MASSACHUSETTS

Product Coverage Options
for Accounts with 100 or More Enrolled Subscribers

Effective on anniversary dates on or after January 2017

Blue shaded products: These standard plan designs are available with the Hospital Choice Cost Sharing feature (members will pay a higher cost share when they receive certain services at or by higher cost share hospitals, including inpatient admissions, surgical day care, and some other hospital outpatient services). If the health plan option includes a tiered network feature called Hospital Choice Cost Sharing, as a member in this plan, you will pay different levels of cost share (such as copayments and/or coinsurance) for certain services depending on the network general hospital you choose to provide those covered services. For most network general hospitals, you will pay the lowest cost sharing level. However, if you receive certain covered services from any of the network general hospitals listed below,[4] you pay the highest cost sharing level. A network general hospital's cost sharing level may change from time to time.

Overall changes to add another network general hospital to the highest cost sharing level will happen no more than once each calendar year. For help in finding a network general hospital for which you pay the lowest cost sharing level, check the most current provider directory for your health plan options. Or, visit **www.bluecrossma.com/hospitalchoice** and click on the Planning Guide link in the left navigation to download a printable network hospital list or to access the provider search page.

For PPO Plan designs, the different levels of cost sharing mentioned above apply to in-network benefit levels at preferred general hospitals.

Green shaded products: This document gives general information about our tiered network plan designs. There are currently three tiered provider networks called HMO Blue Options v.5, HMO Blue New England Options v.5, and Preferred Blue PPO Options v.5. In our tiered plans, members pay different levels of cost share (copayments, coinsurance, and/or deductibles) depending on the benefits tier of the provider providing 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 **www.bluecrossma.com/findadoctor** and search for the appropriate network.

This chart highlights some of the standard plan design options available to insured accounts with 100 or more eligible employees. It includes some of the benefits under each of the plans listed for comparison purposes. There may be other cost sharing features not included on this sheet. See subscriber certificate for full benefit information.

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.

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Legend

Ded.—Deductible

Coins.—Coinsurance

ER—Emergency Room

IN—In-network

OON—Out-of-network

EBT—Enhanced Benefits Tier

SBT—Standard Benefits Tier

BBT—Basic Benefits Tier

Access Blue New England

Plan Designs	Office Visit	ER	Inpatient Admissions[1]	Surgical Day Care (SDC)[1]	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests[1]
Access Blue New England Enhanced Value℠	Preventive—$0 PCP—$20 Specialist—$30	$150	$500	$250	$50
Access Blue New England℠ Saver (HSA Compliant)	Preventive—$0 PCP—$15 after Ded. Specialist—$25 after Ded.	$150 after Ded.	Ded.	Ded.	Ded.
Access Blue New England Basic $2,000	Preventive—$0 PCP—$25 after Ded. Specialist—$35 after Ded.	$200	20% Coins. after Ded.	20% Coins. after Ded.	20% Coins. after Ded.
Access Blue New England Basic Saver (HSA Compliant)	Preventive—$0 PCP—$60 after Ded. Specialist—$75 after Ded.	$250 after Ded.	35% Coins. after Ded.	35% Coins. after Ded.	35% Coins. after Ded.
Access Blue New England Basic Saver II (HSA Compliant)	Preventive—$0 PCP—$50 after Ded. Specialist—$75 after Ded.	$750 after Ded.	$1,000 after Ded.	$1,000 after Ded.	$1,000 after Ded.

Blue Choice

Plan Designs	Office Visit	ER	Inpatient Admissions[1]	Surgical Day Care (SDC)[1]	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests[1]
Blue Choice	PCP/Plan-Approved: Preventive—$0 PCP—$10 Specialist—$10 Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: $100 Self-Referred: $100	PCP/Plan-Approved: $0 Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: $0 Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: $25 Self-Referred: 20% Coins. after Ded.
Blue Choice Value Plus	PCP/Plan-Approved: Preventive—$0 PCP—$15 Specialist—$15 Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: $100 Self-Referred: $100	PCP/Plan-Approved: $250 Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: $150 Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: $25 Self-Referred: 20% Coins. after Ded.

	Medical Deductible[2]	Out-of-Pocket Maximum[3]	Prescription Drugs	Hospital Choice Cost Sharing[4]
	None	$5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	Retail—$15/$30/$50 Mail—$30/$60/$100	Inpatient—$1,500 SDC—$1,250 MRI/CT/PET/NC—$500 OP Diag. labs—$35 OP Diag. X-ray & other imaging tests—$100 PT/OT/ST—$65
	$1,500/$3,000 per plan year—includes Rx[5]	$6,450/$12,900 per plan year—includes Rx	After Ded.: Retail—$10/$25/$45 Mail—$20/$50/$135	Not Applicable
	$2,000/$4,000 plan year Ded.	$5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	Tier 1 Retail—$15 Mail—$30 Tier 2 and Tier 3 Retail and Mail $250/$500 Ded. then 50% Coins.	After Ded.: Inpatient—30% Coins. SDC—30% Coins. MRI/CT/PET/NC—30% Coins. OP Diag. labs—30% Coins. Imaging tests—30% Coins. PT/OT/ST—$75
	$3,000/$5,950 plan year Ded.—includes Rx[5]	$6,450/$12,900 per plan year—includes Rx	After Ded.: Retail—$15/$30/$50 Mail—$30/$60/$150	Not Applicable
	$3,300/$6,450 per plan year—includes Rx[5]	$6,450/$12,900 per plan year—includes Rx	After Ded: Retail—$15/50%/50% Mail—$30/50%/50%	Not Applicable

