



MIIA Town of Amherst
Effective: 7/1/2019



<http://planinfo.bluecrossma.com/customblue/2019/miiatownofamherst>

- Find a Doctor
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Plan Options

Medical

Blue Care Elect with HCCS

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Network Blue NE Deductible with HCCS

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Blue Care[®] Elect \$300 Deductible

with Hospital Choice Cost Sharing

Plan-Year Deductible: \$300/\$900

This 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 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 in this Summary of Benefits, 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 in this Summary of Benefits) for which you pay the lowest in-network cost sharing level, check the most current provider directory for your health plan option or visit the online provider search tool at 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.

Download the MyBlue Member App—Get instant and secure access to your personal health care information any time you need it. A simple tap connects you to your claims history, your ID card, financial accounts, even your doctor. Download the app from the App Store[®] or Google Play[™].

 This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law.

Your Choice

Your Deductible

Your deductible is the amount of money you pay out-of-pocket each plan year before you can receive coverage for most benefits under this plan. If you are not sure when your plan year begins, contact Blue Cross Blue Shield of Massachusetts. Your deductibles are **\$300** per member (or **\$900** per family) for in-network services and **\$400** per member (or **\$800** per family) for out-of-network services.

When You Choose Preferred Providers

You receive the highest level of benefits under your health care plan when you obtain covered services from preferred providers. These are called your “in-network” benefits. See the charts for your cost share.

Note: If a preferred provider refers you to another provider for covered services (such as a specialist), make sure the provider is a preferred provider in order to receive benefits at the in-network level. If the provider you are referred to is not a preferred provider, you’re still covered, but your benefits, in most situations, will be covered at the out-of-network level, even if the preferred provider refers you.

The plan has two levels of hospital benefits for preferred providers. You will pay a higher cost share when you receive inpatient services at or by “higher cost share hospitals,” even if your preferred provider refers you. See the chart for your cost share.

Higher Cost Share Hospitals

Your cost share will be higher at the hospitals listed below. Blue Cross Blue Shield of Massachusetts will let you know if this list changes.

- Baystate Medical Center
- Boston Children’s Hospital
- Brigham and Women’s Hospital
- Cape Cod Hospital
- Dana-Farber Cancer Institute
- Fairview Hospital
- Massachusetts General Hospital
- UMass Memorial Medical Center

Note: Some of the general hospitals listed above may have facilities in more than one location. At certain locations, the lowest cost share may apply.

How to Find a Preferred Provider

To find a preferred provider:

- Look up a provider in the Provider Directory. If you need a copy of your directory or help choosing a provider, call the Member Service number on your ID card.
- Visit the Blue Cross Blue Shield of Massachusetts website at bluecrossma.com/findadoctor

When You Choose Non-Preferred Providers

You can also obtain covered services from non-preferred providers, but your out-of-pocket costs are higher. These are called your “out-of-network” benefits. See the charts for your cost share.

Payments for out-of-network benefits are based on the Blue Cross Blue Shield allowed charge as defined in your benefit description. You may be responsible for any difference between the allowed charge and the provider’s actual billed charge (this is in addition to your deductible and/or your coinsurance).

Your Out-of-Pocket Maximum

Your out-of-pocket maximum is the most that you could pay during a plan year for deductible, copayments, and coinsurance for covered services. Your out-of-pocket maximum for medical benefits is **\$2,500** per member (or **\$5,000** per family) for in-network and out-of-network services combined. Your out-of-pocket maximum for prescription drug benefits is **\$1,000** per member (or **\$2,000** per family).

Emergency Room Services

In an emergency, such as a suspected heart attack, stroke, or poisoning, you should go directly to the nearest medical facility or call **911** (or the local emergency phone number). After meeting your in-network deductible, you pay a copayment per visit for in-network or out-of-network emergency room services. This copayment is waived if you are admitted to the hospital or for an observation stay. See the chart for your cost share.

Telehealth Services

You are covered for certain medical and behavioral health services for conditions that can be treated through video visits from an approved Telehealth provider. These Telehealth services are available by using your computer or mobile device when you prefer not to make an in-person visit for any reason to a doctor or therapist. For a list of Telehealth providers, visit the Blue Cross Blue Shield of Massachusetts website at bluecrossma.com; consult the Provider Directory; or call the Member Service number on your ID card.

Utilization Review Requirements

Certain services require **pre-approval/prior authorization** through Blue Cross Blue Shield of Massachusetts for you to have benefit coverage; this includes non-emergency and non-maternity hospitalization and may include certain outpatient services, therapies, procedures, and drugs. You should work with your health care provider to determine if pre-approval is required for any service your provider is suggesting. If your provider, or you, don’t get pre-approval when it’s required, your benefits will be denied, and you may be fully responsible for payment to the provider of the service. Refer to your benefit description for requirements and the process you should follow for Utilization Review, including Pre-Admission Review, Pre-Service Approval, Concurrent Review and Discharge Planning, and Individual Case Management.

Dependent Benefits

This plan covers dependents until the end of the calendar month in which they turn age 26, regardless of their financial dependency, student status, or employment status. See your benefit description (and riders, if any) for exact coverage details.

Your Medical Benefits

Covered Services	Your Cost In-Network	Your Cost Out-of-Network
Preventive Care Well-child care exams, including routine tests, according to age-based schedule as follows: <ul style="list-style-type: none"> • 10 visits during the first year of life • Three visits during the second year of life (age 1 to age 2) • Two visits for age 2 • One visit per calendar year for age 3 and older 	Nothing, no deductible	20% coinsurance after deductible
Routine adult physical exams, including related tests (one per calendar year)	Nothing, no deductible	20% coinsurance after deductible
Routine GYN exams, including related lab tests (one per calendar year)	Nothing, no deductible	20% coinsurance after deductible
Routine hearing exams, including related tests	Nothing, no deductible	20% coinsurance after deductible
Hearing aids (up to \$5,000 per ear every 36 months)	All charges beyond the maximum, no deductible	20% coinsurance after deductible and all charges beyond the maximum
Routine vision exams (one every 24 months)	Nothing, no deductible	20% coinsurance after deductible
Family planning services—office visits	Nothing, no deductible	20% coinsurance after deductible
Outpatient Care Emergency room visits	\$100 per visit after deductible (copayment waived if admitted or for observation stay)	\$100 per visit after in-network deductible (copayment waived if admitted or for observation stay)
Office or health center visits, when performed by: <ul style="list-style-type: none"> • A family or general practitioner, internist, OB/GYN physician, pediatrician, geriatric specialist, licensed dietitian nutritionist, optometrist, nurse midwife, physician assistant, nurse practitioner, or limited services clinic • Other covered providers 	\$20 per visit, no deductible \$45 per visit, no deductible	20% coinsurance after deductible
Chiropractors' office visits (up to 20 visits per calendar year)	\$20 per visit, no deductible	20% coinsurance after deductible
Mental health or substance abuse treatment	\$20 per visit, no deductible	20% coinsurance after deductible
Short-term rehabilitation therapy—physical and occupational (up to 30 visits per calendar year for each type of therapy*)	\$20 per visit, no deductible	20% coinsurance after deductible
Speech, hearing, and language disorder treatment—speech therapy	\$20 per visit, no deductible	20% coinsurance after deductible
Diagnostic X-rays and lab tests	Nothing after deductible	20% coinsurance after deductible
CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	\$100 per category per service date after deductible	20% coinsurance after deductible
Home health care and hospice services	Nothing after deductible	20% coinsurance after deductible
Oxygen and equipment for its administration	Nothing after deductible	20% coinsurance after deductible
Durable medical equipment such as wheelchairs, crutches, hospital beds	Nothing after deductible**	20% coinsurance after deductible
Prosthetic devices	Nothing after deductible	20% coinsurance after deductible
Surgery and related anesthesia in an office or health center, when performed by: <ul style="list-style-type: none"> • A family or general practitioner, internist, OB/GYN physician, pediatrician, geriatric specialist, nurse midwife, physician assistant, or nurse practitioner • Other covered providers 	\$20 per visit***, no deductible \$45 per visit***, no deductible	20% coinsurance after deductible
Surgery in an ambulatory surgical facility, hospital outpatient department, or surgical day care unit	\$250 per admission after deductible	20% coinsurance after deductible

* No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care or for the treatment of autism spectrum disorders.

** Cost share waived for one breast pump per birth.

*** Copayment waived for restorative dental services and orthodontic treatment or prosthetic management therapy for members under age 18 to treat conditions of cleft lip and cleft palate.

Covered Services	Your Cost In-Network	Your Cost Out-of-Network
Inpatient Care (including maternity care) in:		
• Other general hospitals (as many days as medically necessary)	\$275 per admission after deductible*	20% coinsurance after deductible
• Higher cost share hospitals (as many days as medically necessary)	\$1,500 per admission after deductible*	20% coinsurance after deductible
Chronic disease hospital care (as many days as medically necessary)	Nothing after deductible	20% coinsurance after deductible
Mental hospital or substance abuse facility care (as many days as medically necessary)	\$275 per admission, no deductible	20% coinsurance after deductible
Rehabilitation hospital care (as many days as medically necessary)	Nothing after deductible	20% coinsurance after deductible
Skilled nursing facility care (up to 45 days per calendar year)	20% coinsurance after deductible	40% coinsurance after deductible
Prescription Drug Benefits**		
At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill)***	No deductible \$10 for Tier 1 \$30 for Tier 2 \$65 for Tier 3	Not covered
Through the designated mail service or designated retail pharmacy (up to a 90-day formulary supply for each prescription or refill)***	No deductible \$25 for Tier 1† \$75 for Tier 2 \$165 for Tier 3	Not covered

* This cost share applies to mental health admissions in a general hospital.

** Generally, Tier 1 refers to generic drugs; Tier 2 refers to preferred brand-name drugs; Tier 3 refers to non-preferred drugs.

*** Cost share may be waived for certain covered drugs and supplies.

† Certain generic medications are available through the mail service pharmacy at \$9. For more information, go to bluecrossma.com/mail-service-pharmacy.

Get the Most from Your Plan

Visit us at bluecrossma.com or call 1-800-782-3675 to learn about discounts, savings, resources, and special programs available to you, like those listed below.

Wellness Participation Program	
Fitness Reimbursement: a benefit that rewards participation in qualified fitness programs This fitness benefit applies for fees paid to: a health club with cardiovascular and strength-training equipment; or a fitness studio offering instructor-led group classes for certain cardiovascular and strength-training programs. (See your benefit description for details.)	\$150 per calendar year per policy
Weight Loss Reimbursement: a benefit that rewards participation in a qualified weight loss program This weight loss program benefit applies for fees paid to: hospital-based or non-hospital-based weight loss programs that focus on eating and physical activity habits and behavioral/lifestyle counseling with certified health professionals. (See your benefit description for details.)	\$150 per calendar year per policy
24/7 Nurse Care Line—A 24-hour nurse line to answer your health care questions—call 1-888-247-BLUE (2583)	No additional charge

Questions?

For questions about Blue Cross Blue Shield of Massachusetts, call 1-800-782-3675, or visit us online at bluecrossma.com.

Interested in receiving information from us via e-mail? Go to bluecrossma.com/email to sign up.

Limitations and Exclusions. These pages summarize the benefits of your health care plan. Your benefit description and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the benefit description and riders will govern. Some of the services not covered are: cosmetic surgery; custodial care; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your benefit description and riders. **Note:** Blue Cross and Blue Shield of Massachusetts, Inc. administers claims payment only and does not assume financial risk for claims.

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The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, see www.emiia.org/health-and-dental-insurance. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at bluecrossma.com/sbcglossary or call **1-800-782-3675** to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u>?	\$300 member / \$900 family in-network; \$400 member / \$800 family out-of-network.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u>?	Yes. In-network preventive and prenatal care, most office visits, therapy visits, certain mental health services, and prescription drugs.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u>?	For medical benefits, \$2,500 member / \$5,000 family; and for prescription drug benefits, \$1,000 member / \$2,000 family.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u>?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u>?	Yes. See bluecrossma.com/findadoctor or call the Member Service number on your ID card for a list of network providers.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u>?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 / visit	20% coinsurance	Deductible applies first for out-of-network; family or general practitioner, internist, OB/GYN physician, pediatrician, geriatric specialist, nurse midwife, licensed dietitian nutritionist, optometrist, physician assistant, or nurse practitioner
	<u>Specialist</u> visit	\$45 / visit; \$20 / chiropractor visit	20% coinsurance; 20% coinsurance / chiropractor visit	Deductible applies first for out-of-network; limited to 20 chiropractor visits per calendar year
	<u>Preventive care/screening/immunization</u>	No charge	20% coinsurance	Deductible applies first for out-of-network; limited to age-based schedule and / or frequency. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge	20% coinsurance	Deductible applies first; pre-authorization may be required
	Imaging (CT/PET scans, MRIs)	\$100	20% coinsurance	Deductible applies first; copayment applies per category of test / day; pre-authorization may be required

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at bluecrossma.com/medications	Generic drugs	\$10 / retail supply or \$25 / designated retail or mail service supply	Not covered	Up to 30-day retail (90-day designated retail or mail service) supply; cost share may be waived for certain covered drugs and supplies; pre-authorization required for certain drugs
	Preferred brand drugs	\$30 / retail supply or \$75 / designated retail or mail service supply	Not covered	
	Non-preferred brand drugs	\$65 / retail supply or \$165 / designated retail or mail service supply	Not covered	
	<u>Specialty drugs</u>	Applicable cost share (generic, preferred, non-preferred)	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$250 / admission	20% coinsurance	Deductible applies first
	Physician/surgeon fees	No charge	20% coinsurance	Deductible applies first
If you need immediate medical attention	<u>Emergency room care</u>	\$100 / visit	\$100 / visit	In-network deductible applies first for in-network and out-of-network services; copayment waived if admitted or for observation stay
	<u>Emergency medical transportation</u>	No charge	No charge	In-network deductible applies first for in-network and out-of-network services
	<u>Urgent care</u>	\$45 / visit	20% coinsurance	Deductible applies first for out-of-network
If you have a hospital stay	Facility fee (e.g., hospital room)	\$275 / admission; \$1,500 / admission for certain hospitals	20% coinsurance	Deductible applies first; pre-authorization required
	Physician/surgeon fees	No charge	20% coinsurance	Deductible applies first; pre-authorization required

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$20 / visit	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required for certain services
	Inpatient services	\$275 / admission; \$1,500 / admission for certain hospitals	20% coinsurance	Deductible applies first for general hospitals; pre-authorization required for certain services
If you are pregnant	Office visits	No charge	20% coinsurance	Deductible applies first except for in-network prenatal care; cost sharing does not apply for in-network preventive services; maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound)
	Childbirth/delivery professional services	No charge	20% coinsurance	
	Childbirth/delivery facility services	\$275 / admission; \$1,500 / admission for certain hospitals	20% coinsurance	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	No charge	20% coinsurance	Deductible applies first; pre-authorization required
	<u>Rehabilitation services</u>	\$20 / visit	20% coinsurance	Deductible applies first for out-of-network; limited to 30 visits per type of therapy per calendar year (other than for autism, home health care, and speech therapy)
	<u>Habilitation services</u>	\$20 / visit	20% coinsurance	Deductible applies first for out-of-network; rehabilitation therapy coverage limits apply; cost share and coverage limits waived for early intervention services for eligible children
	<u>Skilled nursing care</u>	20% coinsurance	40% coinsurance	Deductible applies first; limited to 45 days per calendar year; pre-authorization required
	<u>Durable medical equipment</u>	No charge	20% coinsurance	Deductible applies first; in-network cost share waived for one breast pump per birth
	<u>Hospice services</u>	No charge	20% coinsurance	Deductible applies first; pre-authorization required for certain services
If your child needs dental or eye care	Children's eye exam	No charge	20% coinsurance	Deductible applies first for out-of-network; limited to one exam every 24 months
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	No charge for members with a cleft palate / cleft lip condition	20% coinsurance for members with a cleft palate / cleft lip condition	Limited to members under age 18; deductible applies first for out-of-network

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Children's glasses
- Cosmetic surgery
- Dental care (Adult)
- Long-term care
- Private-duty nursing

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Bariatric surgery
- Chiropractic care (20 visits per calendar year)
- Hearing aids (\$5,000 per ear every 36 months)
- Infertility treatment
- Non-emergency care when traveling outside the U.S.
- Routine eye care - adult (one exam every 24 months)
- Routine foot care (only for patients with systemic circulatory disease)
- Weight loss programs (\$150 per calendar year per policy)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform and the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. Your state insurance department might also be able to help. If you are a Massachusetts resident, you can contact the Massachusetts Division of Insurance at 1-877-563-4467 or www.mass.gov/doi. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596. For more information about possibly buying individual coverage through a state exchange, you can contact your state's marketplace, if applicable. If you are a Massachusetts resident, contact the Massachusetts Health Connector by visiting www.mahealthconnector.org. For more information on your rights to continue your employer coverage, contact your plan sponsor. (A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.)

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the Member Service number listed on your ID card or contact your plan sponsor. (A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.)

Does this plan provide Minimum Essential Coverage? [Yes]

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? [Yes]

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Disclaimer: This document contains only a partial description of the benefits, limitations, exclusions and other provisions of this health care plan. It is not a policy. It is a general overview only. It does not provide all the details of this coverage, including benefits, exclusions and policy limitations. In the event there are discrepancies between this document and the policy, the terms and conditions of the policy will govern.

————— *To see examples of how this plan might cover costs for a sample medical situation, see the next section.* —————

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network prenatal care and a hospital delivery)

■ The plan's overall deductible	\$300
■ Delivery fee copay	\$0
■ Facility fee copay	\$275
■ Diagnostic tests copay	\$0

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,713
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In this example, Peg would pay:

Cost Sharing

Deductibles	\$300
Copayments	\$291
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$60
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The total Peg would pay is	\$651
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Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$300
■ Specialist visit copay	\$45
■ Primary care visit copay	\$20
■ Diagnostic tests copay	\$0

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,389
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In this example, Joe would pay:

Cost Sharing

Deductibles	\$134
Copayments	\$1,210
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$55
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The total Joe would pay is	\$1,399
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Jacquie's Simple Fracture

(in-network emergency room visit and follow-up care)

■ The plan's overall deductible	\$300
■ Specialist visit copay	\$45
■ Emergency room copay	\$100
■ Ambulance services copay	\$0

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,925
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In this example, Jacquie would pay:

Cost Sharing

Deductibles	\$300
Copayments	\$250
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$0
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The total Jacquie would pay is	\$550
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The plan would be responsible for the other costs of these EXAMPLE covered services.

