

PPO

51-99

Accounts with 51+ Eligible Employees
with 99 or Fewer Enrolled

Effective on anniversary dates on or after January 2018

Blue Cross Blue Shield of Massachusetts covers more people in Massachusetts than any other health plan. And we've been rated time and again as a top five health plan nationwide.

Important Information About This Chart

This chart allows you to compare some of the benefits under each of the plans listed. There may be other cost-share features not included in this chart. Please refer to the plan subscriber certificates for full benefit information.

Hospital Choice Cost Sharing (Blue shaded products): These standard plan designs come with an option to add the Hospital Choice Cost Sharing feature, which results in a lower premium rate. With Hospital Choice Cost Sharing, members are empowered to control their out-of-pocket costs based on the hospital they choose for care. When members choose hospitals that have met our quality benchmarks and are lower cost, they will pay less. This approach provides incentives for members to make more cost-effective provider choices. For a list of higher cost hospitals, see footnote #4 on page 7. For more information, visit bluecrossma.com/hospitalchoice or contact your account executive or broker.

Blue Options (Green shaded products): These health plans include a tiered provider network called Preferred Blue PPO Options v.5. Our Blue Options plans combine financial incentives with tiered-networks, adding even greater value to employers and employees. Members pay different levels of cost share (copayments, coinsurance, and/or deductibles) depending on the benefits tier of the provider furnishing the services. A provider's benefits tier may change. Overall changes to the benefits tiers of providers will happen no more than once each calendar year. For help in finding the benefits tier of a provider, visit the online provider search tool at bluecrossma.com and search for Preferred Blue PPO Options v.5.

Medicare Creditable Coverage: All plans in this chart, except for Preferred Blue[®] PPO Basic Saver, meet Medicare Creditable Coverage prescription drug coverage requirements. Creditable Coverage means that the member's prescription drug coverage is as good as or better than the standard Medicare Part D plan.

Minimum Creditable Coverage: All plans in this chart, except for Blue Care Elect \$4,500 Deductible, meet the minimum level of benefits that adult tax filers need to be considered insured and avoid tax penalties in Massachusetts.

Low-Cost Generic Drug Benefit: With all plans, members can get a 90-day supply of select generic medications for only \$9 when filled through Express Scripts[®], our mail service pharmacy. Normal prescription guidelines apply.

Value Based Benefits⁵: This approach to managing costs focuses on improving the health of members who have certain chronic conditions. These benefits are included in all plans listed in this chart.

	Blue Care Elect® Value Plus	Blue Care Elect® Enhanced Value	Preferred Blue® PPO \$500 Deductible
Office Visit (all plans include diabetic monitoring visit: \$0 ⁵)	PREVENTIVE IN: \$0 OON: 20% Coins. after Ded. MEDICAL IN: \$15 OON: 20% Coins. after Ded.	PREVENTIVE IN: \$0 OON: 20% Coins. after Ded. MEDICAL IN: \$20 OON: 20% Coins. after Ded.	PREVENTIVE IN: \$0 OON: 20% Coins. after Ded. MEDICAL IN: \$15 after Ded. OON: 20% Coins. after Ded.
Emergency Room	\$100	\$150	\$150 after Ded.
Inpatient Admissions ¹	IN: \$250 OON: 20% Coins. after Ded.	IN: \$500 OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.
Surgical Day Care ¹	IN: \$150 OON: 20% Coins. after Ded.	IN: \$250 OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests ¹	IN: \$25 OON: 20% Coins. after Ded.	IN: \$50 OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.
Medical Deductible ² (Per Plan Year)	IN: None OON: \$500/\$1,000	IN: None OON: \$500/\$1,000	IN and OON combined: \$500/\$1,000
Out-of-Pocket Maximum ³ (Per Plan Year)	IN and OON combined: Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	IN and OON combined: Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	IN and OON combined: Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000
Prescription Drugs ⁵	IN: Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$90 VBB: \$10/\$25/\$90 OON: Not covered	IN: Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$100 VBB: \$15/\$30/\$100 OON: Not covered	IN: Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: \$15/\$30/\$150 OON: Retail: \$30/\$60/\$100 Mail: Not covered
Hospital Choice Cost Sharing ⁴	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	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: 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

