



HMO Blue New EnglandSM Product Coverage Options

for Accounts with 51+ Eligible Employees with 99 or Fewer Enrolled

Effective January 2017*

Blue shaded products: The standard 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 cost share (such as copayments and/or co-insurance) for certain services depending on the network general hospital you choose to furnish 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 at the bottom of the page, 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 (not listed at the bottom of the page) for which you pay the lowest cost sharing level, check the most current provider directory for the health plan options or visit bluecrossma.com/hospitalchoice. Then click on the Planning Guide link on the left navigation bar 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 HMO Blue New England Options v.5. Members in this plan pay different levels of cost share (copayments, co-insurance, 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 New England Options v.5.

Legend

All plans listed below include Value Based Benefits.⁵ VBB—Value Based Benefits / EBT—Enhanced Benefits Tier

SBT—Standard Benefits Tier / BBT—Basic Benefits Tier

Plan Designs	Office Visit (all plans—Preventive: \$0 Diabetic monitoring visit: \$0 ¹)	ER	Inpatient Admissions ³	Surgical Day Care (SDC) ⁴	MRI, CT, PET Scans, and Nuclear Cardiac (NC) imaging tests ¹	Medical Deductible Per Plan Year ²	Out-of-Pocket Maximum Per Plan Year ²	Prescription Drugs	Hospital Choice Cost Sharing ³
HMO Blue New England Value Plus SM	PCP—\$15 Specialist—\$30	\$100	\$250	\$150	\$25	None	\$3,000/\$6,000 medical \$1,000/\$2,000 Rx	Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$90 VBB—Mail: \$10/\$25/\$90	Inpatient—\$1250 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 New England SM Enhanced Value	PCP—\$20 Specialist—\$35	\$150	\$500	\$250	\$50	None	\$3,000/\$6,000 medical \$1,000/\$2,000 Rx	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$100 VBB—Mail: \$15/\$30/\$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
HMO Blue New England \$500 Deductible	PCP—\$20 Specialist—\$35	\$150	Deductible	Deductible	Deductible	\$500/\$1,000	\$3,000/\$6,000 medical \$1,000/\$2,000 Rx	Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB—Mail: \$10/\$25/\$135	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—\$70
HMO Blue New England Premier Value	PCP—\$25 Specialist—\$40	\$150	Deductible	\$250	\$75	Inpatient: \$1,000/\$2,500	\$3,000/\$6,000 medical \$1,000/\$2,000 Rx	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB—Mail: \$15/\$30/\$150	Inpatient—\$1,000 after Deductible 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 Options SM Deductible v.5	PCP—EBT: \$10 ¹ SBT: \$20 ² BBT: \$40 ² Specialist—\$40	\$100	EBT: \$0 ² SBT: \$0 after Deductible ² (\$50 for selected hospitals) ² BBT: \$1,000 after Deductible ²	EBT: \$0 ² SBT: \$0 after Deductible ² (\$50 for selected hospitals) ² BBT: \$1,000 after Deductible ²	EBT: \$0 ² SBT: \$0 after Deductible ² BBT: \$450 after Deductible ² Other Network Providers: \$0	EBT: None SBT: \$250/\$500 BBT: \$1,500/\$3,000	\$5,450/\$10,900 medical \$1,000/\$2,000 Rx	Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB—Mail: \$10/\$25/\$135	Not Applicable