	Medical Deductible[2]	Out-of-Pocket Maximum[3]	Prescription Drugs	Hospital Choice Cost Sharing[4]
	PCP/Plan-Approved: None Self-Referred: $250/$500 per calendar year	PCP/Plan-Approved: $5,450/$10,900 medical per calendar year $1,000/$2,000 Rx per calendar year Self-Referred: $6,450/$12,900 medical per calendar year	PCP/Plan-Approved: Retail—$10/$25/$45 Mail—$20/$50/$90 Self-Referred: Not covered	Not Applicable
	PCP/Plan-Approved: None Self-Referred: $500/$1,000 per calendar year	PCP/Plan-Approved: $5,450/$10,900 medical per calendar year $1,000/$2,000 Rx per calendar year Self-Referred: $6,450/$12,900 medical per calendar year	PCP/Plan-Approved: Retail—$10/$25/$45 Mail—$20/$50/$90 Self-Referred: Not covered	Not Applicable

Blue Choice New England

Plan Designs	Office Visit	ER	Inpatient Admissions[1]	Surgical Day Care (SDC)[1]	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests[1]	
Blue Choice New England	PCP/Plan-Approved: Preventive—$0 PCP—$10 Specialist—$10 Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: $100 Self-Referred: $100	PCP/Plan-Approved: $0 Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: $0 Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: $25 Self-Referred: 20% Coins. after Ded.	
Blue Choice New England Value Plus	PCP/Plan-Approved: Preventive—$0 PCP—$15 Specialist—$15 Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: $100 Self-Referred: $100	PCP/Plan-Approved: $250 Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: $150 Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: $25 Self-Referred: 20% Coins. after Ded.	

Select Blue

Plan Designs	Office Visit	ER	Inpatient Admissions[1]	Surgical Day Care (SDC)[1]	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests[1]	
HMO Blue Select Deductible	PCP: $20 Specialist: $35	$150	Deductible	Deductible	Deductible	

HMO Blue

Plan Designs	Office Visit	ER	Inpatient Admissions[1]	Surgical Day Care (SDC)[1]	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests[1]	
HMO Blue®	Preventive—$0 PCP—$10 Specialist—$25	$100	$0	$0	$25	
HMO Blue Value Plus℠	Preventive—$0 PCP—$15 Specialist—$30	$100	$250	$150	$25	

	Medical Deductible[2]	Out-of-Pocket Maximum[3]	Prescription Drugs	Hospital Choice Cost Sharing[4]
	PCP/Plan-Approved: None Self-Referred: $250/$500 per calendar year	PCP/Plan-Approved: $5,450/$10,900 medical per calendar year $1,000/$2,000 Rx per calendar year Self-Referred: $6,450/$12,900 per calendar year	PCP/Plan-Approved: Retail—$10/$25/$45 Mail—$20/$50/$90 Self-Referred: Not covered	Not Applicable
	PCP/Plan-Approved: None Self-Referred: $500/$1,000 per calendar year	PCP/Plan-Approved: $5,450/$10,900 medical per calendar year $1,000/$2,000 Rx per calendar year Self-Referred: $6,450/$12,900 per calendar year	PCP/Plan-Approved: Retail—$10/$25/$45 Mail—$20/$50/$90 Self-Referred: Not covered	Not Applicable

	Medical Deductible[2]	Out-of-Pocket Maximum[3]	Prescription Drugs	Hospital Choice Cost Sharing[4]
	$1,000/$2,000	$5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	Retail: $15/$30/$50 Mail: $30/$60/$150	Not Applicable

	Medical Deductible[2]	Out-of-Pocket Maximum[3]	Prescription Drugs	Hospital Choice Cost Sharing[4]
	None	$5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	Retail—$10/$25/$45 Mail—$20/$50/$90	Inpatient—$1,000 SDC—$1,000 MRI/CT/PET/NC—$475 OP Diag. labs—$35 OP Diag. X-ray & other imaging tests—$100 PT/OT/ST—$60
	None	$5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	Retail—$10/$25/$45 Mail—$20/$50/$90	Inpatient—$1,250 SDC—$1,150 MRI/CT/PET/NC—$475 OP Diag. labs—$35 OP Diag. X-ray & other imaging tests—$100 PT/OT/ST—$65

HMO Blue

Plan Designs	Office Visit	ER	Inpatient Admissions[1]	Surgical Day Care (SDC)[1]	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests[1]	
HMO Blue Enhanced Value	Preventive—$0 PCP—$20 Specialist—$35	$150	$500	$250	$50	
HMO Blue Options[SM] v.5	Preventive—$0 PCP: EBT—$15[6] SBT—$25[6] BBT—$45[6] Specialist—$45	$150	EBT—$250[6] SBT—$500[6] ($300 for selected hospitals[7]) BBT—$1,000[6]	EBT—$150[6] SBT—$250[6] BBT—$500[6]	EBT—$75[6] SBT—$150[6] BBT—$250[6] Other Network Providers—$75	
HMO Blue Premier Value	Preventive—$0 PCP—$25 Specialist—$40	$150	Ded.	$250	$75	
HMO Blue $1,000 Deductible	Preventive—$0 PCP—$20 Specialist—$35	$100 after Ded.	Ded.	Ded.	Ded.	
HMO Blue $2,000 Deductible	Preventive—$0 PCP—$20 Specialist—$35	$100 after Ded.	Ded.	Ded.	Ded.	
HMO Blue Options Deductible v.5	Preventive—$0 PCP— EBT: $15[6] SBT: $25[6] BBT: $50[6] Specialist—$50	$150	EBT—$150[6] SBT—$150 after Ded.[6] ($200 for selected hospitals[7]) BBT—$1,000 after Ded.[6]	EBT—$150[6] SBT—$150 after Ded.[6] ($200 for selected hospitals[7]) BBT—$1,000 after Ded.[6] Other Network Providers—$50	EBT—$50[6] SBT—$50 after Ded.[6] BBT—$450 after Ded.[6] Other Network Providers—$50	