LEGEND: Hospital Choice Cost Sharing Blue Options

KEY: **Ded:** Deductible **Coins:** Coinsurance **IN:** In-network **OON:** Out-of-Network **VBB:** Value Based Benefits
EBT: Enhanced Benefits Tier **SBT:** Standard Benefits Tier **BBT:** Basic Benefits Tier

**FOOTNOTES LOCATED
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	Preferred Blue® PPO \$1,000 Deductible	Preferred Blue® PPO Options v.5	Preferred Blue® PPO Saver \$1,500 (HSA Compliant)
Office Visit (all plans include diabetic monitoring visit: \$0 ⁵)	<p>PREVENTIVE IN: \$0 OON: 20% Coins. after Ded.</p> <p>MEDICAL IN: \$15 after Ded. OON: 20% Coins. after Ded.</p>	<p>PREVENTIVE IN: \$0 OON: 20% Coins. after Ded.</p> <p>MEDICAL IN: EBT: \$15⁶ SBT: \$25⁶ BBT: \$45⁶ Other Network Providers: \$45 OON: 20% Coins. after Ded.</p>	<p>PREVENTIVE IN: \$0 OON: 20% Coins</p> <p>MEDICAL IN: Ded. OON: 20% Coins. after Ded.</p>
Emergency Room	\$150 after Ded.	\$150	\$150 after Ded.
Inpatient Admissions ¹	<p>IN: Ded. OON: 20% Coins. after Ded.</p>	<p>IN: EBT: \$250⁶ SBT: \$500⁶ (\$300 for select hospitals⁷) BBT: \$1,000⁶ OON: 20% Coins. after Ded.</p>	<p>IN: Ded. OON: 20% Coins. after Ded.</p>
Surgical Day Care ¹	<p>IN: Ded. OON: 20% Coins. after Ded.</p>	<p>IN: EBT: \$150⁶ SBT: \$250⁶ BBT: \$500⁶ OON: 20% Coins. after Ded.</p>	<p>IN: Ded. OON: 20% Coins. after Ded.</p>
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests ¹	<p>IN: Ded. OON: 20% Coins. after Ded.</p>	<p>IN: EBT: \$75⁶ SBT: \$150⁶ BBT: \$250⁶ Other Network Providers: \$75 OON: 20% Coins. after Ded.</p>	<p>IN: Ded. OON: 20% Coins. after Ded.</p>
Medical Deductible ² (Per Plan Year)	IN and OON combined: \$1,000/\$2,500	IN: None OON: \$2,000/\$4,000	IN and OON combined: \$1,500/\$3,000—Includes Rx ^{8,9}
Out-of-Pocket Maximum ³ (Per Plan Year)	IN and OON combined: Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	IN and OON combined: Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	IN and OON combined: \$6,450/\$12,900—Includes Rx
Prescription Drugs ⁵	<p>IN: Retail: \$15/\$30/\$50 Mail : \$30/\$60/\$150 VBB: \$15/\$30/\$150 OON: Retail: \$30/\$60/\$100 Mail: Not covered</p>	<p>IN: Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: \$15/\$30/\$150 OON: Retail: \$30/\$60/\$100 Mail: Not covered</p>	<p>AFTER DEDUCTIBLE IN: Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB: \$10/\$25/\$135 (no Ded.) OON: Retail: \$20/\$50/\$90 Mail: Not covered</p>
Hospital Choice Cost Sharing ⁴	<p>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</p>	Not Applicable	Not Applicable

