MASSACHUSETTS

BENEFITS AND COVERAGE
UPDATES FOR 2023

2–50 HMO & PPO

# GETTING MORE. NOW THERE'S A PLAN.

## Accounts with 2–50 Enrolled Subscribers and 50 or Fewer Full-Time Employees

Effective on anniversary dates on or after January 1, 2023

# PLANS THAT FIT YOUR EMPLOYEES' NEEDS

Choosing the right health plan is essential to attracting and retaining top talent. That's where we come in. Our comprehensive plans will help you feel confident knowing your employees have access to the benefits and services that meet their unique needs.

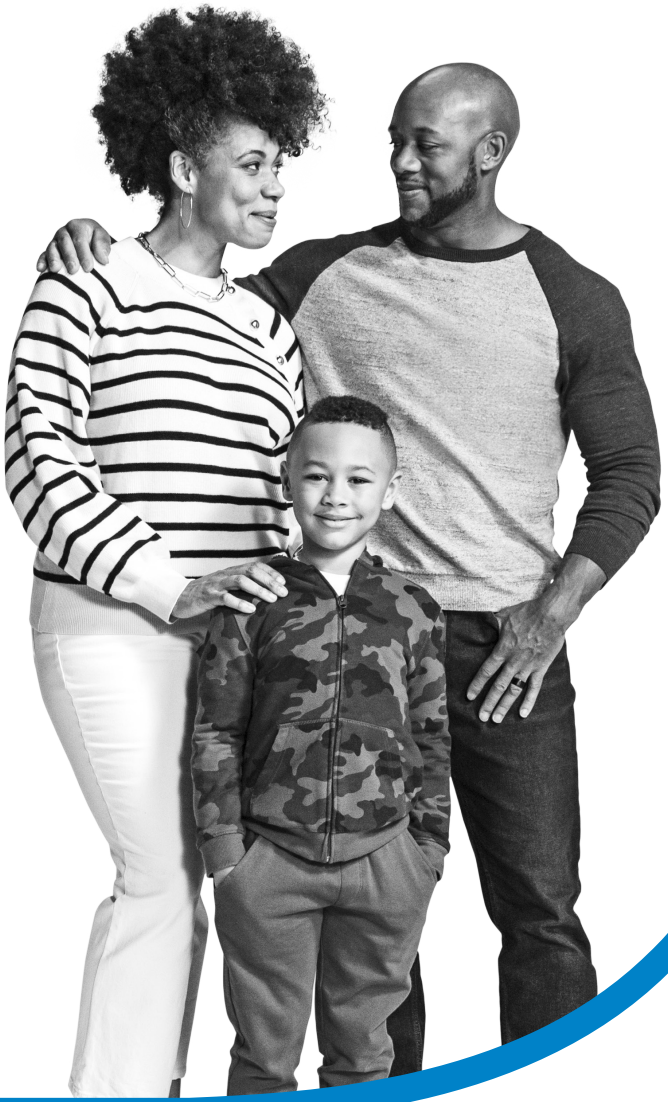
## WHAT YOU CAN EXPECT

**Exceptional Member Experiences**
For the sixth year in a row, J.D. Power ranked us #1 in member satisfaction among all commercial health plans in Massachusetts.

**Top-rated Tools and Resources**
From MyBlue to Team Blue, your employees have 24/7 access to their benefits, and a coordinated team ready to spring into action when questions arise.

**Unparalleled Access**
With the largest network of providers in the country, we can consistently offer the lowest total cost of care.

**Cutting-Edge Innovation**
We go beyond keeping up to date with healthcare reform guidelines, and make sure our plans are ahead of the curve to maximize coverage and lower costs.



## FIND THE RIGHT PLAN FOR YOUR EMPLOYEES

Read this brochure to learn about the upcoming changes that enhance our products and offerings, and to compare the benefits included in each of our plans.*

*Our plans feature more benefits than those listed in this brochure. To see more details about what's included in each plan, refer to the plan subscriber certificates.

## TWO NEW PLANS TO CHOOSE FROM

We're pleased to introduce two new, lower-premium plans, effective January 1, 2023:

- **HMO Blue New England $1,500 with Copayment**
- **HMO Blue New England $3,000 with Copayment**

## SOLUTIONS THAT DRIVE VALUE AND AFFORDABILITY

Here's what we're doing to keep our plans ahead of the curve. These updates are effective January 1, 2023, and upon renewal, unless otherwise noted.

### VIRTUAL CARE TEAM

Getting care should be easy and affordable. That's why we created this feature that gives members the option of having their primary care delivered virtually by selecting a Primary Care Physician (PCP) who is designated as a Virtual Care Team provider. To help ensure continuity of care, members who elect this model will be assigned their own dedicated Virtual Care Team that will help manage the member's health, and coordinate in-person care with network providers when necessary. This feature is included in a majority of our plans at no additional cost.

**Key Features:**

- No cost for primary care and mental health services provided by the member's Virtual Care Team*
- Convenient, concierge-like experience that helps members navigate the healthcare system — all from their smartphone or other connected device
- Available to members nationwide
- Best-in-class virtual providers

**How It Works:**

Once members enroll in the program, they'll receive a welcome kit with connected medical devices, such as a blood pressure monitor, to use for virtual visits with their dedicated Virtual Care Team. Members can easily go online to schedule no-cost primary care and mental health visits with their team's providers, and use in-app chat to connect with them anytime.