	Medical Deductible[2]	Out-of-Pocket Maximum[3]	Prescription Drugs	Hospital Choice Cost Sharing[4]
	None	$5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	Retail—$15/$30/$50 Mail—$30/$60/$100	Inpatient—$1,500 SDC—$1,250 MRI/CT/PET/NC—$500 OP Diag. labs—$35 OP Diag. X-ray & other imaging tests—$100 PT/OT/ST—$70
	None	$5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	Retail—$15/$30/$50 Mail—$30/$60/$150	Not Applicable
	Inpatient—$1,000/$2,500 per plan year	$5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	Retail—$15/$30/$50 Mail—$30/$60/$150	Inpatient—$1,000 after Ded. SDC—$1,250 MRI/CT/PET/NC—$525 OP Diag. labs—$35 OP Diag. X-ray & other imaging tests—$100 PT/OT/ST—$75
	$1,000/$2,000 per plan year	$5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	Retail—$15/$30/$50 Mail—$30/$60/$150	After Ded.: Inpatient—$1,000 SDC—$1,000 MRI/CT/PET/NC—$450 OP Diag. labs—$35 OP Diag. X-ray & other imaging tests—$100 PT/OT/ST—$70
	$2,000/$4,000 per plan year	$5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	Retail—$15/$30/$50 Mail—$30/$60/$150	After Ded.: Inpatient—$1,000 SDC—$1,000 MRI/CT/PET/NC—$450 OP Diag. labs—$35 OP Diag. X-ray & other imaging tests—$100 PT/OT/ST—$70
	EBT—None SBT—$500/$1,000 per plan year BBT—$2,000/$4,000 per plan year	$5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	Retail—$15/$30/$50 Mail—$30/$60/$150	Not Applicable

HMO Blue New England

Plan Designs	Office Visit	ER	Inpatient Admissions[1]	Surgical Day Care (SDC)[1]	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests[1]	
HMO Blue New England[SM]	Preventive—$0 PCP—$10 Specialist—$25	$100	$0	$0	$25	
HMO Blue New England Value Plus	Preventive—$0 PCP—$15 Specialist—$30	$100	$250	$150	$25	
HMO Blue New England Enhanced Value	Preventive—$0 PCP—$20 Specialist—$35	$150	$500	$250	$50	
HMO Blue New England Value	Preventive—$0 PCP—$25 Specialist—$40	$150	$500	$250	$75	
HMO Blue New England Options[SM] v.5	Preventive—$0 PCP: EBT—$15[6] SBT—$25[6] BBT—$45[6] Specialist—$45	$150	EBT—$250[6] SBT—$500[6] ($300 for selected hospitals[7]) BBT—$1,000[6]	EBT: $150[6] SBT: $250[6] BBT: $500[6]	EBT—$75[6] SBT—$150[6] BBT—$250[6] Other Network Providers—$75	
HMO Blue New England Premier Value	Preventive—$0 PCP—$25 Specialist—$40	$150	Ded.	$250	$75	

	Medical Deductible[2]	Out-of-Pocket Maximum[3]	Prescription Drugs	Hospital Choice Cost Sharing[4]
	None	$5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	Retail—$10/$25/$45 Mail—$20/$50/$90	Inpatient—$1,000 SDC—$1,000 MRI/CT/PET/NC—$475 OP Diag. labs—$35 OP Diag. X-ray & other imaging tests—$100 PT/OT/ST—$60
	None	$5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	Retail—$10/$25/$45 Mail—$20/$50/$90	Inpatient—$1,250 SDC—$1,150 MRI/CT/PET/NC—$475 OP Diag. labs—$35 OP Diag. X-ray & other imaging tests—$100 PT/OT/ST—$65
	None	$5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	Retail—$15/$30/$50 Mail—$30/$60/$100	Inpatient—$1,500 SDC—$1,250 MRI/CT/PET/NC—$500 OP Diag. labs—$35 OP Diag. X-ray & other imaging tests—$100 PT/OT/ST—$70
	None	$5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	Retail—$15/$30/$50 Mail—$30/$60/$150	Inpatient—$1,500 SDC—$1,250 MRI/CT/PET/NC—$525 OP Diag. labs—$35 OP Diag. X-ray & other imaging tests—$100 PT/OT/ST—$75
	None	$5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	Retail—$15/$30/$50 Mail—$30/$60/$150	Not Applicable
	Inpatient—$1,000/$2,500 per plan year	$5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	Retail—$15/$30/$50 Mail—$30/$60/$150	Inpatient—$1,000 after Ded. SDC—$1,250 MRI/CT/PET/NC—$525 OP Diag. labs—$35 OP Diag. X-ray & other imaging tests—$100 PT/OT/ST—$75

HMO Blue New England

Plan Designs	Office Visit	ER	Inpatient Admissions [1]	Surgical Day Care (SDC) [1]	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests [1]	
HMO Blue New England Premier Value with Coinsurance	Preventive—$0 PCP—$25 Specialist—$40	$200	Ded.	35% Coins.	35% Coins.	
HMO Blue New England $500 Deductible	Preventive—$0 PCP—$20 Specialist—$35	$150	Ded.	Ded.	Ded.	
HMO Blue New England $1,000 Deductible	Preventive—$0 PCP—$20 Specialist—$35	$150	Ded.	Ded.	Ded.	
HMO Blue New England $1,500 Deductible	Preventive—$0 PCP—$20 Specialist—$35	$150	Ded.	Ded.	Ded.	
HMO Blue New England $2,000 Deductible	Preventive—$0 PCP—$20 Specialist—$35	$150	Ded.	Ded.	Ded.	
HMO Blue New England $3,000 Deductible	Preventive—$0 PCP—$25 Specialist—$40	$150	Ded.	Ded.	Ded.	