LEGEND: Hospital Choice Cost Sharing Blue Options

KEY: **Ded:** Deductible **Coins:** Coinsurance **IN:** In-network **OON:** Out-of-Network **VBB:** Value Based Benefits
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	Preferred Blue [®] PPO 80 with Copayment	Preferred Blue [®] PPO \$2,000 Deductible	Preferred Blue [®] PPO Options Deductible II v.5
Office Visit (all plans include diabetic monitoring visit: \$0 ⁵)	<p>PREVENTIVE IN: \$0 OON: 20% Coins. after Ded.</p> <p>MEDICAL IN: \$20 OON: 20% Coins. after Ded.</p>	<p>PREVENTIVE IN: \$0 OON: 20% Coins. after Ded.</p> <p>MEDICAL IN: \$15 after Ded. OON: 20% Coins. after Ded.</p>	<p>PREVENTIVE IN: \$0 OON: 20% Coins. after Ded.</p> <p>MEDICAL IN: EBT: \$20⁶ SBT: \$35⁶ BBT: \$55⁶ Other: \$55 OON: 20% Coins. after Ded.</p>
Emergency Room	\$150	\$150 after Ded.	\$250
Inpatient Admissions ¹	IN: 20% Coins. after Ded. OON: 40% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: EBT: \$500 ⁶ SBT: \$500 after Ded. ⁶ ((\$550 for select hospitals ⁷) BBT: \$1,500 after Ded. ⁶ OON: 20% Coins. after Ded.
Surgical Day Care ¹	IN: \$250 after Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: EBT: \$500 ⁶ SBT: \$500 after Ded. ⁶ ((\$550 for select hospitals ⁷) BBT: \$1,500 after Ded. ⁶ OON: 20% Coins. after Ded.
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests ¹	IN: 20% Coins. after Ded. OON: 40% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: EBT: \$75 ⁶ SBT: \$75 after Ded. ⁶ ((\$75 for select hospitals ⁷) BBT: \$450 after Ded. ⁶ Other network providers: \$75 OON: 20% Coins. after Ded.
Medical Deductible ² (Per Plan Year)	IN and OON combined: \$500/\$1,000	IN and OON combined: \$2,000/\$4,000	IN: EBT: None SBT: \$500/\$1,000 BBT: \$2,000/\$4,000 OON: \$4,000/\$8,000
Out-of-Pocket Maximum ³ (Per Plan Year)	IN and OON combined: Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	IN and OON combined: Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	IN: Medical: \$4,850/\$9,700 Rx: \$2,000/\$4,000 OON: Medical: \$7,500/\$15,000 Rx: \$2,000/\$4,000
Prescription Drugs ⁵	IN: Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: \$15/\$30/\$150 OON: Retail: \$30/\$60/\$100 Mail: Not covered	IN: Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: \$15/\$30/\$150 OON: Retail: \$30/\$60/\$100 Mail: Not covered	IN: Retail: \$20/\$40/\$60/\$120 Mail: \$40/\$80/\$120/\$360 VBB: \$20/\$40/\$60/\$360 OON: Retail: \$40/\$80/\$120/\$240 Mail: Not covered
Hospital Choice Cost Sharing ⁴	IN: AFTER DEDUCTIBLE 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: 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	Not Applicable

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	Preferred Blue [®] PPO Saver \$2,000 (HSA Compliant)	Blue Care [®] Elect \$3,000 Deductible	Preferred Blue [®] PPO Options Deductible III v.5
Office Visit (all plans include diabetic monitoring visit: \$0 ⁵)	PREVENTIVE IN: \$0 OON: 20% Coins MEDICAL IN: Ded. OON: 20% Coins. after Ded.	PREVENTIVE IN: \$0 OON: 20% Coins. after Ded. MEDICAL IN: \$15 after Ded. OON: 20% Coins. after Ded.	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.
Emergency Room	\$150 after Ded.	\$150 after Ded.	\$250
Inpatient Admissions ¹	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: EBT: Ded. ⁶ SBT: \$500 after Ded. ⁶ (\$50 after Ded. for select hospitals ⁷) BBT: \$1,500 after Ded. ⁶ OON: 20% Coins. after Ded.
Surgical Day Care ¹	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: EBT: Ded. ⁶ SBT: \$500 after Ded. ⁶ (\$50 after Ded. for select hospitals ⁷) BBT: \$1,500 after Ded. ⁶ OON: 20% Coins. after Ded.
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests ¹	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	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 (Per Plan Year)	IN and OON combined: \$2,000/\$4,000—Includes Rx ^{8,9}	IN and OON combined: \$3,000/\$7,500	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000
Out-of-Pocket Maximum ³ (Per Plan Year)	IN and OON combined: \$6,450/\$12,900—Includes Rx	IN and OON combined: Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	IN: Medical: \$5,850/\$11,700 Rx: \$1,000/\$2,000 OON: Medical: \$7,500/\$15,000 Rx: \$2,000/\$4,000
Prescription Drugs ⁵	AFTER DEDUCTIBLE IN: Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB: \$10/\$25/\$135 (no Ded.) OON: Retail: \$20/\$50/\$90 Mail: Not covered	IN: Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: \$15/\$30/\$150 OON: Not covered	IN: Retail: \$15/\$30/\$60/\$120 Mail: \$30/\$60/\$120/\$360 VBB: \$15/\$30/\$60/\$360 OON: Retail: \$30/\$60/\$120/\$240 Mail: Not covered
Hospital Choice Cost Sharing ⁴	Not Applicable	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	Not Applicable

