

HMO

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 the back page. For more information, visit bluecrossma.com/hospitalchoice or contact your account executive or broker.

Blue Options (green shaded products): These plans include a tiered provider network called HMO Blue New England Options v.5. Our Blue Options plans combine financial incentives with tiered networks, adding even greater value to employers and employees. Members pay different levels of cost share (copayments, coinsurance, and/or deductibles) depending on the benefits tier of the provider furnishing the services. A provider's benefits tier may change. Overall changes to the benefits tiers of providers will happen no more than once each calendar year. For help in finding the benefits tier of a provider, visit the online provider search tool at bluecrossma.com 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 and select "HMO Blue Select".

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 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 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, with the exception of HMO Blue New England Deductible with First Coverage.

	HMO Blue New England Value Plus	HMO Blue New England Enhanced Value	HMO Blue New England Premier Value
Deductible ²	None	None	Inpatient: \$1,000/\$2,500
Out-of-Pocket Maximum ³	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 ¹ : \$15 Specialist ¹ : \$30	Preventive: \$0 PCP ¹ : \$20 Specialist ¹ : \$35	Preventive: \$0 PCP ¹ : \$25 Specialist ¹ : \$40
Emergency Room	\$100	\$150	\$150
Inpatient Admissions ⁷	\$250	\$500	Deductible
Surgical Day Care ⁷	\$150	\$250	\$250
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests ⁷	\$25	\$50	\$75
Prescription Drugs	Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$90 VBB ¹ : \$10/\$25/\$90	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$100 VBB ¹ : \$15/\$30/\$100	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB ¹ : \$15/\$30/\$150
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: \$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	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: 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

	HMO Blue New England \$500 Deductible	HMO Blue New England \$1,000 Deductible	HMO Blue New England Options Deductible v.5 ⁹
Deductible ²	\$500/\$1,000	\$1,000/\$2,000	EBT: None SBT: \$500/\$1,000 BBT: \$2,000/\$4,000
Out-of-Pocket Maximum ³	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 ¹ : \$20 Specialist ¹ : \$35	Preventive: \$0 PCP ¹ : \$20 Specialist ¹ : \$35	Preventive: \$0 PCP ¹ : EBT: \$15 SBT: \$25 BBT: \$50 Specialist ¹ : \$50
Emergency Room	\$150	\$150	\$150
Inpatient Admissions ⁷	Deductible	Deductible	EBT: \$150 SBT: \$150 after deductible (\$200 for select hospitals ¹⁰) BBT: \$1,000 after deductible
Surgical Day Care ⁷	Deductible	Deductible	EBT: \$150 SBT: \$150 after deductible (\$200 for select hospitals ¹⁰) BBT: \$1,000 after deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests ⁷	Deductible	Deductible	EBT: \$50 SBT: \$50 after deductible (\$50 for select hospitals ¹⁰) BBT: \$450 after deductible Other Network Provider: \$50
Prescription Drugs	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB ¹ : \$15/\$30/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB ¹ : \$15/\$30/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB ¹ : \$15/\$30/\$150
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: \$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	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 PT/OT/ST: Physical/Occupational/Speech Therapy

**FOOTNOTES LOCATED
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	HMO Blue New England \$1,000 Deductible with Copayment	HMO Blue New England Options Deductible II v.5 ⁹	HMO Blue New England \$1,500 Deductible
Deductible ²	\$1,000/\$2,000	EBT: None SBT: \$500/\$1,000 BBT: \$2,000/\$4,000	\$1,500/\$3,000
Out-of-Pocket Maximum ³	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 ¹ : \$20 Specialist ¹ : \$35	Preventive: \$0 PCP ¹ : EBT: \$20 SBT: \$30 BBT: \$50 Specialist ¹ : \$50	Preventive: \$0 PCP ¹ : \$20 Specialist ¹ : \$35
Emergency Room	\$100 after deductible	\$200	\$150
Inpatient Admissions ⁷	\$500 after deductible	EBT: \$250 SBT: \$250 after deductible (\$300 for select hospitals ¹⁰) BBT: \$1,500 after deductible	Deductible
Surgical Day Care ⁷	\$250 after deductible	EBT: \$250 SBT: \$250 after deductible (\$300 for select hospitals ¹⁰) BBT: \$1,500 after deductible	Deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests ⁷	\$50 after deductible	EBT: \$75 SBT: \$75 after deductible (\$75 for select hospitals ¹⁰) BBT: \$450 after deductible Other Network Provider: \$75	Deductible
Prescription Drugs	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB ¹ : \$15/\$30/\$150	Retail: \$15/\$35/\$50 Mail: \$30/\$70/\$150 VBB ¹ : \$15/\$35/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB ¹ : \$15/\$30/\$150
Hospital Choice Cost Sharing ⁸	After deductible Inpatient: \$1,500 SDC: \$1,250 Labs: \$35 X-rays and other imaging tests: \$100 MRI/CT/PET/NC: \$500 PT/OT/ST: \$70	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: \$70

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 PT/OT/ST: Physical/Occupational/Speech Therapy

