Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.

Effective on anniversary dates on or after January 2018

Blue Cross Blue Shield of Massachusetts covers more people in Massachusetts than any other health plan. And we’ve been rated time and again as a top five health plan nationwide.
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 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 they choose hospitals that have met our quality benchmarks and are lower cost, they will pay less. This approach provides incentives for members to make more cost-effective provider choices. For a list of higher cost hospitals, see footnote #4 on page 13. For more information, visit bluecrossma.com/hospitalchoice or contact your account executive or broker.

**Blue Options (Green shaded products):** These health plans include two tiered provider networks called HMO Blue Options v.5 and 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 Options v.5 or HMO Blue New England Options v.5.

**Blue Select (Gray shaded products):** These health plans are a limited provider network plan, 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, check the most current provider directory for your health plan option or visit the online provider search tool at bluecrossma.com/findadoctor and select HMO Blue Select.

**Medicare Creditable Coverage:** All plans in this chart, except for Access Blue New England Basic Saver II, 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 that adult tax filers need 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.
<table>
<thead>
<tr>
<th><strong>Access Blue New England</strong></th>
<th><strong>Enhanced Value</strong></th>
<th><strong>Saver (HSA Compliant)</strong></th>
<th><strong>Basic $2,000</strong></th>
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<tr>
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<tr>
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<td>Preventive: $0</td>
<td>Preventive: $0</td>
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<tr>
<td>PCP: $20</td>
<td>PCP: $15 after Deductible</td>
<td>PCP: $25 after Deductible</td>
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<tr>
<td>Specialist: $30</td>
<td>Specialist: $25 after Deductible</td>
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<td>$150 after Deductible</td>
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<tr>
<td><strong>Inpatient Admissions</strong>3</td>
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<tr>
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<tr>
<td><strong>MRI, CT, PET</strong> Scans, and Nuclear Cardiac Imaging Tests**1</td>
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<td>$1,500/$3,000—Includes Rx5</td>
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<td>AFTER DEDUCTIBLE Retail: $10/$25/$45 Mail: $20/$50/$135</td>
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<td>Inpatient: $1,500 SDC: $1,250 MRI/CT/PET/NC: $500 Labs: $35 X-ray &amp; other imaging tests: $100 PT/OT/ST: $65</td>
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<td>AFTER DEDUCTIBLE Inpatient: 30% Coinsurance SDC: 30% Coinsurance MRI/CT/PET/NC: 30% Coinsurance Labs: 30% Coinsurance X-ray &amp; other Imaging tests: 30% Coinsurance PT/OT/ST: $75</td>
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**FOOTNOTES LOCATED ON THE LAST PAGE**
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<td><strong>MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests</strong></td>
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<td><strong>Hospital Choice Cost Sharing</strong></td>
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**Footnotes:**

1. Self-referred visits: 20% after Deductible.
2. Medical Deductible: Per calendar year, unless noted.
3. Out-of-Pocket Maximum: Per plan year, unless noted.
4. Hospital Choice Cost Sharing: Not applicable.

**Legend:**

- Hospital Choice Cost Sharing
- Blue Options
- Blue Select

**Key:**

- EBT: Enhanced Benefits Tier
- SBT: Standard Benefits Tier
- BBT: Basic Benefits Tier

**Footnotes Located on the Last Page**
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<th>HMO Blue</th>
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**FOOTNOTES LOCATED ON THE LAST PAGE**

**LEGEND:**
- ■ Hospital Choice Cost Sharing
- ■ Blue Options
- ■ Blue Select

**KEY:**
- EBT: Enhanced Benefits Tier
- SBT: Standard Benefits Tier
- BBT: Basic Benefits Tier
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**FOOTNOTES LOCATED ON THE LAST PAGE**

