MASSACHUSETTS

PPO
Product Coverage Options
for Accounts with 51+ Eligible Employees with 99 or Fewer Enrolled

Effective January 2017*

Blue shaded products: The plan design comes with an option to add 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). Adding the Hospital Choice Cost Sharing feature will result in a lower premium rate. If your health plan includes the tiered network feature called Hospital Choice Cost Sharing, you will pay different levels of in-network cost share (such as copayments and/or coinsurance) for certain services depending on the preferred general hospital you choose to furnish those covered services. For most preferred general hospitals, you will pay the lowest in-network cost sharing level. However, if you receive certain covered services from any of the preferred general hospitals listed at the bottom of the page, you pay the highest in-network cost sharing level. A preferred general hospital's cost sharing level may change from time to time. Overall changes to add another preferred general hospital to the highest cost sharing level will happen no more than once each calendar year.

For help in finding a preferred general hospital (not listed at the bottom of the page) for which you pay the lowest in-network cost sharing level, check the most current provider directory for the health plan options or visit **www.bluecrossma.com/hospitalchoice**. Then click on the Planning Guide link on the left navigation to download a printable network hospital list or to access the provider search page.

Green shaded products: This health plan includes a tiered provider network called Preferred Blue PPO Options v.5. Members in this plan 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 **www.bluecrossma.com** and search for Preferred Blue PPO Options v.5.

Legend

All plans listed below include Value Based Benefits (VBB).[5] **IN**—In-Network / **OON**—Out-of-Network **EBT**—Enhanced Benefits Tier / **SBT**—Standard Benefits Tier / **BBT**—Basic Benefits Tier / **Rx**—Prescription Drugs