HMO Blue New England \$1,000 Deductible	PCP—\$20 Specialist—\$35	\$150	Deductible	Deductible	Deductible	\$1,000/\$2,000	\$5,450/\$10,900 medical \$1,000/\$2,000 Rx	Retail: \$20/\$40/\$60 Mail: \$40/\$80/\$180 VBB—Mail: \$20/\$40/\$180	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—\$70
HMO Blue New England \$1,000 Deductible with Copayment	PCP—\$20 Specialist—\$35	\$100 after Deductible	\$500 after Deductible	\$250 after Deductible	\$50 after Deductible	\$1,000/\$2,000	\$5,450/\$10,900 medical \$1,000/\$2,000 Rx	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB—Mail: \$15/\$30/\$150	After Deductible Inpatient—\$1,500 SDC—\$1,250 MRI/CT/PET/NC—\$500 OP diag. labs—\$70 OP diag. X-ray & other imaging tests—\$135 PT/OT/ST—\$70
HMO Blue New England Options Deductible II v.5	PCP—EBT: \$20 ¹ SBT: \$30 ² BBT: \$50 ² Specialist—\$50	\$200	EBT: \$250 ² SBT: \$250 after Deductible ² (\$300 for selected hospitals) ² BBT: \$1,500 after Deductible ²	EBT: \$250 ² SBT: \$250 after Deductible ² (\$300 for selected hospitals) ² BBT: \$1,500 after Deductible ²	EBT: \$75 ² SBT: \$75 after Deductible ² BBT: \$450 after Deductible ² Other Network Providers: \$75	EBT: None SBT: \$500/\$1,000 BBT: \$2,000/\$4,000	\$5,450/\$10,900 medical \$1,000/\$2,000 Rx	Retail: \$15/\$35/\$50 Mail: \$30/\$70/\$150 VBB—Mail: \$15/\$35/\$150	Not Applicable
HMO Blue New England \$1,500 Deductible	PCP—\$20 Specialist—\$35	\$150	Deductible	Deductible	Deductible	\$1,500/\$3,000	\$5,450/\$10,900 medical \$1,000/\$2,000 Rx	Retail: \$20/\$40/\$60 Mail: \$40/\$80/\$180 VBB—Mail: \$20/\$40/\$180	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—\$70
Access Blue New England Saver (HSA Compliant)	PCP—Deductible Specialist—Deductible	\$150 after Deductible	Deductible	Deductible	Deductible	\$1,500/\$3,000—includes Rx ^{4,9}	\$6,450/\$12,900—includes Rx	After Deductible Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB—Mail: \$10/\$25/\$135 (no Deductible)	Not Applicable
HMO Blue Select \$1,000 Deductible	PCP—\$20 Specialist—\$35	\$150	Deductible	Deductible	Deductible	\$1,000/\$2,000	\$5,450/\$10,900 medical \$1,000/\$2,000 Rx	Retail: \$20/\$40/\$60 Mail: \$40/\$80/\$180 VBB—Mail: \$20/\$40/\$180	Not Applicable
HMO Blue New England \$1,000 Deductible with Co-insurance	PCP—\$20 Specialist—\$35	20% Co-insurance after Deductible	20% Co-insurance after Deductible	20% Co-insurance after Deductible	20% Co-insurance after Deductible	\$1,000/\$2,000	\$5,450/\$10,900 medical \$1,000/\$2,000 Rx	Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB—Mail: \$10/\$25/\$135	After Deductible Inpatient—30% Co-insurance SDC—30% Co-insurance MRI/CT/PET/NC—30% Co-insurance OP diag. labs—30% Co-insurance OP diag. X-ray & other imaging tests—30% Co-insurance PT/OT/ST: \$75
HMO Blue Select \$1,000 Deductible with Copayment	PCP—\$20 Specialist—\$35	\$100 after Deductible	\$500 after Deductible	\$250 after Deductible	\$50 after Deductible	\$1,000/\$2,000	\$5,450/\$10,900 medical \$1,000/\$2,000 Rx	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB—Mail: \$15/\$30/\$150	Not Applicable
HMO Blue New England \$2,000 Deductible	PCP—\$20 Specialist—\$35	\$150	Deductible	Deductible	Deductible	\$2,000/\$4,000	\$4,000/\$8,000 medical \$1,000/\$2,000 Rx	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB—Mail: \$15/\$30/\$150	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—\$70
