



PPO Product Coverage Options for Small-Group Accounts

Effective January 2017*

Blue shaded products: These products include the Hospital Choice Cost Sharing feature. (Members will pay a higher cost share when they receive certain services at or pay higher cost share hospitals, including inpatient admissions, surgical day care, and some other hospital outpatient services.) The Hospital Choice Cost Sharing feature will result in a lower premium rate. 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 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 HMO Blue New England OptionsSM v.5. Members in this plan pay different cost share levels (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. To find the benefits tier of a provider, visit the online provider search tool at www.bluecrossma.com/finddoctor and select HMO Blue New England Options v.5 for the network.

Legend

All plans listed below include Value Based Benefits.¹ VBB—Value Based Benefits / 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 ²)	ER	Inpatient Admissions ²	Surgical Day Care (SDC) ²	Labs	X-Rays	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests ²	Medical Deductible ¹ Per Plan Year	Out-of-Pocket Maximum ¹ Per Plan Year	Prescription Drugs	Hospital Choice Cost Sharing ¹
Preferred Blue PPO SM Options v.5	In Massachusetts Preventive—IN: \$0 OON: 20% Coinsurance after Deductible Medical—IN: EBT: \$15 ³ SBT: \$25 ³ BBT: \$45 ³ Other network providers: \$45 OON: 20% Coinsurance after Deductible	\$150	In Massachusetts: IN—EBT: \$250 ³ SBT: \$500 ³ (\$300 for selected hospitals) ³ BBT: \$1,000 ³ OON: 20% Coinsurance after Deductible	In Massachusetts: IN—EBT: \$150 ³ SBT: \$250 ³ BBT: \$500 ³ OON—20% Coinsurance after Deductible	IN—\$0 OON: 20% Coinsurance after Deductible	IN—\$0 OON: 20% Coinsurance after Deductible	In Massachusetts: IN—EBT: \$75 ³ SBT: \$150 ³ BBT: \$250 ³ Other Network Providers: \$75 OON: 20% Coinsurance after Deductible	IN: None OON: \$4,000/\$8,000	IN: \$5,850/\$11,700 medical—\$1,000/\$2,000 Rx OON: \$7,500/\$15,000 medical—\$2,000/\$4,000 Rx	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 \$500 Deductible	Preventive—IN: \$0 OON: 20% Coinsurance after Deductible Medical—IN: \$25 OON: 20% Coinsurance after Deductible	\$125 after deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: \$75 after 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/\$50/\$125 Mail: \$20/\$50/\$100/\$375 VBB—Mail: \$10/\$25/\$50/\$375 OON—Retail: \$20/\$50/\$100/\$250 Mail: Not covered	Not Applicable
Preferred Blue PPO \$500 Deductible with Hospital Choice Cost Sharing	Preventive—IN: \$0 OON: 20% Coinsurance after Deductible Medical—IN: \$25 OON: 20% Coinsurance after Deductible	\$150 after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: \$25 after Deductible OON: 20% Coinsurance after Deductible	IN: \$25 after Deductible OON: 20% Coinsurance after Deductible	IN: \$75 after Deductible OON: 20% Coinsurance after Deductible	IN: \$500/\$1,000 OON: \$1,000/\$2,000	IN: \$4,850/\$9,700 medical—\$2,000/\$4,000 Rx OON: \$7,500/\$15,000 medical—\$2,000/\$4,000 Rx	IN—Retail: \$25/\$45/\$65/\$125 Mail: \$50/\$90/\$130/\$375 VBB—Mail: \$25/\$45/\$65/\$375 OON—Retail: \$50/\$90/\$130/\$250 Mail: Not covered	IN: after Deductible Inpatient: \$1,000 SDC: \$1,000 MRI/CT/PET/NC: \$525 OP diag. labs: \$60 OP diag. X-ray & other imaging tests: \$125 PT/OT/ST: \$50
Preferred Blue PPO Options Deductible II	In Massachusetts Preventive—IN: \$0 OON: 20% Coinsurance after Deductible Medical—IN: EBT: \$20 ³ SBT: \$35 ³ BBT: \$55 ³ Other network providers: \$55 OON: 20% Coinsurance after Deductible	\$250	In Massachusetts: IN—EBT: \$500 ³ SBT: \$500 after Deductible ³ (\$50 for selected hospitals) ³ BBT: \$1,500 after Deductible ³ OON: 20% Coinsurance after Deductible	In Massachusetts: IN—EBT: \$500 ³ SBT: \$500 after Deductible ³ (\$50 for selected hospitals) ³ BBT: \$1,500 after Deductible ³ OON: 20% Coinsurance after Deductible	In Massachusetts: IN—EBT: \$20 ³ SBT: \$40 after