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MASSACHUSETTS

MCC Compliance



This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law.



MASSACHUSETTS

Information About the Plan

This 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 in-network cost share (such as copayments and 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 some preferred general hospitals, 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 for which you pay the lowest in-network cost sharing level, check the most current provider directory for your health plan option or visit the online provider search tool at **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.

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Network Blue® New England \$300 Deductible

with Hospital Choice Cost Sharing

Plan-Year Deductible: \$300/\$900



This 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 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 in this Summary of Benefits, 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 in this Summary of Benefits) for which you pay the lowest cost sharing level, check the most current provider directory for your health plan option or visit the online provider search tool at 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.

Download the MyBlue Member App—Get instant and secure access to your personal health care information any time you need it. A simple tap connects you to your claims history, your ID card, financial accounts, even your doctor. Download the app from the App Store® or Google Play™.



This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law.

Your Care

Your Primary Care Provider (PCP)

When you enroll in this health plan, you must choose a primary care provider. Be sure to choose a PCP who can accept you and your family members and who participates in the network of providers in New England. For children, you may choose a participating network pediatrician as the PCP.

For a list of participating PCPs or OB/GYN physicians, visit the Blue Cross Blue Shield of Massachusetts website at bluecrossma.com; consult the Provider Directory; or call the Member Service number on your ID card.

If you have trouble choosing a doctor, Member Service can help. They can give you the doctor's gender, the medical school she or he attended, and whether there are languages other than English spoken in the office.

Referrals

Your PCP is the first person you call when you need routine or sick care. If your PCP decides that you need to see a specialist for covered services, your PCP will refer you to an appropriate network specialist, who is likely affiliated with your PCP's hospital or medical group.

You will not need prior authorization or referral to see a HMO Blue New England network provider who specializes in OB/GYN services. Your providers may also work with Blue Cross Blue Shield of Massachusetts regarding referrals and Utilization Review Requirements, including Pre-Admission Review, Concurrent Review and Discharge Planning, Prior Approval for Certain Outpatient Services, and Individual Case Management. For detailed information about Utilization Review, see your benefit description.

Your Cost Share

This plan has two levels of hospital benefits. You will pay a higher cost share when you receive inpatient services at or by "higher cost share hospitals," even if your PCP refers you. See the chart for your cost share.

Higher Cost Share Hospitals

Your cost share will be higher at the hospitals listed below. Blue Cross Blue Shield of Massachusetts will let you know if this list changes.

- Baystate Medical Center
- Boston Children's Hospital
- Brigham and Women's Hospital
- Cape Cod Hospital
- Dana-Farber Cancer Institute
- Fairview Hospital
- Massachusetts General Hospital
- UMass Memorial Medical Center

All other network hospitals will carry the lower cost share, including network hospitals outside of Massachusetts.

Note: Some of the general hospitals listed above may have facilities in more than one location. At certain locations, the lowest cost sharing level may apply.

Your Deductible

Your deductible is the amount of money you pay out-of-pocket each plan year before you can receive coverage for most benefits under this plan. If you are not sure when your plan year begins, contact Blue Cross Blue Shield of Massachusetts. Your deductible is **\$300** per member (or **\$900** per family).

Your Out-of-Pocket Maximum

Your out-of-pocket maximum is the most that you could pay during a plan year for deductible, copayments, and coinsurance for covered services. Your out-of-pocket maximum for medical benefits is **\$2,500** per member (or **\$5,000** per family). Your out-of-pocket maximum for prescription drug benefits is **\$1,000** per member (or **\$2,000** per family).

Emergency Room Services

In an emergency, such as a suspected heart attack, stroke, or poisoning, you should go directly to the nearest medical facility or call **911** (or the local emergency phone number). After meeting your deductible, you pay a copayment per visit for emergency room services. This copayment is waived if you're admitted to the hospital or for an observation stay. See the chart for your cost share.

Telehealth Services

You are covered for certain medical and behavioral health services for conditions that can be treated through video visits from an approved Telehealth provider. These Telehealth services are available by using your computer or mobile device when you prefer not to make an in-person visit for any reason to a doctor or therapist. For a list of Telehealth providers, visit the Blue Cross Blue Shield of Massachusetts website at bluecrossma.com; consult the Provider Directory; or call the Member Service number on your ID card.

Service Area

The plan's service area includes all cities and towns in the Commonwealth of Massachusetts, State of Rhode Island, State of Vermont, State of Connecticut, State of New Hampshire, and State of Maine.

When Outside the Service Area

If you're traveling outside the service area and you need urgent or emergency care, you should go to the nearest appropriate health care facility. You are covered for the urgent or emergency care visit and one follow-up visit while outside the service area. Any additional follow-up care must be arranged by your PCP. See your benefit description for more information.

Dependent Benefits

This plan covers dependents until the end of the calendar month in which they turn age 26, regardless of their financial dependency, student status, or employment status. See your benefit description (and riders, if any) for exact coverage details.

Your Medical Benefits

Covered Services	Your Cost
Preventive Care	
Well-child care visits	Nothing, no deductible
Preventive dental care for children under age 12 (one visit each six months)	Nothing, no deductible
Routine adult physical exams, including related tests	Nothing, no deductible
Routine GYN exams, including related lab tests (one per calendar year)	Nothing, no deductible
Routine hearing exams, including routine tests	Nothing, no deductible
Hearing aids (up to \$5,000 per ear every 36 months)	All charges beyond the maximum, no deductible
Routine vision exams (one every 24 months)	Nothing, no deductible
Family planning services—office visits	Nothing, no deductible
Outpatient Care	
Emergency room visits	\$100 per visit after deductible (copayment waived if admitted or for observation stay)
Office or health center visits, when performed by:	
• Your PCP, OB/GYN physician, nurse practitioner, nurse midwife, physician assistant, or limited services clinic	\$20 per visit, no deductible
• Other covered providers	\$45 per visit, no deductible
Chiropractors' office visits (up to 20 visits per calendar year)	\$20 per visit, no deductible
Mental health or substance abuse treatment	\$20 per visit, no deductible
Short-term rehabilitation therapy—physical and occupational (up to 30 visits per calendar year for each type of therapy*)	\$20 per visit, no deductible
Speech, hearing, and language disorder treatment—speech therapy	\$20 per visit, no deductible
Diagnostic X-rays and lab tests	Nothing after deductible
CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	\$100 per category per service date after deductible
Home health care and hospice services	Nothing after deductible
Oxygen and equipment for its administration	Nothing after deductible
Durable medical equipment—such as wheelchairs, crutches, hospital beds	Nothing after deductible**
Prosthetic devices	Nothing after deductible
Surgery and related anesthesia in an office or health center, when performed by:	
• Your PCP, OB/GYN physician, nurse practitioner, nurse midwife, or physician assistant	\$20 per visit***, no deductible
• Other covered providers	\$45 per visit***, no deductible
Surgery in an ambulatory surgical facility, hospital outpatient department, or surgical day care unit	\$250 per admission after deductible
Inpatient Care (including maternity care) in:	
• Other general hospitals (as many days as medically necessary)	\$275 per admission after deductible†
• Higher cost share hospitals (as many days as medically necessary)	\$1,500 per admission after deductible†
Chronic disease hospital care (as many days as medically necessary)	Nothing after deductible
Mental hospital or substance abuse facility care (as many days as medically necessary)	\$275 per admission, no deductible
Rehabilitation hospital care (as many days as medically necessary)	Nothing after deductible
Skilled nursing facility care (up to 45 days per calendar year)	20% coinsurance after deductible

* No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care or for the treatment of autism spectrum disorders.

** Cost share waived for one breast pump per birth.

*** Copayment waived for restorative dental services and orthodontic treatment or prosthetic management therapy for members under age 18 to treat conditions of cleft lip and cleft palate.

† This cost share applies to mental health admissions in a general hospital.

Prescription Drug Benefits*	Your Cost**
At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill)	No deductible \$10 for Tier 1 \$30 for Tier 2 \$65 for Tier 3
Through the designated mail service or designated retail pharmacy (up to a 90-day formulary supply for each prescription or refill)	No deductible \$25 for Tier 1*** \$75 for Tier 2 \$165 for Tier 3

* Generally, Tier 1 refers to generic drugs; Tier 2 refers to preferred brand-name drugs; Tier 3 refers to non-preferred drugs.

** Cost share may be waived or reduced for certain covered drugs and supplies.

***Certain generic medications are available through the mail service pharmacy at \$9. For more information, go to www.bluecrossma.com/mail-service-pharmacy.

Get the Most from Your Plan

Visit us at bluecrossma.com or call 1-800-782-3675 to learn about discounts, savings, resources, and special programs available to you, like those listed below.

<p>Wellness Participation Program</p> <p>Fitness Reimbursement: a benefit that rewards participation in qualified fitness programs This fitness benefit applies for fees paid to: a health club with cardiovascular and strength-training equipment; or a fitness studio offering instructor-led group classes for certain cardiovascular and strength-training programs. (See your benefit description for details.)</p> <p>Weight Loss Reimbursement: a benefit that rewards participation in a qualified weight loss program This weight loss program benefit applies for fees paid to: hospital-based or non-hospital-based weight loss programs that focus on eating and physical activity habits and behavioral/lifestyle counseling with certified health professionals. (See your benefit description for details.)</p>	<p>\$150 per calendar year per policy</p> <p>\$150 per calendar year per policy</p>
24/7 Nurse Care Line—A 24-hour nurse line to answer your health care questions—call 1-888-247-BLUE (2583)	No additional charge

Questions?

For questions about Blue Cross Blue Shield of Massachusetts, call 1-800-782-3675, or visit us online at bluecrossma.com.

Interested in receiving information from us via e-mail? Go to bluecrossma.com/email to sign up.

Limitations and Exclusions. These pages summarize the benefits of your health care plan. Your benefit description and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the benefit description and riders will govern. Some of the services not covered are: cosmetic surgery; custodial care; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your benefit description and riders. **Note:** Blue Cross and Blue Shield of Massachusetts, Inc. administers claims payment only and does not assume financial risk for claims.

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The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, see www.emiia.org/health-and-dental-insurance. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at bluecrossma.com/sbcglossary or call **1-800-782-3675** to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u>?	\$300 member / \$900 family.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u>?	Yes. Preventive care, prenatal care, prescription drugs, most office visits, certain mental health services, therapy visits.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u>?	For medical benefits, \$2,500 member / \$5,000 family; and for prescription drug benefits, \$1,000 member / \$2,000 family.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u>?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u>?	Yes. See bluecrossma.com/findadoctor or call the Member Service number on your ID card for a list of network providers.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u>?	Yes.	This <u>plan</u> will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a <u>referral</u> before you see the <u>specialist</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 / visit	Not covered	None
	<u>Specialist</u> visit	\$45 / visit; \$20 / chiropractor visit	Not covered	Limited to 20 chiropractor visits per calendar year
	<u>Preventive care/screening/immunization</u>	No charge	Not covered	GYN exam limited to one exam per calendar year. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge	Not covered	Deductible applies first; pre-authorization required for certain services
	Imaging (CT/PET scans, MRIs)	\$100	Not covered	Deductible applies first; copayment applies per category of test / day; pre-authorization required for certain services
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at bluecrossma.com/medications	Generic drugs	\$10 / retail supply or \$25 / designated retail or mail service supply	Not covered	Up to 30-day retail (90-day designated retail or mail service) supply; cost share may be waived for certain covered drugs and supplies; pre-authorization required for certain drugs
	Preferred brand drugs	\$30 / retail supply or \$75 / designated retail or mail service supply	Not covered	
	Non-preferred brand drugs	\$65 / retail supply or \$165 / designated retail or mail service supply	Not covered	
	<u>Specialty drugs</u>	Applicable cost share (generic, preferred, non-preferred)	Not covered	When obtained from a designated specialty pharmacy; pre-authorization required for certain drugs

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$250 / admission	Not covered	Deductible applies first; pre-authorization required for certain services
	Physician/surgeon fees	No charge	Not covered	Deductible applies first; pre-authorization required for certain services
If you need immediate medical attention	<u>Emergency room care</u>	\$100 / visit	\$100 / visit	Deductible applies first; copayment waived if admitted or for observation stay
	<u>Emergency medical transportation</u>	No charge	No charge	Deductible applies first
	<u>Urgent care</u>	\$45 / visit	\$45 / visit	Out-of-network coverage limited to out of service area
If you have a hospital stay	Facility fee (e.g., hospital room)	\$275 / admission; \$1,500 / admission for certain hospitals	Not covered	Deductible applies first; pre-authorization required
	Physician/surgeon fees	No charge	Not covered	Deductible applies first; pre-authorization required
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$20 / visit	Not covered	Pre-authorization required for certain services
	Inpatient services	\$275 / admission; \$1,500 / admission for certain hospitals	Not covered	Deductible applies first for general hospitals; pre-authorization required for certain services
If you are pregnant	Office visits	No charge	Not covered	Deductible applies first except for prenatal care; cost sharing does not apply for preventive services; maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound)
	Childbirth/delivery professional services	No charge	Not covered	
	Childbirth/delivery facility services	\$275 / admission; \$1,500 / admission for certain hospitals	Not covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	No charge	Not covered	Deductible applies first; pre-authorization required
	<u>Rehabilitation services</u>	\$20 / visit	Not covered	Limited to 30 visits per type of therapy per calendar year (other than for autism, home health care, and speech therapy); pre-authorization required for certain services
	<u>Habilitation services</u>	\$20 / visit	Not covered	Rehabilitation therapy coverage limits apply; cost share and coverage limits waived for early intervention services for eligible children; pre-authorization required for certain services
	<u>Skilled nursing care</u>	20% coinsurance	Not covered	Deductible applies first; limited to 45 days per calendar year; pre-authorization required
	<u>Durable medical equipment</u>	No charge	Not covered	Deductible applies first; cost share waived for one breast pump per birth
	<u>Hospice services</u>	No charge	Not covered	Deductible applies first; pre-authorization required for certain services
If your child needs dental or eye care	Children's eye exam	No charge	Not covered	Limited to one exam every 24 months
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	No charge	Not covered	Limited to children under age 12 (every 6 months) and under age 18 with a cleft palate / cleft lip condition

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Children's glasses
- Cosmetic surgery
- Dental care (Adult)
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Bariatric surgery
- Chiropractic care (20 visits per calendar year)
- Hearing aids (\$5,000 per ear every 36 months)
- Infertility treatment
- Routine eye care - adult (one exam every 24 months)
- Routine foot care (only for patients with systemic circulatory disease)
- Weight loss programs (\$150 per calendar year per policy)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform and the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. Your state insurance department might also be able to help. If you are a Massachusetts resident, you can contact the Massachusetts Division of Insurance at 1-877-563-4467 or www.mass.gov/doi. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596. For more information about possibly buying individual coverage through a state exchange, you can contact your state's marketplace, if applicable. If you are a Massachusetts resident, contact the Massachusetts Health Connector by visiting www.mahealthconnector.org. For more information on your rights to continue your employer coverage, contact your plan sponsor. (A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.)

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the Member Service number listed on your ID card or contact your plan sponsor. (A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.)

Does this plan provide Minimum Essential Coverage? [Yes]

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? [Yes]

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Disclaimer: This document contains only a partial description of the benefits, limitations, exclusions and other provisions of this health care plan. It is not a policy. It is a general overview only. It does not provide all the details of this coverage, including benefits, exclusions and policy limitations. In the event there are discrepancies between this document and the policy, the terms and conditions of the policy will govern.

————— *To see examples of how this plan might cover costs for a sample medical situation, see the next section.* —————

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network prenatal care and a hospital delivery)

■ The plan's overall deductible	\$300
■ Delivery fee copay	\$0
■ Facility fee copay	\$275
■ Diagnostic tests copay	\$0

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,713
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In this example, Peg would pay:

Cost Sharing

Deductibles	\$300
Copayments	\$291
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$60
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The total Peg would pay is	\$651
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Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$300
■ Specialist visit copay	\$45
■ Primary care visit copay	\$20
■ Diagnostic tests copay	\$0

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,389
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In this example, Joe would pay:

Cost Sharing

Deductibles	\$134
Copayments	\$1,210
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$55
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The total Joe would pay is	\$1,399
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Jacquie's Simple Fracture

(in-network emergency room visit and follow-up care)

■ The plan's overall deductible	\$300
■ Specialist visit copay	\$45
■ Emergency room copay	\$100
■ Ambulance services copay	\$0

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,925
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In this example, Jacquie would pay:

Cost Sharing

Deductibles	\$300
Copayments	\$250
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$0
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The total Jacquie would pay is	\$550
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The plan would be responsible for the other costs of these EXAMPLE covered services.

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MASSACHUSETTS

MCC Compliance



This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law.



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Information About the Plan

This 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 coinsurance) 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 some network general hospitals, 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 option or visit the online provider search tool at **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.

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Mail Order Pharmacy

The Mail Order Pharmacy Saves You Time and Money



You can get 90-day prescriptions for certain maintenance medications delivered right to your door, and for a fraction of the cost, when you order them through the mail order pharmacy. Maintenance medications, also known as long-term medications, are prescribed to treat chronic or ongoing conditions, such as high blood pressure or diabetes.

Advantages of Using the Mail Order Pharmacy

- You'll pay less for a 90-day supply than you would for three 30-day supplies of your maintenance medications
- Medications are shipped to you at no additional cost for standard shipping
- With fewer refills and no trips to the pharmacy, you'll be less likely to miss a dose
- Get your prescriptions on time, every time with automatic refills

How to Order Prescriptions

Express Scripts®, an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts, will deliver your prescriptions straight to your door. To order prescriptions, choose one of the following options. In most cases, Express Scripts will contact your doctor directly to arrange 90-day prescriptions, plus refills.

