MASSACHUSETTS

Product Coverage Options

PPO

2–50 | Accounts with 2–50 Enrolled with 50 or Fewer Full-Time 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

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 #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 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, except for Preferred Blue® PPO Basic Saver, Preferred Blue® PPO Saver $3,000, and Preferred Blue® PPO $4,500 Saver, meet Medicare Creditable Coverage prescription drug coverage requirements. Creditable Coverage means that the member's prescription drug coverage is as good as or better than the standard Medicare Part D plan.

Minimum Creditable Coverage: All plans in this chart, except for Preferred Blue® PPO $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.

Select Home Delivery: Members in plans with Select Home Delivery need to choose 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. These benefits are included in all plans listed in this chart.

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.

	Preferred Blue® PPO $500 Deductible with Hospital Choice Cost Sharing	Preferred Blue® PPO $1,000 Deductible	Preferred Blue® PPO Options v.5 Deductible II[9]
Deductible[2]	**IN:** $500/$1,000 **OON:** $1,000/$2,000	**IN:** $1,000/$2,500 **OON:** $2,000/$5,000	**IN:** $1,000/$2,000 **OON:** $4,000/$8,000
Out-of-Pocket Maximum[3]	**IN:** $6,850/$13,700 **OON:** $7,500/$15,000	**IN:** $7,500/$15,000 **OON:** $7,500/$15,000	**IN:** $6,850/$13,700 **OON:** $7,500/$15,000
Office Visit	**IN:** Preventive: $0 Primary Care[1]: $25 Specialist[1]: $45 **OON:** 20% coinsurance after deductible	**IN:** Preventive: $0 Primary Care[1]: $25 after deductible Specialist[1]: $45 after deductible **OON:** 20% coinsurance after deductible	**IN:** Preventive: $0 EBT[1]: $25 SBT[1]: $40 BBT[1]: $55 Other Network Provider[1]: $55 **OON:** 20% coinsurance after deductible
Emergency Room	$150 after in-network deductible	$200 after in-network deductible	$350
Inpatient Admissions	**IN:** Deductible **OON:** 20% coinsurance after deductible	**IN:** $500 after deductible **OON:** 20% coinsurance after deductible	**IN:** EBT: Deductible SBT: $750 after deductible ($50 after deductible for select hospitals[10]) BBT: $2,000 after deductible **OON:** 20% coinsurance after deductible
Surgical Day Care	**IN:** Deductible **OON:** 20% coinsurance after deductible	**IN:** $250 after deductible **OON:** 20% coinsurance after deductible	**IN:** EBT: Deductible SBT: $750 after deductible ($50 after deductible for select hospitals[10]) BBT: $2,000 after deductible **OON:** 20% coinsurance after deductible
Labs[7]	**IN:** $25 after deductible **OON:** 20% coinsurance after deductible	IN: Hospital: $60 after deductible Other Network Provider: Deductible OON: 20% coinsurance after deductible	IN: EBT: $15 after deductible SBT: $50 after deductible BBT: $70 after deductible Other Network Provider: $15 OON: 20% coinsurance after deductible
X-rays[7]	**IN:** $25 after deductible **OON:** 20% coinsurance after deductible	IN: Hospital: $80 after deductible Other Network Provider: Deductible OON: 20% coinsurance after deductible	IN: EBT: $15 after deductible SBT: $50 after deductible BBT: $70 after deductible Other Network Provider: $15 OON: 20% coinsurance after deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests[7]	**IN:** $75 after deductible **OON:** 20% coinsurance after deductible	IN: Hospital: $120 after deductible Other Network Provider: Deductible OON: 20% coinsurance after deductible	IN: EBT: Deductible SBT: $150 after deductible BBT: $500 after deductible Other Network Provider: $0 OON: 20% coinsurance after deductible
Prescription Drugs	**IN:** Retail: $10/$45/$150/$225 Mail: $20/$90/$300/$675 VBB: $10/$45/$150/$675 **OON:** Retail: $20/$90/$300/$450 Mail: Not covered	**IN:** Retail: $10/$45/$150/$225 Mail: $20/$90/$300/$675 VBB: $10/$45/$150/$675 **OON:** Retail: $20/$90/$300/$450 Mail: Not covered	**IN:** Retail: $10/$45/$175/$250 Mail: $20/$90/$350/$750 VBB: $10/$45/$175/$750 **OON:** Retail: $20/$90/$350/$500 Mail: Not covered
Hospital Choice Cost Sharing[8]	After deductible Inpatient: $1,000 SDC: $1,000 Labs: $60 Xrays and other imaging tests: $125 MRI/CT/PET/NC: $525 PT/OT/ST: $80	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
SBT: Standard Benefits Tier **BBT:** Basic Benefits Tier **PT/OT/ST:** Physical/Occupational/Speech Therapy **SDC:** Surgical Day Care

