$3,300/\$6,450 <sup>3</sup>	PCP/Plan-Approved: None Self-Referred: \$250/\$500 per calendar year
Out-of-Pocket Maximum <sup>2</sup>	\$6,450/\$12,900	\$6,450/\$12,900	PCP/Plan-Approved: Medical: \$5,450/\$10,900 per calendar year Rx: \$1,000/\$2,000 per calendar year Self-Referred: Medical: \$6,450/\$12,900 per calendar year
Office Visit	Preventive: \$0 PCP: \$60 after deductible Specialist: \$75 after deductible	Preventive: \$0 PCP: \$50 after deductible Specialist: \$75 after deductible	PCP/Plan-Approved: Preventive: \$0 PCP: \$10 Specialist: \$10 Self-Referred: 20% coinsurance after deductible
Emergency Room	\$250 after deductible	\$750 after deductible	\$100
Inpatient Admissions <sup>5</sup>	35% coinsurance after deductible	\$1,000 after deductible	PCP/Plan-Approved: \$0 Self-Referred: 20% coinsurance after deductible
Surgical Day Care <sup>5</sup>	35% coinsurance after deductible	\$1,000 after deductible	PCP/Plan-Approved: \$0 Self-Referred: 20% coinsurance after deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests <sup>5</sup>	35% coinsurance after deductible	\$1,000 after deductible	PCP/Plan-Approved: \$25 Self-Referred: 20% coinsurance after deductible
Prescription Drugs	After deductible Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150	After deductible Tier 1: Retail: \$15/Mail: \$30 Tier 2 and 3: Retail and Mail: 50% coinsurance	PCP/Plan-Approved: Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$90 Self-Referred: Not covered
Hospital Choice Cost Sharing <sup>6</sup>	Not Applicable	Not Applicable	Not Applicable

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

**KEY:** EBT: Enhanced Benefits Tier SBT: Standard Benefits Tier BBT: Basic Benefits Tier  
SDC: Surgical Day Care PT/OT/ST: Physical/Occupational/Speech Therapy

**FOOTNOTES LOCATED ON THE LAST PAGE**

	Blue Choice® New England		Blue Select
	Blue Choice® New England Value Plus	Blue Choice® New England Deductible	HMO Blue Select Deductible
Deductible <sup>1</sup>	PCP/Plan-Approved: None Self-Referred: \$500/\$1,000 per calendar year	PCP/Plan-Approved: \$1,000/\$2,000 per calendar year Self-Referred: \$2,000/\$4,000 per calendar year	\$1,000/\$2,000
Out-of-Pocket Maximum <sup>2</sup>	PCP/Plan-Approved: Medical: \$5,450/\$10,900 per calendar year Rx: \$1,000/\$2,000 per calendar year Self-Referred: Medical: \$6,450/\$12,900 per calendar year	PCP/Plan-Approved: Medical: \$5,450/\$10,900 per calendar year Rx: \$1,000/\$2,000 per calendar year Self-Referred: Medical: \$6,450/\$12,900 per calendar year	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000
Office Visit	PCP/Plan-Approved: Preventive: \$0 PCP: \$15 Specialist: \$15 Self-Referred: 20% coinsurance after deductible	PCP/Plan-Approved: Preventive: \$0 PCP: \$20 Specialist: \$35 Self-Referred: 20% coinsurance after deductible	Preventive: \$0 PCP: \$20 Specialist: \$35
Emergency Room	\$100	\$150	\$150
Inpatient Admissions <sup>5</sup>	PCP/Plan-Approved: \$0 Self-Referred: 20% coinsurance after deductible	PCP/Plan-Approved: Deductible Self-Referred: 20% coinsurance after deductible	Deductible
Surgical Day Care <sup>5</sup>	PCP/Plan-Approved: \$150 Self-Referred: 20% coinsurance after deductible	PCP/Plan-Approved: Deductible Self-Referred: 20% coinsurance after deductible	Deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests <sup>5</sup>	PCP/Plan-Approved: \$25 Self-Referred: 20% coinsurance after deductible	PCP/Plan-Approved: Deductible Self-Referred: 20% coinsurance after deductible	Deductible
Prescription Drugs	PCP/Plan-Approved: Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$90 Self-Referred: Not covered	PCP/Plan-Approved: Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 Self-Referred: Not covered	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150
Hospital Choice Cost Sharing <sup>6</sup>	Not Applicable	Not Applicable	Not Applicable