Their team will assess their health and, when necessary, prescribe medications or guide them through the next steps for follow-up care. When in-person care is needed, members have access to their plan's full network of providers. Their Virtual Care Team can recommend a provider who works for them, securely share medical records to ensure continuity of care, and even schedule the appointment on their behalf.

*Before qualifying for no-cost virtual visits, HMO members must designate a Virtual Care Team provider as their PCP, and Saver/HSA-eligible plan members must meet their deductible.

# SOLUTIONS THAT DRIVE VALUE AND AFFORDABILITY (CONT.)

### COST-SHARE ASSISTANCE PROGRAM

***Available for plans without an HSA, and purchased outside of the Connector***

The Cost-Share Assistance Program uses coupons from manufacturers of medications to reduce the cost of eligible, high-cost specialty medications[2] for your employees. Once enrolled, most or all of their out-of-pocket costs will be covered, and they don't even have to change where or how they get prescriptions.

### NO-COST GENERIC MEDICATIONS

We're covering a select list of medications at no cost for eligible members who have one or more of the following conditions: depression, high cholesterol, diabetes, heart disease, and high blood pressure. The copay and deductible will be waived for these medications when purchased at an in-network retail pharmacy, or through the mail service pharmacy.

### HEARING AID EXPANSION

We're expanding hearing aid coverage to all members by removing the 21 and under age limit. Coverage includes $2,000 per hearing-impaired ear every 36 months. Studies have shown that having access to hearing aids can help prevent depression, loneliness, and social isolation.

# NEW PHARMACY BENEFIT MANAGER

We know how important our pharmacy benefit is to our members. That's why, starting January 1, 2023, a new pharmacy benefit manager will be administering your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts. This change will help us:

**Keep Pharmacy Costs Down for Accounts and Members**

**Maintain a Large Pharmacy Network**

**Offer New Pharmacy Programs That Drive Better Health Outcomes for Our Members**

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### MAIL ORDER WITH RETAIL CHOICE PROGRAM

This new program saves you and your employees money when your employees switch their maintenance medications to 90-day prescriptions and fill them through the mail service pharmacy.

**Benefits of the Program**

- Members pay 33% less for 90-day supplies of maintenance medications[1]
- Members are less likely to miss a dose, leading to healthier employees

1. In most cases for eligible maintenance medications. Check plan materials for more details.
2. Contact your account executive for the most recent list of eligible medications.

# FEDERAL MANDATES AND OTHER CHANGES

## BREAST PUMP SUPPLY MANDATE

Members will be eligible to receive breast pump replacement parts 90 days after the purchase of a breast pump and every 60 days following that date. These parts will be available at no additional cost to the member when purchased from an in-network durable medical equipment provider. Benefits will not be available if the parts are obtained from an out-of-network provider.

## THE AFFORDABLE CARE ACT (ACA) OUT-OF-POCKET MAXIMUM AND INTERNAL REVENUE SERVICE (IRS) COST-OF-LIVING ADJUSTMENTS FOR 2023

Most health plans must include an out-of-pocket maximum that limits costs for all Essential Health Benefits, including pharmacy. Out-of-pocket costs include copays, co-insurance, and deductibles. Our standard health plans include an out-of-pocket maximum that's set at or below the ACA's limits and the IRS guidelines for HSA-compatible, high-deductible plans.

Employers with 100 or more employees can increase their out-of-pocket maximums to any dollar amount up to the ACA's 2023 limits or the new IRS limits for Saver plans, which are HSA-compatible, high-deductible plans.

### ANNUAL OUT-OF-POCKET MAXIMUMS FOR 2023

| Plan Type | Individual Coverage | Family Coverage |
|---|---|---|
| HSA-QUALIFIED HIGH-DEDUCTIBLE HEALTH PLANS | $7,500 | $15,000 |
| NON-HSA-QUALIFIED HIGH-DEDUCTIBLE HEALTH PLANS | $9,100 | $18,200 |

# THE BEST HEALTH INSURANCE IS THE KIND YOU UNDERSTAND

### Hospital Choice Cost Sharing (indicated in orange)

These HMO health plan designs include the Hospital Choice Cost Sharing feature, which means members will pay different costs depending on where they get care. With Hospital Choice Cost Sharing, members are empowered to get the most out of their plan by choosing more cost-effective providers and hospitals.* For more information, visit **bluecrossma.com/hospitalchoice** or contact your account executive or broker.

### Blue Options (indicated in gray)

These HMO health plans include a tiered provider network called **HMO Blue New England Options v.5**. In this network, we place providers into three tiers based on cost and quality. Members pay different levels of cost share (copay, co-insurance, and/or deductible) depending on which tier their provider is in. A provider's tier may change, but overall tier changes will happen no more than once each calendar year. To find a provider's tier, use our online **Find a Doctor & Estimate Costs** tool at **bluecrossma.com/findadoctor** and select **HMO Blue New England Options v.5**.

### HMO Blue Select (indicated in blue)

These HMO health plans include a limited provider network called HMO Blue Select, which is smaller than the Blue Cross Blue Shield of Massachusetts HMO Blue provider network. Under these plans, members can get care from only the providers in the HMO Blue Select network. To see which providers are included in the HMO Blue Select network, use our online **Find a Doctor & Estimate Costs** tool at **bluecrossma.com/findadoctor** and select **HMO Blue Select**.

