MASSACHUSETTS

Product Coverage Options

PPO

51–99 | Accounts with 51+ Eligible Employees with 99 or Fewer Enrolled

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

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'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 #8 on page 7. 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".

Medicare Creditable Coverage: All plans in this chart 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, except for Blue Care® Elect $4,500 Deductible, 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®, our mail service pharmacy. Normal prescription guidelines apply.

Value Based Benefits[1]: 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.

	Blue Care® Elect Value Plus	Blue Care® Elect Enhanced Value	Preferred Blue® PPO $500 Deductible
Deductible[2]	**IN:** None **OON:** $500/$1,000	**IN:** None **OON:** $500/$1,000	**IN and OON combined:** $500/$1,000
Out-of-Pocket Maximum[3]	**IN and OON combined:** Medical: $5,450/$10,900 Rx: $1,000/$2,000	**IN and OON combined:** Medical: $5,450/$10,900 Rx: $1,000/$2,000	**IN and OON combined:** Medical: $5,450/$10,900 Rx: $1,000/$2,000
Office Visit	**IN:** Preventive: $0 Primary Care[1]: $15 Specialist[1]: $15 **OON:** 20% coinsurance after deductible	**IN:** Preventive: $0 Primary Care[1]: $20 Specialist[1]: $20 **OON:** 20% coinsurance after deductible	**IN:** Preventive: $0 Primary Care[1]: $15 after deductible Specialist[1]: $15 after deductible **OON:** 20% coinsurance after deductible
Emergency Room	$100	$150	$150 after deductible
Inpatient Admissions[7]	**IN:** $250 **OON:** 20% coinsurance after deductible	**IN:** $500 **OON:** 20% coinsurance after deductible	**IN:** Deductible **OON:** 20% coinsurance after deductible
Surgical Day Care[7]	**IN:** $150 **OON:** 20% coinsurance after deductible	**IN:** $250 **OON:** 20% coinsurance after deductible	**IN:** Deductible **OON:** 20% coinsurance after deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests[7]	**IN:** $25 **OON:** 20% coinsurance after deductible	**IN:** $50 **OON:** 20% coinsurance after deductible	**IN:** Deductible **OON:** 20% coinsurance after deductible
Prescription Drugs	**IN:** Retail: $10/$25/$45 Mail: $20/$50/$90 VBB[1]: $10/$25/$90 **OON:** Not covered	**IN:** Retail: $15/$30/$50 Mail: $30/$60/$100 VBB[1]: $15/$30/$100 **OON:** Not covered	**IN:** Retail: $15/$30/$50 Mail: $30/$60/$150 VBB[1]: $15/$30/$150 **OON:** Retail: $30/$60/$100 Mail: Not covered
Hospital Choice Cost Sharing[8]	Inpatient: $1,250 SDC: $1,150 Labs: $35 X-rays and other imaging tests: $100 MRI/CT/PET/NC: $475 PT/OT/ST: $50	Inpatient: $1,500 SDC: $1,250 Labs: $35 X-rays and other imaging tests: $100 MRI/CT/PET/NC: $500 PT/OT/ST: $55	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: $50

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

KEY: IN: In-network **OON:** Out-of-network **VBB:** Value Based Benefits **EBT:** Enhanced Benefits Tier
SBT: Standard Benefits Tier **BBT:** Basic Benefits Tier **PT/OT/ST:** Physical/Occupational/Speech Therapy

