## PPO Product Coverage Options for Small-Group Accounts

**Effective January 2017**

### Green shaded products
The green shaded products include a selected provider network called HMO Blue New England Options. *H* denotes the plans are only available in different cost share benefit options, copayments, coinsurance, and/or deductibles depending on the benefit tier of the provider facilitating the service. The provider benefit may vary by network. General Hospital cost sharing levels may change from time to time. Overall changes to the benefit tiers of the products will happen no more than once each calendar year. For further provider search tool visit [www.bluecrossma.com/findaprovider](http://www.bluecrossma.com/findaprovider) and select HMO Blue New England Options v2 for the network.

### Blue shaded products
The blue shaded products include the Hospital Choice Cost Sharing feature. Employees will pay a higher cost share when they receive covered services from any of the network associated hospitals, surgery centers, or other provider-related services. Preferred Blue PPO Standard Tier copayment, coinsurance, and deductible levels will only apply to covered services from any of the network associated hospitals and surgery centers.

### Legend
- **In-Network** Deductible
- **Out-of-Network** Deductible
- **In-Network** Copayment
- **Out-of-Network** Copayment
- **In-Network** Coinsurance
- **Out-of-Network** Coinsurance
- **In-Network** After Deductible
- **Out-of-Network** After Deductible
- **In-Network** Per 12 Months
- **Out-of-Network** Per 12 Months
- **In-Network** Per Year
- **Out-of-Network** Per Year
- **Prescription Drugs**
- **Hospital Choice Cost Sharing**

### All plans listed below include Value Based Benefits
- **VBB—Value Based Benefits**
- **IN—In-Network**
- **OD—Out-of-Network**
- **OSD—Out-of-State Deductible**
- **EBT—Essential Benefit Tier**
- **SBT—Standard Benefit Tier**
- **BNT—Basic Benefit Tier**
- **Rx—Prescription Drugs**
- **PPO—Preferred Provider Organization**
- **HMO—Health Maintenance Organization**
- **IN—In-Network**
- **OD—Out-of-Network**
- **EBT—Essential Benefit Tier**
- **SBT—Standard Benefit Tier**
- **BNT—Basic Benefit Tier**
- **Rx—Prescription Drugs**
- **PPO—Preferred Provider Organization**
- **HMO—Health Maintenance Organization**

### Below are Underlying guidelines for this type of offering:

- **Smaller group** 1-25.
  - Employees covered under the health plan who are part of a small plan will receive lower copayments and coinsurance amounts compared to a larger plan. The smaller plan will have lower plan expenses than a larger plan. Employees will be able to choose the low-cost plan that best meets their needs.
  - Employees covered under the health plan who are part of a small plan will receive lower copayments and coinsurance amounts compared to a larger plan. The smaller plan will have lower plan expenses than a larger plan. Employees will be able to choose the low-cost plan that best meets their needs.

### Available plans:

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<thead>
<tr>
<th>Plan Name</th>
<th>Enrollment</th>
<th>In-Network Deductible</th>
<th>Out-of-Network Deductible</th>
<th>In-Network Copayment</th>
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<th>In-Network After Deductible</th>
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<th>Prescription Drugs</th>
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