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	HMO Blue Select \$1,000 Deductible	HMO Blue New England \$1,000 Deductible with Coinsurance	Access Blue New England Saver (HSA Compliant)
Deductible ²	\$1,000/\$2,000	\$1,000/\$2,000	\$1,500/\$3,000 ⁴
Out-of-Pocket Maximum ³	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	\$6,450/\$12,900
Office Visit	Preventive: \$0 PCP ¹ : \$20 Specialist ¹ : \$35	Preventive: \$0 PCP ¹ : \$20 Specialist ¹ : \$35	Preventive: \$0 PCP ¹ : \$15 after deductible Specialist ¹ : \$25 after deductible
Emergency Room	\$150	20% coinsurance after deductible	\$150 after deductible
Inpatient Admissions ⁷	Deductible	20% coinsurance after deductible	Deductible
Surgical Day Care ⁷	Deductible	20% coinsurance after deductible	Deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests ⁷	Deductible	20% coinsurance after deductible	Deductible
Prescription Drugs	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB ¹ : \$15/\$30/\$150	Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB ¹ : \$10/\$25/\$135	After deductible ⁶ Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB ¹ : \$10/\$25/\$135 (no deductible)
Hospital Choice Cost Sharing ⁸	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	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 PT/OT/ST: Physical/Occupational/Speech Therapy

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	HMO Blue Select \$1,000 Deductible with Copayment	HMO Blue New England \$2,000 Deductible	HMO Blue New England \$2,000 Deductible with Copayment
Deductible ²	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000
Out-of-Pocket Maximum ³	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 ¹ : \$20 Specialist ¹ : \$35	Preventive: \$0 PCP ¹ : \$20 Specialist ¹ : \$35	Preventive: \$0 PCP ¹ : \$20 Specialist ¹ : \$35
Emergency Room	\$100 after deductible	\$150	\$250 after deductible
Inpatient Admissions ⁷	\$500 after deductible	Deductible	\$500 after deductible
Surgical Day Care ⁷	\$250 after deductible	Deductible	\$250 after deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests ⁷	\$50 after deductible	Deductible	\$250 after deductible
Prescription Drugs	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB ¹ : \$15/\$30/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB ¹ : \$15/\$30/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB ¹ : \$15/\$30/\$150
Hospital Choice Cost Sharing ⁸	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: \$70	After deductible Inpatient: \$1,500 SDC: \$1,250 Labs: \$35 X-rays and other imaging tests: \$100 MRI/CT/PET/NC: \$700 PT/OT/ST: \$70

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 PT/OT/ST: Physical/Occupational/Speech Therapy

**FOOTNOTES LOCATED
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	Access Blue New England Saver \$2,000 (HSA Compliant)	HMO Blue New England Options Deductible III v.5	Access Blue New England Saver \$2,500 (HSA Compliant)
Deductible ²	\$2,000/\$4,000 ⁴	\$2,000/\$4,000	\$2,500/\$5,000 ⁴
Out-of-Pocket Maximum ³	\$6,450/\$12,900	Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	\$6,450/\$12,900
Office Visit	Preventive: \$0 PCP ¹ : \$15 after deductible Specialist ¹ : \$25 after deductible	Preventive: \$0 PCP ¹ : EBT: \$20 SBT: \$35 BBT: \$55 Specialist ¹ : \$55	Preventive: \$0 PCP ¹ : \$15 after deductible Specialist ¹ : \$25 after deductible
Emergency Room	\$150 after deductible	\$250	\$150 after deductible
Inpatient Admissions ⁷	Deductible	EBT: Deductible SBT: \$500 after deductible (\$50 after deductible for select hospitals ¹⁰) BBT: \$1,500 after deductible	Deductible
Surgical Day Care ⁷	Deductible	EBT: Deductible SBT: \$500 after deductible (\$50 after deductible for select hospitals ¹⁰) BBT: \$1,500 after deductible	Deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests ⁷	Deductible	EBT: Deductible SBT: \$75 after deductible BBT: \$450 after deductible Other Network Provider: \$0	Deductible
Prescription Drugs	After deductible ⁶ Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB ¹ : \$10/\$25/\$135 (no deductible)	Retail: \$20/\$40/\$60 Mail: \$40/\$80/\$180 VBB ¹ : \$20/\$40/\$180	After deductible ⁶ Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB ¹ : \$10/\$25/\$135 (no deductible)
Hospital Choice Cost Sharing ⁸	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 PT/OT/ST: Physical/Occupational/Speech Therapy