- Visit Express Scripts at express-scripts.com/starthd, and select **Register**
- Download the Express Scripts mobile app and select **Register**
- Call Express Scripts at 1-800-892-5119 (TTY: 1-800-305-5376)
- Ask your doctor to e-prescribe a new, 90-day prescription to Express Scripts, or fax it to 1-800-837-0959
- Fill out the order form* and mail it to:
Home Delivery Service
PO Box 66566
St Louis, MO 63166-9967

How to Order Refills

- Log in to Express Scripts at express-scripts.com, select the medications to be filled, then click **Add to Cart**
- Call Express Scripts at 1-800-892-5119 (TTY: 1-800-305-5376), 24 hours a day

Have Your Prescriptions Refilled Automatically

Worry Free Fills® are available for qualifying maintenance medications. When enrolled, Express Scripts will calculate when you'll need your prescriptions and deliver them on time. They'll contact you before processing each fill to confirm delivery, and the delivery date. Enroll in Worry Free Fills by choosing one of the following methods:

- Visit Express Scripts at express-scripts.com, and select **Automatic Refills**
- When refilling a prescription, answer yes when asked to enroll in Worry Free Fills
- Call Express Scripts at 1-800-892-5119 (TTY: 1-800-305-5376)

Save up to
33%

When you use the mail order pharmacy.**

*You can download and print a copy of the mail order form at express-scripts.com.

**Compared to three 30-day prescriptions purchased at a retail pharmacy.

Express Scripts Medication Mail Order Form

- ▶ **To order online:** visit express-scripts.com/starthd, select "Register"
 - To order by phone:** call 1-800-892-5119 (TTY: 1-800-305-5376)
 - To order using e-prescribe:** ask your doctor to e-prescribe your prescription, or fax it to 1-800-837-0959
 - To order by mail:** complete this form using capital letters and black ink, then mail it, along with a 90-day prescription (or the maximum supply allowed) to:
Home Delivery Service
PO Box 66566, St Louis, MO 63166-9967
- NOTE:** No cost standard shipping is included on all mail orders.



1041

PATIENT 1 (CARDHOLDER)

ID Card Number

First Name MI Date of Birth (MM/DD/YYYY)

Last Name Gender M F

Some medications cannot be delivered to a PO Box. Provide a street address to allow delivery of your order.

Shipping Address 1

Shipping Address 2

City State

Zip Code Check here for rush shipment. Your order, once received and filled, will be shipped overnight for \$21.

Email

Please select one as your preferred telephone number

- Daytime Phone () -
- Evening Phone () -
- Cell Phone () -

Doctor/Prescriber Last Name Doctor/Prescriber Phone Number () -

PATIENT 2

First Name MI Date of Birth (MM/DD/YYYY)

Last Name Gender M F

Email

Doctor/Prescriber Last Name Doctor/Prescriber Phone Number () -

PAYMENT

All individuals included in the family will be charged to this credit card.

- Apply to this order only
- Apply to all orders
- Check Card
- Credit Card
- Check / Money Order

Amount Enclosed \$.

Card # Exp. Date (MM/YY) /

Sign here to authorize card payment

Pref

Pref

Pref

Detach Here

Detach Here

For all orders after 08/01/2011, use this form. Fold and tear off this piece before putting in the return envelope.



1042

REMINDER: This section must be removed before mailing.

Patient 1 (Cardholder)		Patient 2		
Name: _____		Name: _____		
<input type="radio"/> I want non-child resistant caps, when available.		<input type="radio"/> I want non-child resistant caps, when available.		
Date of Birth (MM/DD/YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/>		Date of Birth (MM/DD/YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/>		
DRUG ALLERGIES	List other Allergies here:	<input type="radio"/> No Known Allergies Acetaminophen/Tylenol® Amoxicillin Aspirin Cephalosporin (i.e., Keflex®, Cephalexin) Codeine Erythromycin, Biaxin®, Zithromax® NSAIDs (i.e., Ibuprofen, Naproxen) Oxycodone (i.e., OxyContin®, Percocet®) Penicillin Sulfa Tetracycline (i.e., Doxycycline, Minocycline)	List other Allergies here:	
	HEALTH CONDITIONS	List other Health Conditions here:	<input type="radio"/> No Known Health Conditions Arthritis (715.9) Asthma (493.9) Chronic Bronchitis or Emphysema (496) Depression (311) Diabetes Type I (250.01) Diabetes Type II (250.00) Epilepsy/Seizures (345.9) GERD (530.81) Glaucoma (365.9) High Cholesterol (272.9) Hormone Replacement Therapy (627.9) Hypertension (401.9) Thyroid: Low (244.9)	List other Health Conditions here:
		List other OTC that you take on a regular basis:	<input type="radio"/> No Over-the-Counter Medications Acetaminophen/Tylenol® Advil®/Aleve®/Motrin® Aspirin/Excedrin®	List other OTC that you take on a regular basis:
		List Medical Devices here:	<input type="radio"/> No Medical Devices Medical Devices (i.e., Glucose Testing Device, Insulin Pump, Nebulizer) and specify brand name and model.	List Medical Devices here:
		List other Prescription Medications here:	<input type="radio"/> No Other Prescriptions Prescription Medications not filled through Express Scripts Pharmacy.	List other Prescription Medications here:

FDA approved generic medications will be dispensed when allowed by your doctor, subject to the terms outlined in your plan. I certify that all the information on this form is correct. I permit Express Scripts Inc. to release all information on this form concerning prescription orders to my plan sponsor, administrator or health plan for the purpose of payment, treatment or health care operations.

Signature Required _____

More than two family members on your plan? On a separate sheet of paper, write the family member(s) name, date of birth, allergies and health conditions along with the name and phone number of their doctor/prescriber.

Please Note: Your order may be filled at any one of our Express Scripts Pharmacies located nationwide.

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MASSACHUSETTS

\$9 Generic Medications List

Blue Cross Blue Shield of Massachusetts offers our members 90-day supplies of certain generic medications for just \$9 when the prescription is filled through the Express Scripts Mail Service Pharmacy. The following list includes those medications that are available for \$9. Normal prescription guidelines apply, which in some cases results in prescription supplies for fewer than 90 days. This list is up-to-date as of January 2018. You can find the latest information about your medications by visiting bluecrossma.com/medications.

If your copayment for a 90-day supply through the mail pharmacy is less than \$9, you will pay the lesser amount. \$9 price is based only on quantities stated below. The price of the medication may differ if the quantity purchased is different. The \$9 price is subject to change, so you should always confirm your cost prior to filling a prescription.

To price drugs, log in to MyBlue at bluecrossma.com/myblue and select Review My Pharmacy Benefits under the Manage Your Plan section. Next, click the Express Scripts Account link.

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
ANESTHETICS			
LIDOCAINE HCL	20MG/ML	SOLUTION	300
ANTIARTHRITICS			
ALLOPURINOL	100MG	TABLET	90
ALLOPURINOL	300MG	TABLET	90
MELOXICAM	7.5MG	TABLET	90
MELOXICAM	15MG	TABLET	90
INDOMETHACIN	25MG	CAPSULE	180
IBUPROFEN	400MG	TABLET	270
IBUPROFEN	600MG	TABLET	180
IBUPROFEN	800MG	TABLET	180
NAPROXEN	250MG	TABLET	180
NAPROXEN	375MG	TABLET	180
NAPROXEN	500MG	TABLET	180
DICLOFENAC SODIUM	50MG	TABLET DR	180
DICLOFENAC SODIUM	75MG	TABLET DR	180
NAPROXEN SODIUM	275MG	TABLET	180
NAPROXEN SODIUM	220MG	TABLET	180
ANTIASTHMATICS			
ALBUTEROL SULFATE	2MG/5ML	SYRUP	1440
ALBUTEROL SULFATE	0.83MG/ML	SOLUTION	225
IPRATROPIUM BROMIDE	0.2MG/ML	SOLUTION	225

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
ANTIBIOTICS			
NEO/POLYMYX B SULF/ DEXAMETH	3.5-10K-.1	OINT.(GM)	4
POLYMYXIN B SULFATE/TMP	10K U-0.1%	DROPS	30
SULFACETAMIDE SODIUM	0.1	DROPS	15
ERYTHROMYCIN BASE	5MG/G	OINT.(GM)	4
GENTAMICIN SULFATE	0.003	DROPS	15
PENICILLIN V POTASSIUM	250MG/5ML	SUSP RECON	300
PENICILLIN V POTASSIUM	250MG/5ML	SUSP RECON	300
PENICILLIN V POTASSIUM	250MG	TABLET	84
AMOXICILLIN TRIHYDRATE	250MG	CAPSULE	90
AMOXICILLIN TRIHYDRATE	500MG	CAPSULE	90
AMOXICILLIN TRIHYDRATE	125MG/5ML	SUSP RECON	240
AMOXICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON	300
AMOXICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON	300
AMOXICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON	300
CEPHALEXIN MONOHYDRATE	250MG	CAPSULE	84
CEPHALEXIN MONOHYDRATE	500MG	CAPSULE	90
ISONIAZID	300MG	TABLET	90
METRONIDAZOLE	250MG	TABLET	84
METRONIDAZOLE	500MG	TABLET	42
CIPROFLOXACIN HCL	250MG	TABLET	42
CIPROFLOXACIN HCL	500MG	TABLET	60
AMOXICILLIN	500 MG	TABLET	90
SULFAMETHOXAZOLE/ TRIMETHOPRIM	400-80MG	TABLET	84
SULFAMETHOXAZOLE/ TRIMETHOPRIM	800-160MG	TABLET	60
AMOXICILLIN TRIHYDRATE	400MG/5ML	SUSP RECON	150
AMOXICILLIN TRIHYDRATE	200MG/5ML	SUSP RECON	150
ANTICOAGULANTS			
WARFARIN SODIUM	10MG	TABLET	90
WARFARIN SODIUM	2MG	TABLET	90
WARFARIN SODIUM	1MG	TABLET	90
WARFARIN SODIUM	5MG	TABLET	90
WARFARIN SODIUM	2.5MG	TABLET	90
WARFARIN SODIUM	7.5MG	TABLET	90
WARFARIN SODIUM	3MG	TABLET	90

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
WARFARIN SODIUM	4MG	TABLET	90
WARFARIN SODIUM	6MG	TABLET	90
ANTIFUNGALS			
FLUCONAZOLE	150MG	TABLET	3
TERBINAFINE	250MG	TABLET	90
ANTIHISTAMINES			
HYDROXYZINE PAMOATE	25MG	CAPSULE	90
PROMETHAZINE HCL	6.25MG/5ML	SYRUP	540
PROMETHAZINE HCL	12.5MG	TABLET	90
PROMETHAZINE HCL	25MG	TABLET	90
PROMETHAZINE HCL	50MG	TABLET	90
ANTIHYPERGLYCEMICS			
GLYBURIDE	1.25MG	TABLET	90
GLYBURIDE	2.5MG	TABLET	90
GLYBURIDE	5MG	TABLET	90
GLYBURIDE, MICRONIZED	1.5MG	TABLET	90
GLYBURIDE, MICRONIZED	3MG	TABLET	90
GLYBURIDE, MICRONIZED	6MG	TABLET	90
GLIMEPIRIDE	1MG	TABLET	90
GLIMEPIRIDE	2MG	TABLET	90
GLIMEPIRIDE	4MG	TABLET	90
METFORMIN HCL	500MG	TABLET	180
METFORMIN HCL	850MG	TABLET	180
GLIPIZIDE	5MG	TABLET	90
GLIPIZIDE	10MG	TABLET	180
GLIPIZIDE	5MG	TAB OSM 24	90
METFORMIN HCL	1000MG	TABLET	180
METFORMIN HCL	500MG	TAB.SR 24H	180
GLYBURIDE/METFORMIN HCL	5MG-500MG	TABLET	180
ANTINEOPLASTICS			
MEGESTROL ACETATE	20MG	TABLET	180
ANTIPARKINSON DRUGS			
TRIHENYDROXYPHENIDYL HCL	2MG	TABLET	180
BENZTROPINE MESYLATE	0.5MG	TABLET	180
BENZTROPINE MESYLATE	1MG	TABLET	90
BENZTROPINE MESYLATE	2MG	TABLET	90
ANTIVIRALS			
ACYCLOVIR	200MG	CAPSULE	90

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
CARDIAC DRUGS			
ISOSORBIDE MONONITRATE	10MG	TABLET	180
DILTIAZEM HCL	120MG	CAP.SR 24H	90
VERAPAMIL HCL	120MG	TABLET	180
VERAPAMIL HCL	80MG	TABLET	180
DILTIAZEM HCL	30MG	TABLET	180
DILTIAZEM HCL	60MG	TABLET	180
AMIODARONE HCL	200MG	TABLET	90
VERAPAMIL HCL	240MG	TABLET SA	90
VERAPAMIL HCL	180MG	TABLET SA	90
VERAPAMIL HCL	120MG	TABLET SA	180
ISOSORBIDE MONONITRATE	60MG	TAB.SR 24H	90
ISOSORBIDE MONONITRATE	30MG	TAB.SR 24H	90
CARDIOVASCULAR			
ENALAPRIL MALEATE	5MG	TABLET	90
ENALAPRIL MALEATE	10MG	TABLET	90
ENALAPRIL MALEATE	20MG	TABLET	90
ENALAPRIL MALEATE	2.5MG	TABLET	90
HYDRALAZINE HCL	10MG	TABLET	180
HYDRALAZINE HCL	100MG	TABLET	270
HYDRALAZINE HCL	25MG	TABLET	90
HYDRALAZINE HCL	50MG	TABLET	270
PRAZOSIN HCL	1MG	CAPSULE	90
CLONIDINE HCL	0.1MG	TABLET	180
CLONIDINE HCL	0.2MG	TABLET	180
CLONIDINE HCL	0.3MG	TABLET	90
METHYLDOPA	250MG	TABLET	180
METHYLDOPA	500MG	TABLET	180
CARVEDIOL	25MG	TABLET	180
CARVEDIOL	12.5MG	TABLET	180
CARVEDIOL	3.125MG	TABLET	180
CARVEDIOL	6.25MG	TABLET	180
LABETALOL HCL	300MG	TABLET	180
LABETALOL HCL	200MG	TABLET	180
LABETALOL HCL	100MG	TABLET	180
METOPROLOL TARTRATE	25MG	TABLET	180
PROPRANOLOL HCL	10MG	TABLET	180
METOPROLOL TARTRATE	100MG	TABLET	180

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
METOPROLOL TARTRATE	50MG	TABLET	180
ATENOLOL	100MG	TABLET	90
ATENOLOL	50MG	TABLET	90
ATENOLOL	25MG	TABLET	90
QUINAPRIL HCL	10MG	TABLET	90
QUINAPRIL HCL	20MG	TABLET	90
QUINAPRIL HCL	5MG	TABLET	90
QUINAPRIL HCL	40MG	TABLET	90
GUANFACINE HCL	1MG	TABLET	90
GUANFACINE HCL	2MG	TABLET	90
BENAZEPRIL/ HYDROCHLOROTHIAZIDE	5-6.25MG	TABLET	90
BENAZEPRIL/ HYDROCHLOROTHIAZIDE	10-12.5MG	TABLET	90
BENAZEPRIL/ HYDROCHLOROTHIAZIDE	20-12.5MG	TABLET	90
BENAZEPRIL/ HYDROCHLOROTHIAZIDE	20-25MG	TABLET	90
DOXAZOSIN MESYLATE	1MG	TABLET	90
DOXAZOSIN MESYLATE	2MG	TABLET	90
DOXAZOSIN MESYLATE	4MG	TABLET	90
DOXAZOSIN MESYLATE	8MG	TABLET	90
SOTALOL HCL	80MG	TABLET	90
SOTALOL HCL	240MG	TABLET	180
BISOPROL/ HYDROCHLOROTHIAZIDE	2.5-6.25MG	TABLET	90
BISOPROL/ HYDROCHLOROTHIAZIDE	5-6.25MG	TABLET	90
BISOPROL/ HYDROCHLOROTHIAZIDE	10-6.25MG	TABLET	90
LOVASTATIN	20MG	TABLET	90
LOVASTATIN	40MG	TABLET	90
LOVASTATIN	10MG	TABLET	90
TERAZOSIN HCL	1MG	CAPSULE	90
TERAZOSIN HCL	2MG	CAPSULE	90
TERAZOSIN HCL	5MG	CAPSULE	90
TERAZOSIN HCL	10MG	CAPSULE	90
LISINOPRIL	5MG	TABLET	90
LISINOPRIL	10MG	TABLET	90
LISINOPRIL	20MG	TABLET	90

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
LISINOPRIL	40MG	TABLET	90
LISINOPRIL	2.5MG	TABLET	90
LISINOPRIL	30MG	TABLET	90
RAMIPRIL	1.25MG	CAPSULE	90
RAMIPRIL	2.5MG	CAPSULE	90
RAMIPRIL	5MG	CAPSULE	90
RAMIPRIL	10MG	CAPSULE	90
BENAZEPRIL HCL	5MG	TABLET	90
BENAZEPRIL HCL	10MG	TABLET	90
BENAZEPRIL HCL	20MG	TABLET	90
BENAZEPRIL HCL	40MG	TABLET	90
PRAVASTATIN SODIUM	10MG	TABLET	90
PRAVASTATIN SODIUM	20MG	TABLET	90
PRAVASTATIN SODIUM	40MG	TABLET	90
ENALAPRIL/ HYDROCHLOROTHIAZIDE	5-12.5MG	TABLET	90
BISOPROLOL FUMARATE	10MG	TABLET	90
BISOPROLOL FUMARATE	5MG	TABLET	90
ATENOLOL/CHLORTHALIDONE	50MG-25MG	TABLET	90
ATENOLOL/CHLORTHALIDONE	100-25MG	TABLET	90
LISINOPRIL/ HYDROCHLOROTHIAZIDE	20-12.5MG	TABLET	90
LISINOPRIL/ HYDROCHLOROTHIAZIDE	20-25MG	TABLET	90
LISINOPRIL/ HYDROCHLOROTHIAZIDE	10-12.5MG	TABLET	90
CNS DRUGS			
PRIMIDONE	250MG	TABLET	180
PRIMIDONE	50MG	TABLET	180
CONTRACEPTIVES			
NORGESTIMATE-ETHINYL ESTRADIOL	7DAYSX3 28	TABLET	84
LEVONORGESTREL-ETH ESTRA	0.15-0.03	TABLET	84
COUGH/COLD PREPARATIONS			
D-METHORPHAN HB/ PROMETH HCL	15-6.25/5	SYRUP	360
BENZONATATE	100MG	CAPSULE	42