**LEGEND:** □ Hospital Choice Cost Sharing □ Blue Options □ Blue Select

**KEY:** EBT: Enhanced Benefits Tier SBT: Standard Benefits Tier BBT: Basic Benefits Tier
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<td>Deductible</td>
<td>Deductible</td>
</tr>
<tr>
<td>MRI/CT/PET/Nuclear Cardiac Imaging Tests</td>
<td>Deductible</td>
<td>Deductible</td>
<td>Deductible</td>
</tr>
<tr>
<td><strong>Medical Deductible</strong></td>
<td>$1,000/$2,000</td>
<td>$1,500/$3,000</td>
<td>$2,000/$4,000</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>Medical: $5,450/$10,900 Rx: $1,000/$2,000</td>
<td>Medical: $5,450/$10,900 Rx: $1,000/$2,000</td>
<td>Medical: $5,450/$10,900 Rx: $1,000/$2,000</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>Retail: $15/$30/$50 Mail: $30/$60/$150</td>
<td>Retail: $15/$30/$50 Mail: $30/$60/$150</td>
<td>Retail: $15/$30/$50 Mail: $30/$60/$150</td>
</tr>
<tr>
<td><strong>Hospital Choice Cost Sharing</strong></td>
<td>AFTER DEDUCTIBLE Inpatient: $1,000 SDC: $1,000 MRI/CT/PET/NC: $450 Labs: $35 X-ray &amp; other imaging tests: $100 PT/OT/ST: $70</td>
<td>AFTER DEDUCTIBLE Inpatient: $1,000 SDC: $1,000 MRI/CT/PET/NC: $450 OP Diag labs: $35 X-ray &amp; other imaging tests: $100 PT/OT/ST: $70</td>
<td>AFTER DEDUCTIBLE Inpatient: $1,000 SDC: $1,000 MRI/CT/PET/NC: $450 Labs: $35 X-ray &amp; other imaging tests: $100 PT/OT/ST: $70</td>
</tr>
<tr>
<td>Service</td>
<td>EBT: $150&lt;sup&gt;6&lt;/sup&gt;</td>
<td>SBT: $150 after Deductible&lt;sup&gt;5&lt;/sup&gt;</td>
<td>BBT: $1,000 after Deductible&lt;sup&gt;5&lt;/sup&gt;</td>
</tr>
<tr>
<td>--------------------------------------</td>
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<td>---------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Office Visit</td>
<td>Preventive: $0</td>
<td>PCP: EBT: $150&lt;sup&gt;6&lt;/sup&gt;, SBT: $25&lt;sup&gt;5&lt;/sup&gt;, BBT: $50&lt;sup&gt;6&lt;/sup&gt;</td>
<td>Preventive: $0, PCP: EBT: $20&lt;sup&gt;6&lt;/sup&gt;, SBT: $30&lt;sup&gt;6&lt;/sup&gt;, BBT: $50&lt;sup&gt;6&lt;/sup&gt;</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$150</td>
<td>$150</td>
<td>$200</td>
</tr>
<tr>
<td>Inpatient Admissions&lt;sup&gt;3&lt;/sup&gt;</td>
<td>Deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical Day Care&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Deductible&lt;sup&gt;2&lt;/sup&gt; (per plan year, unless noted)</td>
<td>$3,000/$6,000</td>
<td>EBT: None, SBT: $500/$1,000, BBT: $2,000/$4,000</td>
<td>EBT: None, SBT: $500/$1,000, BBT: $2,000/$4,000</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum&lt;sup&gt;3&lt;/sup&gt; (per plan year unless noted)</td>
<td>Medical: $5,450/$10,900 Rx: $1,000/$2,000</td>
<td>Medical: $5,450/$10,900 Rx: $1,000/$2,000</td>
<td>Medical: $5,450/$10,900 Rx: $1,000/$2,000</td>
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<tr>
<td>Prescription Drugs</td>
<td>Retail: $15/$30/$50 Mail: $30/$60/$150</td>
<td>Retail: $15/$30/$50 Mail: $30/$60/$150</td>
<td>Retail: $15/$35/$50 Mail: $30/$70/$150</td>
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<tr>
<td>Hospital Choice Cost Sharing&lt;sup&gt;4&lt;/sup&gt;</td>
<td>AFTER DEDUCTIBLE Inpatient: $1,000 SDC: $1,000 MRI/CT/PET/NC: $450 Labs: $35 X-ray &amp; other imaging tests: $100 PT/OT/ST: $75</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Service</td>
<td>HMO Blue New England Options Deductible III v.5</td>
<td>HMO Blue New England Basic Copayment</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-------------------------------------------------</td>
<td>--------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Office Visit</strong></td>
<td>Preventive: $0</td>
<td>Preventive: $0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PCP: $20</td>
<td>PCP: $60</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Specialist: $35</td>
<td>Specialist: $75</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>$250</td>
<td>$750 after Deductible</td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Admissions</strong></td>
<td>20% after Deductible</td>
<td>EBT: Deductible</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SBT: $500 after Deductible</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(550 for select hospitals)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>BBT: $1,500 after Deductible</td>
<td></td>
</tr>
<tr>
<td><strong>Surgical Day Care</strong></td>
<td>20% after Deductible</td>
<td>EBT: Deductible</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SBT: $500 after Deductible</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(550 for select hospitals)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>BBT: $1,500 after Deductible</td>
<td></td>
</tr>
<tr>
<td><strong>MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests</strong></td>
<td>20% after Deductible</td>
<td>EBT: Deductible</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>SBT: $75 after Deductible</td>
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<td></td>
<td></td>
<td>BBT: $450 after Deductible</td>
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<tr>
<td></td>
<td></td>
<td>Other network providers: $0</td>
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</tr>
<tr>
<td><strong>Medical Deductible</strong></td>
<td>$1,000/$2,000</td>
<td>$2,000/$4,000</td>
<td></td>
</tr>
<tr>
<td>(per plan year)</td>
<td></td>
<td>$2,000/$4,000</td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>Medical: $5,450/$10,900</td>
<td>Medical: $5,450/$10,900</td>
<td></td>
</tr>
<tr>
<td>(per plan year unless noted)</td>
<td>Rx: $1,000/$2,000</td>
<td>Rx: $1,000/$2,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medical: $5,450/$10,900</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rx: $1,000/$2,000</td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>Retail: $10/$25/$45</td>
<td>Retail: $20/$40/$60</td>
<td></td>
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<tr>
<td></td>
<td>Mail: $20/$50/$135</td>
<td>Mail: $40/$80/$180</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Retail: $20/$40/$60</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mail: $40/$80/$180</td>
<td></td>
</tr>
<tr>
<td><strong>Hospital Choice Cost Sharing</strong></td>
<td>AFTER DEDUCTIBLE</td>
<td>Not Applicable</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inpatient: 30% Coinsurance</td>
<td>Not Applicable</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SDC: 30% Coinsurance</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>MRI/CT/PET/NC: 30% Coinsurance</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Labs: 30% Coinsurance</td>
<td></td>
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<td></td>
<td>X-ray &amp; other imaging tests: 30% Coinsurance</td>
<td></td>
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<tr>
<td></td>
<td>PT/OT/ST: $75</td>
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</tr>
</tbody>
</table>