Deductible ³ BBT: \$80 after Deductible ³ Other network providers: \$20 OON: 20% Coinsurance after Deductible	In Massachusetts: IN—EBT: \$20 ³ SBT: \$40 after Deductible ³ BBT: \$80 after Deductible ³ Other network providers: \$20 OON: 20% Coinsurance after Deductible	In Massachusetts: IN—EBT: \$75 ³ SBT: \$75 after Deductible ³ BBT: \$150 after Deductible ³ Other Network Providers: \$75 OON: 20% Coinsurance after Deductible	IN—EBT: None SBT: \$500/\$1,000 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	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 \$1,000 Deductible	Preventive—IN: \$0 OON: 20% Coinsurance after Deductible Medical—IN: \$25 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: \$25 after Deductible OON: 20% Coinsurance after Deductible	IN: \$25 after Deductible OON: 20% Coinsurance after Deductible	IN: \$75 after Deductible OON: 20% Coinsurance after Deductible	IN: \$1,000/\$2,500 OON: \$2,000/\$5,000	IN: \$4,850/\$9,700 medical—\$2,000/\$4,000 Rx OON: \$7,500/\$15,000 medical—\$2,000/\$4,000 Rx	IN—Retail: \$25/\$50/\$75/\$150 Mail: \$50/\$100/\$150/\$450 VBB—Mail: \$25/\$50/\$75/\$450 OON—Retail: \$50/\$100/\$150/\$250 Mail: Not covered	Not Applicable
Preferred Blue PPO \$1,000 Deductible with Hospital Choice Cost Sharing	Preventive—IN: \$0 OON: 20% Coinsurance after Deductible Medical—IN: \$30 after Deductible OON: 20% Coinsurance after Deductible	\$200 after In-Network Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: \$25 after Deductible OON: 20% Coinsurance after Deductible	IN: \$25 after Deductible OON: 20% Coinsurance after Deductible	IN: \$75 after Deductible OON: 20% Coinsurance after Deductible	IN: \$1,000/\$2,500 OON: \$2,000/\$5,000	IN: \$5,850/\$11,700 medical—\$1,000/\$2,000 Rx OON: \$7,500/\$15,000 medical—\$2,000/\$4,000 Rx	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	IN: after Deductible Inpatient: \$1,000 SDC: \$1,000 MRI/CT/PET/NC: \$525 OP diag. labs: \$60 OP diag. X-ray & other imaging tests: \$125 PT/OT/ST: \$65
Preferred Blue PPO Options Deductible III	In Massachusetts Preventive—IN: \$0 OON: 20% Coinsurance after Deductible Medical—IN: EBT: \$20 ³ SBT: \$35 ³ BBT: \$55 ³ Other network providers: \$55 OON: 20% Coinsurance after Deductible	\$200	In Massachusetts: IN—EBT: Deductible ³ SBT: \$500 after Deductible ³ (\$50 for selected hospitals) ³ BBT: \$1,500 after Deductible ³ OON: 20% Coinsurance after Deductible	In Massachusetts: IN—EBT: Deductible ³ SBT: \$55 after Deductible ³ (\$50 for selected hospitals) ³ BBT: \$1,500 after Deductible ³ OON: 20% Coinsurance after Deductible	In Massachusetts: IN—EBT: Deductible ³ SBT: \$35 after Deductible ³ BBT: \$55 after Deductible ³ Other network providers: \$0 OON: 20% Coinsurance after Deductible	In Massachusetts: IN—EBT: Deductible ³ SBT: \$35 after Deductible ³ BBT: \$55 after Deductible ³ Other network providers: \$0 OON: 20% Coinsurance after Deductible	In Massachusetts: IN—EBT: Deductible ³ SBT: \$75 after Deductible ³ BBT: \$150 after Deductible ³ Other Network Providers: \$0 OON: 20% Coinsurance after Deductible	IN—EBT: None SBT: \$500/\$1,000 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/\$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 \$1,500 (HSA Compliant)	Preventive—IN: \$0 OON: 20% Coinsurance Medical—IN: \$10 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: \$10 after deductible OON: 20% Coinsurance after Deductible	IN: \$10 after deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: \$1,500/\$3,000—includes Rx ^{2,4} OON: \$3,000/\$6,000—includes Rx ^{2,4}	IN: \$6,550/\$13,100—includes Rx OON: \$7,500/\$15,000—includes Rx	After Deductible IN—Retail: \$20/\$40/\$60/\$120 Mail: \$40/\$80/\$120/\$360 VBB—Mail: \$20/\$40/\$60/\$360 (No Deductible) After Deductible 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: \$35 after Deductible OON: 20% Coinsurance after Deductible	\$250 after In-Network Deductible	IN: \$250 after Deductible OON: 20% Coinsurance after Deductible	IN: \$250 after Deductible OON: 20% Coinsurance after Deductible	IN: \$40 after Deductible OON: 20% Coinsurance after Deductible	IN: \$50 after 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: \$4,850/\$9,700 medical—\$2,000/\$4,000 Rx OON: \$7,500/\$15,000 medical—\$2,000/\$4,000 Rx	IN—Retail: \$25/\$50/\$75/\$150 Mail: \$50/\$100/\$150/\$450 VBB—Mail: \$25/\$50/\$75/\$450 OON—Retail: \$50/\$100/\$150/\$250 Mail: Not covered	Not Applicable