	Medical Deductible[2]	Out-of-Pocket Maximum[3]	Prescription Drugs	Hospital Choice Cost Sharing[4]
	Inpatient—$1,000/$2,500 per plan year	$5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	Retail—$15/$30/$50 Mail—$30/$60/$150	Inpatient—$1,000 after Ded. SDC—50% Coins. MRI/CT/PET/NC—50% Coins. OP Diag. labs—50% Coins. OP Diag. X-ray & other imaging tests—50% Coins. PT/OT/ST—$75
	$500/$1,000 per plan year	$5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	Retail—$15/$30/$50 Mail—$30/$60/$150	After Ded.: Inpatient—$1,000 SDC—$1,000 MRI/CT/PET/NC—$450 OP Diag. labs—$35 OP Diag. X-ray & other imaging tests—$100 PT/OT/ST—$70
	$1,000/$2,000 per plan year	$5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	Retail—$15/$30/$50 Mail—$30/$60/$150	After Ded.: Inpatient—$1,000 SDC—$1,000 MRI/CT/PET/NC—$450 OP Diag. labs—$35 OP Diag. X-ray & other imaging tests—$100 PT/OT/ST—$70
	$1,500/$3,000 per plan year	$5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	Retail—$15/$30/$50 Mail—$30/$60/$150	After Ded.: Inpatient—$1,000 SDC—$1,000 MRI/CT/PET/NC—$450 OP Diag labs—$35 Op Diag. X-ray & other imaging tests—$100 PT/OT/ST—$70
	$2,000/$4,000 per plan year	$5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	Retail—$15/$30/$50 Mail—$30/$60/$150	After Ded.: Inpatient—$1,000 SDC—$1,000 MRI/CT/PET/NC—$450 OP Diag. labs—$35 OP Diag. X-ray & other imaging tests—$100 PT/OT/ST—$70
	$3,000/$6,000 per plan year	$5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	Retail—$15/$30/$50 Mail—$30/$60/$150	After Ded.: Inpatient—$1,000 SDC—$1,000 MRI/CT/PET/NC—$450 OP Diag. labs—$35 OP Diag. X-ray & other imaging tests—$100 PT/OT/ST—$75

HMO Blue New England

Plan Designs	Office Visit	ER	Inpatient Admissions[1]	Surgical Day Care (SDC)[1]	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests[1]	
HMO Blue New England Options Deductible v.5	Preventive—$0 PCP: EBT—$15[6] SBT—$25[6] BBT—$50[6] Specialist—$50	$150	EBT—$150[6] SBT—$150 after Ded.[6] ($200 for selected hospitals[7]) BBT—$1,000 after Ded.[6]	EBT—$150[6] SBT—$150 after Ded.[6] ($200 for selected hospitals[7]) BBT—$1,000 after Ded.[6]	EBT—$50[6] SBT—$50 after Ded.[6] BBT—$450 after Ded.[6] Other Network Providers—$50	
HMO Blue New England Options Deductible II v.5	Preventive—$0 PCP: EBT—$20[6] SBT—$30[6] BBT—$50[6] Specialist—$50	$200	EBT—$250[6] SBT—$250 after Ded.[6] ($300 for selected hospitals[7]) BBT—$1,500 after Ded.[6]	EBT—$250[6] SBT—$250 after Ded.[6] ($300 for selected hospitals[7]) BBT—$1,500 after Ded.[6]	EBT—$75[6] SBT—$75 after Ded.[6] BBT—$450 after Ded.[6] Other Network Providers—$75	
HMO Blue NE $1000 Deductible with Coinsurance	Preventive: $0 PCP: $20 Specialist: $35	20% Coins. after Ded.	20% Coins. after Ded.	20% Coins. after Ded.	20% Coins. after Ded.	
HMO Blue New England Options Deductible III v.5	Preventive—$0 PCP—EBT: $20[6] SBT—$35[6] BBT—$55[6] Specialist—$55	$250	EBT—Ded.[6] SBT—$500 after Ded.[6] ($50 after Ded. for selected hospitals[7]) BBT—$1,500 after Ded.[6]	EBT—Ded.[6] SBT—$500 after Ded.[6] ($50 after Ded. for selected hospitals[7]) BBT—$1,500 after Ded.[6]	EBT—Ded.[6] SBT—$75 after Ded.[6] BBT—$450 after Ded.[6] Other network providers: $0	
HMO Blue New England Basic Copayment	Preventive—$0 PCP—$60 Specialist—$75	$750 after Ded.	$1,000 after Ded.	$1,000 after Ded.	$1,000 after Ded.	
HMO Blue New England Basic with Coinsurance	Preventive—$0 PCP—$60 Specialist—$75	35% Coins. after Ded.	35% Coins. after Ded.	35% Coins. after Ded.	35% Coins. after Ded.	

	Medical Deductible[2]	Out-of-Pocket Maximum[3]	Prescription Drugs	Hospital Choice Cost Sharing[4]
	EBT—None SBT—$500/$1,000 per plan year BBT— $2,000/$4,000 per plan year	$5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	Retail—$15/$30/$50 Mail—$30/$60/$150	Not Applicable
	EBT—None SBT—$500/$1,000 per plan year BBT— $2,000/$4,000 per plan year	$5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	Retail—$15/$35/$50 Mail—$30/$70/$150	Not Applicable
	$1,000/$2,000 per plan year	$5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	Retail—$10/$25/$45 Mail—$20/$50/$135	After Ded.: Inpatient—30% Coins. SDC—30% Coins. MRI/CT/PET/NC—30% Coins. OP Diag. labs—30% Coins. OP Diag. X-ray & other imaging tests—30% Coins. PT/OT/ST—$75
	$2,000/$4,000 per plan year	$5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	Retail—$20/$40/$60 Mail—$40/$80/$180	Not Applicable
	$2,000/$4,000 per plan year	$5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	Retail—$20/$40/$60 Mail—$40/$80/$180	Not Applicable
	$2,000/$4,000 per plan year	$5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	Tier 1 Retail—$15 Mail—$30 Tier 2 and Tier 3 Retail and Mail—50% Coins.	Not Applicable