*Higher-cost hospitals are: Baystate Medical Center, Boston Children's Hospital (other than locations at Lexington, Peabody, and Waltham), Brigham and Women's Hospital, Cape Cod Hospital, Dana-Farber Cancer Institute, Fairview Hospital, Massachusetts General Hospital, and UMass Memorial Medical Center – Memorial and University Campuses.

# HMO

Accounts with 2–50 Enrolled Subscribers and 50 or Fewer Full-Time Employees

| | HMO Blue New England Premier Value | HMO Blue New England $500 Deductible with Hospital Choice Cost Sharing | HMO Blue New England $1,000 Deductible with Copayment |
|---|---|---|---|
| DEDUCTIBLE[2] | Inpatient: $1,000/$2,500 | $500/$1,000 | $1,000/$2,000 |
| OUT-OF-POCKET MAXIMUM[3] | $8,750/$17,500 | $8,750/$17,500 | $7,500/$15,000 |
| OFFICE VISIT | Preventive: $0<br>PCP:[1] $25<br>Specialist:[1] $45 | Preventive: $0<br>PCP:[1] $30<br>Specialist:[1] $50 | Preventive: $0<br>PCP:[1] $25<br>Specialist:[1] $50 |
| EMERGENCY ROOM | $250 | $300 | $200 |
| INPATIENT ADMISSIONS | Deductible | Deductible | $550 after deductible |
| SURGICAL DAY CARE | $500 | Deductible | $250 after deductible |
| LABS[7] | Hospital: $40<br>Other network provider: $0 | $35 after deductible | Hospital: $40 after deductible<br>Other network provider: Deductible |
| X-RAYS[7] | Hospital: $50<br>Other network provider: $25 | $35 after deductible | Hospital: $80 after deductible<br>Other network provider: Deductible |
| MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS[7] | Hospital: $300<br>Other network provider: $100 | $50 after deductible | Hospital: $350 after deductible<br>Other network provider: $100 after deductible |
| PRESCRIPTION DRUGS | Retail: $10/$45/$150/$225/ 50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$300/$675 | Retail: $10/$45/$150/$225/ 50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$300/$675 | Retail: $10/$45/$100/$225/ 50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$200/$675 |
| HOSPITAL CHOICE COST SHARING[8] | Not Applicable | After deductible<br>Inpatient: $1,000<br>SDC: $1,000<br>Labs: $70<br>X-rays and other imaging tests: $135<br>MRI/CT/PET/NC: $500<br>PT/OT/ST: $80 | 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 **VBB:** Value-Based Benefits **OON:** Out-of-Network

FOOTNOTES LOCATED ON THE LAST PAGE

| | HMO Blue New England $1,500 Deductible with Hospital Choice Cost Sharing | HMO Blue New England $2,000 Deductible | HMO Blue New England Options Deductible II v.5[9] |
|---|---|---|---|
| DEDUCTIBLE[2] | $1,500/$3,000 | $2,000/$4,000 | $1,000/$2,000 |
| OUT-OF-POCKET MAXIMUM[3] | $8,750/$17,500 | $8,750/$17,500 | $8,750/$17,500 |
| OFFICE VISIT | Preventive: $0<br>PCP:[1] $25<br>Specialist:[1] $50 | Preventive: $0<br>PCP:[1] $25<br>Specialist:[1] $50 | Preventive: $0<br>PCP:[1] EBT: $25<br>SBT: $40<br>BBT: $55<br>Specialist:[1] $60 |
| EMERGENCY ROOM | $300 | $350 | $350 |
| INPATIENT ADMISSIONS | Deductible | $250 after deductible | EBT: $250 after deductible<br>SBT: $750 after deductible ($300 after deductible for select hospitals[10])<br>BBT: $2,000 after deductible |
| SURGICAL DAY CARE | Deductible | Deductible | EBT: Deductible<br>SBT: $750 after deductible ($50 after deductible for select hospitals[10])<br>BBT: $2,000 after deductible |
| LABS[7] | $35 after deductible | Hospital: $60 after deductible<br>Other network provider: Deductible | EBT: $15 after deductible<br>SBT: $50 after deductible<br>BBT: $70 after deductible<br>Other network provider: $15 |
| X-RAYS[7] | $35 after deductible | Hospital: $100 after deductible<br>Other network provider: Deductible | EBT: $15 after deductible<br>SBT: $50 after deductible<br>BBT: $70 after deductible<br>Other network provider: $15 |
| MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS[7] | $75 after deductible | Hospital: $350 after deductible<br>Other network provider: $100 after deductible | EBT: $150 after deductible<br>SBT: $250 after deductible<br>BBT: $500 after deductible<br>Other network provider: $0 |
| PRESCRIPTION DRUGS | Retail: $10/$45/$150/$225/ 50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$300/$675 | Retail: $10/$45/$150/$225/ 50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$300/$675 | Retail: $10/$45/$175/$250/ 50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$350/$750 |
| HOSPITAL CHOICE COST SHARING[8] | After deductible<br>Inpatient: $1,000<br>SDC: $1,000<br>Labs: $70<br>X-rays and other imaging tests: $135<br>MRI/CT/PET/NC: $525<br>PT/OT/ST: $80 | 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 **VBB:** Value-Based Benefits **OON:** Out-of-Network