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

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	HMO Blue New England		
	HMO Blue New England	HMO Blue New England Value Plus	HMO Blue New England Enhanced Value
Deductible <sup>1</sup>	None	None	None
Out-of-Pocket Maximum <sup>2</sup>	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
Office Visit	Preventive: \$0 PCP: \$10 Specialist: \$25	Preventive: \$0 PCP: \$15 Specialist: \$30	Preventive: \$0 PCP: \$20 Specialist: \$35
Emergency Room	\$100	\$100	\$150
Inpatient Admissions <sup>5</sup>	\$0	\$250	\$500
Surgical Day Care <sup>5</sup>	\$0	\$150	\$250
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests <sup>5</sup>	\$25	\$25	\$50
Prescription Drugs	Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$90	Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$90	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$100
Hospital Choice Cost Sharing <sup>6</sup>	Inpatient: \$1,000 SDC: \$1,000 Labs: \$35 X-rays and other imaging tests: \$100 MRI/CT/PET/NC: \$475 PT/OT/ST: \$60	Inpatient: \$1,250 SDC: \$1,150 Labs: \$35 X-ray & other imaging tests: \$100 MRI/CT/PET/NC: \$475 PT/OT/ST: \$65	Inpatient: \$1,500 SDC: \$1,250 Labs: \$35 X-rays and other imaging tests: \$100 MRI/CT/PET/NC: \$500 PT/OT/ST: \$70

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

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

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**FOOTNOTES LOCATED ON THE LAST PAGE**

	HMO Blue New England		
	HMO Blue New England Value	HMO Blue New England Options v.5 <sup>7</sup>	HMO Blue New England Premier Value
Deductible <sup>1</sup>	None	None	Inpatient—\$1,000/\$2,500
Out-of-Pocket Maximum <sup>2</sup>	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
Office Visit	Preventive: \$0 PCP: \$25 Specialist: \$40	Preventive: \$0 PCP: EBT: \$15 SBT: \$25 BBT: \$45 Specialist: \$45	Preventive: \$0 PCP: \$25 Specialist: \$40
Emergency Room	\$150	\$150	\$150
Inpatient Admissions <sup>5</sup>	\$500	EBT: \$250 SBT: \$500 (\$300 for select hospitals <sup>8</sup> ) BBT: \$1,000	Deductible
Surgical Day Care <sup>5</sup>	\$250	EBT: \$150 SBT: \$250 BBT: \$500	\$250
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests <sup>5</sup>	\$75	EBT: \$75 SBT: \$150 BBT: \$250 Other Network Provider: \$75	\$75
Prescription Drugs	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150
Hospital Choice Cost Sharing <sup>6</sup>	Inpatient: \$1,500 SDC: \$1,250 Labs: \$35 X-rays and other imaging tests: \$100 MRI/CT/PET/NC: \$525 PT/OT/ST: \$75	Not Applicable	Inpatient: \$1,000 after deductible SDC: \$1,250 Labs: \$35 X-rays and other imaging tests: \$100 MRI/CT/PET/NC: \$525 PT/OT/ST: \$75

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

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

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	HMO Blue New England		
	HMO Blue New England Premier Value with Coinsurance	HMO Blue New England \$500 Deductible	HMO Blue New England \$1,000 Deductible
Deductible <sup>1</sup>	Inpatient—\$1,000/\$2,500	\$500/\$1,000	\$1,000/\$2,000
Out-of-Pocket Maximum <sup>2</sup>	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
Office Visit	Preventive: \$0 PCP: \$25 Specialist: \$40	Preventive: \$0 PCP: \$20 Specialist: \$35	Preventive: \$0 PCP: \$20 Specialist: \$35
Emergency Room	\$200	\$150	\$150
Inpatient Admissions <sup>5</sup>	Deductible	Deductible	Deductible
Surgical Day Care <sup>5</sup>	35% coinsurance	Deductible	Deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests <sup>5</sup>	35% coinsurance	Deductible	Deductible
Prescription Drugs	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150
Hospital Choice Cost Sharing <sup>6</sup>	Inpatient: \$1,000 after deductible SDC: 50% coinsurance Labs: 50% coinsurance X-rays and other imaging tests: 50% coinsurance MRI/CT/PET/NC: 50% coinsurance PT/OT/ST: \$75	After deductible Inpatient: \$1,000 SDC: \$1,000 Labs: \$35 X-rays and other imaging tests: \$100 MRI/CT/PET/NC: \$450 PT/OT/ST: \$70	After deductible Inpatient: \$1,000 SDC: \$1,000 Labs: \$35 X-rays and other imaging tests: \$100 MRI/CT/PET/NC: \$450 PT/OT/ST: \$70

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

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**FOOTNOTES LOCATED ON THE LAST PAGE**