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
DIURETICS			
INDAPAMIDE	2.5MG	TABLET	90
INDAPAMIDE	1.25MG	TABLET	90
TORSEMIDE	5MG	TABLET	90
TORSEMIDE	10MG	TABLET	90
TORSEMIDE	20MG	TABLET	90
TORSEMIDE	100MG	TABLET	90
SPIRONOLACTONE	25MG	TABLET	90
CHLOROTHIAZIDE	250 MG	TABLET	90
HYDROCHLOROTHIAZIDE	12.5MG	CAPSULE	90
HYDROCHLOROTHIAZIDE	25MG	TABLET	90
HYDROCHLOROTHIAZIDE	50MG	TABLET	90
FUROSEMIDE	20MG	TABLET	90
FUROSEMIDE	40MG	TABLET	90
FUROSEMIDE	80MG	TABLET	90
AMILORIDE/ HYDROCHLOROTHIAZIDE	5MG-50MG	TABLET	90
TRIAMTERENE/ HYDROCHLOROTHIAZID	37.5-25MG	CAPSULE	90
TRIAMTERENE/ HYDROCHLOROTHIAZID	75-50MG	TABLET	90
TRIAMTERENE/ HYDROCHLOROTHIAZID	37.5-25MG	TABLET	90
EENT PREPS			
TIMOLOL MALEATE	0.0025	DROPS	15
TIMOLOL MALEATE	0.0025	DROPS	15
TIMOLOL MALEATE	0.0025	DROPS	15
TIMOLOL MALEATE	0.005	DROPS	15
TIMOLOL MALEATE	0.005	DROPS	15
TIMOLOL MALEATE	0.005	DROPS	15
LEVOBUNOLOL HCL	0.005	DROPS	15
LEVOBUNOLOL HCL	0.005	DROPS	15
LEVOBUNOLOL HCL	0.005	DROPS	15
ELECT/CALORIC/H2O			
POTASSIUM CHLORIDE	10MEQ	TAB PRT SR	90

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
GASTROINTESTINAL			
METOCLOPRAMIDE HCL	5MG/5ML	SOLUTION	180
LACTULOSE	10G/15ML	SOLUTION	960
RANITIDINE HCL	300MG	TABLET	90
PROCHLORPERAZINE MALEATE	10MG	TABLET	90
MECLIZINE HCL	12.5MG	TABLET	180
DICYCLOMINE HCL	10MG	CAPSULE	270
DICYCLOMINE HCL	20MG	TABLET	180
METOCLOPRAMIDE HCL	10MG	TABLET	180
METOCLOPRAMIDE HCL	5MG	TABLET	180
FAMOTIDINE	40MG	TABLET	90
HORMONES			
ESTRADIOL	1MG	TABLET	90
ESTRADIOL	2MG	TABLET	90
ESTRADIOL	0.5MG	TABLET	90
MEDROXYPROGESTERONE ACET	10MG	TABLET	42
MEDROXYPROGESTERONE ACET	2.5MG	TABLET	90
MEDROXYPROGESTERONE ACET	5MG	TABLET	90
PREDNISONE	1MG	TABLET	90
PREDNISONE	10MG	TABLET	90
PREDNISONE	2.5MG	TABLET	90
PREDNISONE	20MG	TABLET	90
PREDNISONE	5MG	TABLET	90
DEXAMETHASONE	0.5MG	TABLET	90
DEXAMETHASONE	0.75MG	TABLET	90
DEXAMETHASONE	4MG	TABLET	18
METHYLPREDNISOLONE	4MG	TAB DS PK	63
MUSCLE RELAXANTS			
CYCLOBENZAPRINE HCL	5MG	TABLET	90
TIZANIDINE HCL	2MG	TABLET	180
TIZANIDINE HCL	4MG	TABLET	180
ORPHENADRINE CITRATE	100MG	TABLET SA	90
BACLOFEN	10MG	TABLET	180
CYCLOBENZAPRINE HCL	10MG	TABLET	90

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
PSYCHOTHERAPEUTIC DRUGS			
CLORAZEPATE DIPOTASSIUM	15MG	TABLET	90
CLORAZEPATE DIPOTASSIUM	3.75MG	TABLET	180
CLORAZEPATE DIPOTASSIUM	7.5MG	TABLET	90
FLUPHENAZINE HCL	1MG	TABLET	180
FLUPHENAZINE HCL	10MG	TABLET	90
FLUPHENAZINE HCL	2.5MG	TABLET	90
TRIFLUOPERAZINE HCL	1MG	TABLET	90
TRIFLUOPERAZINE HCL	10MG	TABLET	90
TRIFLUOPERAZINE HCL	2MG	TABLET	90
TRIFLUOPERAZINE HCL	5MG	TABLET	90
THIORIDAZINE HCL	25MG	TABLET	180
THIORIDAZINE HCL	50MG	TABLET	90
HALOPERIDOL	0.5MG	TABLET	90
HALOPERIDOL	1MG	TABLET	90
HALOPERIDOL	2MG	TABLET	90
HALOPERIDOL	5MG	TABLET	90
LITHIUM CARBONATE	300MG	CAPSULE	270
CITALOPRAM HYDROBROMIDE	20MG	TABLET	90
CITALOPRAM HYDROBROMIDE	40MG	TABLET	90
CITALOPRAM HYDROBROMIDE	10MG	TABLET	90
FLUOXETINE HCL	10MG	CAPSULE	90
FLUOXETINE HCL	20MG	CAPSULE	90
FLUOXETINE HCL	40MG	CAPSULE	90
PAROXETINE HCL	10MG	TABLET	90
PAROXETINE HCL	20MG	TABLET	90
PAROXETINE HCL	30MG	TABLET	90
PAROXETINE HCL	40MG	TABLET	90
SERTRALINE HCL	25MG	TABLET	90
TRAZODONE HCL	50MG	TABLET	90
TRAZODONE HCL	100MG	TABLET	90
TRAZODONE HCL	150MG	TABLET	90
NORTRIPTYLINE HCL	10MG	CAPSULE	90
NORTRIPTYLINE HCL	25MG	CAPSULE	90
IMIPRAMINE HCL	10MG	TABLET	90
IMIPRAMINE HCL	25MG	TABLET	90
IMIPRAMINE HCL	50MG	TABLET	90
DOXEPIN HCL	10MG	CAPSULE	90
DOXEPIN HCL	25MG	CAPSULE	90

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
MIRTAZAPINE	15MG	TABLET	90
MIRTAZAPINE	30MG	TABLET	90
MIRTAZAPINE	45MG	TABLET	90
BUSPIRONE HCL	5MG	TABLET	180
BUSPIRONE HCL	10MG	TABLET	180
BUSPIRONE HCL	15MG	TABLET	180
SEDATIVE/HYPNOTICS			
FLURAZEPAM HCL	15MG	CAPSULE	90
SKIN PREPS			
HYDROCORTISONE	0.01	CREAM(GM)	90
HYDROCORTISONE	0.025	CREAM(GM)	90
TRIAMCINOLONE ACETONIDE	0.005	CREAM(GM)	45
THYROID PREPS			
LEVOTHYROXINE SODIUM	112MCG	TABLET	90
LEVOTHYROXINE SODIUM	25MCG	TABLET	90
LEVOTHYROXINE SODIUM	50MCG	TABLET	90
LEVOTHYROXINE SODIUM	100MCG	TABLET	90
LEVOTHYROXINE SODIUM	75MCG	TABLET	90
LEVOTHYROXINE SODIUM	200MCG	TABLET	90
LEVOTHYROXINE SODIUM	125MCG	TABLET	90
LEVOTHYROXINE SODIUM	150MCG	TABLET	90
LEVOTHYROXINE SODIUM	175MCG	TABLET	90
LEVOTHYROXINE SODIUM	88MCG	TABLET	90
LEVOTHYROXINE SODIUM	137MCG	TABLET	90
UNCLASSIFIED DRUG PRODUCTS			
ALENDRONATE SODIUM	35MG	TABLET	12
OXYBUTYNIN CHLORIDE	5MG	TABLET	180
ALENDRONATE SODIUM	10MG	TABLET	90
ALENDRONATE SODIUM	5MG	TABLET	90
CHLORHEXIDINE GLUCONATE	0.0012	MOUTHWASH	1419
ALENDRONATE SODIUM	70MG	TABLET	12
VITAMINS			
FOLIC ACID	1MG	TABLET	90

1. The \$9 or less price applies to a 90-day supply of each generic drug. Cost may vary based on prescription quantity or day supply. A processing fee may apply. The coverage and prices of certain medications are also subject to the specific terms of your plan. In applicable states, sales tax may be added to the cost of your prescriptions. Medications and pricing are subject to change without notice. Drug list is valid until Dec. 31, 2018. Changes are made available to your Plan Sponsor. Pre-packaged drugs are only available for \$9 in the package sizes specified on the list. Cost of standard shipping is included as part of your prescription benefit plan.

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If you need imaging or laboratory work done as part of your care, you can save money by visiting one of the following in-network facilities in Massachusetts. You'll receive the same service as at a hospital for a lower price, especially if you have a Blue Options plan (or a plan with Hospital Choice Cost Sharing benefits). Search this list alphabetically by city for available diagnostic labs and imaging centers for MRI, CT, and PET scans.

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CD Clinical/Diagnostic Facilities

City	Facility Name	Street/Suite	State	Phone
Andover	Quest Diagnostics	138 Haverhill Street	MA	(978) 475-7520
Arlington	Quest Diagnostics	22 Mill Street, Suite 107	MA	(781) 641-1941
Attleboro	Quest Diagnostics	562 Washington Street	MA	(508) 399-8140
Auburn	Quest Diagnostics	250 Hampton Street	MA	(508) 721-0939
Billerica	Quest Diagnostics	221 Boston Road, Suite 1	MA	(978) 667-5212
Boston	Childhood Lead Screening Laboratory	305 South Street, 3rd Floor	MA	(617) 983-6668
Boston	Quest Diagnostics	1340 Boylston Street, 1st Floor	MA	(617) 236-2233
Boston	Quest Diagnostics	319 Longwood Avenue	MA	(617) 731-2240
Boston	Tufts Oral Pathology Services	One Kneeland Street	MA	(617) 636-6510
Braintree	Quest Diagnostics	340 Wood Road, Suite 302	MA	(781) 849-7993

(continued)

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, 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 home.bluecrossma.com and search for the appropriate network.

City	Facility Name	Street/Suite	State	Phone
Brighton	Quest Diagnostics	11 Nevins Street, Suite 204	MA	(617) 789-3438
Brighton	Quest Diagnostics	280 Washington Street, Suite 101	MA	(617) 562-1533
Brighton	Quest Diagnostics	736 Cambridge Street, 5th Floor	MA	(617) 779-6417
Brighton	Quest Diagnostics	77 Warren Street, Room 158	MA	(617) 562-5349
Brockton	LabCorp	1073 Pleasant Street	MA	(508) 427-1734
Brockton	Quest Diagnostics	210 Quincy Avenue	MA	(508) 586-5955
Brockton	Quest Diagnostics	830 Oak Street, Suite 103	MA	(508) 588-0308
Brockton	Quest Diagnostics	One Pearl Street, Suite 200	MA	(508) 584-2010
Brockton	US Laboratory Corporation	2 Jonathan Drive	MA	(508) 583-2000
Brookline	Quest Diagnostics	1101 Beacon Street, 1 West	MA	(617) 566-2810
Brookline	Quest Diagnostics	1180 Beacon Street, 1st Floor, Suite 1D	MA	(617) 232-5733
Brookline	Quest Diagnostics	One Brookline Place, Suite 120	MA	(617) 735-8870
Cambridge	Center for Human Genetics	840 Memorial Drive, Suite 101	MA	(617) 492-7083
Cambridge	Foundation Medicine Incorporated	150 2nd Street	MA	(617) 418-2200
Cambridge	Good Start Genetics Inc.	237 Putnam Avenue	MA	(617) 714-0800
Cambridge	Quest Diagnostics	575 Mount Auburn Street, Suite B103	MA	(617) 547-4502
Chelmsford	Quest Diagnostics	39 Village Square	MA	(978) 256-1268
Chestnut Hill	Quest Diagnostics	200 Boylston Street, Suite 301	MA	(617) 244-1222
Clinton	Quest Diagnostics	201 Highland Street, 2nd Floor, Suite 1	MA	(978) 368-1601
Cohasset	Quest Diagnostics	223 Chief Justice Cushing Highway, Lower Level	MA	(781) 383-0180
Danvers	Quest Diagnostics	140 Commonwealth Avenue	MA	(978) 777-6060
Danvers	Quest Diagnostics	180-182 Endicott Street	MA	(978) 777-7879
Dennis	Quest Diagnostics	501 Main Street, Suite 6A	MA	(508) 385-5251
Dorchester	Quest Diagnostics	2110 Dorchester Avenue, Suite 310	MA	(617) 296-1231
Douglas	Quest Diagnostics	15 West Street	MA	(508) 476-2365
Fall River	Quest Diagnostics	101 President Avenue	MA	(508) 324-4105
Fall River	Quest Diagnostics	301 New Boston Road	MA	(508) 678-8585
Fall River	Quest Diagnostics	851 Middle Street, 2nd Floor	MA	(877)-868-2191
Falmouth	LabCorp	12 Bramble Bush Drive	MA	(774) 763-2675
Falmouth	Quest Diagnostics	350 Gifford Street, Suite 15-17	MA	(508) 540-2642
Fitchburg	Quest Diagnostics	275 Nichols Road, 4th Floor	MA	(978) 342-1613
Fitchburg	Quest Diagnostics	326 Nichols Road	MA	(978) 342-1613
Fitchburg	Quest Diagnostics	47 Ashby State Road	MA	(978) 345-1948
Fitchburg	Quest Diagnostics	76 Summer Street, Suite 110	MA	(978) 343-6210
Florence	Quest Diagnostics	190 Nonotuck Street	MA	(413) 584-3864

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CD Clinical/Diagnostic Facilities

City	Facility Name	Street/Suite	State	Phone
Foxboro	Quest Diagnostics	10 Commercial Street	MA	(508) 698-1721
Foxboro	Quest Diagnostics	70 Walnut Street, Suite 101	MA	(508) 543-0954
Framingham	Boston Heart Diagnostics Corporation	175 Crossing Boulevard	MA	(508) 877-8711
Framingham	Boston Heart Diagnostics Corporation	200 Crossing Boulevard	MA	(508) 877-8711
Framingham	Charles River Medical Associates	297 Union Avenue	MA	(508) 665-4221
Framingham	Quest Diagnostics	61 Lincoln Street, Suite 308	MA	(508) 370-7341
Gardner	Quest Diagnostics	175 Connors Street, Lower Level	MA	(866) 697-8378
Hanover	Quest Diagnostics	135 Webster Street	MA	(781) 871-2005
Harvard	Quest Diagnostics	198 Ayer Road	MA	(978) 456-6816
Harwich	Quest Diagnostics	1421 Orleans Road, 2nd Floor, Suite S102	MA	(508) 432-7764
Harwich	Quest Diagnostics	253 Pleasant Lake Avenue, Route 124	MA	(508) 430-1592
Harwich	Quest Diagnostics	Route 124, Suite A, Rear Entrance	MA	(508) 430-1592
Haverhill	Lab USA, Inc.	108R Merrimack Street	MA	(978) 556-0533
Haverhill	LabCorp	215 Summer Street, Suite 14	MA	(978) 372-2722
Haverhill	Quest Diagnostics	209 Summer Street	MA	(978) 374-3712
Haverhill	Quest Diagnostics	62 Brown Street, Suite 202	MA	(978) 556-5655
Holden	Quest Diagnostics	52 Boyden Road, Suite 203	MA	(508) 829-8262
Holyoke	Clean Slate Centers	59 Bobala Road	MA	(413) 584-2173
Hyannis	LabCorp	69 Camp Street, Suite 3	MA	(508) 790-0151
Hyannis	Quest Diagnostics	51 Main Street	MA	(508) 778-4100
Jamaica Plain	Massachusetts Department of Public Health	305 South Street	MA	(617) 983-6200
Lancaster	Quest Diagnostics	136 High Street Extension	MA	(978) 368-1683
Lawrence	Quest Diagnostics	101 Amesbury Street, Suite 204	MA	(978) 688-1919
Lawrence	Quest Diagnostics	25 Marston Street, Suite 304	MA	(978) 557-5636
Leominster	Quest Diagnostics	14 Manning Avenue, 3rd Floor	MA	(978) 466-9625
Leominster	Quest Diagnostics	79 Erdman Way	MA	(978) 466-9009
Leominster	Quest Diagnostics	80 Erdman Way, 2nd Floor	MA	(978) 466-3494
Leominster	Quest Diagnostics	85 North Main Street	MA	(978) 466-5785
Lowell	LabCorp	702 Rogers Street, Suite 38	MA	(978) 970-1455
Lowell	Quest Diagnostics	700 Rogers Street	MA	(978) 458-7980
Lowell	Quest Diagnostics	817 Merrimack Street, 2nd Floor	MA	(978) 458-7980
Malden	Faulkner Medical Laboratories	410 Ferry Street	MA	(781) 322-8502
Malden	Medical Professional Services	380 Pleasant Street, Suite 21	MA	(781) 397-9980
Mansfield	Clinical Science Laboratory	51 Francis Avenue	MA	(800) 255-6106
Marlboro	Ameripath New York LLC	200 Forest Street, Suite 3119	MA	(844) 362-9801