**LEGEND:**
- Hospital Choice Cost Sharing
- Blue Options
- Blue Select

**KEY:**
- EBT: Enhanced Benefits Tier
- SBT: Standard Benefits Tier
- BBT: Basic Benefits Tier

*FOOTNOTES LOCATED ON THE LAST PAGE*
### HMO Blue New England

#### Basic Coinsurance

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost Sharing</th>
</tr>
</thead>
</table>
| Office Visit                 | Preventive: $0  
                                    | PCP: $60  
                                    | Specialist: $75  |
| Emergency Room               | 35% Coinsurance after Deductible |
| Inpatient Admissions\(^1\)   | 35% after Deductible |
| Surgical Day Care\(^1\)      | 35% after Deductible |
| MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests\(^1\) | 35% after Deductible |
| Medical Deductible\(^2\) (per plan year, unless noted) | $2,000/$4,000 |
| Out-of-Pocket Maximum\(^3\) (per plan year unless noted) | Medical: $5,450/$10,900  
                                    | Rx: $1,000/$2,000  |
| Prescription Drugs           | Tier 1: Retail: $15  
                                    | Mail: $30  
                                    | Tier 2 and Tier 3:  
                                    | Retail and Mail: 50% Coinsurance  |
| Hospital Choice Cost Sharing\(^4\) | Not Applicable |

#### Footnotes

1. This is the cost sharing for services rendered at hospitals other than those that are designated as higher cost.
2. The two deductible amounts refer to individual and family.
3. The two out-of-pocket maximum amounts refer to individual and family.
4. Higher-cost hospitals are: Baystate Medical Center, Brigham and Women’s Hospital, Cape Cod Hospital, Boston Children’s Hospital (other than Boston Children’s Hospital locations at Lexington, Peabody, and Waltham), Dana-Farber Cancer Institute, Fairview Hospital, Massachusetts General Hospital, UMass Memorial Medical Center—Memorial Campus, and UMass Memorial Medical Center—University Campus.
5. Entire family deductible must be satisfied before benefits are provided for any one member enrolled under a family membership.
6. Outside Massachusetts, the lower Enhanced Benefits Tier copayment applies to any network provider that 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.
7. To provide geographic access to members, the lower Standard Benefits Tier copayment applies for Athol Memorial Hospital, Baystate Franklin Medical Center, Berkshire Medical Center, Falmouth Hospital, Martha’s Vineyard Hospital, and Nantucket Cottage Hospital. For HMO Blue Options v.5 only, the lower Standard Benefits Tier copayment applies to Southwestern Vermont Medical Center in addition to the hospitals listed.