Access Blue New England Saver \$2,000 (HSA Compliant)	PCP—Deductible Specialist—Deductible	\$150 after Deductible	Deductible	Deductible	Deductible	\$2,000/\$4,000—includes Rx ^{4,9}	\$6,450/\$12,900—includes Rx	After Deductible Retail: \$20/\$80/\$100 Mail: \$40/\$160/\$300 VBB—Mail: \$20/\$80/\$300 (no Deductible)	Not Applicable
HMO Blue New England Options Deductible III v.5	PCP—EBT: \$20 ¹ SBT: \$35 ² BBT: \$55 ² Specialist—\$55	\$250	EBT: \$0 after Deductible ² SBT: \$500 after Deductible ² (\$50 after Deductible for selected hospitals) ² BBT: \$1,500 after Deductible ²	EBT: \$0 after Deductible ² SBT: \$500 after Deductible ² (\$50 after Deductible for selected hospitals) ² BBT: \$1,500 after Deductible ²	EBT: \$0 after Deductible ² SBT: \$75 after Deductible ² BBT: \$450 after Deductible ² Other Network Providers: \$0	\$2,000/\$4,000	\$5,450/\$10,900 medical \$1,000/\$2,000 Rx	Retail: \$20/\$40/\$60 Mail: \$40/\$80/\$180 VBB—Mail: \$20/\$40/\$180	Not Applicable
HMO Blue New England \$2,000 Deductible with Copayment	PCP—\$25 Specialist—\$40	\$250 after Deductible	\$500 after Deductible	\$250 after Deductible	\$250 after Deductible	\$2,000/\$4,000	\$5,450/\$10,900 medical \$1,000/\$2,000 Rx	Retail: \$20/\$40/\$60 Mail: \$40/\$80/\$180 VBB—Mail: \$20/\$40/\$180	After Deductible Inpatient—\$1,500 SDC—\$1,250 MRI/CT/PET/NC—\$700 OP diag. labs—\$75 OP diag. X-ray & other imaging tests—\$140 PT/OT/ST—\$75
HMO Blue Select \$2,000 Deductible	PCP—\$20 Specialist—\$35	\$150	Deductible	Deductible	Deductible	\$2,000/\$4,000	\$4,000/\$8,000 medical \$1,000/\$2,000 Rx	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB—Mail: \$15/\$30/\$150	Not Applicable
Access Blue New England Saver \$2,500 (HSA Compliant)	PCP—\$20 after Deductible Specialist—\$35 after Deductible	\$250 after Deductible	Deductible	Deductible	\$75 after Deductible	\$2,500/\$5,000—includes Rx ^{4,9}	\$6,550/\$13,100 per plan year—includes Rx	After Deductible Retail: \$25/\$45/\$65/\$125 Mail: \$50/\$90/\$130/\$375 VBB—Mail: \$25/\$45/\$65/\$375 (no Deductible)	Not Applicable
Access Blue Select Saver \$2,000 (HSA Compliant)	PCP—Deductible Specialist—Deductible	\$150 after Deductible	Deductible	Deductible	Deductible	\$2,000/\$4,000—includes Rx ^{4,9}	\$6,450/\$12,900 per plan year—includes Rx	After Deductible Retail: \$20/\$80/\$100 Mail: \$40/\$160/\$300 VBB—Mail: \$20/\$80/\$300 (no Deductible)	Not Applicable
HMO Blue Select \$2,000 Deductible with Copayment	PCP—\$25 Specialist—\$40	\$250 after Deductible	\$500 after Deductible	\$250 after Deductible	\$250 after Deductible	\$2,000/\$4,000	\$5,450/\$10,900 medical \$1,000/\$2,000 Rx	Retail: \$20/\$40/\$60 Mail: \$40/\$80/\$180 VBB—Mail: \$20/\$40/\$180	Not Applicable
HMO Blue New England \$3,000 Deductible	PCP—\$25 Specialist—\$40	\$250 after Deductible	Deductible	Deductible	\$200 after Deductible	\$3,000/\$6,000	\$5,450/\$10,900 medical \$1,000/\$2,000 Rx	Retail: \$20/\$40/\$60 Mail: \$40/\$80/\$180 VBB—Mail: \$20/\$40/\$180	After Deductible Inpatient—\$1,000 SDC—\$1,000 MRI/CT/PET/NC—\$650 OP diag. labs—\$35 OP diag. X-ray & other imaging tests—\$100 PT/OT/ST—\$75