Plan Designs	Office Visit (all plans—Diabetic monitoring visit: $0[5])	ER	Inpatient Admissions[1]	Surgical Day Care (SDC)[1]	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests[1]	Medical Deductible[2] Per Plan Year	Out-of-Pocket Maximum[3] Per Plan Year	Prescription Drugs	Hospital Choice Cost Sharing[4]
Blue Care Elect Value Plus	Preventive—IN: $0 OON: 20% Coinsurance after Deductible Medical—IN: $15 OON: 20% Coinsurance after Deductible	$100	IN: $250 OON: 20% Coinsurance after Deductible	IN: $150 OON: 20% Coinsurance after Deductible	IN: $25 OON: 20% Coinsurance after Deductible	IN: None OON: $500/$1,000	IN and OON combined: $5,450/$10,900 medical $1,000/$2,000 Rx	IN: Retail: $10/$25/$45 | Mail: $20/$50/$90 VBB—Mail: $10/$25/$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
Blue Care Elect Enhanced Value	Preventive—IN: $0 OON: 20% Coinsurance after Deductible Medical—IN: $20 OON: 20% Coinsurance after Deductible	$150	IN: $500 OON: 20% Coinsurance after Deductible	IN: $250 OON: 20% Coinsurance after Deductible	IN: $50 OON: 20% Coinsurance after Deductible	IN: None OON: $1,000/$2,000	IN: $5,450/$10,900 medical $1,000/$2,000 Rx OON: $7,500/$15,000 medical	IN: Retail: $15/$30/$50 | Mail: $30/$60/$100 VBB—Mail: $15/$30/$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
Preferred Blue PPO $500 Deductible	Preventive—IN: $0 OON: 20% Coinsurance after Deductible Medical—IN: $25 OON: 20% Coinsurance after Deductible	$150	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: $500/$1,000 OON: $1,000/$2,000	IN: $3,000/$6,000 medical $1,000/$2,000 Rx OON: $7,500/$15,000 medical $2,000/$4,000 Rx	IN—Retail: $10/$25/$45 | Mail: $20/$50/$135 VBB—Mail: $10/$25/$135 OON—Retail: $20/$50/$90 | Mail: Not covered	IN: After Deductible: 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: $60
Preferred Blue PPO℠ $1,000 Deductible	Preventive—IN: $0 OON: 20% Coinsurance after Deductible Medical—IN: $15 after Deductible OON: 20% Coinsurance after Deductible	$150 after In-Network Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: $1,000/$2,500 OON: $2,000/$5,000	IN: $3,000/$6,000 medical $1,000/$2,000 Rx OON: $7,500/$15,000 medical $2,000/$4,000 Rx	IN: Retail: $15/$30/$50 | Mail: $30/$60/$150 VBB—Mail: $15/$30/$150 OON: Retail: $30/$60/$100 | Mail: Not covered	IN: After Deductible: 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
Preferred Blue PPO Options v.5	In Massachusetts: Preventive—IN: $0 OON: 20% Coinsurance after Deductible Medical—IN: EBT: $15[6] | SBT: $25[6] | BBT: $45[6] Other Network Providers: $45 OON: 20% Coinsurance after Deductible	$150	In Massachusetts: IN: EBT: $250[6] SBT: $500[6] ($300 for selected hospitals)[7] BBT: $1,000[6] OON: 20% Coinsurance after Deductible	In Massachusetts: IN: EBT: $150[6] | SBT: $250[6] | BBT: $500[6] OON: 20% Coinsurance after Deductible	In Massachusetts: IN: EBT: $75[6] | SBT: $150[6] BBT: $250[6] Other Network Providers: $75 OON: 20% Coinsurance after Deductible	IN: None OON: $4,000/$8,000	IN: $4,000/$8,000 medical $1,000/$2,000 Rx OON: $7,500/$15,000 medical $2,000/$4,000 Rx	IN: Retail: $15/$25/$45 | Mail: $30/$50/$135 VBB—Mail: $15/$25/$135 OON: Retail: $30/$50/$90 | Mail: Not covered	Not Applicable
Preferred Blue PPO℠ Saver $1,500 (HSA Compliant)	Preventive—IN: $0 OON: 20% Coinsurance Medical—IN: Deductible OON: 20% Coinsurance after Deductible	$150 after In-Network Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: $1,500/$3,000—includes Rx[8, 9] OON: $3,000/$6,000—includes Rx[8, 9]	IN: $6,450/$12,900—includes Rx OON: $7,500/$15,000—includes Rx	After Deductible: IN: Retail: $10/$25/$45 | Mail: $20/$50/$135 VBB—Mail: $10/$25/$135 (no Deductible) After Deductible: OON: Retail: $20/$50/$90 | Mail: Not covered	Not Applicable
Preferred Blue PPO℠ 80 with Copay	Preventive—IN: $0 OON: 20% Coinsurance after Deductible Medical—IN: $20 OON: 20% Coinsurance after Deductible	$150	IN: 20% Coinsurance after Deductible OON: 40% Coinsurance after Deductible	IN: $250 after Deductible OON: 20% Coinsurance after Deductible	IN: 20% Coinsurance after Deductible OON: 40% Coinsurance after Deductible	IN and OON combined: $500/$1,000	IN and OON combined: $5,450/$10,900 medical $1,000/$2,000 Rx	IN: Retail: $15/$30/$50 | Mail: $30/$60/$150 VBB—Mail: $15/$30/$150 OON: Retail: $30/$60/$100 | Mail: Not covered	IN: After Deductible: Inpatient: 30% Coinsurance | SDC: $1,250 MRI/CT/PET/NC: 30% Coinsurance | OP diag. labs: 30% Coinsurance OP diag. X-ray & other imaging tests: 30% Coinsurance PT/OT/ST: $55 (no Deductible)
Preferred Blue PPO Options Deductible II v.5	In Massachusetts: Preventive—IN: $0 OON: 20% Coinsurance after Deductible Medical—IN: EBT: $20[6] | SBT: $35[6] | BBT: $55[6] Other Network Providers: $55 OON: 20% Coinsurance after Deductible	$250	In Massachusetts: IN: EBT: $500[6] SBT: $500 after Deductible[6] ($550 for selected hospitals)[7] BBT: $1,500 after Deductible[6] OON: 20% Coinsurance after Deductible	In Massachusetts: IN: EBT: $500[6] SBT: $500 after Deductible[6] ($550 for selected hospitals)[7] BBT: $1,500 after Deductible[6] OON: 20% Coinsurance after Deductible	In Massachusetts: IN: EBT: $75[6] | SBT: $75 after Deductible[6] BBT: $450 after Deductible[6] Other Network Providers: $75 OON: 20% Coinsurance after Deductible	IN: EBT: None | SBT: $500/$1,000 BBT: $2,000/$4,000 OON: $4,000 / $8,000	IN: $4,850/$9,700 medical $2,000/$4,000 Rx OON: $7,500/$15,000 medical $2,000/$4,000 Rx per	IN: Retail: $20/$40/$60/$120 | Mail: $40/$80/$120/$360 VBB—Mail: $20/$40/$60/$360 OON: Retail: $40/$80/$120/$240 | Mail: Not covered	Not Applicable