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| | HMO Blue New England $2,000 Deductible with Hospital Choice Cost Sharing | HMO Blue Select $1,000 Deductible with Copayment | HMO Blue Select $2,000 Deductible |
|---|---|---|---|
| DEDUCTIBLE[2] | $2,000/$4,000 | $1,000/$2,000 | $2,000/$4,000 |
| OUT-OF-POCKET MAXIMUM[3] | $8,750/$17,500 | $6,950/$13,900 | $8,750/$17,500 |
| OFFICE VISIT | Preventive: $0<br>PCP:[1] $25<br>Specialist:[1] $50 | Preventive: $0<br>PCP:[1] $25<br>Specialist:[1] $55 | Preventive: $0<br>PCP:[1] $25<br>Specialist:[1] $50 |
| EMERGENCY ROOM | $350 | $350 | $500 |
| INPATIENT ADMISSIONS | Deductible | $750 after deductible | $250 after deductible |
| SURGICAL DAY CARE | Deductible | $500 after deductible | Deductible |
| LABS[7] | $35 after deductible | $60 after deductible | $15 after deductible |
| X-RAYS[7] | $35 after deductible | $60 after deductible | $35 after deductible |
| MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS[7] | $100 after deductible | $250 after deductible | $250 after deductible |
| PRESCRIPTION DRUGS | Retail: $10/$45/$150/$225/ 50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$300/$675 | Retail: $10/$45/$80/$225/ 50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$160/$675 | Retail: $10/$45/$150/$225/ 50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$300/$675 |
| HOSPITAL CHOICE COST SHARING[8] | After deductible<br>Inpatient: $1,000<br>SDC: $1,000<br>Labs: $70<br>X-rays and other imaging tests: $135<br>MRI/CT/PET/NC: $550<br>PT/OT/ST: $90 | Not Applicable | Not Applicable |

**LEGEND:** HOSPITAL CHOICE COST SHARING | BLUE OPTIONS | BLUE SELECT

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| | HMO Blue New England Options Deductible III v.5[9] | HMO Blue New England $2,000 Deductible with Copayment | HMO Blue New England Total Deductible with Rx |
|---|---|---|---|
| DEDUCTIBLE[2] | $2,000/$4,000 | $2,000/$4,000 | $3,500/$7,000 |
| OUT-OF-POCKET MAXIMUM[3] | $8,750/$17,500 | $8,750/$17,500 | $3,500/$7,000 |
| OFFICE VISIT | Preventive: $0<br>PCP:[1] EBT: $25<br>SBT: $40<br>BBT: $55<br>Specialist:[1] $60 | Preventive: $0<br>PCP:[1] $25<br>Specialist:[1] $60 | Preventive: $0<br>PCP:[1] Deductible<br>Specialist:[1] Deductible |
| EMERGENCY ROOM | $350 | $1,000 after deductible | Deductible |
| INPATIENT ADMISSIONS | EBT: Deductible<br>SBT: $750 after deductible ($50 after deductible for select hospitals[10])<br>BBT: $2,000 after deductible | $750 after deductible | Deductible |
| SURGICAL DAY CARE | EBT: Deductible<br>SBT: $750 after deductible ($50 after deductible for select hospitals[10])<br>BBT: $2,000 after deductible | $250 after deductible | Deductible |
| LABS[7] | EBT: $15 after deductible<br>SBT: $50 after deductible<br>BBT: $70 after deductible<br>Other network provider: $15 | Hospital: $80 after deductible<br>Other network provider: Deductible | Deductible |
| X-RAYS[7] | EBT: $25 after deductible<br>SBT: $75 after deductible<br>BBT: $100 after deductible<br>Other network provider: $15 | Hospital: $125 after deductible<br>Other network provider: Deductible | Deductible |
| MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS[7] | EBT: $150 after deductible<br>SBT: $250 after deductible<br>BBT: $500 after deductible<br>Other network provider: $0 | Hospital: $500 after deductible<br>Other network provider: $150 after deductible | Deductible |
| PRESCRIPTION DRUGS | Retail: $10/$45/$175/$250/ 50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$350/$750 | Retail: $10/$45/$200/$250/ 50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$400/$750 | Retail: $10/$45/$150/$225/ 50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$300/$675 |
| HOSPITAL CHOICE COST SHARING[8] | 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
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| | HMO Blue New England $3,000 Deductible | HMO Blue New England Saver $2,000 (HSA Compliant) | HMO Blue New England Basic Copayment |
|---|---|---|---|
| DEDUCTIBLE[2] | $3,000/$6,000 | $2,000/$4,000[4] | $2,000/$4,000 |
| OUT-OF-POCKET MAXIMUM[3] | $8,750/$17,500 | $6,700/$13,400 | $8,750/$17,500 |
| OFFICE VISIT | Preventive: $0<br>PCP:[1] $40<br>Specialist:[1] $60 | Preventive: $0<br>PCP:[1] $25 after deductible<br>Specialist:[1] $55 after deductible | Preventive: $0<br>PCP:[1] $45<br>Specialist:[1] $75 |
| EMERGENCY ROOM | $750 after deductible | $350 after deductible | $1,000 after deductible |
| INPATIENT ADMISSIONS | $750 after deductible | $500 after deductible | $1,000 after deductible |
| SURGICAL DAY CARE | $500 after deductible | $250 after deductible | $1,000 after deductible |
| LABS[7] | Hospital: $60 after deductible<br>Other network provider: Deductible | Hospital: $60 after deductible<br>Other network provider: Deductible | Hospital: $60 after deductible<br>Other network provider: Deductible |
| X-RAYS[7] | Hospital: $100 after deductible<br>Other network provider: Deductible | Hospital: $100 after deductible<br>Other network provider: Deductible | Hospital: $100 after deductible<br>Other network provider: Deductible |
| MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS[7] | Hospital: $400 after deductible<br>Other network provider: $150 after deductible | Hospital: $400 after deductible<br>Other network provider: $75 after deductible | Hospital: $1,000 after deductible<br>Other network provider: $750 after deductible |
| PRESCRIPTION DRUGS | Retail: $10/$45/$150/$225/ 50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$300/$675 | After deductible[6]<br>Retail: $10/$45/$175/$250/ 50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$350/$750 | Retail: $10/$45/$150/$225/ 50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$300/$675 |
| HOSPITAL CHOICE COST SHARING[8] | 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 **VBB:** Value-Based Benefits **OON:** Out-of-Network