FOOTNOTES LOCATED ON THE LAST PAGE

	Preferred Blue® PPO $1,000 Deductible	Preferred Blue® PPO Options v.5[9]	Preferred Blue® PPO Saver $1,500 (HSA Compliant)
Deductible[2]	**IN and OON combined:** $1,000/$2,500	**IN:** None **OON**: $2,000/$4,000	**IN and OON combined:** $1,500/$3,000[4]
Out-of-Pocket Maximum[3]	**IN and OON combined:** Medical: $5,450/$10,900 Rx: $1,000/$2,000	**IN and OON combined:** Medical: $5,450/$10,900 Rx: $1,000/$2,000	**IN and OON combined:** $6,450/$12,900
Office Visit	**IN:** Preventive: $0 Primary Care[1]: $15 after deductible Specialist[1]: $15 after deductible **OON:** 20% coinsurance after deductible	**IN:** Preventive: $0 EBT[1]: $15 SBT[1]: $25 BBT[1]: $45 Other Network Provider[1]: $45 **OON:** 20% coinsurance after deductible	**IN:** Preventive: $0 Primary Care[1]: Deductible Specialist[1]: Deductible **OON:** 20% coinsurance after deductible
Emergency Room	$150 after deductible	$150	$150 after deductible
Inpatient Admissions[7]	**IN:** Deductible **OON:** 20% coinsurance after deductible	**IN:** EBT: $250 SBT: $500 ($300 for select hospitals[10]) BBT: $1,000 **OON:** 20% coinsurance after deductible	**IN:** Deductible **OON:** 20% coinsurance after deductible
Surgical Day Care[7]	**IN:** Deductible **OON:** 20% coinsurance after deductible	**IN:** EBT: $150 SBT: $250 BBT: $500 **OON:** 20% coinsurance after deductible	**IN:** Deductible **OON:** 20% coinsurance after deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests[7]	**IN:** Deductible **OON:** 20% coinsurance after deductible	**IN:** EBT: $75 SBT: $150 BBT: $250 Other Network Provider: $75 **OON:** 20% coinsurance after deductible	**IN:** Deductible **OON:** 20% coinsurance after deductible
Prescription Drugs	**IN:** Retail: $15/$30/$50 Mail: $30/$60/$150 VBB[1]: $15/$30/$150 **OON:** Retail: $30/$60/$100 Mail: Not covered	**IN:** Retail: $15/$30/$50 Mail: $30/$60/$150 VBB[1]: $15/$30/$150 **OON:** Retail: $30/$60/$100 Mail: Not covered	After deductible[6] **IN:** Retail: $10/$25/$45 Mail: $20/$50/$135 VBB[1]: $10/$25/$135 (no deductible) **OON:** Retail: $20/$50/$90 Mail: Not covered
Hospital Choice Cost Sharing[8]	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: $50	Not Applicable	Not Applicable

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

KEY: IN: In-network **OON:** Out-of-network **VBB:** Value Based Benefits **EBT:** Enhanced Benefits Tier
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FOOTNOTES LOCATED ON THE LAST PAGE