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City	Facility Name	Street/Suite	State	Phone
Marlboro	Athena Diagnostics	200 Forest Street, 1st Floor	MA	(508) 756-2886
Marlboro	Quest Diagnostics	200 Forest Street, 3rd Floor, Suite B	MA	(508) 798-1600
Marlboro	Quest Diagnostics	340 Maple Street, 1st Floor	MA	(508) 229-7847
Marlboro	Quest Diagnostics	640 Bolton Street	MA	(508) 303-1990
Mashpee	Franey Medical Laboratories	52 Mercantile Way	MA	(508) 888-7546
Mattapan	Quest Diagnostics	1575 Blue Hill Avenue	MA	(617) 696-0990
Melrose	Quest Diagnostics	50 Tremont Street	MA	(781) 979-0806
Methuen	Quest Diagnostics	60 East Street, Suite 1200	MA	(978) 688-5828
Methuen	Quest Diagnostics	One Branch Street	MA	(978) 688-4745
Methuen	Quest Diagnostics	9 Branch Street	MA	(978) 688-4745
Middleboro	Quest Diagnostics	511 West Grove Street, Suite 208	MA	(508) 947-1122
Milford	Quest Diagnostics	91 Water Street	MA	(508) 482-9210
Millbury	Quest Diagnostics	65 Canal Street	MA	(508) 865-4738
New Bedford	Quest Diagnostics	651 Orchard Street	MA	(508) 992-1474
Newton	LabCorp	1400 Centre Street, Suite 208	MA	(617) 244-0923
Norfolk	Quest Diagnostics	31 Pine Street, Suite 101	MA	(508) 384-1312
North Andover	LabCorp	200 Sutton Street, Suite 135	MA	(978) 685-0063
North Andover	Quest Diagnostics	170 Pleasant Street	MA	(978) 989-0870
North Andover	Quest Diagnostics	565 Turnpike Street, 1st Floor	MA	(978) 208-7010
North Attleboro	Quest Diagnostics	500 East Washington Street, Suite 22	MA	(508) 643-4880
North Dartmouth	Quest Diagnostics	49 State Road, Suite 202	MA	(508) 487-2062
North Grafton	Quest Diagnostics	100 Worcester Street, Unit 60	MA	(508) 839-3283
Northboro	Quest Diagnostics	112 Main Street	MA	(508) 393-3704
Northboro	Quest Diagnostics	333 Southwest Cutoff	MA	(508) 842-0230
Norwood	Oxford Immunotec LLC	315 Norwood Park South	MA	(800) 246-8436
Norwood	Quest Diagnostics	335 Morse Street	MA	(781) 769-5128
Norwood	Quest Diagnostics	825 Washington Street, Suite 140	MA	(781) 255-0231
Norwood	Quest Diagnostics	886 Washington Street	MA	(781) 762-4238
Norwood	Quest Diagnostics	95 Chapel Street, Suite G5	MA	(781) 762-1712
Orleans	Quest Diagnostics	229 Cranberry Highway	MA	(508) 255-2010
Osterville	Quest Diagnostics	23 West Bay Road	MA	(508) 428-0973
Pittsfield	Quest Diagnostics	42 Summer Street	MA	(413) 499-8718
Plymouth	Quest Diagnostics	57 Long Pond Road	MA	(508) 747-1570
Provincetown	Quest Diagnostics	49 Harry Kemp Way	MA	(508) 487-2062
Quincy	Quest Diagnostics	500 Congress Street, Suite 1E	MA	(617) 773-0080
Raynham	Quest Diagnostics	675 Paramount Drive, Suite 102	MA	(508) 824-0838

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CD Clinical/Diagnostic Facilities

City	Facility Name	Street/Suite	State	Phone
Shrewsbury	Quest Diagnostics	26 Julio Drive	MA	(508) 845-3615
Shrewsbury	Quest Diagnostics	604 Main Street	MA	(508) 845-6521
Somerville	Quest Diagnostics	33 Bow Street	MA	(617) 623-9600
South Weymouth	Quest Diagnostics	73 Pleasant Street	MA	(781) 335-4208
South Weymouth	Quest Diagnostics	851 Main Street, Unit 17, 2nd Floor	MA	(781) 335-4208
Spencer	Quest Diagnostics	369 Main Street	MA	(508) 885-5936
Springfield	Baystate Reference Laboratories	759 Chestnut Street	MA	(413) 794-5374
Springfield	Life Laboratories	299 Carew Street, Lower Level	MA	(413) 748-9500
Springfield	Quest Diagnostics	780 Chestnut Street, Suite 16	MA	(413) 788-7714
Stoughton	LabCorp	966 Park Street, Suite B-7	MA	(781) 297-5208
Sutton	Quest Diagnostics	156-160 Worcester Providence Turnpike	MA	(508) 865-4888
Taunton	Quest Diagnostics	2005 Bay Street, Suite B210	MA	(508) 880-5885
Taunton	Quest Diagnostics	72 Washington Street, Suite 2500	MA	(508) 432-7764
Walpole	Quest Diagnostics	1426 Main Street, Suite G5	MA	(508) 660-2975
Waltham	Boston Clinical Laboratories	764A Main Street	MA	(781) 893-1995
Waltham	Boston Fertility Lab	130 2nd Avenue	MA	(781) 434-6500
Waltham	Quest Diagnostics	20 Hope Avenue, Suite 311	MA	(781) 647-0347
Waltham	Quest Diagnostics	6 Lexington Street	MA	(781) 899-2100
Wareham	Quest Diagnostics	106 Main Street, Suite 4	MA	(508) 295-0477
Webster	Ammon Analytical Laboratories LLC	106 East Main Street	MA	(508) 461-5355
Webster	LabCorp	72 Cudworth Road	MA	(508) 461-0019
Wellesley	Quest Diagnostics	65 Walnut Street, Suite 130	MA	(781) 237-0002
Wellfleet	Quest Diagnostics	3130 State Highway, Route 6	MA	(508) 349-6404
West Boylston	Quest Diagnostics	242 Woodland Street	MA	(508) 835-3028
West Roxbury	LabCorp	2081 Centre Street	MA	(617) 325-2167
Westboro	Esoterix Genetic Laboratories	3400 Computer Drive	MA	(800) 872-3572
Westboro	Quest Diagnostics	33 East Main Street	MA	(508) 366-1271
Westboro	Quest Diagnostics	154 East Main Street	MA	(508) 836-3674
Woburn	Aspent Health	57 Commerce Way	MA	(844) 267-9674
Woburn	Repro Source Fertility Diagnostics	300 Tradecenter, Suite 6540	MA	(800) 667-8893
Worcester	LabCorp	123 Summer Street	MA	(508) 363-6263
Worcester	LabCorp	140 West Boylston Drive	MA	(508) 856-0327
Worcester	LabCorp	141 Massasoit Road	MA	(508) 752-5237
Worcester	LabCorp	352 Belmont Street	MA	(508) 757-8005
Worcester	Quest Diagnostics	10 Winthrop Street, 1st Floor	MA	(508) 754-8268

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CD Clinical/Diagnostic Facilities

City	Facility Name	Street/Suite	State	Phone
Worcester	Quest Diagnostics	12 Winthrop Street, Suite 102C	MA	(508) 831-0624
Worcester	Quest Diagnostics	100 Martin Luther King Jr. Boulevard	MA	(508) 754-0178
Worcester	Quest Diagnostics	119 Belmont Street	MA	(508) 752-2414
Worcester	Quest Diagnostics	121 Lincoln Street, Unit 13	MA	(508) 751-4685
Worcester	Quest Diagnostics	291 Lincoln Street, Suite 306	MA	(508) 755-7573
Worcester	Quest Diagnostics	328 Shrewsbury Street	MA	(508) 755-4896
Worcester	Quest Diagnostics	338 Plantation Street	MA	(508) 755-4896
Worcester	Quest Diagnostics	40 Converse Street, 2nd Floor	MA	(508) 792-3556
Worcester	Quest Diagnostics	85 Prescott Street, 3rd Floor	MA	(508) 755-5414
Worcester	Quest Diagnostics	One West Boylston Street, 3rd Floor, Suite LI07	MA	(508) 853-1208
Worcester	Secon of New England	415 Main Street, 4th Floor	MA	(508) 831-0703
Wrentham	Quest Diagnostics	24 Common Street	MA	(508) 384-2630
Wrentham	Quest Diagnostics	667 South Street	MA	(508) 384-8532
Yarmouth Port	Quest Diagnostics	923 Main Street, Route 6A	MA	(508) 362-3833

MRI MRI Facilities

City	Facility Name	Street/Suite	State	Phone
Andover	Merrimack Valley Health Services, Inc.	323 Lowell Street, Suite 002	MA	(888) 684-7674
Belmont	McLean Hospital	115 Mill Street	MA	(617) 855-3385
Brockton	Shields MRI Brockton	265 Westgate Drive	MA	(800) 258-4674
Brookline	Longwood MRI Specialists	637 Washington Street	MA	(617) 277-1614
Chelmsford	Center for Diagnostic Imaging	187 Billerica Road	MA	(978) 250-1866
Chicopee	Western Mass Magnetic Resonance Services	444 Montgomery Street	MA	(413) 598-7276
Danvers	Aurora Breast MRI of Beverly Hospital	480 Maple Street	MA	(978) 304-8199
Dedham	Center for Diagnostic Imaging	200 Providence Highway	MA	(781) 329-0600
Dedham	Shields MRI Dedham	40 Allied Drive, Suite 112	MA	(781) 329-3201
Dorchester	Shields MRI Boston Granite Ave	161 Granite Avenue	MA	800-258-4674
Framingham	MetroWest MRI	761 Worcester Road	MA	(508) 872-7674
Framingham	Shields MRI of Framingham	14 Cochituate Road	MA	800-258-4674
Greenfield	Shields MRI at Baystate Franklin Medical Center	164 High Street	MA	(413) 772-1900
Haverhill	Center for Diagnostic Imaging	One Park Way	MA	(978) 469-0400
Leominster	Shields MRI at UMass Memorial Health	100 Hospital Road, Suite 1A	MA	(978) 466-2725
Lowell	Shields MRI at Lowell General Hospital	295 Varnum Avenue	MA	800-258-4674

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MRI MRI Facilities

City	Facility Name	Street/Suite	State	Phone
Lowell	Shields MRI at Lowell General Hospital Saints Campus	One Hospital Drive	MA	(978) 934-8530
Marlboro	Shields MRI at UMass Marlboro Campus	157 Union Street	MA	(800) 258-4674
New Bedford	Shields MRI at St. Luke's Hospital	361 Allen Street	MA	(508) 997-5100
Newburyport	Shields Imaging at Anna Jacques	25 Highland Avenue	MA	(866) 258-4738
North Chelmsford	Shields MRI at Lowell General Hospital	10 Research Place	MA	(800)-258-4674
North Dartmouth	Fall River New Bedford Regional MRI	313 Faunce Corner Road	MA	(800) 258-4674
Norton	Imaging Consultants Inc.	246 East Main Street	MA	(866) 674-2174
Norwood	Radiology Associates of Norwood	825 Washington Street, Suite 170	MA	(781) 769-0153
Palmer	UMass Memorial MRI and Imaging Center LLC	40 Wright Street	MA	(800)-258-4674
Peabody	Center for Diagnostic Imaging	One Orthopedics Drive	MA	(978) 818-6272
Plymouth	Imaging Consultants Inc.	275 Sandwich Street	MA	(866) 245-5995
Springfield	Greater Springfield MRI Limited Partnership	271 Carew Street	MA	(413) 739-0290
Springfield	Baystate MRI and Imaging Center	80 Wason Avenue	MA	(800) 258-4674
Springfield	Center for Diagnostic Imaging	3640 Main Street, Suite 101	MA	(413) 781-9000
Wellesley	Aurora Imaging Corporation	165 Worcester Street	MA	(800) 476-0577
West Yarmouth	Shields MRI and Imaging Center of Cape Cod	2 Iyanough Road	MA	(800) 258-4674
Woburn	Shields MRI Winchester Hospital at Unicorn Park	200 Unicorn Park Drive, Suite 402	MA	(781) 756-4008
Woburn	Center for Diagnostic Imaging	800 West Cummings Park, Suite 1150	MA	(781) 932-8650
Worcester	Aurora Breast MRI of Central Mass LLC	67 Belmont Street	MA	(508) 459-7480
Worcester	Shields MRI at UMass Memorial Campus	119 Belmont Street	MA	(800) 258-4674
Worcester	Shields MRI at UMass Memorial	55 Lake Avenue North, S1 173	MA	(617) 376-7416
Worcester	Shields MRI at UMass Memorial Shrewsbury	214 Shrewsbury Street	MA	(800) 258-4674

CT CT Scan Facilities

City	Facility Name	Street / Suite	State	Phone
Framingham	Charles River Medical Associates	571 Union Avenue	MA	(508) 848-2164
Haverhill	Center for Diagnostic Imaging	One Park Way	MA	(978) 469-0400
Methuen	Stiles Road Imaging	411 Merrimack Street	MA	(603) 421-2018
North Andover	New England Allergy Asthma	555 Turnpike Street, Suite 31	MA	(978) 683-4299
Springfield	Center for Diagnostic Imaging	3640 Main Street, Suite 101	MA	(413) 781-9000
West Roxbury	Baystate Dental and Medical Imaging	1208B VFW Parkway, Suite 301	MA	(617) 323-7050

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City	Facility Name	Street/Suite	State	Phone
Attleboro	Shields Sturdy PET CT	211 Park Street	MA	(866) 258-4738
Ayer	Steward PET Imaging	200 Groton Road	MA	(877) 877-8455
Boston	Shields PET CT Services at Tufts Medical	800 Washington Street	MA	(866) 258-4738
Brighton	Steward PET Imaging	736 Cambridge Street	MA	(877) 877-8455
Brockton	Shields Signature Imaging	680 Centre Street	MA	(866) 258-4738
Brockton	Steward PET Imaging	235 North Pearl Street	MA	(877) 877-8455
Dartmouth	Steward PET Imaging at Hawthorn Medical Associates	535 Faunce Corner Road	MA	(781) 762-8010
Dorchester	Steward PET Imaging	2100 Dorchester Avenue	MA	(877) 877-8455
Fall River	Steward PET Imaging	795 Middle Street	MA	(877) 877-8455
Fitchburg	Shields PETCT at UMass Memorial-Burbank	275 Nichols Road	MA	(866) 258-4738
Foxboro	Steward PET Imaging	70 Walnut Street	MA	(877) 877-8455
Framingham	Charles River Medical Associates	571 Union Avenue	MA	(508) 848-2164
Gardner	Imaging Consultants Inc.	242 Green Street	MA	(866) 245-5995
Harwich	Cape Cod PET CT Services LLC/ Fontaine Medical Center	525 Long Pond Drive	MA	(866) 258-4738
Holyoke	Steward PET Imaging	575 Beech Street	MA	(877) 877-8455
Norwood	Steward PET Imaging LLC	800 Washington Street	MA	(877) 877-8455
Plymouth	Imaging Consultants Inc.	275 Sandwich Street	MA	(866) 245-5995
Sandwich	Cape Cod PET CT Services LLC	2 Jan Sebastian Drive	MA	(866) 258-4738
South Weymouth	Shields PET CT at South Shore Hospital	55 Fogg Road	MA	(800) 258-4674
Southbridge	Imaging Consultants Inc.	100 South Street	MA	(866) 245-5995
Springfield	Shields MRI and Baystate Health	80 Wason Avenue	MA	(800) 258-4674
Stoneham	Imaging Consultants Inc.	41 Montvale Avenue	MA	(866) 245-5995
Westfield	Steward PET Imaging	115 West Silver Street	MA	(877) 877-8455
Worcester	Shields MRI at UMass Memorial Shrewsbury	214 Shrewsbury Street	MA	(800) 258-4674

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID Card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

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Hospital Choice Cost Sharing

Your medical plan gives you an opportunity to control your share of medical costs for hospital care. That's because what you pay depends on the hospital or related facility you choose.

- Lower Cost Share (\$) applies to hospitals and related facilities that have met our quality benchmarks and are lower cost. You pay less when you get care at these hospitals.
- Higher Cost Share (\$\$) applies to hospitals and related facilities that are higher cost. You pay more when you get care at these hospitals.

These costs apply to inpatient care, outpatient day surgery, outpatient high-tech radiology, outpatient diagnostic lab tests, outpatient diagnostic X-rays and other imaging tests, and outpatient short-term rehabilitation therapy.

This sheet can help you get the highest value from your plan. Just follow the simple steps below to assess your hospitals and your options. Your health benefits will tell you what your specific share of the costs is. If you're unsure, you can call the number on the front of your member ID card.

Step 1: Make a List of the Hospitals Where You Receive Care.

List all the hospitals and clinics where you and your family go for care in the table below. Be sure to check which hospitals your doctors refer to when you make your list.

Hospital or Clinic Name	Member Cost Share		Willing to Switch?	
	<input type="checkbox"/> Lower	<input type="checkbox"/> Higher	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<input type="checkbox"/> Lower	<input type="checkbox"/> Higher	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<input type="checkbox"/> Lower	<input type="checkbox"/> Higher	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<input type="checkbox"/> Lower	<input type="checkbox"/> Higher	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<input type="checkbox"/> Lower	<input type="checkbox"/> Higher	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Step 2: Find Out What You Would Pay at the Hospitals Where You Receive Care.

Finding out whether your hospitals have a Lower or Higher Cost Share is easy:

- Visit the Hospital Choice Cost Sharing website at bluecrossma.com/hospitalchoice.
- Review the hospital list included with this document to check your hospitals.
- Make one simple phone call to 1-888-636-4808. Our specially trained Member Service associates are ready to help you review your current hospitals.

Step 3: Choose Hospitals with a Lower Cost Share.

If you go to Higher Cost Share hospitals, you may want to consider switching to Lower Cost Share hospitals. This will allow you to pay less every time you get care.

Our specially trained associates can help you quickly and easily pick hospitals with Lower Cost Sharing near where you live or work. Just call Member Service at 1-888-636-4808. You can also use our hospital search at the Hospital Choice Cost Sharing website at bluecrossma.com/hospitalchoice.