FOOTNOTES LOCATED ON THE LAST PAGE

	Preferred Blue® PPO $1,000 Deductible with Hospital Choice Cost Sharing	Preferred Blue® PPO Options v.5 Deductible III[9]	Preferred Blue® PPO $2,000 Deductible
Deductible[2]	**IN:** $1,000/$2,500 **OON:** $2,000/$5,000	**IN:** $2,000/$4,000 **OON:** $4,000/$8,000	**IN:** $2,000/$4,000 **OON:** $4,000/$8,000
Out-of-Pocket Maximum[3]	**IN:** $7,500/$15,000 **OON:** $7,500/$15,000	**IN:** $6,850/$13,700 **OON:** $7,500/$15,000	**IN:** $6,850/$13,700 **OON:** $7,500/$15,000
Office Visit	**IN:** Preventive: $0 Primary Care[1]: $25 after deductible Specialist[1]: $45 after deductible **OON:** 20% coinsurance after deductible	**IN:** Preventive: $0 EBT[1]: $25 SBT[1]: $40 BBT[1]: $55 Other Network Provider[1]: $55 **OON:** 20% coinsurance after deductible	**IN:** Preventive: $0 Primary Care[1]: $35 after deductible Specialist[1]: $45 after deductible **OON:** 20% coinsurance after deductible
Emergency Room	$200 after in-network deductible	$350	$250 after in-network deductible
Inpatient Admissions	**IN:** $500 after deductible **OON:** 20% coinsurance after deductible	**IN:** EBT: Deductible SBT: $750 after deductible ($50 after deductible for select hospitals[10]) BBT: $2,000 after deductible **OON:** 20% coinsurance after deductible	**IN:** $250 after deductible **OON:** 20% coinsurance after deductible
Surgical Day Care	**IN:** $250 after deductible **OON:** 20% coinsurance after deductible	**IN:** EBT: Deductible SBT: $750 after deductible ($50 after deductible for select hospitals[10]) BBT: $2,000 after deductible **OON:** 20% coinsurance after deductible	**IN:** $250 after deductible **OON:** 20% coinsurance after deductible
Labs[7]	**IN:** $35 after deductible **OON:** 20% coinsurance after deductible	IN: EBT: $15 after deductible SBT: $50 after deductible BBT: $70 after deductible Other Network Provider: $15 OON: 20% coinsurance after deductible	IN: Hospital: $60 after deductible Other Network Provider: Deductible OON: 20% coinsurance after deductible
X-rays[7]	**IN:** $35 after deductible **OON:** 20% coinsurance after deductible	IN: EBT: $15 after deductible SBT: $50 after deductible BBT: $70 after deductible Other Network Provider: $15 OON: 20% coinsurance after deductible	IN: Hospital: $100 after deductible Other Network Provider: Deductible OON: 20% coinsurance after deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests[7]	**IN:** $75 after deductible **OON:** 20% coinsurance after deductible	IN: EBT: Deductible SBT: $150 after deductible BBT: $500 after deductible Other Network Provider: $0 OON: 20% coinsurance after deductible	IN: Hospital: $400 after deductible Other Network Provider: $75 after deductible OON: 20% coinsurance after deductible
Prescription Drugs	**IN:** Retail: $10/$45/$150/$225 Mail: $20/$90/$300/$675 VBB: $10/$45/$150/$675 **OON:** Retail: $20/$90/$300/$450 Mail: Not covered	**IN:** Retail: $10/$45/$175/$250 Mail: $20/$90/$350/$750 VBB: $10/$45/$175/$750 **OON:** Retail: $20/$90/$350/$500 Mail: Not covered	**IN:** Retail: $10/$45/$150/$225 Mail: $20/$90/$300/$675 VBB: $10/$45/$150/$675 **OON:** Retail: $20/$90/$300/$450 Mail: Not covered
Hospital Choice Cost Sharing[8]	After deductible Inpatient: $1,500 SDC: $1,250 Labs: $70 X-rays and other imaging tests: $135 MRI/CT/PET/NC: $525 PT/OT/ST: $80	Not Applicable	Not Applicable