PPO

Plan Designs	Office Visit	ER	Inpatient Admissions[1]	Surgical Day Care (SDC)[1]	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests[1]
Blue Care Elect Preferred℠	Preventive—IN: $0 OON: 20% Coins. after Ded. Medical—IN: $15 OON: 20% Coins. after Ded.	$100	IN: $0 OON: 20% Coins. after Ded.	IN: $0 OON: 20% Coins. after Ded.	IN: $25 OON: 20% Coins. after Ded.
Blue Care Elect℠ Value Plus	Preventive—IN: $0 OON: 20% Coins. after Ded. Medical—IN: $15 OON: 20% Coins. after Ded.	$100	IN: $250 OON: 20% Coins. after Ded.	IN: $150 OON: 20% Coins. after Ded.	IN: $25 OON: 20% Coins. after Ded.
Blue Care Elect Enhanced Value	Preventive—IN: $0 OON: 20% Coins. after Ded. Medical—IN: $20 OON: 20% Coins. after Ded.	$150	IN: $500 OON: 20% Coins. after Ded.	IN: $250 OON: 20% Coins. after Ded.	IN: $50 OON: 20% Coins. after Ded.
Preferred Blue PPO℠ Options v.5	In Massachusetts: Preventive—IN: $0 OON: 20% Coins. after Ded. Medical—IN: EBT—$15[6] SBT—$25[6] BBT—$45[6] Other Network Providers: $45 OON: 20% Coins. after Ded.	$150	In Massachusetts: IN: EBT—$250[6] SBT—$500[6] ($300 for selected hospitals[7]) BBT—$1,000[6] OON: 20% Coins. after Ded.	In Massachusetts: IN: EBT—$150[6] SBT—$250[6] BBT—$500[6] OON: 20% Coins. after Ded.	In Massachusetts: IN: EBT—$75[6] SBT—$150[6] BBT—$250[6] Other Network Providers: $75 OON: 20% Coins. after Ded.
Blue Care Elect Preferred 90	Preventive—IN: $0 OON: 20% Coins. after Ded. Medical—IN: 10% Coins. after Ded. OON: 30% Coins. after Ded.	10% Coins. after Ded.	IN: 10% Coins. after Ded. OON: 30% Coins. after Ded.	IN: 10% Coins. after Ded. OON: 30% Coins. after Ded.	IN: 10% Coins. after Ded. OON: 30% Coins. after Ded.
Blue Care Elect Preferred 90 with Copayment	Preventive—IN: $0 OON: 20% Coins. after Ded. Medical—IN: $15 OON: 20% Coins. after Ded.	$150	IN: 10% Coins. after Ded. OON: 30% Coins. after Ded.	IN: $250 after Ded. OON: 20% Coins. after Ded.	IN: 10% Coins. after Ded. OON: 30% Coins. after Ded.

	Medical Deductible[2]	Out-of-Pocket Maximum[3]	Prescription Drugs	Hospital Choice Cost Sharing[4]
	IN: None OON: $250/$500 per plan year	IN and OON combined: $5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	IN: Retail—$10/$25/$45 Mail—$20/$50/$90 OON: Not covered	Inpatient—$1,000 SDC—$1,000 MRI/CT/PET/NC—$475 OP Diag. Labs—$35 OP Diag. X-ray & other imaging tests— $100 PT/OT/ST—$50
	IN: None OON: $500/$1,000 per plan year	IN and OON combined: $5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	IN: Retail—$10/$25/$45 Mail—$20/$50/$90 OON: Not covered	Inpatient—$1,250 SDC—$1,150 MRI/CT/PET/NC—$475 OP Diag. labs—$35 OP Diag. X-ray & other imaging tests—$100 PT/OT/ST—$50
	IN: None OON: $500/$1,000 per plan year	IN and OON combined: $5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	IN: Retail—$15/$30/$50 Mail—$30/$60/$100 OON: Not covered	Inpatient—$1,500 SDC—$1,250 MRI/CT/PET/NC—$500 OP Diag. labs—$35 OP Diag. X-ray & other imaging tests—$100 PT/OT/ST—$55
	IN: None OON: $2,000/$4,000 per plan year	IN and OON combined: $5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	IN: Retail—$15/$30/$50 Mail—$30/$60/$150 OON: Retail—$30/$60/$100 Mail—Not covered	Not Applicable
	IN and OON combined: $250/$500 per plan year	IN and OON combined: $5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	IN: Retail—$10/$25/$45 Mail—$20/$50/$90 OON: Not covered	IN: after Ded.: Inpatient—20% Coins. SDC—20% Coins. MRI/CT/PET/NC—20% Coins. OP Diag. Labs—20% Coins. after Ded. OP Diag. X-ray & other imaging tests—20% Coins. PT/OT/ST—20% Coins.
	IN and OON combined: $250/$500 per plan year	IN and OON combined: $5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	IN: Retail—$10/$25/$45 Mail—$20/$50/$90 OON: Not covered	IN: after Ded.: Inpatient—20% Coins. SDC—$1,250 MRI/CT/PET/NC—20% Coins. OP Diag. Labs—20% Coins. OP Diag. X-ray & other imaging tests—20% Coins. PT/OT/ST—$50 (no ded.)