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	Preferred Blue® PPO Saver \$2,900 (HSA Compliant)	Blue Care Elec® \$4,500 Deductible	Preferred Blue® PPO Basic Copayment
Office Visit (all plans include diabetic monitoring visit: \$0 ⁵)	PREVENTIVE IN: \$0 OON: 20% Coins. MEDICAL IN: Ded. OON: 20% Coins. after Ded.	PREVENTIVE IN: \$0 OON: \$45 after Ded. MEDICAL IN: \$25 after Ded. OON: \$45 after Ded.	PREVENTIVE IN: \$0 OON: 20% Coins. after Ded. MEDICAL IN: \$65 OON: 20% Coins. after Ded.
Emergency Room	\$150 after Ded.	\$150 after Ded.	\$750 after In-Network Ded.
Inpatient Admissions ¹	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: \$1,000 after Ded. OON: 20% Coins. after Ded.
Surgical Day Care ¹	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: \$1,000 after Ded. OON: 20% Coins. after Ded.
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests ¹	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: \$1,000 after Ded. OON: 20% Coins. after Ded.
Medical Deductible ² (Per Plan Year)	IN and OON combined: \$2,900/\$5,800—includes Rx ^{8,9}	IN and OON combined: \$4,500/\$9,000	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000
Out-of-Pocket Maximum ³ (Per Plan Year)	IN and OON combined: \$6,450/\$12,900—Includes Rx	IN and OON combined: Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000	IN: Medical: \$5,450/\$10,900 Rx: \$1,000/\$2,000 OON: Medical: \$10,900/\$21,800 Rx: \$2,000/\$4,000
Prescription Drugs ⁵	AFTER DEDUCTIBLE IN: Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB: \$10/\$25/\$135 (no Ded.) OON: Retail: \$20/\$50/\$90 Mail: Not covered	IN: Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB: \$15/\$30/\$150 OON: Not covered	IN: Retail: \$20/\$40/\$60 Mail: \$40/\$80/\$180 VBB: \$20/\$40/\$180 OON: Retail: \$40/\$80/\$120 Mail: Not covered
Hospital Choice Cost Sharing ⁴	Not Applicable	Not Applicable	Not Applicable

LEGEND: Hospital Choice Cost Sharing Blue Options

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	Preferred Blue® PPO Basic Saver (HSA Compliant)
Office Visit (all plans include diabetic monitoring visit: \$0 ⁵)	<p>PREVENTIVE IN: \$0 OON: 20% Coins.</p> <p>MEDICAL IN: \$60 after Ded. OON: 20% Coins. after Ded.</p>
Emergency Room	\$750 after In-Network Ded.
Inpatient Admissions ¹	IN: \$1,000 after Ded. OON: 20% Coins. after Ded.
Surgical Day Care ¹	IN: \$1,000 after Ded. OON: 20% Coins. after Ded.
MRI, CT, PET Scans, and Nuclear Cardiac Imaging Tests ¹	IN: \$1,000 after Ded. OON: 20% Coins. after Ded.
Medical Deductible ² (Per Plan Year)	IN: \$3,300/\$6,450—Includes Rx ^{8,9} OON: \$6,300/\$10,000—Includes Rx ^{8,9}
Out-of-Pocket Maximum ³ (Per Plan Year)	IN: Medical & Rx: \$6,450/\$12,900 OON: Medical & Rx: \$11,000/\$23,000
Prescription Drugs ⁵	AFTER DEDUCTIBLE IN: Retail: \$20/\$80/\$100 Mail: \$40/\$160/\$300 VBB: \$20/\$80/\$300 (no Ded.) OON: Retail: \$40/\$160/\$200 Mail: Not covered
Hospital Choice Cost Sharing ⁴	Not Applicable

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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'll 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.

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 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 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. The overall deductible won't 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.
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, 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.
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.
8. Entire family deductible must be satisfied before benefits are provided for any one member enrolled under a family membership.
9. Overall deductible doesn't apply to preventive drugs.



MASSACHUSETTS