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

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FOOTNOTES LOCATED ON THE LAST PAGE

	Preferred Blue® PPO $2,000 Deductible with Hospital Choice Cost Sharing	Preferred Blue® PPO Saver $2,000 (HSA Compliant)	Preferred Blue® PPO Basic $2,000
Deductible[2]	**IN:** $2,000/$4,000 **OON:** $4,000/$8,000	**IN:** $2,000/$4,000[4] **OON:** $4,000/$7,500[4]	**IN:** $2,000/$4,000 **OON:** $4,000/$8,000
Out-of-Pocket Maximum[3]	**IN:** $6,000/$12,000 **OON:** $7,500/$15,000	**IN:** $6,550/$13,100 **OON:** $7,500/$15,000	**IN:** $6,850/$13,700 **OON:** $7,500/$15,000
Office Visit	**IN:** Preventive: $0 Primary Care[1]: $35 after deductible Specialist[1]: $45 after deductible **OON:** 20% coinsurance after deductible (no deductible for preventive care)	**IN:** Preventive: $0 Primary Care[1]: $30 after deductible Specialist[1]: $45 after deductible **OON:** 20% coinsurance after deductible (no deductible for preventive care)	**IN:** Preventive: $0 Primary Care[1]: $40 after deductible Specialist[1]: $55 after deductible **OON:** 20% coinsurance after deductible (no deductible for preventive care)
Emergency Room	$250 after in-network deductible	$250 after in-network deductible	$250 after in-network deductible
Inpatient Admissions	**IN:** $500 after deductible **OON:** 20% coinsurance after deductible	**IN:** $250 after deductible **OON:** 20% coinsurance after deductible	**IN:** 20% coinsurance after deductible **OON:** 40% coinsurance after deductible
Surgical Day Care	**IN:** $250 after deductible **OON:** 20% coinsurance after deductible	**IN:** $250 after deductible **OON:** 20% coinsurance after deductible	**IN:** 20% coinsurance after deductible **OON:** 40% coinsurance after deductible
Labs[7]	**IN:** $35 after deductible **OON:** 20% coinsurance after deductible	IN: Hospital: $60 after deductible Other Network Provider: Deductible OON: 20% coinsurance after deductible	IN: Hospital: 30% coinsurance after deductible Other Network Provider: 20% coinsurance after deductible OON: 40% coinsurance after deductible
X-rays[7]	**IN:** $35 after deductible **OON:** 20% coinsurance after deductible	IN: Hospital: $80 after deductible Other Network Provider: Deductible OON: 20% coinsurance after deductible	IN: Hospital: 30% coinsurance after deductible Other Network Provider: 20% coinsurance after deductible OON: 40% coinsurance after deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests[7]	**IN:** $250 after deductible **OON:** 20% coinsurance after deductible	IN: Hospital: $400 after deductible Other Network Provider: $75 after deductible OON: 20% coinsurance after deductible	IN: Hospital: 30% coinsurance after deductible Other Network Provider: 20% coinsurance after deductible OON: 40% coinsurance after deductible
Prescription Drugs	**IN:** Retail: $10/$45/$150/$225 Mail: $20/$90/$300/$675 VBB: $10/$45/$150/$675 **OON:** Retail: $20/$90/$300/$450 Mail: Not covered	After deductible[6] **IN:** Retail: $10/$45/$175/$250 Mail: $20/$90/$350/$750 VBB: $10/$45/$175/$750 **OON:** Retail: $20/$90/$350/$500 Mail: Not covered	**IN:** Retail: $10/$45/$150/$225 Mail: $20/$90/$300/$675 VBB: $10/$45/$150/$675 **OON:** Retail: $20/$90/$300/$450 Mail: Not covered
Hospital Choice Cost Sharing[8]	After deductible Inpatient: $1,500 SDC: $1,250 Labs: $70 X-rays after deductible: $135 MRI/CT/PET/NC: $700 PT/OT/ST: $80	Not Applicable	Not Applicable