PPO—continued

PPO

Plan Designs	Office Visit	ER	Inpatient Admissions [1]	Surgical Day Care (SDC)[1]	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests[1]	
Blue Care Elect $1,000 Deductible	Preventive—IN: $0 OON: 20% Coins. after Ded. Medical—IN: $15 after Ded. OON: 20% Coins. after Ded.	$150 after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	
Blue Care Elect℠ $1,500 Deductible	Preventive—IN: $0 OON: 20% Coins. after Ded. Medical—IN: $15 after Ded. OON: 20% Coins. after Ded.	$150 after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	
Preferred Blue PPO $1,000 Deductible	Preventive—IN: $0 OON: 20% Coins. after Ded. Medical—IN: $15 after Ded. OON: 20% Coins. after Ded.	$150 after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	
Blue Care Elect Preferred 80 with Copayment	Preventive—IN: $0 OON: 20% Coins. after Ded. Medical—IN: $20 OON: 20% Coins. after Ded.	$150	IN: 20% Coins. after Ded. OON: 40% Coins. after Ded.	IN: $250 after Ded. OON: 20% Coins. after Ded.	IN: 20% Coins. after Ded. OON: 40% Coins. after Ded.	
Preferred Blue PPO Saver $1,500 (HSA Compliant)	Preventive—IN: $0 OON: 20% Coins. Medical—IN: Ded. OON: 20% Coins. after Ded.	$150 after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	
Blue Care Elect Saver℠ $1,500 (HSA Compliant)	Preventive—IN: $0 OON: 20% Coins. Medical—IN: Ded. OON: 20% Coins. after Ded.	$150 after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	

	Medical Deductible[2]	Out-of-Pocket Maximum[3]	Prescription Drugs	Hospital Choice Cost Sharing[4]
	IN and OON combined: $1,000/$2,500 per plan year	IN and OON combined: $5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	IN: Retail—$15/$30/$50 Mail—$30/$60/$150 OON: Not covered	IN: after Ded.: Inpatient—$1,000 SDC—$1,000 MRI/CT/PET/NC—$450 OP Diag. labs—$35 OP Diag. X-ray & other imaging tests—$100 PT/OT/ST—$50
	IN and OON combined: $1,500/$3,750 per plan year	IN and OON combined: $5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	IN: Retail—$15/$30/$50 Mail—$30/$60/$150 OON: Not covered	IN: after Ded.: Inpatient—$1,000 SDC—$1,000 MRI/CT/PET/NC—$450 OP Diag. labs—$35 OP Diag. X-ray & other imaging tests—$100 PT/OT/ST—$50
	IN and OON combined: $1,000/$2,500 per plan year	IN and OON combined: $5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	IN: Retail—$15/$30/$50 Mail—$30/$60/$150 OON: Retail—$30/$60/$100 Mail—Not covered	IN after Ded.: Inpatient—$1,000 SDC—$1,000 MRI/CT/PET/NC—$450 OP Diag. labs—$35 OP Diag. X-ray & other imaging tests—$100 PT/OT/ST—$50
	IN and OON combined: $500/$1,000 per plan year	IN and OON combined: $5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	IN: Retail—$10/$25/$45 Mail—$20/$50/$90 OON: Not covered	IN: after Ded.: Inpatient—30% Coins. SDC—$1,250 MRI/CT/PET/NC—30% Coins. OP Diag. Labs—30% Coins. OP Diag. X-ray & other imaging tests—30% Coins. PT/OT/ST—$55 (no Ded.)
	IN and OON combined: $1,500/$3,000 per plan year—includes Rx[5]	IN and OON combined: $6,450/$12,900 per plan year—includes Rx	After Ded.: IN: Retail—$10/$25/$45 Mail—$20/$50/$135 OON: Retail—$20/$50/$90 Mail—Not covered	Not Applicable
	IN and OON combined: $1,500/$3,000 per plan year—includes Rx[5]	IN and OON combined: $6,450/$12,900per plan year—includes Rx	After Ded.: IN: Retail—$10/$25/$45 Mail—$20/$50/$135 OON: Retail—$20/$50/$90 Mail—Not covered	Not Applicable

PPO

Plan Designs	Office Visit	ER	Inpatient Admissions [1]	Surgical Day Care (SDC)[1]	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests[1]
Blue Care Elect Preferred 80	Preventive—IN: $0 OON: 20% Coins. after Ded. Medical—IN: 20% Coins. after Ded. OON: 40% Coins. after Ded.	20% Coins. after Ded.	IN: 20% Coins. after Ded. OON: 40% Coins. after Ded.	IN: 20% Coins. after Ded. OON: 40% Coins. after Ded.	IN: 20% Coins. after Ded. OON: 40% Coins. after Ded.
Preferred Blue PPO℠ 80 with Copayment	Preventive—IN: $0 OON: 20% Coins. after Ded. Medical—IN: $20 OON: 20% Coins. after Ded.	$150	IN: 20% Coins. after Ded. OON: 40% Coins. after Ded.	IN: $250 after Ded. OON: 20% Coins. after Ded.	IN: 20% Coins. after Ded. OON: 40% Coins. after Ded.
Blue Care Elect $2,000 Deductible	Preventive—IN: $0 OON: 20% Coins. after Ded. Medical—IN: $15 after Ded. OON: 20% Coins. after Ded.	$150 after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.
Preferred Blue PPO $2,000 Deductible	Preventive—IN: $0 OON: 20% Coins. after Ded. Medical—IN: $15 after Ded. OON: 20% Coins. after Ded.	$150 after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.
Preferred Blue PPO Saver $2,000 (HSA Compliant)	Preventive—IN: $0 OON: 20% Coins. Medical—IN: Ded. OON: 20% Coins. after Ded.	$150 after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.
Preferred Blue PPO Saver $2,900 (HSA Compliant)	Preventive—IN: $0 OON: 20% Coins. Medical—IN: Ded. OON: 20% Coins. after Ded.	$150 after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.