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| | HMO Blue New England $3,000 Deductible with Hospital Choice Cost Sharing | HMO Blue New England $4,500 Deductible | HMO Blue New England $5,000 Deductible |
|---|---|---|---|
| DEDUCTIBLE[2] | $3,000/$6,000 | $4,500/$9,000 | $5,000/$10,000 |
| OUT-OF-POCKET MAXIMUM[3] | $8,750/$17,500 | $8,750/$17,500 | $8,750/$17,500 |
| OFFICE VISIT | Preventive: $0<br>PCP:[1] $30<br>Specialist:[1] $55 | Preventive: $0<br>PCP:[1] $40<br>Specialist:[1] $60 | Preventive: $0<br>PCP:[1] $40<br>Specialist:[1] $65 |
| EMERGENCY ROOM | $500 after deductible | $500 after deductible | $500 after deductible |
| INPATIENT ADMISSIONS | $500 after deductible | $500 after deductible | $1,000 after deductible |
| SURGICAL DAY CARE | $500 after deductible | $500 after deductible | $750 after deductible |
| LABS[7] | $35 after deductible | Hospital: $60 after deductible<br>Other network provider: Deductible | Hospital: $60 after deductible<br>Other network provider: Deductible |
| X-RAYS[7] | $40 after deductible | Hospital: $100 after deductible<br>Other network provider: Deductible | Hospital: $75 after deductible<br>Other network provider: Deductible |
| MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS[7] | $500 after deductible | Hospital: $500 after deductible<br>Other network provider: $150 after deductible | Hospital: $500 after deductible<br>Other network provider: $150 after deductible |
| PRESCRIPTION DRUGS | Retail: $10/$45/$175/$225/ 50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$350/$675 | Retail: $10/$45/$150/$225/ 50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$300/$675 | Retail: $10/$45/$150/$225/ 50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$300/$675 |
| HOSPITAL CHOICE COST SHARING[8] | After deductible<br>Inpatient: $1,500<br>SDC: $1,500<br>Labs: $70<br>X-rays and other imaging tests: $140<br>MRI/CT/PET/NC: $950<br>PT/OT/ST: $90 | 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 **VBB:** Value-Based Benefits **OON:** Out-of-Network

FOOTNOTES LOCATED ON THE LAST PAGE

| | HMO Blue Select $2,000 Deductible with Copayment | HMO Blue New England Saver $3,000 (HSA Compliant) | HMO Blue Select $3,000 Deductible |
|---|---|---|---|
| DEDUCTIBLE[2] | $2,000/$4,000 | $3,000/$6,000[5] | $3,000/$6,000 |
| OUT-OF-POCKET MAXIMUM[3] | $8,750/$17,500 | $6,700/$13,400 | $8,750/$17,500 |
| OFFICE VISIT | Preventive: $0<br>PCP:[1] $30<br>Specialist:[1] $60 | Preventive: $0<br>PCP:[1] $35 after deductible<br>Specialist:[1] $60 after deductible | Preventive: $0<br>PCP:[1] $40<br>Specialist:[1] $60 |
| EMERGENCY ROOM | $750 after deductible | $350 after deductible | $500 after deductible |
| INPATIENT ADMISSIONS | $750 after deductible | $350 after deductible | $1,000 after deductible |
| SURGICAL DAY CARE | $500 after deductible | $250 after deductible | $750 after deductible |
| LABS[7] | $55 after deductible | Hospital: $35 after deductible<br>Other network provider: Deductible | $40 after deductible |
| X-RAYS[7] | $55 after deductible | Hospital: $35 after deductible<br>Other network provider: Deductible | $40 after deductible |
| MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS[7] | $450 after deductible | Hospital: $250 after deductible<br>Other network provider: Deductible | $350 after deductible |
| PRESCRIPTION DRUGS | Retail: $10/$45/$200/$250/ 50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$400/$750 | After deductible[6]<br>Retail: $10/$45/$150/$225/ 50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$300/$675 | Retail: $10/$45/$150/$225/ 50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$300/$675 |
| HOSPITAL CHOICE COST SHARING[8] | 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 **VBB:** Value-Based Benefits **OON:** Out-of-Network