	HMO Blue New England		
	HMO Blue New England \$1,500 Deductible	HMO Blue New England \$2,000 Deductible	HMO Blue New England \$3,000 Deductible
Deductible <sup>1</sup>	\$1,500/\$3,000	\$2,000/\$4,000	\$3,000/\$6,000
Out-of-Pocket Maximum <sup>2</sup>	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
Office Visit	Preventive: \$0 PCP: \$20 Specialist: \$35	Preventive: \$0 PCP: \$20 Specialist: \$35	Preventive: \$0 PCP: \$25 Specialist: \$40
Emergency Room	\$150	\$150	\$150
Inpatient Admissions <sup>5</sup>	Deductible	Deductible	Deductible
Surgical Day Care <sup>5</sup>	Deductible	Deductible	Deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests <sup>5</sup>	Deductible	Deductible	Deductible
Prescription Drugs	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150
Hospital Choice Cost Sharing <sup>6</sup>	After deductible Inpatient: \$1,000 SDC: \$1,000 Labs: \$35 X-rays and other imaging tests: \$100 MRI/CT/PET/NC: \$450 PT/OT/ST: \$70	After deductible Inpatient: \$1,000 SDC: \$1,000 Labs: \$35 X-rays and other imaging tests: \$100 MRI/CT/PET/NC: \$450 PT/OT/ST: \$70	After deductible Inpatient: \$1,000 SDC: \$1,000 Labs: \$35 X-rays and other imaging tests: \$100 MRI/CT/PET/NC: \$450 PT/OT/ST: \$75

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

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

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**FOOTNOTES LOCATED  
ON THE LAST PAGE**

	HMO Blue New England		
	HMO Blue New England Options Deductible v.5 <sup>7</sup>	HMO Blue New England Options Deductible II v.5 <sup>7</sup>	HMO Blue New England \$1,000 Deductible with Coinsurance
Deductible <sup>1</sup>	EBT: None SBT: \$500/\$1,000 BBT: \$2,000/\$4,000	EBT: None SBT: \$500/\$1,000 BBT: \$2,000/\$4,000	\$1,000/\$2,000
Out-of-Pocket Maximum <sup>2</sup>	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
Office Visit	Preventive: \$0 PCP: EBT: \$15 SBT: \$25 BBT: \$50 Specialist: \$50	Preventive: \$0 PCP: EBT: \$20 SBT: \$30 BBT: \$50 Specialist: \$50	Preventive: \$0 PCP: \$20 Specialist: \$35
Emergency Room	\$150	\$200	20% coinsurance after deductible
Inpatient Admissions <sup>5</sup>	EBT: \$150 SBT: \$150 after deductible (\$200 for select hospitals <sup>8</sup> ) BBT: \$1,000 after deductible	EBT: \$250 SBT: \$250 after deductible (\$300 for select hospitals <sup>8</sup> ) BBT: \$1,500 after deductible	20% coinsurance after deductible
Surgical Day Care <sup>5</sup>	EBT: \$150 SBT: \$150 after deductible (\$200 for select hospitals <sup>8</sup> ) BBT: \$1,000 after deductible	EBT: \$250 SBT: \$250 after deductible (\$300 for select hospitals <sup>8</sup> ) BBT: \$1,500 after deductible	20% coinsurance after deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests <sup>5</sup>	EBT: \$50 SBT: \$50 after deductible (\$50 for select hospitals <sup>8</sup> ) BBT: \$450 after deductible Other Network Provider: \$50	EBT: \$75 SBT: \$75 after deductible (\$75 for select hospitals <sup>8</sup> ) BBT: \$450 after deductible Other Network Provider: \$75	20% coinsurance after deductible
Prescription Drugs	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150	Retail: \$15/\$35/\$50 Mail: \$30/\$70/\$150	Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135
Hospital Choice Cost Sharing <sup>6</sup>	Not Applicable	Not Applicable	After deductible Inpatient: 30% coinsurance SDC: 30% coinsurance Labs: 30% coinsurance X-rays and other imaging tests: 30% coinsurance MRI/CT/PET/NC: 30% coinsurance PT/OT/ST: \$75

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

**KEY:** EBT: Enhanced Benefits Tier SBT: Standard Benefits Tier BBT: Basic Benefits Tier  
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**FOOTNOTES LOCATED  
ON THE LAST PAGE**