Preferred Blue PPO \$2,000 Deductible with Hospital Choice Cost Sharing	Preventive—IN: \$0 OON: 20% Coinsurance after deductible Medical—IN: \$35 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: \$35 after Deductible OON: 20% Coinsurance after Deductible	IN: \$35 after Deductible OON: 20% Coinsurance after Deductible	IN: \$150 after Deductible OON: 20% Coinsurance after Deductible	IN: \$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	IN—Retail: \$25/\$50/\$75/\$150 Mail: \$50/\$100/\$150/\$450 VBB—Mail: \$25/\$50/\$75/\$450 OON—Retail: \$50/\$100/\$150/\$250 Mail: Not covered	IN: after Deductible Inpatient: \$1,000 SDC: \$1,000 MRI/CT/PET/NC: \$600 OP diag. labs: \$70 OP diag. X-ray & other imaging tests: \$135 PT/OT/ST: \$70
Preferred Blue PPO Saver \$2,000 (HSA Compliant)	Preventive—IN: \$0 OON: 20% Coinsurance Medical—IN: \$25 after Deductible OON: 20% Coinsurance after Deductible	\$150 after In-Network Deductible	IN: \$250 after Deductible OON: 20% Coinsurance after Deductible	IN: \$250 after Deductible OON: 20% Coinsurance after Deductible	IN: \$40 after Deductible OON: 20% Coinsurance after Deductible	IN: \$40 after Deductible OON: 20% Coinsurance after Deductible	IN: \$250 after Deductible OON: 20% Coinsurance after Deductible	IN: \$2,000/\$4,000—includes Rx ^{2,4} OON: \$4,000/\$7,500—includes Rx ^{2,4}	IN: \$6,550/\$13,100—includes Rx OON: \$7,500/\$15,000—includes Rx	After Deductible IN—Retail: \$25/\$50/\$75/\$150 Mail: \$50/\$100/\$150/\$450 VBB—Mail: \$25/\$50/\$75/\$450 (no Deductible) After Deductible OON—Retail: \$50/\$100/\$150/\$250 Mail: Not covered	Not Applicable
Preferred Blue PPO Basic Copayment	Preventive—IN: \$0 OON: 20% Coinsurance after Deductible Medical—IN: \$35 after Deductible OON: 20% Coinsurance after Deductible	\$500 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: \$35 after Deductible OON: 20% Coinsurance after Deductible	IN: \$35 after Deductible OON: 20% Coinsurance after Deductible	IN: \$500 after Deductible OON: 20% Coinsurance after Deductible	IN: \$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	IN—Retail: \$25/\$50/\$75/\$155 Mail: \$50/\$100/\$150/\$465 VBB—Mail: \$25/\$50/\$75/\$465 OON—Retail: \$50/\$100/\$150/\$250 Mail: Not covered	Not Applicable
Blue Care Elect SM \$3,000 Deductible	Preventive—IN: \$0 OON: 20% Coinsurance after Deductible Medical—IN: \$35 after Deductible OON: 20% Coinsurance after Deductible	\$250 after In-Network Deductible	IN: \$250 after Deductible OON: 20% Coinsurance after Deductible	IN: \$250 after Deductible OON: 20% Coinsurance after Deductible	IN: \$35 after Deductible OON: 20% Coinsurance after Deductible	IN: \$35 after Deductible OON: 20% Coinsurance after Deductible	IN: \$250 after Deductible OON: 20% Coinsurance after Deductible	IN: \$3,000/\$7,500 OON: \$6,000/\$13,000	IN: \$5,850/\$11,700 medical—\$1,000/\$2,000 Rx OON: \$7,500/\$15,000 medical	IN—Retail: \$25/\$50/\$125/\$175 Mail: \$50/\$100/\$250/\$525 VBB—Mail: \$25/\$50/\$125/\$525 OON: Not covered	Not Applicable
Preferred Blue PPO Basic \$2,000	Preventive—IN: \$0 OON: 20% Coinsurance Medical—IN: \$40 after Deductible OON: 20% Coinsurance after Deductible	\$250 after Deductible	IN: 20% Coinsurance after Deductible OON: 40% Coinsurance after Deductible	IN: 20% Coinsurance after Deductible OON: 40% Coinsurance after Deductible	IN: 20% Coinsurance after Deductible OON: 40% Coinsurance after Deductible	IN: 20% Coinsurance after Deductible OON: 40% Coinsurance after Deductible	IN: 20% Coinsurance after Deductible OON: 40% Coinsurance after Deductible	IN: \$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	IN—Retail: \$25/\$50/\$125/\$175 Mail: \$50/\$100/\$250/\$525 VBB—Mail: \$25/\$50/\$125/\$525 OON—Retail: \$50/\$100/\$200/\$250 Mail: Not covered	Not Applicable