FOOTNOTES LOCATED ON THE LAST PAGE

| | HMO Blue Select Saver $2,000 (HSA Compliant) | HMO Blue New England Saver $3,000 with Hospital Choice Cost Sharing (HSA Compliant) | HMO Blue New England Saver $4,500 (HSA Compliant) |
|---|---|---|---|
| DEDUCTIBLE[2] | $2,000/$4,000[4] | $3,000/$6,000[5] | $4,500/$9,000[5] |
| OUT-OF-POCKET MAXIMUM[3] | $6,700/$13,400 | $6,700/$13,400 | $6,350/$12,700 |
| OFFICE VISIT | Preventive: $0<br>PCP:[1] $35 after deductible<br>Specialist:[1] $65 after deductible | Preventive: $0<br>PCP:[1] $35 after deductible<br>Specialist:[1] $55 after deductible | Preventive: $0<br>PCP:[1] $35 after deductible<br>Specialist:[1] $65 after deductible |
| EMERGENCY ROOM | $250 after deductible | $350 after deductible | $500 after deductible |
| INPATIENT ADMISSIONS | $750 after deductible | Deductible | $1,000 after deductible |
| SURGICAL DAY CARE | $500 after deductible | Deductible | $750 after deductible |
| LABS[7] | $40 after deductible | Deductible | Hospital: $35 after deductible<br>Other network provider: Deductible |
| X-RAYS[7] | $75 after deductible | Deductible | Hospital: $35 after deductible<br>Other network provider: Deductible |
| MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS[7] | $350 after deductible | Deductible | Hospital: $500 after deductible<br>Other network provider: $150 after deductible |
| PRESCRIPTION DRUGS | After deductible[6]<br>Retail: $10/$45/$175/$250/ 50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$350/$750 | After deductible[6]<br>Retail: $10/$45/$150/$225/ 50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$300/$675 | After deductible[6]<br>Retail: $10/$45/$175/$250/ 50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$350/$750 |
| HOSPITAL CHOICE COST SHARING[8] | Not Applicable | After deductible<br>Inpatient: $1,500<br>SDC: $1,000<br>Labs: $35<br>X-rays and other imaging tests: $100<br>MRI/CT/PET/NC: $450<br>PT/OT/ST: $80 | 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 **VBB:** Value-Based Benefits **OON:** Out-of-Network

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| | HMO Blue New England Basic Saver (HSA Compliant) | NEW HMO Blue New England $3,000 Deductible with Copayment | NEW HMO Blue New England $1,500 Deductible with Copayment |
|---|---|---|---|
| DEDUCTIBLE[2] | $3,350/$6,550[5] | $3,000/$6,000 | $1,500/$3,000 |
| OUT-OF-POCKET MAXIMUM[3] | $6,450/$12,900 | $8,350/$16,700 | $8,750/$17,500 |
| OFFICE VISIT | Preventive: $0<br>PCP:[1] $45 after deductible<br>Specialist:[1] $75 after deductible | Preventive: $0<br>PCP:[1] $45<br>Specialist:[1] $70 | Preventive: $0<br>PCP:[1] $30<br>Specialist:[1] $65 |
| EMERGENCY ROOM | $1,500 after deductible | $750 after deductible | $750 after deductible |
| INPATIENT ADMISSIONS | $1,500 after deductible | $1,500 after deductible | $1,250 after deductible |
| SURGICAL DAY CARE | $1,000 after deductible | $750 after deductible | $750 after deductible |
| LABS[7] | Hospital: $80 after deductible<br>Other network provider:<br>Deductible | Hospital: $75 after deductible<br>Other network provider:<br>$15 after deductible | Hospital: $75 after deductible<br>Other network provider:<br>$15 after deductible |
| X-RAYS[7] | Hospital: $125 after deductible<br>Other network provider:<br>Deductible | Hospital: $150 after deductible<br>Other network provider:<br>$25 after deductible | Hospital: $150 after deductible<br>Other network provider:<br>$25 after deductible |
| MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS[7] | Hospital: $1,000 after deductible<br>Other network provider: $750 after deductible | Hospital: $500 after deductible<br>Other network provider: $250 after deductible | Hospital: $600 after deductible<br>Other network provider: $300 after deductible |
| PRESCRIPTION DRUGS | After deductible[6]<br>Retail: $10/$45/$175/$250/ 50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$350/$750 | Retail: $10/$45/$150/$225/ 50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$300/$675 | Retail: $10/$45/$200/$225/ 50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$400/$675 |
| HOSPITAL CHOICE COST SHARING[8] | 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 **VBB:** Value-Based Benefits **OON:** Out-of-Network