If you have any questions about your benefits, call Member Service at the number on the front of your ID card.

This health plan option includes a tiered network feature called Hospital Choice Cost Sharing. As a member in this plan, you'll 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'll pay the lowest cost sharing level*. However, if you receive certain covered services from some network* general hospitals, 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 option or visit the online provider search tool at 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.

Hospital Name	City	State	Member Cost Share (as of 1/1/19)
Addison Gilbert Hospital	Gloucester	MA	Lower
Anna Jaques Hospital	Newburyport	MA	Lower
Athol Memorial Hospital	Athol	MA	Lower
Baystate Franklin Medical Center	Greenfield	MA	Lower
Baystate Mary Lane Hospital	Ware	MA	Lower
Baystate Medical Center	Springfield	MA	Higher
Berkshire Medical Center	Pittsfield	MA	Lower
Beth Israel Deaconess Hospital—Milton	Milton	MA	Lower
Beth Israel Deaconess Hospital—Needham Campus	Needham	MA	Lower
Beth Israel Deaconess Hospital—Plymouth	Plymouth	MA	Lower
Beth Israel Deaconess Medical Center	Boston	MA	Lower
Beverly Hospital	Beverly	MA	Lower
Boston Children's Hospital	Boston	MA	Higher
Boston Children's at Lexington	Lexington	MA	Lower
Boston Children's at Peabody	Peabody	MA	Lower
Boston Children's at Waltham	Waltham	MA	Lower
Boston Medical Center	Boston	MA	Lower
Brigham and Women's Hospital	Boston	MA	Higher
Brigham and Women's/Mass General Health Care Center at Patriot Place	Foxborough	MA	Lower
Cambridge Health Alliance—Cambridge Campus	Cambridge	MA	Lower
Cambridge Health Alliance—Somerville Campus	Somerville	MA	Lower
Cambridge Health Alliance—Whidden Campus	Everett	MA	Lower
Cape Cod Hospital	Hyannis	MA	Higher
Carney Hospital	Dorchester	MA	Lower
Clinton Hospital	Clinton	MA	Lower
Cooley Dickinson Hospital	Northampton	MA	Lower
Dana-Farber Cancer Institute	Boston	MA	Higher
Emerson Hospital	Concord	MA	Lower
Fairview Hospital	Great Barrington	MA	Higher
Falmouth Hospital	Falmouth	MA	Lower
Faulkner Hospital	Jamaica Plain	MA	Lower
Good Samaritan Medical Center	Brockton	MA	Lower
Harrington Memorial Hospital	Southbridge	MA	Lower
HealthAlliance Hospitals—Burbank Campus	Fitchburg	MA	Lower

Hospital Name	City	State	Member Cost Share (as of 1/1/19)
HealthAlliance Hospitals—Leominster Campus	Leominster	MA	Lower
Heywood Hospital	Gardner	MA	Lower
Holy Family Hospital	Methuen	MA	Lower
Holy Family Hospital at Merrimack Valley	Haverhill	MA	Lower
Holyoke Medical Center	Holyoke	MA	Lower
Lahey Clinic	Burlington	MA	Lower
Lawrence General Hospital	Lawrence	MA	Lower
Lawrence Memorial Hospital	Medford	MA	Lower
Lowell General Hospital (includes the campus formerly known as Saints Medical Center)	Lowell	MA	Lower
Marlborough Hospital	Marlborough	MA	Lower
Martha's Vineyard Hospital	Oak Bluffs	MA	Lower
Massachusetts Eye and Ear [®] Infirmary	Boston	MA	Lower
Massachusetts General Hospital	Boston	MA	Higher
Mass General/North Shore Center for Outpatient Care	Danvers	MA	Lower
Melrose-Wakefield Hospital	Melrose	MA	Lower
Mercy Medical Center	Springfield	MA	Lower
MetroWest Medical Center—Framingham Union	Framingham	MA	Lower
MetroWest Medical Center—Leonard Morse	Natick	MA	Lower
Milford Regional Medical Center	Milford	MA	Lower
Morton Hospital and Medical Center	Taunton	MA	Lower
Mount Auburn Hospital	Cambridge	MA	Lower
Nantucket Cottage Hospital	Nantucket	MA	Lower
Nashoba Valley Medical Center	Ayer	MA	Lower
New England Baptist [®] Hospital	Boston	MA	Lower
Newton-Wellesley Hospital	Newton	MA	Lower
Noble Hospital	Westfield	MA	Lower
North Shore Medical Center—Salem Campus	Salem	MA	Lower
North Shore Medical Center—Union Campus	Lynn	MA	Lower
Norwood Hospital	Norwood	MA	Lower
Saint Vincent Hospital	Worcester	MA	Lower
Shriners Hospitals for Children—Boston	Boston	MA	Lower
Shriners Hospitals for Children—Springfield	Springfield	MA	Lower
Signature Healthcare Brockton Hospital	Brockton	MA	Lower
South Shore Hospital	South Weymouth	MA	Lower

Hospital Name	City	State	Member Cost Share (as of 1/1/19)
Southcoast Hospitals Group—Charlton Memorial Hospital	Fall River	MA	Lower
Southcoast Hospitals Group—St. Luke's Hospital	New Bedford	MA	Lower
Southcoast Hospitals Group—Tobey Hospital	Wareham	MA	Lower
Southwestern Vermont Medical Center	Bennington	VT	Lower
St. Anne's Hospital	Fall River	MA	Lower
St. Elizabeth's Medical Center	Brighton	MA	Lower
Sturdy Memorial Hospital	Attleboro	MA	Lower
The Vernon Cancer Center at Newton-Wellesley	Newton	MA	Lower
Tufts Medical Center	Boston	MA	Lower
UMass Memorial Medical Center—Memorial Campus	Worcester	MA	Higher
UMass Memorial Medical Center—University Campus	Worcester	MA	Higher
Winchester Hospital	Winchester	MA	Lower
Wing Memorial Hospital	Palmer	MA	Lower

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Services at the number on your ID Card (TTY: **711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).



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Learn About Our Pharmacy Program

Effective January 1, 2019

This guide provides an overview of the program, lists some of the medications covered under your plan, lists medications not covered under your plan, and provides other important information about your pharmacy coverage.

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Pharmacy Program Overview

Our pharmacy program is designed to provide you and your doctor with access to a wide variety of safe, clinically effective medications. We've carefully developed a substantial covered medication list that includes many medications that are available at affordable out-of-pocket costs.

About This Guide

This guide is up-to-date as of January 1, 2019, and is subject to change. Use it as a reference whenever you need coverage information about our pharmacy program. For the most current and complete information about covered medications, visit our website at bluecrossma.com/medications.

Mail Order Pharmacy

You can have certain prescriptions delivered right to your door when you order them through Express Scripts®, an independent company that manages our pharmacy benefits, at express-scripts.com. In some cases, you'll pay less for a 90-day supply of maintenance medications (also known as long-term medications) than you would for three 30-day supplies at a retail pharmacy. You'll also make fewer trips to the pharmacy and be less likely to miss a dose since you won't have to refill as often.

To use the Mail Order Pharmacy, download the order form at bluecrossma.com/pharmacy, or call 1-800-262-BLUE (2583).

Online Resources

Medication Lookup

Search for covered medications, quickly and easily, at bluecrossma.com/medications. Your individual coverage may vary. Changes to our current medications usually take place on January 1 and July 1.

MyBlue

Discover a more personalized experience when looking up your health care information, such as detailed plan information and claims. Log in or create an account at bluecrossma.com/myblue.

Express Scripts

Get information about your specific pharmacy coverage by visiting express-scripts.com. There, you can look up the cost of medications, find a pharmacy, and set up home delivery.

Pharmacy Program Overview

What You Pay For Medications

Our covered medications list is based on a tiered cost structure. When you fill a prescription, the amount you pay the pharmacy is determined by the tier your medication is on and your benefits. Medications are placed on tiers according to a variety of factors, including what they're used for, their cost, and whether equivalent or alternative medications are available. The pharmacy will tell you how much you owe.

In a 3-tier structure

Usually, you'll pay the least for Tier 1 medications and the most for Tier 3 medications.

In a 4-tier structure

Usually, you'll pay the least for Tier 1 medications and the most for Tier 4 medications.

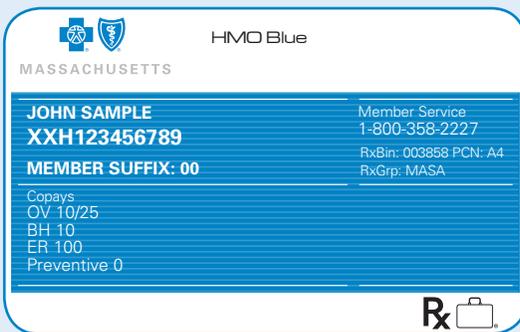
The amount you pay may include your copayment, co-insurance, and deductibles. For more about your specific prescription benefit costs, review the information in your benefit literature, which you should have received when you enrolled in your plan, or call the Member Service number listed on the front of your ID card, Monday through Friday, 8:00 a.m. to 9:00 p.m. ET.

Compounded Medications

Covered compounded medications that require a prescription will be processed at your highest pharmacy benefit tier, regardless of the ingredients in the medication. Compounded medications are made to order by a pharmacist when existing, commercially-available medications don't meet your specific needs as determined by your provider. Some compounded medications may need Prior Authorization, have Quality Care Dosing guidelines, or require an exception.

Covered Medications List Changes

Our covered medications list may change from time to time. These changes may include changing medications to a non-covered status, changing medication tier status, applying Quality Care Dosing limitations, and/or moving medications to a retail specialty pharmacy. We notify any impacted members of these changes via direct mailing at least 30 days in advance of the change.



Your ID Card

Your ID card contains important information about your pharmacy benefits. Be sure to bring the card with you and give it to your pharmacist when you fill a prescription. A sample ID card is shown on the left.

Over-the-Counter Medications

For non-grandfathered health plans under the Affordable Care Act (ACA), the following list includes over-the-counter medications that are covered at no cost to you when they are prescribed by your doctor. This list is up-to-date as of January 1, 2019, and may change from time to time.

- **Generic Aspirin (81mg)**
- **Generic Folic Acid** is covered for people up to age 50
- **Generic Iron** is covered for infants up to 12 months old
- **Generic Smoking Cessation** (e.g., nicotine gum, lozenges, and patches) is covered for up to two 90-day supplies per calendar year
- **Generic Vitamin D** is covered for people aged 65 and older
- **Generic contraceptives** (e.g., female condoms, sponges, and spermicide) are covered

Benefit Exclusions

The following are considered benefit exclusions under your policy. This means these medications and other health products aren't covered, and exceptions aren't available. Some medications within these categories have over-the-counter alternatives available. This list is up-to-date as of January 1, 2019. See your subscriber certificate for additional exclusions.

- Anorexiant
- Cough and cold products that contain one or more of the following ingredients in equivalent over-the-counter doses: guaifenesin, chlorpheniramine, pseudoephedrine, phenylephrine, clemastine, dextromethorphan, and pyrilamine
- Non-sedating antihistamines
- Ophthalmic drug solutions to treat allergies
- Inhaled nasal steroids
- Proton pump inhibitors, except for prescription proton pump inhibitors that are prescribed for members under age 18 or that are prescribed as part of a combination drug used to treat helicobacter pylori
- Topical acne medications (Benzoyl peroxide products 10% in strength or less, and some combinations)
- Pharmaceuticals that you can buy without a prescription, except as described in this Pharmacy Program booklet
- Medical supplies such as dressings and antiseptics
- Combination vitamins that require a prescription, except for: prescription prenatal vitamins, and pediatric vitamins with fluoride

Quality Care Dosing

Our Quality Care Dosing program helps to ensure the quantity and dosage meet the Food and Drug Administration's (FDA) regulations, clinical standards, and manufacturer's guidelines of the medications you receive. When you fill a prescription for one of the following medications, it's checked electronically in two ways:

Dose Consolidation

Checks to see whether you're taking two or more pills a day that can be replaced with one pill providing the same daily dosage

Recommended Monthly Dosing Level

Checks to see that your monthly dosage is consistent with the manufacturer's and FDA's monthly dosing recommendations and clinical information

You may fill a quantity up to the allowed limit, but quantities greater than the allowed limit will be denied.

Note: Your doctor may request an exception for medications that are subject to Quality Care Dosing when medically necessary. Some medications on this list may also be subject to Step Therapy and/or Prior Authorization requirements, or be considered non-covered, or a specialty medication. Please check the corresponding pages to determine coverage requirements.

This list of medications in our Quality Care Dosing program is up-to-date as of January 1, 2019, and may change from time to time.

For the most up-to-date list of medications subject to Quality Care Dosing, along with associated dosing limits, visit our website at bluecrossma.com/pharmacy, click on Pharmacy Management Program, and proceed to the Quality Care Dosing section.

Quality Care Dosing

Abstral	Aranesp	Caduet	Dulera
AcipHex (excluded for 18 years and older)	Arava	Camrese	Duloxetine
Actiq	Arcapta Neohaler	Camrese Lo	Duloxetine DR
Actonel	ArmonAir RespiClick	Cardura	Duragesic
ACTOplus Met	Arnuity Ellipta	Cardura XL	Edluar
ACTOplus Met XR	Arixtra	Catapres TTS	Effexor XR
Actos	Arymo ER	Celebrex	Eletriptan
Acular PF	Ashlyna	Celecoxib	Embeda
Acular	Asmanex Twisthaler	Celexa	Emend
Acular LS	Astepro	Cesamet	Emverm
Adderall XR	Atelvia DR	Cholbam	Enbrel
Adlyxin	Atomoxetine	Ciclodin solution/kit	Enoxaparin
Admelog	Atorvastatin	Ciclopirox nail lacquer	Epclusa
Advair Diskus	Atrovent (nasal spray)	Citalopram	Epinephrine injection
Advair HFA	Atrovent HFA	Climara	Epi-Pen Auto-Injector
Adyphren	Auvi-Q	Climara Pro	Epogen
Adzenys XR	Avandia	Clonidine patch	Escitalopram
Aerospan	Avonex	Combivent	Esomep-EZS (excluded for 18 years and older)
Aimovig	Axert	Combivent Respimat	Esomeprazole (excluded for 18 years and older)
Air Duo	Azelastine (nasal spray)	Concerta	Esomeprazole Strontium (excluded for 18 years and older)
Akynzeo	Basaglar	Cotempla XR ODT	Estradiol patch
Alendronate Sodium	Belbuca	Contrave ER	Estrogel
Almotriptan	Belsomra	Copaxone	Eszopiclone
Alora	Belviq	Cosentyx	Evamist
Alosetron	Belviq XR	Crestor	Evzio
Alrex	Betaseron	Cromolyn ophthalmic	Exalgo
Alsuma	Bevespi AeroSphere	Cymbalta	Extavia
Altoprev	Binosto	Daklinza	Ezetimibe
Alvesco	Boniva tablets	Dalfampridine	Exetimibe/Simvastatin
Ambien	Breo Ellipta	Daysee	Famciclovir
Ambien CR	Brisdelle	Desvenlafaxine ER	Farydak
Amethia	Budeprion SR	Dexilant (excluded for 18 years and older)	Farxiga
Amethia Lo	Budeprion XL	Dexamethylphenidate ER	Fasenra
Amerge	Budesonide (nebules)	Dexamethylphenidate XR	Fayosim
Amitiza	Bunavail	Dextroamphetamine/Amphetamine ER	Fentanyl oral/mucosal
Amlodipine	Buprenorphine	Diabetic Testing Strips (all)	Fentanyl patch
Amlodipine-Atorvastatin	Buprenorphine-Naloxone	Diclofenac gel	Fentora
Ampyra	Buprenorphine patch	Diclofenac solution	Fetzima
Anzemet	Bupropion SR	Diflucan (150 mg only)	Fiasp
Apidra	Bupropion XL	Dihydroergotamine (nasal spray)	Flovent/HFA
Apidra Solostar	Butorphanol NS	DM 2 Kit	Fluconazole (150 mg only)
Aplenzin ER	Butrans	Doptelet	Fluoxetine
Aprepitant	Bydureon	Doxazosin	
Aptenzio XR	Byetta		
	Cabergoline		

Quality Care Dosing

Fluoxetine DR	Ipratropium NS	Maxalt	OmePPI (excluded for 18 years and older)
Fluticasone/Salmeterol	Irenka DR	Maxalt-MLT	Omontys
Fluvastatin XR	Itraconazole	Meloxicam	Ondansetron
Fluvastatin	Jardiance	Menostar	Ondansetron ODT
Fluvoxamine	Jolessa	Methylphenidate CD	Onmel
Fluvoxamine CR	Jynarque	Methylphenidate ER	Onsolis
Focalin XR	Kadian	Methylphenidate LA	Onezetra Xsail
Fondaparinux	Kalydeco	Methylphenidate 72mg	Opana ER
Forfivo XL	Kerydin	Migranal	Oralair
Forteo	Ketorolac ophthalmic	Migranow Kit	Oramorph SR
Fosamax	Keveyis	Minivelle	Orkambi
Fosamax Plus D	Kevzara	Mirtazapine	Otezla
Fragmin	Khedezla	Mirtazapine Rapid Dissolve	Oxycodone ER
Frova	Lamisil	Mobic	OxyContin
Frovatriptan	Lansoprazole (excluded for 18 years and older)	Morphabond ER	Oxymorphone ER
Fulphila	Lansoprazole ODT (excluded for 18 years and older)	Morphine Sulfate ER	Ozempic
Gatifloxacin	Lansoprazole/Amoxicillin/Clarithromycin	Movantik	Pantoprazole (excluded for 18 years and older)
Glatiramer	Lantus	Moxifloxacin	Paroxetine
Glatopa	Lanzetta	Moxeza	Paroxetine CR
Glucose testing strips (all)	Lazanda	MS Contin	Patanase
Glyxambi	Leflunomide	Mydayis	Paxil
Granisetron	Lescol	Naratriptan	Paxil CR
Granix	Lescol XL	Narcan	Pegasys
Grastek	Levalbuterol HFA	NebuPent	PEG-Intron
Harvoni	Levermir	Neulasta	Penlac
Hetlioz	Levonorgestrel/Ethinyl Estradiol	Neupogen	Pennsaid
Humalog	Levonorgestrel/Ethinyl Estradiol/Ethinyl Estradiol	Nexium (excluded for 18 years and older)	Pexeva
Humalog Jr.	Lexapro	Nivestym	Pioglitazone
Humulin	Lidocaine 5% cream	Nocurna	Pioglitazone-Glimepiride
Humira	Lidocaine Patch	Norvasc	Pioglitazone-Metformin
Hydromorphone ER	Lidoderm	Novolin	Plegridy
Hysingla ER	Linzess	Novolog	Praluent
Ibandronate	Lipitor	Nucynta ER	Pravachol
Ibrance	Livalo	Nuplazid	Pravastatin
Ilumya	Lonhala Magnair	Ocaliva	Prevacid (excluded for 18 years and older)
Imitrex	LoSeasonique	Odomzo	PrevPac
Impavido	Lotronex	Olanzapine-Fluoxetine	Prilosec (excluded for 18 years and older)
Incruse Ellipta	Lovastatin	Olopatadine Nasal	Pristiq
Infergen	Lovenox	Olumiant	Pristiq ER
Insulins (all)	Lunesta	Olysio	ProAir HFA
Intermezzo	Lysteda	Omeprazole (excluded for 18 years and older)	ProAir Respiclick
Introvale	Mavyret	Omeprazole-Sod. Bicarbonate (excluded for 18 years and older)	Procrit