	Preferred Blue® PPO 80 with Copayment	Preferred Blue® PPO $2,000 Deductible	Preferred Blue® PPO Options Deductible II v.5[9]
Deductible[2]	**IN and OON combined:** $500/$1,000	**IN and OON combined:** $2,000/$4,000	**IN:** EBT: None SBT: $500/$1,000 BBT: $2,000/$4,000 **OON:** $4,000/$8,000
Out-of-Pocket Maximum[3]	**IN and OON combined:** Medical: $5,450/$10,900 Rx: $1,000/$2,000	**IN and OON combined:** Medical: $5,450/$10,900 Rx: $1,000/$2,000	**IN:** Medical: $4,850/$9,700 Rx: $2,000/$4,000 **OON:** Medical: $7,500/$15,000 Rx: $2,000/$4,000
Office Visit	**IN:** Preventive: $0 Primary Care[1]: $20 Specialist[1]: $20 **OON:** 20% coinsurance after deductible	**IN:** Preventive: $0 Primary Care[1]: $15 after deductible Specialist[1]: $15 after deductible **OON:** 20% coinsurance after deductible	**IN:** Preventive: $0 EBT[1]: $20 SBT[1]: $35 BBT[1]: $55 Other Network Provider[1]: $55 **OON:** 20% coinsurance after deductible
Emergency Room	$150	$150 after deductible	$250
Inpatient Admissions[7]	**IN:** 20% coinsurance after deductible **OON:** 40% coinsurance after deductible	**IN:** Deductible **OON:** 20% coinsurance after deductible	**IN:** EBT: $500 SBT: $500 after deductible ($550 for select hospitals[10]) BBT: $1,500 after deductible **OON:** 20% coinsurance after deductible
Surgical Day Care[7]	**IN:** $250 after deductible **OON:** 20% coinsurance after deductible	**IN:** Deductible **OON:** 20% coinsurance after deductible	**IN:** EBT: $500 SBT: $500 after deductible ($550 for select hospitals[10]) BBT: $1,500 after deductible **OON:** 20% coinsurance after deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests[7]	**IN:** 20% coinsurance after deductible **OON:** 40% coinsurance after deductible	**IN:** Deductible **OON:** 20% coinsurance after deductible	**IN:** EBT: $75 SBT: $75 after deductible ($75 for select hospitals[10]) BBT: $450 after deductible Other Network Provider: $75 **OON:** 20% coinsurance after deductible
Prescription Drugs	**IN:** Retail: $15/$30/$50 Mail: $30/$60/$150 VBB[1]: $15/$30/$150 **OON:** Retail: $30/$60/$100 Mail: Not covered	**IN:** Retail: $15/$30/$50 Mail: $30/$60/$150 VBB[1]: $15/$30/$150 **OON:** Retail: $30/$60/$100 Mail: Not covered	**IN:** Retail: $20/$40/$60/$120 Mail: $40/$80/$120/$360 VBB[1]: $20/$40/$60/$360 **OON:** Retail: $40/$80/$120/$240 Mail: Not covered
Hospital Choice Cost Sharing[8]	After deductible Inpatient: 30% coinsurance SDC: $1,250 Labs: 30% coinsurance X-rays and other imaging tests: 30% coinsurance MRI/CT/PET/NC: 30% coinsurance PT/OT/ST: $55 (no deductible)	After deductible Inpatient: $1,000 SDC: $1,000 Labs: $35 X-rays: $100 MRI/CT/PET/NC: $450 PT/OT/ST: $50	Not Applicable

LEGEND: Hospital Choice Cost Sharing Blue Options

KEY: IN: In-network **OON:** Out-of-network **VBB:** Value Based Benefits **EBT:** Enhanced Benefits Tier
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FOOTNOTES LOCATED ON THE LAST PAGE

	Preferred Blue® PPO Saver $2,000 (HSA Compliant)	Blue Care® Elect $3,000 Deductible	Preferred Blue® PPO Options Deductible III v.5[9]
Deductible[2]	**IN and OON combined:** $2,000/$4,000[4]	**IN and OON combined:** $3,000/$7,500	**IN:** $2,000/$4,000 **OON:** $4,000/$8,000
Out-of-Pocket Maximum[3]	**IN and OON combined:** $6,450/$12,900	**IN and OON combined:** Medical: $5,450/$10,900 Rx: $1,000/$2,000	**IN:** Medical: $5,850/$11,700 Rx: $1,000/$2,000 **OON:** Medical: $7,500/$15,000 Rx: $2,000/$4,000
Office Visit	**IN:** Preventive: $0 Primary Care[1]: Deductible Specialist[1]: Deductible **OON:** 20% coinsurance after deductible	**IN:** Preventive: $0 Primary Care[1]: $15 after deductible Specialist[1]: $15 after deductible **OON:** 20% coinsurance after deductible	**IN:** Preventive: $0 EBT[1]: $20 SBT[1]: $35 BBT[1]: $55 Other Network Provider[1]: $55 **OON:** 20% coinsurance after deductible
Emergency Room	$150 after deductible	$150 after deductible	$250
Inpatient Admissions[7]	**IN:** Deductible **OON:** 20% coinsurance after deductible	**IN:** Deductible **OON:** 20% coinsurance after deductible	**IN:** EBT: Deductible SBT: $500 after deductible ($50 after deductible for select hospitals[10]) BBT: $1,500 after deductible **OON:** 20% coinsurance after deductible
Surgical Day Care[7]	**IN:** Deductible **OON:** 20% coinsurance after deductible	**IN:** Deductible **OON:** 20% coinsurance after deductible	**IN:** EBT: Deductible SBT: $500 after deductible ($50 after deductible for select hospitals[10]) BBT: $1,500 after deductible **OON:** 20% coinsurance after deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests[7]	**IN:** Deductible **OON:** 20% coinsurance after deductible	**IN:** Deductible **OON:** 20% coinsurance after deductible	**IN:** EBT: Deductible SBT: $75 after deductible BBT: $450 after deductible Other Network Provider: $0 **OON:** 20% coinsurance after deductible
Prescription Drugs	After deductible[6] **IN:** Retail: $10/$25/$45 Mail: $20/$50/$135 VBB[1]: $10/$25/$135 (no deductible) **OON:** Retail: $20/$50/$90 Mail: Not covered	**IN:** Retail: $15/$30/$50 Mail: $30/$60/$150 VBB[1]: $15/$30/$150 **OON:** Not covered	**IN:** Retail: $15/$30/$60/$120 Mail: $30/$60/$120/$360 VBB[1]: $15/$30/$60/$360 **OON:** Retail: $30/$60/$120/$240 Mail: Not covered
Hospital Choice Cost Sharing[8]	Not Applicable	After deductible Inpatient: $1,000 SDC: $1,000 Labs: $35 X-rays: $100 MRI/CT/PET/NC: $450 PT/OT/ST: $50	Not Applicable