	HMO Blue New England		
	HMO Blue New England Options Deductible III v.5 <sup>7</sup>	HMO Blue New England Basic Copayment	HMO Blue New England Basic Coinsurance
Deductible <sup>1</sup>	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
Out-of-Pocket Maximum <sup>2</sup>	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
Office Visit	Preventive: \$0 PCP: EBT: \$20 SBT: \$35 BBT: \$55 Specialist: \$55	Preventive: \$0 PCP: \$60 Specialist: \$75	Preventive: \$0 PCP: \$60 Specialist: \$75
Emergency Room	\$250	\$750 after deductible	35% coinsurance after deductible
Inpatient Admissions <sup>5</sup>	EBT: Deductible SBT: \$500 after deductible (\$50 after deductible for select hospitals <sup>8</sup> ) BBT: \$1,500 after deductible	\$1,000 after deductible	35% coinsurance after deductible
Surgical Day Care <sup>5</sup>	EBT: Deductible SBT: \$500 after deductible (\$50 after deductible for select hospitals <sup>8</sup> ) BBT: \$1,500 after deductible	\$1,000 after deductible	35% coinsurance after deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests <sup>5</sup>	EBT: Deductible SBT: \$75 after deductible BBT: \$450 after deductible Other Network Provider: \$0	\$1,000 after deductible	35% coinsurance after deductible
Prescription Drugs	Not Applicable	Retail: \$20/\$40/\$60 Mail: \$40/\$80/\$180	Tier 1: Retail: \$15/Mail: \$30 Tier 2 and Tier 3: Retail and Mail: 50% coinsurance
Hospital Choice Cost Sharing <sup>6</sup>	Not Applicable	Not Applicable	Not Applicable

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

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**FOOTNOTES LOCATED  
ON THE LAST PAGE**

	<b>NEW</b> HMO Blue New England \$3,000 Deductible with First \$500 Coverage <sup>9</sup>	<b>NEW</b> HMO Blue New England Deductible II	<b>NEW</b> Access Blue New England Saver II (HSA Compliant)
Deductible <sup>1</sup>	\$3,000/\$6,000	\$4,000/\$8,000	\$4,000/\$8,000 <sup>4</sup>
Out-of-Pocket Maximum <sup>2</sup>	\$3,000/\$6,000	Medical: \$7,000/\$14,000 Rx: \$1,000/\$2,000	\$6,850/\$13,700
Office Visit	Preventive: \$0 PCP: Deductible Specialist: Deductible	Preventive: \$0 PCP: \$25 Specialist: \$40	Preventive: \$0 PCP: \$25 after deductible Specialist: \$40 after deductible
Emergency Room	Deductible	\$500	Deductible
Inpatient Admissions <sup>5</sup>	Deductible	Deductible	Deductible
Surgical Day Care <sup>5</sup>	Deductible	Deductible	Deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests <sup>5</sup>	Deductible	Deductible	Deductible
Prescription Drugs	Deductible	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150	After deductible Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135
Hospital Choice Cost Sharing <sup>6</sup>	Not Applicable	After deductible Inpatient: \$1,000 SDC: \$1,000 Labs: \$35 X-rays and other imaging tests: \$100 MRI/CT/PET/NC: \$450 PT/OT/ST: \$75	Not Applicable

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

**KEY:** EBT: Enhanced Benefits Tier SBT: Standard Benefits Tier BBT: Basic Benefits Tier  
SDC: Surgical Day Care PT/OT/ST: Physical/Occupational/Speech Therapy

**FOOTNOTES LOCATED ON THE LAST PAGE**

## Footnotes

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1. The two deductible amounts refer to individual and family per plan year unless otherwise noted.
2. The two out-of-pocket maximum amounts refer to individual and family per plan year unless otherwise noted. The out-of-pocket maximum amounts include copayments, coinsurance, and deductible, including costs for covered prescription drugs. Sometimes the plan has a separate out-of-pocket maximum and will be indicated in the chart.
3. Entire family deductible must be satisfied before benefits are provided for any one member enrolled under a family membership.
4. 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 individual deductible.
5. This is the cost sharing for services rendered at hospitals other than those that are designated as higher cost.
6. Higher cost hospitals are: Baystate Medical Center, Brigham and Women's Hospital, Cape Cod Hospital, Boston Children's Hospital (other than locations at Lexington, Peabody, and Waltham), Dana-Farber Cancer Institute, Fairview Hospital, Massachusetts General Hospital, and UMass Memorial Medical Center – Memorial and University Campuses.
7. 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 and a Tier 2 provider equates to a Standard Benefits Tier provider.
8. To provide geographic access to members, the lower Standard Benefits Tier copayment applies to Athol Memorial Hospital, Baystate Franklin Medical Center, Berkshire Medical Center, Falmouth Hospital, Martha's Vineyard Hospital, and Nantucket Cottage Hospital.
9. This health plan provides first dollar coverage for covered medical services, excluding prescription drugs and supplies, before the deductible applies. During this first dollar coverage period, the member will not have to pay any deductible, copayments, or coinsurance for covered medical services.



MASSACHUSETTS

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