	Medical Deductible[2]	Out-of-Pocket Maximum[3]	Prescription Drugs	Hospital Choice Cost Sharing[4]
	IN and OON combined: $500/$1,000 per plan year	IN and OON combined: $5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	IN: Retail—$10/$25/$45 Mail—$20/$50/$90 OON: Not covered	IN: after Ded.: Inpatient—30% Coins. SDC—30% Coins. MRI/CT/PET/NC—30% Coins. OP Diag. Labs 30% Coins. OP Diag. X-ray & other imaging tests—30% Coins. PT/OT/ST—30% Coins.
	IN and OON combined: $500/$1,000 per plan year	IN and OON combined: $5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	IN: Retail—$15/$30/$50 Mail—$30/$60/$150 OON: Retail—$30/$60/$100 Mail—Not covered	IN: after Ded.: Inpatient—30% Coins. SDC—$1,250 MRI/CT/PET/NC—30% Coins. OP Diag. labs—30% Coins. after Ded. OP Diag. X-ray & other imaging tests—30% Coins. PT/OT/ST—$55 (no Ded.)
	IN and OON combined: $2,000/$4,000 per plan year	IN and OON combined: $5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	IN: Retail—$15/$30/$50 Mail—$30/$60/$150 OON: Not covered	IN: after Ded.: Inpatient—$1,000 SDC—$1,000 MRI/CT/PET/NC—$450 OP Diag. labs—$35 OP Diag. X-ray & other imaging tests—$100 PT/OT/ST—$50
	IN and OON combined: $2,000/$4,000 per plan year	IN and OON combined: $5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	IN: Retail—$15/$30/$50 Mail—$30/$60/$150 OON: Retail—$30/$60/$100 Mail—Not covered	IN: after Ded.: Inpatient—$1,000 SDC—$1,000 MRI/CT/PET/NC—$450 OP Diag. labs—$35 OP Diag. X-ray & other imaging tests—$100 PT/OT/ST—$50
	IN and OON combined: $2,000/$4,000 per plan year—includes Rx[5]	IN and OON combined: $6,450/$12,900 per plan year—includes Rx	After Ded.: IN: Retail—$10/$25/$45 Mail—$20/$50/$135 OON: Retail—$20/$50/$90 Mail—Not covered	Not Applicable
	IN and OON combined: $2,900/$5,800 per plan year—includes Rx[5]	IN and OON combined: $6,450/$12,900 per plan year—includes Rx	After Ded.: IN: Retail—$10/$25/$45 Mail—$20/$50/$135 OON: Retail—$20/$50/$90 Mail—Not covered	Not Applicable

PPO

Plan Designs	Office Visit	ER	Inpatient Admissions [1]	Surgical Day Care (SDC)[1]	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests[1]
Blue Care Elect $3,000 Deductible	Preventive—IN: $0 OON: 20% Coins. after Ded. Medical—IN: $15 after Ded. OON: 20% Coins. after Ded.	$150 after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.
Blue Care Elect Saver $2,700 (HSA Compliant)	Preventive—IN: $0 OON: 20% Coins. Medical—IN: Ded. OON: 20% Coins. after Ded.	$150 after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.
Blue Care Elect℠ $4,500 (Does not meet MCC)	Preventive—IN: $0 OON: $45 after Ded. Medical—IN: $25 after Ded. OON: $45 after Ded.	$150 after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.
Preferred Blue PPO Basic with Copayment	Preventive—IN: $0 OON: 20% Coins. after Ded. Medical—IN: $65 OON: 20% Coins. after Ded.	$750 after In-Network Ded.	IN: $1,000 after Ded. OON: 20% Coins. after Ded.	IN: $1,000 after Ded. OON: 20% Coins. after Ded.	IN: $1,000 after Ded. OON: 20% Coins. after Ded.
Preferred Blue PPO Basic with Coinsurance	Preventive—IN: $0 OON: 20% Coins. after Ded. Medical—IN: $60 OON: 20% Coins. after Ded.	35% Coins. after In-Network Ded.	IN: 35% Coins. after Ded. OON: 55% Coins. after Ded.	IN: 35% Coins. after Ded. OON: 55% Coins. after Ded.	IN: 35% Coins. after Ded. OON: 55% Coins. after Ded.
Preferred Blue PPO Basic Saver (HSA Compliant)	Preventive—IN: $0 OON: 20% Coins. Medical—IN: $60 after Ded. OON: 20% Coins. after Ded.	$750 after In-Network Ded.	IN: $1,000 after Ded. OON: 20% Coins. after Ded.	IN: $1,000 after Ded. OON: 20% Coins. after Ded.	IN: $1,000 after Ded. OON: 20% Coins. after Ded.

	Medical Deductible[2]	Out-of-Pocket Maximum[3]	Prescription Drugs	Hospital Choice Cost Sharing[4]
	IN and OON combined: $3,000/$7,500 per plan year	IN and OON combined: $5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	IN: Retail—$15/$30/$50 Mail—$30/$60/$150 OON: Not covered	IN: after Ded.: Inpatient—$1,000 SDC—$1,000 MRI/CT/PET/NC—$450 OP Diag. labs—$35 OP Diag. X-ray & other imaging tests—$100 PT/OT/ST—$50
	IN and OON combined: $2,700/$5,400 per plan year—includes Rx[5]	IN and OON combined: $6,450/$12,900 per plan year—includes Rx	After Ded.: IN: Retail—$10/$25/$45 Mail—$20/$50/$135 OON: Retail—$20/$50/$90 Mail—Not covered	Not Applicable
	IN and OON combined: $4,500/$9,000 per plan year	IN and OON combined: $5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year	IN: Retail—$15/$30/$50 Mail—$30/$60/$150 OON: Not covered	Not Applicable
	IN: $2,000/$4,000 per plan year OON: $4,000/$8,000 per plan year	IN: $5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year OON: $10,900/$21,800 medical per plan year $2,000/$4,000 Rx per plan year	IN: Retail—$20/$40/$60 Mail—$40/$80/$180 OON: Retail—$40/$80/$120 Mail—Not covered	Not Applicable
	IN: $2,000/$4,000 per plan year OON: $4,000/$8,000 per plan year	IN: $5,450/$10,900 medical per plan year $1,000/$2,000 Rx per plan year OON: $10,900/$21,800 medical per plan year $2,000/$4,000 Rx per plan year	IN: Tier 1 Retail—$15 Mail—$30 Tier 2 and Tier 3 Retail and Mail—50% Coins. OON: Tier 1 Retail—$30 Tier 2 and Tier 3 Retail—50% Coins. Mail—Not covered	Not Applicable
	IN: $3,300/$6,450 per plan year—includes Rx[5] OON: $6,300/$10,000 per plan year—includes Rx[5]	IN: $6,450/$12,900 medical per plan year—includes Rx OON: $11,000/$23,000 medical per plan year—includes Rx	After Ded.: IN: Tier 1 Retail—$15 Mail—$30 Tier 2 and Tier 3 Retail and Mail—50% Coins. After Ded.: OON: Tier 1 Retail—$30 Tier 2 and Tier 3 Retail— 50% Coins. Mail—Not covered	Not Applicable