Preferred Blue PPO℠ $2,000 Deductible	Preventive—IN: $0 OON: 20% Coinsurance after Deductible Medical—IN: $30 after Deductible OON: 20% Coinsurance after Deductible	$250 after In-Network Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: $250 after Deductible OON: 20% Coinsurance after Deductible	IN: $2,000/$4,000 OON: $4,000/$8,000	IN: $5,450/$10,900 medical $1,000/$2,000 Rx OON: $7,500/$15,000 medical $2,000/$4,000 Rx	IN: Retail: $15/$30/$50 | Mail: $30/$60/$150 VBB—Mail: $15/$30/$150 OON: Retail: $30/$60/$100 | Mail: Not covered	IN: After Deductible: Inpatient: $1,000 | SDC: $1,000 | MRI/CT/PET/NC: $700 OP diag. labs: $35 | OP diag. X-ray & other imaging tests: $100 PT/OT/ST: $65
Preferred Blue PPO℠ Saver $2,000 (HSA Compliant)	Preventive—IN: $0 OON: 20% Coinsurance Medical—IN: Deductible OON: 20% Coinsurance after Deductible	$150 after In-Network Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: $2,000/ $4,000—includes Rx[8, 9] OON: $4,000/ $7,500—includes RX[8, 9]	IN: $6,450/$12,900—includes Rx OON: $7,500/$15,000—includes Rx	After Deductible: IN: Retail: $20/$80/$100 | Mail: $40/$160/$300 VBB—Mail: $20/$80/$300 (no Deductible) After Deductible: OON: Retail: $40/$160/$200 | Mail: Not covered	Not Applicable
Blue Care Elect $3,000 Deductible	Preventive—IN: $0 OON: 20% Coinsurance after Deductible Medical—IN: $15 after Deductible OON: 20% Coinsurance after Deductible	$150 after In-Network Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: $3,000/$7,500 OON: $6,000/$13,000	IN: $5,450/$10,900 medical $1,000/ $2,000 Rx ONN: $7,500/$15,000 medical	IN: Retail: $15/$30/$50 | Mail: $30/$60/$150 VBB—Mail: $15/$30/$150 OON: Not covered	IN: After Deductible: 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
Preferred Blue PPO Options Deductible III v.5	In Massachusetts: Preventive—IN: $0 OON: 20% Coinsurance after Deductible Medical—IN: EBT: $20[6] | SBT: $35[6] | BBT: $55[6] Other Network Providers: $55 OON: 20% Coinsurance after Deductible	$250	In Massachusetts: IN: EBT: Deductible[6] SBT: $500 after Deductible[6] ($50 after Deductible for selected hospitals)[7] BBT: $1,500 after Deductible[6] OON: 20% Coinsurance after Deductible	In Massachusetts: IN: EBT: Deductible[6] SBT: $500 after Deductible[6] ($50 for selected hospitals)[7] BBT: $1,500 after Deductible[6] OON: 20% Coinsurance after Deductible	In Massachusetts: IN: EBT: Deductible[6] | SBT: $75 after Deductible[6] BBT: $450 after Deductible[6] Other Network Providers: $0 OON: 20% Coinsurance after Deductible	IN: $2,000/ $4,000 OON: $4,000 / $8,000	IN: $5,850/$11,700 medical $1,000/$2,000 Rx per OON: $7,500/$15,000 medical $2,000/$4,000 Rx	IN: Retail: $15/$30/$60/$120 | Mail: $30/$60/$120/$360 VBB—Mail: $15/$30/$60/$360 OON: Retail: $30/$60/$120/$240 | Mail: Not covered	Not Applicable
Preferred Blue PPO℠ Saver $2,900 (HSA Compliant)	Preventive—IN: $0 OON: 20% Coinsurance Medical—IN: Deductible OON: 20% Coinsurance after Deductible	$150 after In-Network Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: $2,900/$5,800—includes Rx[8, 9] OON: $5,000/$7,500—includes Rx[8, 9]	IN: $6,450/$12,900—includes Rx OON: $7,500/$15,000—includes Rx	After Deductible: IN: Retail: $10/$25/$45 | Mail: $20/$50/$135 VBB—Mail: $10/$25/$135 (no Deductible) After Deductible: OON: Retail: $20/$50/$90 | Mail: Not covered	Not Applicable
Preferred Blue PPO Basic Copayment	Preventive—IN: $0 OON: 20% Coinsurance after Deductible Medical—IN: $65 OON: 20% Coinsurance after Deductible	$750 after In-Network Deductible	IN: $1,000 after Deductible OON: 20% Coinsurance after Deductible	IN: $1,000 after Deductible OON: 20% Coinsurance after Deductible	IN: $1,000 after Deductible OON: 20% Coinsurance after Deductible	IN: $2,000/$4,000 OON: $4,000/$8,000	IN: $5,450/$10,900 medical $1,000/$2,000 Rx OON: $7,500/$15,000 medical $2,000/$4,000 Rx	IN—Retail: $20/$40/$60 | Mail: $40/$80/$180 VBB—Mail: $20/$40/$180 OON—Retail: $40/$80/$120 | Mail: Not covered	Not Applicable
Blue Care Elect $4,500 Deductible (Does Not Meet MCC)	Preventive—IN: $0 OON: $60 after Deductible Medical—IN: $40 after Deductible OON: $60 after Deductible	$200 after In-Network Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: $4,500/$9,000 OON: $7,500/$13,000	IN: $5,450/$10,900 medical $1,000/$2,000 Rx OON: $7,500/$15,000 medical	IN: Retail: $20/$30/$50 | Mail: $40/$60/$150 VBB—Mail: $20/$30/$150 OON: Not covered	Not Applicable
Preferred Blue PPO Basic Saver (HSA Compliant)	Preventive—IN: $0 OON: 20% Coinsurance Medical—IN: $60 after Deductible OON: 20% Coinsurance after Deductible	$750 after In-Network Deductible	IN: $1,000 after Deductible OON: 20% Coinsurance after Deductible	IN: $1,000 after Deductible OON: 20% Coinsurance after Deductible	IN: $1,000 after Deductible OON: 20% Coinsurance after Deductible	IN: $3,300/$6,450—includes Rx[8, 9] OON: $6,300/$7,500—includes Rx[8, 9]	IN: $6,450/$12,900 medical—includes Rx OON: $7,500/$15,000 medical—includes Rx	After Deductible: IN: Retail: $20/$80/$100 | Mail: $40/$160/$300 VBB—Mail: $20/$80/$300 (no Deductible) After Deductible: OON: Retail: $40/$160/$200 | Mail: Not covered	Not Applicable