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

KEY: IN: In-network **OON:** Out-of-network **VBB:** Value Based Benefits **EBT:** Enhanced Benefits Tier **SBT:** Standard Benefits Tier **BBT:** Basic Benefits Tier **PT/OT/ST:** Physical/Occupational/Speech Therapy

FOOTNOTES LOCATED ON THE LAST PAGE

	Preferred Blue® PPO Saver $2,900 (HSA Compliant)	Blue Care® Elect $4,500 Deductible	Preferred Blue® PPO Basic Copayment
Deductible[2]	**IN and OON combined:** $2,900/$5,800[4]	**IN and OON combined:** $4,500/$9,000	**IN:** $2,000/$4,000 **OON:** $4,000/$8,000
Out-of-Pocket Maximum[3]	**IN and OON combined:** $6,450/$12,900	**IN and OON combined:** Medical: $5,450/$10,900 Rx: $1,000/$2,000	**IN:** Medical: $5,450/$10,900 Rx: $1,000/$2,000 **OON:** Medical: $10,900/$21,800 Rx: $2,000/$4,000
Office Visit	**IN:** Preventive: $0 Primary Care[1]: Deductible Specialist[1]: Deductible **OON:** 20% coinsurance after deductible	**IN:** Preventive: $0 Primary Care[1]: $25 after deductible Specialist[1]: $25 after deductible **OON:** $45 after deductible	**IN:** Preventive: $0 Primary Care[1]: $65 Specialist[1]: $65 **OON:** 20% coinsurance after deductible
Emergency Room	$150 after deductible	$150 after deductible	$750 after in-network deductible
Inpatient Admissions[7]	**IN:** Deductible **OON:** 20% coinsurance after deductible	**IN:** Deductible **OON:** 20% coinsurance after deductible	**IN:** $1,000 after deductible **OON:** 20% coinsurance after deductible
Surgical Day Care[7]	**IN:** Deductible **OON:** 20% coinsurance after deductible	**IN:** Deductible **OON:** 20% coinsurance after deductible	**IN:** $1,000 after deductible **OON:** 20% coinsurance after deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests[7]	**IN:** Deductible **OON:** 20% coinsurance after deductible	**IN:** Deductible **OON:** 20% coinsurance after deductible	**IN:** $1,000 after deductible **OON:** 20% coinsurance after deductible
Prescription Drugs	After deductible[6] **IN:** Retail: $10/$25/$45 Mail: $20/$50/$135 VBB[1]: $10/$25/$135 (no deductible) **OON:** Retail: $20/$50/$90 Mail: Not covered	**IN:** Retail: $15/$30/$50 Mail: $30/$60/$150 VBB[1]: $15/$30/$150 **OON:** Not covered	**IN:** Retail: $20/$40/$60 Mail: $40/$80/$180 VBB[1]: $20/$40/$180 **OON:** Retail: $40/$80/$120 Mail: Not covered
Hospital Choice Cost Sharing[8]	Not Applicable	Not Applicable	Not Applicable