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# PPO

Accounts with 2–50 Enrolled Subscribers and 50 or Fewer Full-Time Employees

| | Preferred Blue® PPO $1,500 Deductible | Preferred Blue® PPO Saver $2,000 (HSA Compliant) | Preferred Blue® PPO $2,500 Deductible |
|---|---|---|---|
| DEDUCTIBLE[2] | IN: $1,500/$3,000<br>OON: $4,500/$9,000 | IN: $2,000/$4,000[4]<br>OON: $5,000/$10,000[4] | IN: $2,500/$5,000<br>OON: $5,500/$11,000 |
| OUT-OF-POCKET MAXIMUM[3] | IN: $8,750/$17,500<br>OON: $17,500/$35,000 | IN: $6,700/$13,400<br>OON: $13,400/$26,800 | IN: $8,350/$16,700<br>OON: $16,700/$33,400 |
| OFFICE VISIT | IN: Preventive: $0<br>Primary Care:[1] $35 after deductible<br>Specialist:[1] $50 after deductible<br>OON: 20% co-insurance after deductible | IN: Preventive: $0<br>Primary Care:[1] $30 after deductible<br>Specialist:[1] $50 after deductible<br>OON: 20% co-insurance after deductible (no deductible for preventive care) | IN: Preventive: $0<br>Primary Care:[1] $35 after deductible<br>Specialist:[1] $45 after deductible<br>OON: 20% co-insurance after deductible |
| EMERGENCY ROOM | $350 after in-network deductible | $350 after in-network deductible | $250 after in-network deductible |
| INPATIENT ADMISSIONS | IN: 10% co-insurance after deductible<br>OON: 20% co-insurance after deductible | IN: 10% co-insurance after deductible<br>OON: 20% co-insurance after deductible | IN: 10% co-insurance after deductible<br>OON: 20% co-insurance after deductible |
| SURGICAL DAY CARE | IN: $250 after deductible<br>OON: 20% co-insurance after deductible | IN: $250 after deductible<br>OON: 20% co-insurance after deductible | IN: $500 after deductible<br>OON: 20% co-insurance after deductible |
| LABS[7] | IN: Hospital: $60 after deductible<br>Other Network Provider: Deductible<br>OON: 20% co-insurance after deductible | IN: Hospital: $60 after deductible<br>Other Network Provider: Deductible<br>OON: 20% co-insurance after deductible | IN: Hospital: $50 after deductible<br>Other Network Provider: Deductible<br>OON: 20% co-insurance after deductible |
| X-RAYS[7] | IN: Hospital: $80 after deductible<br>Other Network Provider: Deductible<br>OON: 20% co-insurance after deductible | IN: Hospital: $80 after deductible<br>Other Network Provider: Deductible<br>OON: 20% co-insurance after deductible | IN: Hospital: $50 after deductible<br>Other Network Provider: Deductible<br>OON: 20% co-insurance after deductible |
| MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS[7] | IN: Hospital: $250 after deductible<br>Other Network Provider: Deductible<br>OON: 20% co-insurance after deductible | IN: Hospital: $450 after deductible<br>Other Network Provider: $125 after deductible<br>OON: 20% co-insurance after deductible | IN: Hospital: $400 after deductible<br>Other Network Provider: $150 after deductible<br>OON: 20% co-insurance after deductible |
| PRESCRIPTION DRUGS | IN: Retail: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$300/$675<br>OON: Retail: $20/$90/$300/$450<br>Mail: Not covered | After in-network deductible[6]<br>IN: Retail: $10/$45/$175/$250/50% with $350 Max/50% with $500 Max Mail: $20/$90/$350/$750<br>After out-of-network deductible[6]<br>OON: Retail: $20/$90/$350/$500<br>Mail: Not covered | IN: Retail: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$300/$675<br>OON: Retail: $20/$90/$300/$450<br>Mail: Not covered |
| HOSPITAL CHOICE COST SHARING[8] | Not Applicable | Not Applicable | Not Applicable |

**LEGEND:** HOSPITAL CHOICE COST SHARING | BLUE OPTIONS

**KEY: EBT:** Enhanced Benefits Tier **SBT:** Standard Benefits Tier **BBT:** Basic Benefits Tier **SDC:** Surgical Day Care
**PT/OT/ST:** Physical/Occupational/Speech Therapy **VBB:** Value-Based Benefits **OON:** Out-of-Network

FOOTNOTES LOCATED ON THE LAST PAGE

| | Preferred Blue® PPO $3,000 Deductible with Hospital Choice Cost Sharing | Preferred Blue® PPO Saver $3,000 (HSA Compliant) | Preferred Blue® PPO $4,500 Deductible |
|---|---|---|---|
| DEDUCTIBLE[2] | IN: $3,000/$7,500<br>OON: $6,000/$13,000 | IN: $3,000/$6,000[5]<br>OON: $6,000/$12,000[5] | IN: $4,500/$9,000<br>OON:<br>$7,500/$15,000 |
| OUT-OF-POCKET MAXIMUM[3] | IN: $8,000/$16,000<br>OON: $16,000/$32,000 | IN: $6,700/$13,400<br>OON: $13,400/$26,800 | IN: $8,750/$17,500<br>OON:<br>$17,500/$35,000 |
| OFFICE VISIT | IN: Preventive: $0<br>Primary Care:[1] $40 after deductible<br>Specialist:[1] $55 after deductible<br>OON: 20% co-insurance after deductible | IN: Preventive: $0<br>Primary Care:[1] $35 after deductible<br>Specialist:[1] $50 after deductible<br>OON: 20% co-insurance after deductible<br>(no deductible for preventive care) | IN: Preventive: $0<br>Primary Care:[1] $40 after deductible<br>Specialist:[1] $55 after deductible<br>OON: 20% co-insurance after deductible |
| EMERGENCY ROOM | $500 after in-network deductible | $300 after in-network deductible | $500 after in-network deductible |
| INPATIENT ADMISSIONS | IN: 10% co-insurance after deductible<br>OON: 20% co-insurance after deductible | IN: 10% co-insurance after deductible<br>OON: 20% co-insurance after deductible | IN: 10% co-insurance after deductible<br>OON: 20% co-insurance after deductible |
| SURGICAL DAY CARE | IN: $500 after deductible<br>OON: 20% co-insurance after deductible | IN: $250 after deductible<br>OON: 20% co-insurance after deductible | IN: $750 after deductible<br>OON: 20% co-insurance after deductible |
| LABS[7] | IN: $35 after deductible<br>OON: 20% co-insurance after deductible | IN: Hospital: $40 after deductible<br>Other Network Provider: Deductible<br>OON: 20% co-insurance after deductible | IN: Hospital: $100 after deductible<br>Other Network Provider: Deductible<br>OON: 20% co-insurance after deductible |
| X-RAYS[7] | IN: $55 after deductible<br>OON: 20% co-insurance after deductible | IN: Hospital: $65 after deductible<br>Other Network Provider: Deductible<br>OON: 20% co-insurance after deductible | IN: Hospital: $150 after deductible<br>Other Network Provider: Deductible<br>OON: 20% co-insurance after deductible |
| MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS[7] | IN: $250 after deductible<br>OON: 20% co-insurance after deductible | IN: Hospital: $450 after deductible<br>Other Network Provider: $125 after deductible<br>OON: 20% co-insurance after deductible | IN: Hospital: $500 after deductible<br>Other Network Provider: $150 after deductible<br>OON: 20% co-insurance after deductible |
| PRESCRIPTION DRUGS | IN: Retail: $10/$45/$150/$250/50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$300/$750<br>OON: Retail: $20/$90/$300/$500<br>Mail: Not covered | After in-network deductible[6]<br>IN: Retail: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$300/$675<br>After out-of-network deductible[6]<br>OON: Retail: $20/$90/$300/$450<br>Mail: Not covered | IN: Retail: $10/$45/$150/$225/50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$300/$675<br>OON: Retail: $20/$90/$300/$450<br>Mail: Not covered |
| HOSPITAL CHOICE COST SHARING[8] | After deductible<br>Inpatient: 20% co-insurance<br>SDC: $1,500<br>Labs: $70<br>X-rays and other imaging tests: $155<br>MRI/CT/PET/NC: $700<br>PT/OT/ST: $80 | Not Applicable | Not Applicable |