Quality Care Dosing

Protonix (excluded for 18 years and older)
 Proventil HFA
 Prozac
 Prozac Weekly
 Pulmicort Flexhaler
 Pulmicort Respules
 Qbrexxa
 Qtern
 Quaaluin
 Quartette
 Quasense
 Quillichew
 Quinine Sulfate
 Qutenza
 QVAR
 Rabeprazole (excluded for 18 years and older)
 Ragwitek
 Rebif
 Relexxii ER
 Relpax
 Remeron
 Remeron Soltab
 Repatha
 Restasis
 Retacrit
 Rexulti
 Rhopressa
 Risedronate
 Ritalin LA
 Rivelsa
 Rizatriptan
 Rozerem
 Rosuvastatin
 Sancuso
 Sarafem
 Saxenda
 Seasonique
 Seebri Neohaler
 Segluromet
 Serevent Diskus
 Sertraline
 Setlakin
 Silenor
 Siliq

Simponi
 Simvastatin
 Soliqua
 Solosec
 Sonata
 Sovaldi
 Spiriva
 Sporanox
 Steglatro
 Steglujan
 Stiolto Respimat
 Strattera
 Striverdi Respimat
 Suboxone
 Subsys
 Sumatriptan
 Sumavel Dosepro
 Symbicort
 Symbyax
 Symdeko
 Symproic
 Synjardy
 Synjardy XR
 Taltz
 Tanzeum
 Technivie
 Terazosin
 Terbinafine
 Tivorbex
 Toujeo Solostar
 Tranexamic Acid
 Trelegy Ellipta
 Tremfya
 Tresiba
 Treximet
 Trintellix
 Triptodur
 Trulance
 Trulicity
 Tudorza
 Tymlos
 Utibron Neohaler
 Valacylovir
 Valtrex
 Varubi

Venlafaxine ER capsule
 Venlafaxine ER tablet
 Ventolin HFA
 Viberzi
 Victoza
 Viekira PAK
 Viekira XR
 Vigamox
 Viibryd
 Vivelle
 Vivelle-Dot
 Vivitrol
 Vivlodex
 Voltaren gel
 Vosevi
 Vytorin
 Vyvanse
 Wellbutrin SR
 Wellbutrin XL
 Xartemis XR
 Xeljanz
 Xeljanz XR
 Xermelo
 Xiidra
 Xifaxan
 Xigduo
 Xigduo XR
 Xopenex HFA
 Xtampza ER
 Xultophy
 Xuriden
 Yosprala
 Zaleplon
 Zarxio
 Zegerid (excluded for 18 years and older)
 Zembrace Symtouch
 Zepatier
 Zetia
 Zinbryta
 Zocor
 Zofran
 Zofran ODT
 Zohydro ER
 Zoladex

Zolmitriptan
 Zolmitriptan ODT
 Zoloft
 Zolpidem
 Zolpidem CR
 Zolpidem SL
 Zolpimist
 Zomig
 Zomig ZMT
 Zubsolv
 Zuplenz
 Zydelig
 Zymaxid
 Zypitamag

Prior Authorization

Your doctor is required to obtain Prior Authorization before prescribing specific medications. This ensures that your doctor has determined that this medication is necessary to treat you, based on specific medical standards.

Another part of our Prior Authorization program is Step Therapy. Please refer to the Step Therapy section in this brochure for more information.

Note: Some medications on this list may also be subject to Step Therapy and/or Quality Care Dosing requirements, or be considered non-covered, or a specialty medication. Please check the corresponding pages to determine coverage requirements.

This list of medications that require Prior Authorization is up-to-date as of January 1, 2019, and may change from time to time.

For the most up-to-date list of medications that require Prior Authorization, visit our website, bluecrossma.com/pharmacy, click on Pharmacy Management Program, and proceed to Prior Authorization.

Prior Authorization

Abstral	Daklinza	Genotropin	Modafinil
AcipHex (excluded for 18 years and older)	Dalfampridine	Grastek	Monovisc
Actemra	Desoxyn	Harvoni	Morphabond ER
Acthar	Dexilant (excluded for 18 years and older)	Hetlioz	Morphine Sulfate CR
Actimmune	Dexedrine	Humatrope	Morphine Sulfate ER
Actiq	Dextroamphetamines	Humira	MS Contin
Adcirca	Difucid	Hyalgan	Myalept
Addyi	Diskets	Hydromorphone ER	Myobloc
Adviar Diskus	Dulera	Hydroxyprogesterone	Nexium (excluded for 18 years and older)
Advair HFA	Dolophine	Hymovis	Norditropin
Air Duo	Dupixent	Hysingla ER	Nucala
Alecensa	Duragesic	Ibandronate injection/syringe	Nucynta ER
Amevive	Durolane	Ibrance	Nutritional Supplements
Amphetamines (e.g Amphetamine, Methamphetamine, Liquadd, Procentra)	Dysport	Idhifa	Nutropin
Ampyra	Egrifta	Ilaris	Nuvigil
Aralast	Elidel	Ilumya	Olumiant
Aralast NP (medical benefit only)	Embeda	Increlex	Olysio
Armodafinil	Enbrel	Incruse Ellipta	Omeprazole-Sod. Bicarbonate (excluded for 18 years and older)
Aranesp	Enteral formula	Inflectra	OmePPI (excluded for 18 years and older)
Arymo ER	Entyvio	Interferons (alpha, gamma)	Omnitrope
Atomoxetine	Epclusa	IV Immunoglobulin	Omontys
Belbuca	Epogen	Juxtapid	Onpattro
Belviq	Erbix (medical benefit only)	Kadian	Onsolis
Belviq XR	Esomeprazole (excluded for 18 years and older)	Kalydeco	Opana ER
Bevespi AeroSphere	Esomeprazole Strontium (excluded for 18 years and older)	Kevzara	Opdivo
Binosto	Esomep-EZS (excluded for 18 years and older)	Kineret	Oralair
Boniva syringe	Euflexxa	Kisqali	Oramorph SR
Botox/Botulinum Toxin	Evekeo	Kisqali Femara	Orencia
Braftovi	Exalgo	Kynamro	Orkambi
Breo Ellipta	Exondys 51	Lazanda	Orthovisc
Buprenex	Eylea (medical benefit only)	Lenvima	Otezla
Buprenorphine patch	Factor VIII, VIIIa, IX, XIII (medical benefit only)	Liquadd	Oxycodone ER
Butrans	Farydak	Lucentis (medical benefit only)	Oxycontin
Ceredase (medical benefit only)	Fasenra	Lynparza	Oxymorphone ER
Cerezyme	Fentanyl patch	Lyrice	Praluent
Cimzia	Fentanyl oral/mucosal	Lyrice CR	Preservative-Free Morphine (medical benefit only)
Cinqair	Fentora	Macugen (medical benefit only)	Prevacid (excluded for 18 years and older)
Cinryze (medical benefit only)	Fluticasone/Salmeterol	Mavyret	Prilosec (excluded for 18 years and older)
Contrave	Forteo	Makena	Procentra
Cotellic	Gel-One	Mekinist	Procrit
Cosentyx	Gelsyn-3	Mektovi	
		Methadone	
		Methadose	
		Methamphetamine	

Prior Authorization

<u>Prolastin (medical benefit only)</u>	<u>Technivie</u>
<u>Prolastin C (medical benefit only)</u>	<u>Tev-Tropin</u>
<u>Proleukin</u>	<u>Tibsovo</u>
<u>Prolia</u>	<u>Topical Retinoic Acid Derivatives (e.g. Retin-A)</u>
<u>Protonix (excluded for 18 years and older)</u>	<u>TPN (total parenteral nutrition) (medical benefit only)</u>
<u>Protopic</u>	<u>Tremfya</u>
<u>Provigil</u>	<u>Trivisc</u>
<u>Ragwitek</u>	<u>Tymlos</u>
<u>Reclast (medical benefit only)</u>	<u>Tysabri (medical benefit only)</u>
<u>Regranex</u>	<u>Vectibix (medical benefit only)</u>
<u>Remicade</u>	<u>Venclexta</u>
<u>Renflexis</u>	<u>Verzenio</u>
<u>Repatha</u>	<u>Viekira XR</u>
<u>Respiratory Syncytial Virus IG/Synagis</u>	<u>Viekira PAK</u>
<u>Retacrit</u>	<u>Visco-3</u>
<u>Restasis</u>	<u>Vosevi</u>
<u>Revatio</u>	<u>Xalkori</u>
<u>Rituxan</u>	<u>Xartemis XR</u>
<u>Rydapt</u>	<u>Xeljanz</u>
<u>Saizen</u>	<u>Xeljanz XR</u>
<u>SaizenPrep</u>	<u>Xeomin</u>
<u>Saxenda</u>	<u>Xgeva</u>
<u>Serostim</u>	<u>Xiaflex (medical benefit only)</u>
<u>Sildenafil</u>	<u>Xiidra</u>
<u>Siliq</u>	<u>Xolair</u>
<u>Simponi</u>	<u>Xtampza ER</u>
<u>Simponi Aria</u>	<u>Yosprala</u>
<u>Sovaldi</u>	<u>Zegerid (excluded for 18 years and older)</u>
<u>Spinraza</u>	<u>Zelboraf</u>
<u>Stelara</u>	<u>Zenzedi</u>
<u>Strattera</u>	<u>Zepatier</u>
<u>Subsys</u>	<u>Zohydro ER</u>
<u>Supartz</u>	<u>Zoledronic Acid (medical benefit only)</u>
<u>Symbicort</u>	<u>Zomactin</u>
<u>Symdeko</u>	<u>Zometa (medical benefit only)</u>
<u>Synvisc</u>	<u>Zorbtive</u>
<u>Synvisc One</u>	<u>Zydelig</u>
<u>Tacrolimus (topical)</u>	<u>Zykadia</u>
<u>Tadalafil</u>	
<u>Tafinlar</u>	
<u>Tagrisso</u>	
<u>Taltz</u>	

Specialty Pharmacy Medications

Blue Cross Blue Shield of Massachusetts has set up a network of retail specialty pharmacies to provide certain medications classified as specialty. We'll cover the cost of some specialty medications if you fill them at a pharmacy outside of our network. We do this because these highly specialized medications aren't always available at one of our in-network pharmacies. The following is a list of medications that can be purchased from one of the pharmacies in our network and a list of medications we'll cover at a pharmacy outside of our network.

Network Pharmacy Information

AcariaHealth™

1-866-892-1202
Fax: 1-877-541-1503
acariahealth.com

Accredo®

1-877-988-0058
Fax: 1-800-391-9707
accredo.com

BriovaRx®

1-844-284-9462
Fax: 1-866-496-1196
briovarx.com

CVS Specialty™

1-866-846-3096
Fax: 1-800-323-2445
cvsspecialty.com

Network Pharmacy Information for Fertility Medications

AcariaHealth™ Fertility

1-877-928-5125
Fax: 866-927-9870
acariahealth.com/index.php/explore/infertility

AllianceRx Walgreens Prime

1-800-424-9002
Fax: 1-800-874-9179
alliancerxwp.com

BriovaRx

1-800-850-9122
Fax: 1-800-218-3221
briovarx.com

Freedom Fertility Pharmacy

1-866-297-9452
Fax: 1-888-660-4283
freedomfertility.com

Metro Drugs

1-800-649-2872
Fax: 1-888-258-4242
metrodrugs.com

Village Fertility Pharmacy

1-877-334-1610
Fax: 1-866-935-0719
villagefertilitypharmacy.com

Note: Some medications on this list may also be subject to Step Therapy, Prior Authorization, and/or Quality Care Dosing requirements, or be considered non-covered. Please check the corresponding pages to determine coverage requirements.

This list is up-to-date as of January 1, 2019, and may change from time to time.

You can find the latest information about your medications and look up pharmacy contact information by visiting bluecrossma.com/pharmacy.

Specialty Pharmacy Medications

Injectable Medications

Abraxane
 Actemra
 Acthar
 Actimmune
 Adriamycin PFS
 Aducil
 Alferon-N
 Alkeran
 Apokyn
 Aranesp
 Arcalyst Injection
 Arzerra
 Aveed
 Avonex
 Beleodaq
 Betaseron
 BiCNU
 Bivigam
 Bleomycin Sulfate
 Blincyto
 Boniva Injection
 Bortezomib
 Botox
 Busulfex
 Calcium Folate
 Camptosar
 Carboplatin
 Carimune
 Carmustine
 Cerubidine
 Cerezyme
 Cimzia
 Cinqair
 Cisplatin
 Cladribine
 Copaxone
 Cosentyx
 Cosmegen
 Crystiva
 Cuvitru
 Cyclophosphamide
 Cyramza

Cytarabine
 CytoGam
 Dacarbazine
 Dactinomycin
 Darzalex
 Daunorubicin HCL
 DDAVP
 Depocyt
 Desmopressin Acetate
 Dexrazoxane
 Docefrez
 Docetaxel
 Doxil
 Doxorubicin HCl
 DTIC-Dome
 Dupixent
 Dysport
 Egrifta
 Eligard
 Ellence
 Empliciti
 Enbrel
 Entyvio
 Epirubicin
 Epogen
 Ethyol
 Etopophos
 Etoposide
 Extavia
 Fasenra
 Faslodex
 Firazyr
 Firmagon
 Flebogamma
 Floxuridine
 Fludara
 Fludarabine phosphate
 Fluorouracil
 Forteo
 FUDR
 Fulphila
 Fusilev I.V.
 Fuzeon
 Gammagard
 Gammagard Liquid

GamaSTAN
 Gammaked
 Gammaplex
 Gamunex
 Gattex
 Gazyva
 Gemcitabine
 Gemzar
 Genotropin
 Glatiramer
 Glatopa
 Granix
 Herceptin
 Hizentra
 Humatrope
 Humira
 Hycamtin
 Hydroxyprogesterone
 HyQvia
 Ibandronate injection/syringe
 Idamycin PFS
 Idarubicin
 Ifex
 Ifosfamide
 Ifosfamide/Mesna
 Ilaris
 Ilumya
 Imfinzi
 Increlex
 Inflectra
 Intron A
 Irinotecan
 Istodax
 Kenalog
 Kevzara
 Keytruda
 Kynamro
 Lartruvo
 Lemtrada
 Levoleucovorin
 Leucovorin Calcium
 Leukine
 Leuprolide Acetate
 Lipodox
 Lipodox-50

Lupaneta Pack
 Lupron Depot
 Lupron Depot-Ped
 Makena
 Marqibo
 Mesna
 Mesnex
 Methotrexate
 Mitomycin
 Mitoxantrone
 Mozobil
 Mustargen
 Myalept
 Mylotarg
 Myobloc
 Naptara
 Navelbine
 Neulasta
 Neumega
 Neupogen
 Nipent
 Nivestym
 Norditropin
 Norditropin Flexpro
 Norditropin Nordiflex
 Nplate
 Nucala
 Nutropin
 Nutropin AQ
 Nutropin AQ Nuspin
 Ocrevus
 Octagam
 Octreotide injection
 Olumiant
 Omnitrope
 Oncaspar
 Opdivo
 Orelia
 Otezla
 Otrexup
 Oxaliplatin
 Paclitaxel
 Palynziq
 Pamidronate
 Pamidronate disodium

Specialty Pharmacy Medications

Pegasys
 Pegasys Proclick
 Peg-Intron
 Photofrin
 Poteligeo
 Plegridy
 Praluent
 Privigen
 Procrit
 Proleukin
 Prolia
 Rebif
 Remicade
 Renflexis
 Repatha
 Retacrit
 Revatio
 Rituxan
 Roferon-A
 Saizen
 SaizenPrep
 Sandostatin
 Sandostatin-LAR
 Serostim
 Signafor
 Signafor LAR
 Siliq
 Simponi
 Simponi Aria
 Somatuline
 Somavert
 Spinraza
 Stelara
 Sylatron
 Sylvant
 Synagis
 Synribo
 Takhzyro
 Taltz
 Taxotere
 Tecentriq
 Temodar
 Teniposide
 Tepadina
 Tev-Tropin

TheraCys
 Thiotepa
 Thyrogen
 Toposar
 Totect
 Trelstar
 Trelstar LA
 Trelstar Depot
 Tremfya
 Tymlos
 Unituxin
 Valstar
 Velcade
 Ventavis
 Vimizim
 VinBLASTine
 Vincasar PFS
 VinCRISTine
 Vinorelbine
 Vivitrol
 Xeomin
 Xgeva
 Xolair
 Zaltrap
 Zanosar
 Zarxio
 Zilretta
 Zinecard
 Zoladex
 Zomacton

Out-Of-Network Injectable Medications

Acetadote
 Bavencio
 Benlysta Autoinject/syringe
 Besponsa
 Bicillin
 Bleo 15
 Ceftazadime
 Cuvposa
 Delestrogen
 Depo-Estradiol
 Desferal