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FOOTNOTES LOCATED ON THE LAST PAGE

	Preferred Blue® PPO $3,000 Deductible	Preferred Blue® PPO $3,000 Deductible with Hospital Choice Cost Sharing	Preferred Blue® PPO Saver $3,000 (HSA Compliant)
Deductible[2]	**IN:** $3,000/$7,500 **OON:** $6,000/$13,000	**IN:** $3,000/$7,500 **OON:** $6,000/$13,000	**IN:** $3,000/$6,000[5] **OON:** $5,000/$7,500[5]
Out-of-Pocket Maximum[3]	**IN:** $7,500/$15,000 **OON:** $7,500/$15,000	**IN:** $7,500/$15,000 **OON:** $7,500/$15,000	**IN:** $6,550/$13,100 **OON:** $7,500/$15,000
Office Visit	**IN:** Preventive: $0 Primary Care[1]: $35 after deductible Specialist[1]: $45 after deductible **OON:** 20% coinsurance after deductible (no deductible for preventive care)	**IN:** Preventive: $0 Primary Care[1]: $35 after deductible Specialist[1]: $45 after deductible **OON:** 20% coinsurance after deductible	**IN:** Preventive: $0 Primary Care[1]: $30 after deductible Specialist[1]: $45 after deductible **OON:** 20% coinsurance after deductible (no deductible for preventive care)
Emergency Room	$500 after in-network deductible	$500 after in-network deductible	$150 after in-network deductible
Inpatient Admissions	**IN:** $500 after deductible **OON:** 20% coinsurance after deductible	**IN:** $500 after deductible **OON:** 20% coinsurance after deductible	**IN:** $250 after deductible **OON:** 20% coinsurance after deductible
Surgical Day Care	**IN:** $500 after deductible **OON:** 20% coinsurance after deductible	**IN:** $500 after deductible **OON:** 20% coinsurance after deductible	**IN:** $250 after deductible **OON:** 20% coinsurance after deductible
Labs[7]	IN: Hospital: $40 after deductible Other Network Provider: Deductible OON: 20% coinsurance after deductible	**IN:** $35 after deductible **OON:** 20% coinsurance after deductible	IN: Hospital: $40 after deductible Other Network Provider: Deductible OON: 20% coinsurance after deductible
X-rays[7]	IN: Hospital: $60 after deductible Other Network Provider: Deductible OON: 20% coinsurance after deductible	**IN:** $35 after deductible **OON:** 20% coinsurance after deductible	IN: Hospital: $40 after deductible Other Network Provider: Deductible OON: 20% coinsurance after deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests[7]	IN: Hospital: $400 after deductible Other Network Provider: $75 after deductible OON: 20% coinsurance after deductible	**IN:** $250 after deductible **OON:** 20% coinsurance after deductible	IN: Hospital: $400 after deductible Other Network Provider: $75 after deductible OON: 20% coinsurance after deductible
Prescription Drugs	**IN:** Retail: $10/$45/$175/$250 Mail: $20/$90/$350/$750 VBB: $10/$45/$175/$750 **OON:** Retail: $20/$90/$350/$500 Mail: Not covered	**IN:** Retail: $10/$45/$175/$250 Mail: $20/$90/$350/$750 VBB: $10/$45/$175/$750 **OON:** Retail: $20/$90/$350/$500 Mail: Not covered	After in-network deductible[6] **IN:** Retail: $10/$45/$150/$225 Mail: $20/$90/$300/$675 VBB: $10/$45/$150/$675 After out-of-network deductible[6] **OON:** Retail: $20/$90/$300/$450 Mail: Not covered
Hospital Choice Cost Sharing[8]	Not Applicable	After deductible Inpatient: $1,500 SDC: $1,500 Labs: $70 X-rays and other imaging tests: $135 MRI/CT/PET/NC: $700 PT/OT/ST: $80	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 **SDC:** Surgical Day Care