* This chart highlights some of the benefits under each of the plans listed for comparison purposes. There may be other cost share features not included on this sheet. See subscriber certificate for full benefit information.

Blue Cross Blue Shield of Massachusetts allows employer groups with 51+ eligible employees with 99 or fewer enrolled to provide multiple plan options to their employees.

Below you will find our Underwriting Guidelines for this type of arrangement:

- The Hospital Choice Cost Sharing feature (HCCS or Options) can only be offered alongside another product with the Hospital Choice Cost Sharing feature (HCCS or Options) or alongside a Saver product.
- Products without the Hospital Choice Cost Sharing feature (Non-HCCS or Non-Options) can only be offered alongside products without the Hospital Choice Cost Sharing feature (Non-HCCS or Non-Options).
- HMO Blue New England Options Deductible, 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.
- Employers may elect My Blue Choices℠ My Blue Choices is an exclusive private exchange from Blue Cross Blue Shield of Massachusetts that allows employers to offer their employees up to four medical products using an online shopping experience.

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. Value Based Benefits:
   - Members will pay nothing for the first 2 diabetic monitoring visits per calendar year. These are services such as diabetes evaluation and management services, including diabetic eye exams and foot care.
   - Members will pay the same cost share for a 90-day supply of medication when purchased at the mail service pharmacy as they do for a 30-day supply when purchased from a retail pharmacy. For a 3-Tier pharmacy benefit, this applies to a specific list of Tier 1 and Tier 2 medications used in the treatment of asthma, coronary artery disease/cardiovascular disease, diabetes, as well as a co-morbidity of depression. For a 4-Tier pharmacy benefit, this applies to a specific list of Tier 1, Tier 2, and Tier 3 medications used in the treatment of asthma, coronary artery disease/cardiovascular disease, diabetes, as well as a co-morbidity of depression. The overall deductible will not apply for these medications on the HSA compliant plan designs.
   - Members will pay nothing for certain Tier 1 and Tier 2 smoking cessation products when purchased at either a retail pharmacy or mail pharmacy.
6. 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, or general hospital.
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, Nantucket Cottage Hospital.
8. Entire family deductible must be satisfied before benefits are provided for any one member enrolled under a family membership.
9. Overall deductible does not apply to preventive drugs.

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