Access Blue New England Saver \$3,000 (HSA Compliant)	PCP—\$5 after Deductible Specialist—\$10 after Deductible	\$150 after Deductible	Deductible	Deductible	Deductible	\$3,000/\$6,000—includes Rx ^{4,9}	\$6,550/\$13,100 per plan year—includes Rx	After Deductible Retail: \$25/\$45/\$65/\$125 Mail: \$50/\$90/\$130/\$375 VBB—Mail: \$25/\$45/\$65/\$375 (no Deductible)	Not Applicable
HMO Blue New England Basic Co-insurance	PCP—\$60 Specialist—\$75	35% Co-insurance after Deductible	35% Co-insurance after Deductible	35% Co-insurance after Deductible	35% Co-insurance after Deductible	\$2,000/\$4,000	\$5,450/\$10,900 medical \$1,000/\$2,000 Rx	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB—Mail: \$15/\$30/\$150	Not Applicable
HMO Blue Select \$3,000 Deductible	PCP—\$25 Specialist—\$40	\$250 after Deductible	Deductible	Deductible	\$200 after Deductible	\$3,000/\$6,000	\$5,450/\$10,900 medical \$1,000/\$2,000 Rx	Retail: \$20/\$40/\$60 Mail: \$40/\$80/\$180 VBB—Mail: \$20/\$40/\$180	Not Applicable
HMO Blue New England Basic Copayment	PCP—\$60 Specialist—\$75	\$750 after Deductible	\$1,000 after Deductible	\$1,000 after Deductible	\$1,000 after Deductible	\$2,000/\$4,000	\$5,450/\$10,900 medical \$1,000/\$2,000 Rx	Retail: \$20/\$40/\$60 Mail: \$40/\$80/\$180 VBB—Mail: \$20/\$40/\$180	Not Applicable
Access Blue New England Basic Saver II (HSA Compliant)	PCP—\$50 after Deductible Specialist—\$75 after Deductible	\$750 after Deductible	\$1,000 after Deductible	\$1,000 after Deductible	\$1,000 after Deductible	\$3,300/\$6,600—includes Rx ^{4,9}	\$6,450/\$12,900—includes Rx	After Deductible Retail: \$20/\$80/\$100 Mail: \$40/\$160/\$300 VBB—Mail: \$20/\$80/\$300 (no Deductible)	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 ChoicesSM 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

- This is the cost sharing for services rendered at hospitals other than those that are designated as higher cost.
- The two deductible amounts refer to individual and family.
- The two out-of-pocket maximum amounts refer to individual and family.
- 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.
- 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 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. (This does not apply to the mail service Tier 2 cost share of the Access Blue New England Basic \$2,000 plan design.) The overall deductible will not apply for these medications on the HSA-compliant plan designs.
 - Members will pay nothing for Tier 1 and Tier 2 smoking cessation products when purchased at either a retail pharmacy or mail pharmacy.

- 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. In New Hampshire a Tier 2 provider equates to a Standard Benefits Tier provider.
- To provide geographic access to members, the lower Standard Benefits Tier copayment applies for Athol Memorial Hospital, Baystate Mary Lane Hospital, Berkshire Medical Center, Falmouth Hospital, Martha's Vineyard Hospital, Nantucket Cottage Hospital.
- Entire family deductible must be satisfied before benefits are provided for any one member enrolled under a family membership.
- Overall deductible does not apply to preventive drugs.

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16050204 05-10/16 (9/16)