FOOTNOTES LOCATED ON THE LAST PAGE

	Preferred Blue® PPO $4,500 Deductible NEW	Preferred Blue® PPO Saver $4,500 (HSA Compliant) NEW	Preferred Blue® PPO Basic Saver (HSA Compliant)
Deductible[2]	**IN:** $4,500/$9,000 **OON:** $7,500/$15,000	**IN:** $4,500/$9,000[5] **OON:** $7,000/$14,000[5]	**IN:** $3,350/$6,550[5] **OON:** $6,350/$7,500[5]
Out-of-Pocket Maximum[3]	**IN:** $8,000/$16,000 **OON:** $10,000/$20,000	**IN:** $6,850/$13,700 **OON:** $10,000/$20,000	**IN:** $6,750/$13,500 **OON:** $7,500/$15,000
Office Visit	**IN:** Preventive: $0 Primary Care[1]: $35 after deductible Specialist[1]: $45 after deductible **OON:** 20% coinsurance after deductible	**IN:** Preventive: $0 Primary Care[1]: $30 after deductible Specialist[1]: $45 after deductible **OON:** 20% coinsurance after deductible (no deductible for preventive care)	**IN:** Preventive: $0 Primary Care[1]: $40 after deductible Specialist[1]: $60 after deductible **OON:** 20% coinsurance after deductible (no deductible for preventive care)
Emergency Room	$500 after in-network deductible	$150 after in-network deductible	$1,000 after in-network deductible
Inpatient Admissions	**IN:** $500 after deductible **OON:** 20% coinsurance after deductible	**IN:** $500 after deductible **OON:** 20% coinsurance after deductible	**IN:** $1,000 after deductible **OON:** 20% coinsurance after deductible
Surgical Day Care	**IN:** $500 after deductible **OON:** 20% coinsurance after deductible	**IN:** $500 after deductible **OON:** 20% coinsurance after deductible	**IN:** $1,000 after deductible **OON:** 20% coinsurance after deductible
Labs[7]	IN: Hospital: $40 after deductible Other Network Provider: Deductible OON: 20% coinsurance after deductible	IN: Hospital: $40 after deductible Other Network Provider: Deductible OON: 20% coinsurance after deductible	IN: Hospital: $80 after deductible Other Network Provider: Deductible OON: 20% coinsurance after deductible
X-rays[7]	IN: Hospital: $60 after deductible Other Network Provider: Deductible OON: 20% coinsurance after deductible	IN: Hospital: $40 after deductible Other Network Provider: Deductible OON: 20% coinsurance after deductible	IN: Hospital: $125 after deductible Other Network Provider: Deductible OON: 20% coinsurance after deductible
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests[7]	IN: Hospital: $400 after deductible Other Network Provider: $75 after deductible OON: 20% coinsurance after deductible	IN: Hospital: $400 after deductible Other Network Provider: $75 after deductible OON: 20% coinsurance after deductible	IN: Hospital: $1,000 after deductible Other Network Provider: $750 after deductible OON: 20% coinsurance after deductible
Prescription Drugs	**IN:** Retail: $10/$45/$150/$225 Mail: $20/$90/$300/$675 VBB: $10/$45/$150/$675 **OON:** Retail: $20/$90/$300/$450 Mail: Not covered	After in-network deductible[6] **IN:** Retail: $10/$45/$175/$250 Mail: $20/$90/$350/$750 VBB: $10/$45/$175/$750 After out-of-network deductible[6] **OON:** Retail:$20/$90/$350/$500 Mail: Not covered	After in-network deductible[6] **IN:** Retail: $10/$45/$175/$250 Mail: $20/$90/$350/$750 VBB: $10/$45/$175/$750 After out-of-network deductible[6] **OON:** Retail:$20/$90/$350/$500 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

Blue Cross Blue Shield of Massachusetts allows small employer groups[11] 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 Blue 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.
- 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 4-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 per member and per family per plan year unless otherwise noted.
3. The two out-of-pocket maximum amounts refer to per member and per 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 preventive or value-based drugs.
7. Cost sharing for these benefits may be higher when performed at a general hospital or hospital-owned outpatient facility.
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.
11. Small employer group: "Eligible small business" or "group", any sole proprietorship, firm, corporation, partnership or association actively engaged in business that on at least fifty percent of its working days during the preceding year, employed from 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 that 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.

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