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

KEY: IN: In-network **OON:** Out-of-network **VBB:** Value Based Benefits **EBT:** Enhanced Benefits Tier
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FOOTNOTES LOCATED ON THE LAST PAGE

	Preferred Blue® PPO Basic Saver (HSA Compliant)	NEW Preferred Blue® PPO Deductible II	NEW Preferred Blue® PPO Saver II (HSA Compliant)
Deductible[2]	**IN:** $3,300/$6,450[4] **OON:** $6,300/$10,000[4]	**IN and OON combined:** $4,000/$8,000	**IN and OON combined:** $4,000/$8,000[5]
Out-of-Pocket Maximum[3]	**IN:** $6,450/$12,900 **OON:** $11,000/$23,000	**IN and OON combined:** Medical: $7,000/$14,000 Rx: $1,000/$2,000	**IN and OON combined:** $6,850/$13,700
Office Visit	**IN:** Preventive: $0 Primary Care[1]: $60 after deductible Specialist[1]: $60 after deductible **OON:** 20% coinsurance after deductible	**IN:** Preventive: $0 Primary Care[1]: $25 after deductible Specialist[1]: $40 after deductible **OON:** 20% coinsurance after deductible	**IN:** Preventive: $0 Primary Care[1]: $25 after deductible Specialist[1]: $40 after deductible **OON:** 20% coinsurance after deductible
Emergency Room	$750 after in-network deductible	Deductible	Deductible
Inpatient Admissions[7]	**IN:** $1,000 after deductible **OON:** 20% coinsurance after deductible	**IN:** Deductible **OON:** 20% coinsurance after deductible	**IN:** Deductible **OON:** 20% coinsurance after deductible
Surgical Day Care[7]	**IN:** $1,000 after deductible **OON:** 20% coinsurance after deductible	**IN:** Deductible **OON:** 20% coinsurance after deductible	**IN:** Deductible **OON:** 20% coinsurance after deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests[7]	**IN:** $1,000 after deductible **OON:** 20% coinsurance after deductible	**IN:** Deductible **OON:** 20% coinsurance after deductible	**IN:** Deductible **OON:** 20% coinsurance after deductible
Prescription Drugs	After deductible[6] **IN:** Retail: $20/$80/$100 Mail: $40/$160/$300 VBB[1]: $20/$80/$300 (no deductible) **OON:** Retail: $40/$160/$200 Mail: Not covered	**IN:** Retail: $15/$30/$50 Mail: $30/$60/$150 VBB[1]: $15/$30/$150 **OON:** Retail $30/$60/$100 Mail: Not covered	After deductible[6] **IN:** Retail: $10/$25/$45 Mail: $20/$50/$135 VBB[1]: $10/$25/$135 (no deductible) **OON:** Retail: $20/$50/$90 Mail: Not Covered
Hospital Choice Cost Sharing[8]	Not Applicable	Not Applicable	Not Applicable

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

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FOOTNOTES LOCATED ON THE LAST PAGE

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'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).
- 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.
- HMO Blue Select can only be offered alongside other Select products, Options products, Saver products, or products with the Hospital Choice Cost Sharing feature.

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 3-Tier pharmacy benefits, 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, and diabetes, as well as a co-morbidity of depression.
   - 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. The two deductible amounts refer to individual and family per plan year, unless otherwise noted.
3. 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.
4. Entire family deductible must be satisfied before benefits are provided for any one member enrolled under a family membership.
5. 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.
6. Overall deductible does not apply to value-based drugs.
7. Cost sharing for services rendered at hospitals other than those that are designated as higher cost.
8. 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. This applies to in-network services only.
9. 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.
10. 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.

MASSACHUSETTS

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55-1895 (08/19)