Blue Care Elect \$4,500 Deductible (Does Not Meet MCC)	Preventive—IN: \$0 OON: 20% Coinsurance after Deductible Medical—IN: \$40 after Deductible OON: 20% Coinsurance 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: Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: \$4,500/\$9,000 OON: \$6,500/\$13,000	IN: \$5,850/\$11,700 medical—\$1,000/\$2,000 Rx OON: \$7,500/\$15,000 medical	IN—Retail: \$20/\$40/\$60/\$120 Mail: \$40/\$80/\$120/\$360 VBB—Mail: \$20/\$40/\$60/\$360 OON: Not covered	Not Applicable
Preferred Blue PPO Saver \$3,000 (HSA Compliant)	Preventive—IN: \$0 OON: 20% Coinsurance Medical—IN: \$30 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: \$30 after Deductible OON: 20% Coinsurance after Deductible	IN: \$30 after Deductible OON: 20% Coinsurance after Deductible	IN: Deductible OON: 20% Coinsurance after Deductible	IN: \$3,000/\$6,000—includes Rx ^{2,4} OON: \$5,000/\$7,500—includes Rx ^{2,4}	IN: \$6,550/\$13,100—includes Rx OON: \$7,500/\$15,000—includes Rx	After Deductible IN—Retail: \$15/\$30/\$60/\$120 Mail: \$30/\$60/\$120/\$360 VBB—Mail: \$15/\$30/\$60/\$360 (no Deductible) After Deductible OON—Retail: \$30/\$60/\$120/\$240 Mail: Not covered	Not Applicable
Preferred Blue PPO Basic \$2,000 with Hospital Choice Cost Sharing	Preventive—IN: \$0 OON: 20% Coinsurance Medical—IN: \$40 after Deductible OON: 20% Coinsurance after Deductible	\$350 after In-Network Deductible	IN: 20% Coinsurance after Deductible OON: 40% Coinsurance after Deductible	IN: 20% Coinsurance after Deductible OON: 40% Coinsurance after Deductible	IN: 20% Coinsurance after Deductible OON: 40% Coinsurance after Deductible	IN: 20% Coinsurance after Deductible OON: 40% Coinsurance after Deductible	IN: 20% Coinsurance after Deductible OON: 40% Coinsurance after Deductible	IN: \$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	IN—Retail: \$25/\$50/\$125/\$175 Mail: \$50/\$100/\$250/\$525 VBB—Mail: \$25/\$50/\$125/\$525 OON—Retail: \$50/\$100/\$200/\$250 Mail: Not covered	IN: after Deductible Inpatient: 30% Coinsurance SDC: 30% Coinsurance MRI/CT/PET/NC: 30% Coinsurance OP diag. labs: 30% Coinsurance OP diag. X-ray & other imaging tests: 30% Coinsurance PT/OT/ST: \$75
Preferred Blue PPO Basic Coinsurance	Preventive—IN: \$0 OON: 20% Coinsurance after Deductible Medical—IN: \$40 after Deductible OON: 20% Coinsurance after Deductible	35% Coinsurance after In-Network Deductible	IN: 35% Coinsurance after Deductible OON: 55% Coinsurance after Deductible	IN: 35% Coinsurance after Deductible OON: 55% Coinsurance after Deductible	IN: 35% Coinsurance after Deductible OON: 55% Coinsurance after Deductible	IN: 35% Coinsurance after Deductible OON: 55% Coinsurance after Deductible	IN: 35% Coinsurance after Deductible OON: 55% Coinsurance after Deductible	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000	IN: \$5,850/\$11,700 medical—\$1,000/\$2,000 Rx OON: \$7,500/\$15,000 medical—\$2,000/\$4,000 Rx	IN—Retail: \$25/\$50/\$125/\$175 Mail: \$50/\$100/\$250/\$525 VBB—Mail: \$25/\$50/\$125/\$525 OON—Retail: \$50/\$100/\$200/\$250 Mail: 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	\$1,000 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: \$40 after Deductible OON: 20% Coinsurance after Deductible	IN: \$40 after Deductible OON: 20% Coinsurance after Deductible	IN: \$250 after Deductible OON: 20% Coinsurance after Deductible	IN: \$3,500/\$6,550—includes Rx ^{2,4} OON: \$6,500/\$7,500—includes Rx ^{2,4}	IN: \$6,550/\$13,100—includes Rx OON: \$7,500/\$15,000—includes Rx	After Deductible IN—Retail: \$35/\$50/\$175/\$250 Mail: \$70/\$100/\$350/\$750 VBB—Mail: \$35/\$50/\$175/\$750 (no Deductible) After Deductible OON—Retail: \$70/\$100/\$350/\$500 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 small employer groups² to provide multiple plan options to their employees:

- Small employer groups with two or more enrolled employees may offer up to two medical plans.

- Employers with 20 to 50 full-time equivalent employees 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 on-line shopping experience.

Below are underwriting guidelines for this type of offering:

- 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).
- Preferred Blue PPO Options can be sold alongside any product with the Hospital Choice Cost Sharing feature (HCCS or Options). Preferred Blue PPO Options can also be sold alongside any HMO Blue New England product without the Hospital Choice Cost Sharing feature as long as Preferred Blue PPO Options is for out of New England employees only.
- HMO Blue New England Options Deductible, HMO Blue New England Options Deductible II and HMO Blue New England 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.
- Any HMO New England Product without the Hospital Choice Cost Sharing feature can be paired alongside a PPO product with the HCCS feature in the scenario where the PPO is set-up for out of New England membership only.

Footnotes:

- Value Based Benefits:
 - Members will pay nothing for the first two 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 retail 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, and 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.
- This is the cost sharing for services rendered at hospitals other than those that are designated as higher cost.
- The two amounts in this column 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, UMMS Memorial Medical Center—Memorial Campus, Massachusetts General Hospital and UMMS Memorial Medical Center—University Campus.
- Outside Massachusetts, the lower Enhanced Benefits Tier copayment applies to any network provider who is listed as a general practitioner, internist, family practitioner, pediatrician, obstetrician/gynecologist, nurse practitioner, rural health center, or general hospital.
- 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.

- 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.
- Small employer group: "Eligible small business" or "group", any sole proprietorship, firm, corporation, partnership or association actively engaged in business who, on at least fifty percent of its working days during the preceding year employed from among one to not more than fifty full-time equivalent employees, the majority of whom worked in the commonwealth; provided, however, that a health carrier may offer health insurance to a business of more than fifty employees in accordance with the provisions of this chapter. In determining the number of full-time equivalent employees, a business shall be considered to be 1 eligible small business or group if: (1) it is eligible to file a combined tax return for purpose of state taxation, or (2) its companies are affiliated companies through the same corporate parent. Except as otherwise specifically provided, provisions of this chapter which apply to an eligible small business shall continue to apply through the end of the rating period in which an eligible insured no longer meets the requirements of this definition. An eligible small business that exists within a MEWA shall be subject to this chapter.