**LEGEND:** HOSPITAL CHOICE COST SHARING | BLUE OPTIONS

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

| | Preferred Blue® PPO Saver $4,500 (HSA Compliant) |
|---|---|
| DEDUCTIBLE[2] | IN: $4,500/$9,000[5]<br>OON: $7,500/$15,000[5] |
| OUT-OF-POCKET MAXIMUM[3] | IN: $6,300/$12,600<br>OON: $12,600/$25,200 |
| OFFICE VISIT | IN: Preventive: $0<br>Primary Care:[1] $45 after deductible<br>Specialist:[1] $75 after deductible<br>OON: 20% co-insurance after deductible (no deductible for preventive care) |
| EMERGENCY ROOM | $350 after in-network deductible |
| INPATIENT ADMISSIONS | IN: 10% co-insurance after deductible<br>OON: 20% co-insurance after deductible |
| SURGICAL DAY CARE | IN: $750 after deductible<br>OON: 20% co-insurance after deductible |
| LABS[7] | IN: Hospital: $50 after deductible<br>Other Network Provider: $15 after deductible<br>OON: 20% co-insurance after deductible |
| X-RAYS[7] | IN: Hospital: $150 after deductible<br>Other Network Provider: $25 after deductible<br>OON: 20% co-insurance after deductible |
| MRI, CT, PET SCANS, AND NUCLEAR CARDIAC IMAGING TESTS[7] | IN: Hospital: $750 after deductible<br>Other Network Provider: $150 after deductible<br>OON: 20% co-insurance after deductible |
| PRESCRIPTION DRUGS | After in-network deductible[6]<br>IN: Retail: $10/$45/$175/$250/50% with $350 Max/50% with $500 Max<br>Mail: $20/$90/$350/$750<br>After out-of-network deductible[6]<br>OON: Retail: $20/$90/$350/$500<br>Mail: Not covered |
| HOSPITAL CHOICE COST SHARING[8] | Not Applicable |

LEGEND: HOSPITAL CHOICE COST SHARING BLUE OPTIONS

**KEY: EBT:** Enhanced Benefits Tier **SBT:** Standard Benefits Tier **BBT:** Basic Benefits Tier **SDC:** Surgical Day Care
**PT/OT/ST:** Physical/Occupational/Speech Therapy **VBB:** Value-Based Benefits **OON:** Out-of-Network

FOOTNOTES LOCATED ON THE LAST PAGE

## MEDICARE CREDITABLE COVERAGE

All plans in this chart meet Medicare Creditable Coverage prescription drug coverage requirements, except HMO Blue New England $5,000 Deductible. Creditable Coverage means that the member's prescription drug coverage is as good as or better than the standard Medicare Part D plan.

## MINIMUM CREDITABLE COVERAGE

All plans in this chart meet the minimum level of benefits that adult tax filers need to be considered insured and avoid tax penalties in Massachusetts.

## BLUE CROSS BLUE SHIELD OF MASSACHUSETTS ALLOWS SMALL EMPLOYER GROUPS[11] WITH TWO OR MORE ENROLLED EMPLOYEES TO OFFER UP TO TWO MEDICAL PLANS

Please see 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 offered alongside a PPO product with the HCCS feature when 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.
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 copays, co-insurance, and deductible, including costs for covered prescription drugs.
4. The 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 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, Boston Children's Hospital (other than locations at Lexington, Peabody, and Waltham), Brigham and Women's Hospital, Cape Cod Hospital, 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. 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 Multiple Employer Welfare Arrangement (MEWA) shall be subject to this chapter.

## Questions?

If you have any questions, please contact your broker or account executive.

MASSACHUSETTS


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