FOOTNOTES LOCATED ON THE LAST PAGE

	HMO Blue Select \$2,000 Deductible	HMO Blue Select \$2,000 Deductible with Copayment	HMO Blue New England \$3,000 Deductible
Deductible ²	\$2,000/\$4,000	\$2,000/\$4,000	\$3,000/\$6,000
Out-of-Pocket Maximum ³	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 ¹ : \$20 Specialist ¹ : \$35	Preventive: \$0 PCP ¹ : \$20 Specialist ¹ : \$35	Preventive: \$0 PCP ¹ : \$20 Specialist ¹ : \$35
Emergency Room	\$150	\$250 after deductible	\$150
Inpatient Admissions ⁷	Deductible	\$500 after deductible	Deductible
Surgical Day Care ⁷	Deductible	\$250 after deductible	Deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests ⁷	Deductible	\$250 after deductible	Deductible
Prescription Drugs	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB ¹ : \$15/\$30/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB ¹ : \$15/\$30/\$150	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB ¹ : \$15/\$30/\$150
Hospital Choice Cost Sharing ⁸	Not Applicable	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: \$70

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 PT/OT/ST: Physical/Occupational/Speech Therapy

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	Access Blue New England Saver \$3,000 (HSA Compliant)	HMO Blue Select \$3,000 Deductible	HMO Blue New England Basic Copayment
Deductible ²	\$3,000/\$6,000 ⁴	\$3,000/\$6,000	\$2,000/\$4,000
Out-of-Pocket Maximum ³	\$6,450/\$12,900	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 ¹ : \$15 after deductible Specialist ¹ : \$25 after deductible	Preventive: \$0 PCP ¹ : \$20 Specialist ¹ : \$35	Preventive: \$0 PCP ¹ : \$60 Specialist ¹ : \$75
Emergency Room	\$150 after deductible	\$150	\$750 after deductible
Inpatient Admissions ⁷	Deductible	Deductible	\$1,000 after deductible
Surgical Day Care ⁷	Deductible	Deductible	\$1,000 after deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests ⁷	Deductible	Deductible	\$1,000 after deductible
Prescription Drugs	After deductible ⁶ Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB ¹ : \$10/\$25/\$135 (no deductible)	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB ¹ : \$15/\$30/\$150	Retail: \$20/\$40/\$60 Mail: \$40/\$80/\$180 VBB ¹ : \$20/\$40/\$180
Hospital Choice Cost Sharing ⁸	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 PT/OT/ST: Physical/Occupational/Speech Therapy

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	Access Blue New England Basic Saver II (HSA Compliant)	NEW HMO Blue New England \$3,000 Deductible with First \$500 Coverage ¹¹	NEW HMO Blue New England Deductible II
Deductible ²	\$3,300/\$6,450 ⁴	\$3,000/\$6,000 ⁵	\$4,000/\$8,000
Out-of-Pocket Maximum ³	\$6,450/\$12,900	\$3,000/\$6,000	Medical: \$7,000/\$14,000 Rx: \$1,000/\$2,000
Office Visit	Preventive: \$0 PCP ¹ : \$50 after deductible Specialist ¹ : \$75 after deductible	Preventive: \$0 PCP: Deductible Specialist: Deductible	Preventive: \$0 PCP ¹ : \$25 Specialist ¹ : \$40
Emergency Room	\$750 after deductible	Deductible	\$500
Inpatient Admissions ⁷	\$1,000 after deductible	Deductible	Deductible
Surgical Day Care ⁷	\$1,000 after deductible	Deductible	Deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests ⁷	\$1,000 after deductible	Deductible	Deductible
Prescription Drugs	After deductible ⁶ Retail: \$20/\$80/\$100 Mail: \$40/\$160/\$300 VBB ¹ : \$20/\$80/\$300 (no deductible)	Deductible	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB ¹ : \$15/\$30/\$150
Hospital Choice Cost Sharing ⁸	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 PT/OT/ST: Physical/Occupational/Speech Therapy

**FOOTNOTES LOCATED
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	 Access Blue New England Saver II (HSA Compliant)
Deductible ²	\$4,000/\$8,000 ⁵
Out-of-Pocket Maximum ³	\$6,850/\$13,700
Office Visit	Preventive: \$0 PCP ¹ : \$25 after deductible Specialist ¹ : \$40 after deductible
Emergency Room	Deductible
Inpatient Admissions ⁷	Deductible
Surgical Day Care ⁷	Deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests ⁷	Deductible
Prescription Drugs	After deductible ⁶ Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB ¹ : \$10/\$25/\$135 (no deductible)
Hospital Choice Cost Sharing ⁸	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 PT/OT/ST: Physical/Occupational/Speech Therapy

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 will find our Underwriting Guidelines for this type of arrangement:

- The Hospital Choice Cost Sharing feature (HCCS or Options) can only be offered alongside another product with the Hospital Choice Cost Sharing feature (HCCS or Options) or alongside a Saver product.
- Products without the Hospital Choice Cost Sharing feature (Non-HCCS or Non-Options) can only be offered alongside products without the Hospital Choice Cost Sharing feature (Non-HCCS or Non-Options).
- HMO Blue New England Options Deductible, HMO Blue New England Options Deductible II, and HMO Blue New England Options Deductible III can be sold alongside any Non-Hospital Choice Cost Sharing PPO product as long as the Non-Hospital Choice Cost Sharing PPO product is for out of New England employees only.
- 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. Sometimes the plan has a separate out-of-pocket maximum and will be indicated in the chart.

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. This is the 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.

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.

11. 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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