PPO—continued

PPO

Plan Designs	Office Visit	ER	Inpatient Admissions[1]	Surgical Day Care (SDC)[1]	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests[1]
Preferred Blue PPO Basic $2,000	Preventive—IN: $0 OON: 20% Coinsurance after Ded. Medical—IN: $25 OON: 20% Coins. after Ded.	$250	IN: 20% Coins. after Ded. OON: 40% Coins. after Ded.	IN: 20% Coins. after Ded. OON: 40% Coins. after Ded.	IN: 20% Coins. after Ded. OON: 40% Coins. after Ded.
Blue Care Elect Saver 90 (HSA Compliant)	Preventive—IN: $0 OON: 20% Coins. Medical—IN: 10% Coins. after Ded. OON: 30% Coins. after Ded.	$150 after Ded.	IN: 10% Coins. after Ded. OON: 30% Coins. after Ded.	IN: 10% Coins. after Ded. OON: 30% Coins. after Ded.	IN: 10% Coins. after Ded. OON: 30% Coins. after Ded.
Preferred Blue PPO Options Deductible II v.5	In Massachusetts: Preventive—IN: $0 OON: 20% Coins. after Ded. Medical—IN: EBT—$20[6] SBT—$35[6] BBT—$55[6] Other—$55 OON: 20% Coins. after Ded.	$250	In Massachusetts: IN: EBT—$500[6] SBT—$500 after Ded.[6] ($550 for selected hospitals[7]) BBT—$1,500 after Ded.[6] OON: 20% Coins. after Ded.	In Massachusetts: IN: EBT—$500[6] SBT—$500 after Ded.[6] ($550 for selected hospitals[7]) BBT—$1,500 after Ded.[6] OON: 20% Coins. after Ded.	In Massachusetts: IN: EBT: $75[6] | SBT: $75 after Ded.[6] BBT: $450 after Ded.[6] Other network providers: $75 OON: 20% Coins. after Ded.
Preferred Blue PPO Options Deductible III v.5	In Massachusetts: Preventive—IN: $0 OON: 20% Coins. after Ded. Medical—IN: EBT—$20[6] SBT—$35[6] BBT—$55[6] Other—$55 OON: 20% Coins. after Ded.	$250	In Massachusetts: IN: EBT—Ded.[6] SBT—$500 after Ded.[6] ($50 for selected hospitals[7]) BBT—$1,500 after Ded.[6] OON: 20% Coins. after Ded.	In Massachusetts: IN: EBT—Ded.[6] SBT—$500 after Ded.[6] ($50 for selected hospitals[7]) BBT—$1,500 after Ded.[6] OON: 20% Coins. after Ded.	In Massachusetts: IN: EBT: Ded.[6] | SBT: $75 after Ded.[6] BBT: $450 after Ded.[6] Other network providers: $0 OON: 20% Coins. after Ded.

	Medical Deductible[2]	Out-of-Pocket Maximum[3]	Prescription Drugs	Hospital Choice Cost Sharing[4]
	IN and OON combined: $2,000/$4,000 per plan year	IN and OON combined: $5,450/$12,900 per plan year $1,000/$2,000 Rx per plan year	IN: Tier 1 Retail—$15 Mail—$30 Tier 2 and Tier 3 Retail and Mail—$250/$500 Ded. then 50% Coins. OON: Tier 1 Retail—$30 Tier 2 and Tier 3 Retail—$250/$500 Ded. then 50% Coins. Mail—Not covered	IN: after Ded. Inpatient—30% Coins. SDC— 30% Coins. MRI/CT/PET/NC—30% Coins. OP Diag. labs—30% Coins. OP Diag. X-ray & other imaging tests—30% Coins. PT/OT/ST—$60 (no Ded.)
	In and OON combined: $1,500/$3,000 per plan year—Includes Rx[5]	IN and OON combined: $6,450/$12,900 per plan year—Includes Rx	After Ded. IN: Retail—$10/$25/$45 | Mail—$20/$50/$135 OON: Retail—$20/$50/$90 | Mail—Not covered	Not Applicable
	IN: EBT: None SBT: $500/$1,000 per plan year BBT: $2,000/$4,000 per plan year OON: $4,000/$8,000 per plan year	IN: $4,850/$9,700 medical per plan year $2,000/$4,000 Rx per plan year OON: $7,500/$15,000 medical per plan year $2,000/$4,000 Rx per plan year	IN: Retail: $20/$40/$60/$120 | Mail: $40/$80/$120/$360 OON: Retail: $40/$80/$120/$240 | Mail: Not covered	Not Applicable
	IN: $2,000/$4,000 per plan year OON: $4,000/$8,000 per plan year	IN: $5,850/$11,700 medical per plan year $1,000/$2,000 Rx per plan year OON: $7,500/$15,000 medical per plan year $2,000/$4,000 Rx per plan year	IN: Retail: $20/$40/$60/$120 | Mail: $40/$80/$120/$360 OON: Retail: $40/$80/$120/$240 | Mail: Not covered	Not Applicable

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