Desferoxamine
 Evomela
 Exondys
 Fortaz
 Kanuma
 Kineret
 Nabi-HB
 Neulasta Onpro
 Portrazza
 Radicava
 Rimso-50
 Rocephin
 Romidepsin
 Sandimmune
 Sildenafil
 Strensiq
 Sublocade
 Tazicef
 Testosterone Enanthate
 Triptodur
 Vyxeos
 Yondelis

Oral Medications

Adcirca
 Adempas
 Afinitor
 Alcensa
 Alkeran
 Alunbrig
 Ampyra
 Aubagio
 Bethkis
 Bosulif
 Cabometyx
 Capecitabine
 Carbaglu
 Cayston
 Cerdelga
 Copegus
 Cotellic
 Cyclophosphamide
 Cystagon
 Daklinza
 Dalfampridine

Doptelet
 Duopa
 Epclusa
 Erivedge
 Esbriet
 Erleada
 Erivedge
 Etoposide
 Exjade
 Farydak
 Galafold
 Gilenya
 Gilotrif
 Gleevec
 Harvoni
 Hetlioz
 Hycamtin
 Ibrance
 Idhifa
 Imatinib
 Inlyta
 Iressa
 Jadenu
 Jakafi
 Juxtapid
 Kalydeco
 Kisqali
 Kisqali Femara
 Kitabis PAK
 Kuvan
 Lenvima
 Letairis
 Lonsurf
 Mavyret
 Mekinist
 Mesnex
 Miglustat
 Moderiba
 Mulpleta
 Nerlynx
 Nexavar
 Ninlaro
 Northera
 Nuplazid
 Ocaliva

Specialty Pharmacy Medications

Odomzo
Ofev
Olysio
Opsumit
Orenitram
Orkambi
Pomalyst
Procysbi
Promacta
Pulmozyme
Ravicti
Rebetol
Revatio
Revlimid
Ribapak
Ribasphere
Ribasphere Ribapak
Ribatab
Ribavirin
Rilutek
Riluzole
Rubraca
Rydapt
Sabril
Samsca
Sildenafil
Sovaldi
Sprycel
Stivarga
Sucraid
Sutent
Symdeko
Tadalafil
Tafinlar
Tagrisso
Tarceva
Tasigna
Tecfidera
Technivie
Temodar
Temozoloamide
Tetrabenazine
Thalomid
TOBI ampules
TOBI-Podhaler

Tobramycin ampules
Tracleer
Tykerb
Tyvaso
Upravi
Veltassa
Venclexta
Verzenio
Viekira PAK
Viekira XR
Vigabatrin
Vigadrone
Vosevi
Votrient
Xalkori
Xeljanz
Xeljanz XR
Xeloda
Xenazine
Xtandi
Xyrem
Zavesca
Zelboraf
Zepatier
Zolinza
Zykadia
Zytiga

Out-Of-Network Oral Medications

8-Mop
Afinitor Disperz
Austedo
Boniva 150mg
Calquence
Chenodal
Cholbam
Cometriq
Daraprim
DDAVP
Emflaza
Gocovri ER
Iclusig
Imbruvica
Ingrezza

Jynarque
Keveyis
Korlym
Nityr
Orfadin
Otezla
Otezla Starter Pack
Tavalisse
Thiola
Vistogard
Xermelo
Xuriden
Yonsa
Zejula
Zydelig

Topical

Mugard
Panretin
Qutenza
Valchlor

Out-Of-Network Topical

Cystaran
Synarel

Fertility Medications

Bravelle
Cetrotide
Clomid
Clomiphene
Crinone
Endometrin
Follistim AQ
Ganirelix
Gonal F/Gonal F RFF
Gonal F Rff Redject
Human Chorionic Gonadotropin (HCG)
Leuprolide
Lupron Depot
Lupron Depot-Ped
Luveris
Makena
Menopur

Novarel
Ovidrel
Pregnyl
Repronex
Serophene

Step Therapy

Step Therapy is a key part of our Prior Authorization program that allows us to help your doctor provide you with an appropriate and affordable drug treatment. Before coverage is allowed for certain costly “second-step” medications, we require that you first try an effective, but less expensive, “first-step” medication. Some medications may have multiple steps.

Note: Some medications on this list may also be subject to Prior Authorization and/or Quality Care Dosing requirements, or be considered non-covered or a specialty medication. Please check the corresponding pages to determine coverage requirements.

This list is up-to-date as of January 1, 2019, and may change from time to time.

For the most up-to-date list of medications that require Step Therapy, please visit our website bluecrossma.com/pharmacy, click on Pharmacy Management Program, and proceed to Step Therapy.

Step Therapy

Diabetes Management

Adlyxin
Alogliptin
Alogliptin/Metformin
Alogliptin/Pioglitazone
ACTOplus Met
ACTOplus Met XR
Actos
Avandaryl
Avandia
Byetta
Bydureon
Duetact
Farxiga
Fortamet
Glucophage
Glucophage XR
Glumetza
Glyxambi
Invokana
Invokamet
Invokamet XR
Janumet
Janumet XR
Januvia
Jardiance
Jentadueto
Jentadueto XR
Kazano
Kombiglyze XR
Metformin Film Coated ER
Metformin ER
Nesina
Onglyza
Oseni
Ozempic
Pioglitazone
Pioglitazone-Glimepiride
Pioglitazone-Metformin
Prandin
Qtern
Segluromet
Soliqua

Steglatro
Steglujan
Synjardy
Tanzeum
Tradjenta
Trulicity
Victoza
Xigduo
Xigduo XR
Xultophy

Glaucoma

Lumigan
Rescula
Travatan
Travatan Z
Xalatan

Osteoporosis Treatment (Oral)

Actonel
Atelvia DR
Binosto
Boniva tablets
Fosamax
Fosamax Plus D

Pain Relievers (Cox II Inhibitors)

Capxib
Celebrex
Celecoxib
Lidoxib

Prostate Treatment

Avodart
Jalyn
Proscar

Overactive Bladder Treatment

Detrol
Detrol LA
Ditropan XL
Enablex
Gelnique
Oxytrol

Myrbetriq
Toviaz
Vesicare

Topical Testosterone

Axiron
Fortesta
Natesto Nasal
Testim
Testosterone gel (Fortesta Authorized product)
Testosterone gel (Testim Authorized product)
Testosterone gel (Vogelxo Authorized product)
Testone CIK Kit
Testosterone CIK Kit
Vogelxo

Non-Covered Medication

Your pharmacy program provides coverage for over 4,000 prescription medications. This section lists medications that are not covered under your benefits. Most medications on our non-covered list have equally safe, effective, covered alternatives for treating the same medical conditions. If a non-covered medication is approved, it will be covered at the highest tier. Check with your doctor about appropriate alternatives if you currently take any of these medications.

Your doctor may request coverage for a non-covered medication if no covered alternative is appropriate for treating your condition.

Note: Some medications on this list may also be subject to Prior Authorization, Step Therapy and/or Quality Care Dosing requirements, or be considered a specialty medication. Please check the corresponding pages to determine coverage requirements.

This list of non-covered medications is up-to-date as of January 1, 2019, and may change from time to time.

For the most up-to-date list of medications that are not covered and their covered alternatives, please visit our website, bluecrossma.com/medications and proceed to the **Medications That Are Not Covered** section.

Non-Covered Medication

Abilify	Aloquin	Atrapro Hydrogel	Capxib
Abilify DiscMelt	Alora	Atropen	Careone diabetic testing supplies
Absorica	Alrex	Augmentin XR	Caresens N diabetic testing supplies
Abstral	Alsuma	Auryxia	Caretouch diabetic testing supplies
Acanya	Altabax	Auvi-Q	Cardene
Accolate	Altace	Avalide	Cardizem CD
Accu-Chek diabetic testing supplies	Altoprev	Avapro	Cardizem LA
Accucaine	Alvesco	Avelox	Cardura XL
Accupril	Ambien	Avidoxy	Cedax
Accuretic	Ambien CR	Avidoxy DK	Celexa
AcipHex (excluded for 18 years and older)	Amrix	Avita	Cem-Urea
Acticlate	Ana-Lex	Axert	Centany
Actigall	Anafranil	Axid	Centany AT
Actiq	Angeliq	Azasite	Ceracade Skin Barrier
Active Injection D	Anodyne LPT	Azor	Ceramax
Active-PAC	Antara	B-D diabetic testing supplies	Cesamet
Activella	Anusol HC Suppository	Balcoltra	Cetraxel
Acular	Anzemet	Belsomra	Chenodal
Acular LS	Apidra	Benicar	Cimzia
Acuvail	Aplenzin ER	Benicar HCT	Cipro-XR
Aczone	Aptensio XR	BenzaClin gel	Clenpiq
Adalat CC	Aqua Glycolic HC	BenzaClin kit	Cleocin T
Adazin	Aranesp	BenzaClin pump	Clever Choice Voice diabetic testing supplies
Adderall	Arava	Besivance	Clindacin ETZ Kit
Addyi	Arcapta Neohaler	Betalan SUK kit	Clindacin PAC
Adlyxin	Arixtra	Bevespi AeroSphere	Clindagel
Admelog	Arymo ER	BG-Star diabetic testing supplies	Clobex
Advanced Allergy Collection Kit	Armonair RespiClick	Binosto	Clodan Kit
Advocate Redi-Code diabetic testing supplies	Arze-Ject-A kit	Bionect	Colazal
Adyphren	Asacol HD	Boniva syringe	Colchicine tablets
Adzenys XR	Ascensia diabetic testing supplies	Boniva tablets	Colchicine capsules
Aerospan	Asmanex Twisthaler	Bravelle	CoLyte
Agoneaze	Assure diabetic testing supplies	Breo Ellipta	Combigan
Air Duo	Astepro	Brevicon	Contour Next diabetic testing supplies
Akynzeo	Astero	Brilinta	Conzip
Alcortin-A	Atacand	Brisdelle	Cool diabetic testing supplies
Alevicyn Plus Kit	Atacand HCT	Bromsite	Coreg
Alevicyn Antipruritic SG gel	Atelvia DR	Brovana	Coreg CR
Alodox	Ativan	Bystolic	Corlanor
Alogliptin	Atopaderm	Byvalson	Cosopt PF
Alogliptin/Metformin	Atopiclair	Caduet	Cotempla XR ODT
Alogliptin/Pioglitazone	Atralin	Calcitriol Topical	
	Atrapro Dermal Spray	Cambia	
	Atrapro CP	Caphosol	

Non-Covered Medication

Cozaar	Diclofono	Emsam	Fiorinal
Crestor	Diclopak	Enablex	Fiorinal with Codeine
CVS Advanced diabetic testing supplies	DicloPR Combo Pak	Entresto	Flagyl
Cymbalta	Diclotral	Entyvio	Flagyl ER
D-Care 100X	Diclozor	Epaned	Flagyl IV
Daklinza	Dificid	EpiCeram	Flarex
Daliresp	Dilaudid	Epiduo	Flector
Daxbia	Diovan	Epiduo Forte	FlexiPak
Daypro	Diovan HCT	Epinephrine Snap-V	Fliolipid
Daytrana	Dipentum	Episil	Fluoroplex
DDAVP	Dithol Combo Pack	Episnap Convenience Kit	FML Forte
Delzicol	Ditropan XL	Epogen	FML Liquifilm
Delzicol DR	Divigel	Equetro	FML S.O.P.
Depo-Sub Q Provera 104	DM2 Kit	Ertaczo	Focalin
Derma-Smoothe/FS	DMT Suik	Esomeprazole Strontium (excluded for 18 years and older)	Focalin XR
Dermacin RX Cinolone-1 CPI	Dolotranz	Esomep-EZS (excluded for 18 years and older)	Follistim AQ
Dermacin Rx Chlorhexacin	Doubledex	Estrace	Fora V12 diabetic testing supplies
Dermacin Rx Empraciane	Duac	Estrogel	Forfivo XL
Dermacin RX Prizopak	Duac CS	Eucrisa	Fortamet
Dermacin RX PHN	Duavee	Euflexxa	Fortesta
Dermacin RX Silpak	Duragesic	Evamist	Fosamax
Dermacin Silazone Pharpak	Durezol	Evekeo	Fragmin
Dermacin RX Surgical Pharpak	Durolane	Evoclin	Freestyle diabetic testing supplies
Dermacin Rx Therazole Pak	Duzallo	ExacTech diabetic testing supplies	Frova
Dermacin RX ZRM	Dyloject	Exalgo	Ganirelix
Dermasorb-AF	Easy Max diabetic testing supplies	Exforge	GE 100 diabetic testing supplies
Dermasorb-HC	Easy Step diabetic testing supplies	Exforge HCT	Gel-One
Dermasorb-TA	Easy Talk diabetic testing supplies	Extavia	Gelclair
Dermasorb-XM	Easy Touch diabetic testing supplies	Extina	Gelnique
Dermawerx SDS	Easy-Trak diabetic testing supplies	Factive	Gelsyn-3
Dermawerx Surgical Plus Pack	Edarbi	Fanapt	GelX
Dermazone	Edarbyclor	Farxiga	Genotropin
Dermazyl	Edluar	FazaClo	Genstrip diabetic testing supplies
DermOtic	Effexor	Femring	Geodon
DesOwen kit	Effexor XR	Fenoglide	GE 100 diabetic testing supplies
Desvenlafaxine ER	Elestrin	Fentora	Gialax
Detrol	Eletone	Fetzima	Giazio
Detrol LA	Ellizia	Fexmid	Glucocard diabetic testing supplies
Dexedrine	Embeda	Fiasp	Glucometer diabetic testing supplies
Dexilant (excluded for 18 years and older)	Embrace diabetic testing supplies	Fifty50 diabetic testing supplies	Glucophage
Diclo Gel		Finacea Plus	
Diclo-Xrylix Sheet Kit			

Non-Covered Medication

Glucophage XR	Khedezla	Lovaza	Moxeza
Glumetza	Kitabis PAK	Lovenox	Mydayis
Gmate diabetic testing supplies	Klonopin	Luliconazole	Namzatic
GNP diabetic testing supplies	Kro Premium diabetic testing supplies	Lunesta	Naprelan
Gocovri	Lamictal ODT	Luzu	Naprelan CR
GoLytely	Lamisil	Lyrice CR	Naprosyn
Healthpro diabetic testing supplies	Lamisil Granules	Lysteda	Naprosyn EC
Horizant	Latuda	MAC Patch	Nascobal
HPR	Lazanda	Marvona SUIK	Natazia
HPR Plus	Lemtrada	Mas Care Pak	Natesto Nasal
HPR Plus Hydrogel Kit	Lescol	Mavyret	Neocera
Humana True Metrix diabetic testing supplies	Lescol XL	Maxalt	Neo-Synalar Kit
Hyalgan	Leva Set	Maxalt-MLT	Neosalus
Hydrocortisone-Lidocaine kit	Levalbuterol HFA	Maxidex	Neosalus CP
Hylatopic	Levaquin	Maxipime	Nesina
Hylatopic Plus	Levemir	MB Hydrogel	Neuac Kit
Hylatopic Plus-Aurstat	Levicycn Antipruritic SG	Medolor Kit	Neumaxin
Hymovis	Lexapro	Medroloan SUIK	Neupogen
Hysingla ER	Lexixryl	Medroloan II SUIK	Neupro
Hyzaar	Liberty diabetic testing supplies	Megace ES	Neurcaine
Iglucose diabetic testing supplies	Lido-Prilo Caine Pak	Menostar	Neurontin
Ilevro	Lidocaine HC Kit	Mentho-Caine Kit	Nevanac
Imvexxy	Lidocidex I	Mesalamine HD	Nexiclon XR
Inderal LA	Lidoderm	Metformin ER (Fortamet Authorized Product)	Nexium (excluded for 18 years and older)
Inderal XL	Lidopac	Metformin Film Coated ER (Glumetza Authorized Product)	Niravam
Inflamma K	Lidopril	Micardis	Nocdurna
InnoPran XL	Lidotrans 5 Pac	Micardis HCT	Noctiva
Intermezzo	Lidotrex	Microdot diabetic testing supplies	Norditropin
Intuniv	Lidovex	Migranow	Northera
Invega	Lidoxib	Minastrin Fe Chewable	Norvasc
Irenka DR	Lipitor	Minocin	Novacort
Istalol	Lipofen	Minocin Combo Pack	Nova Max diabetic testing supplies
Jentadueto	Liprozone Pak	Minolira ER	Novolin Insulin products
Jentadueto XR	Livalo	Mirapex	Novolog Insulin products
Jublia	Livixil PAK	Mirapex ER	Noxipak
Kadian	Lodine	Mobic	NuCort
Kapvay	Lodine XL	Monodox	Nucynta
Kaspargo Sprinkle	Lonhala Magnair	Monovisc	Nucynta ER
Kazano	Lopressor	Morgidox Kit	Nudiclo SoluPak
Keppra XR	Loprox Kit	Morphabond ER	Nudiclo TabPak
Keralyt kit	LoSeasonique	MoviPrep	NuLytely
Kerydin	Lotensin	Moxatag	Nusurgepak Surgical Prep
	Lotensin HCT		Nutraseb
	Loutrex		NutriaRx Pak

Non-Covered Medication

Nuessa	Perseris ER	Promiseb	Revatio
Nuvigil	Pertzye	Promiseb Light	Rexulti
Ocudox kit	Pexeva	Protonix (excluded for 18 years and older)	Rhopressa
Olux	Pharmacist Choice diabetic testing supplies	Proventil HFA	Risperdal M-Tab
Olysio	Picato	Proventil inhaler	Ritalin
Omnitrope	Plaquenil	Provigil	Ritalin LA
Onexton	Plenvu	Prozac	Ritalin SR
Onmel	Plixda	Prozac Weekly	Rosadan
Onsolis	POD Care 100C	Pylera	Roxybond
Onzetra Xsail	POD Care 100CG	Qbrexis	Rytary ER
Opana	POD Care 100K	Qtern	Rythmol
Opana ER	POD Care 100KG	Quartette	Saizen
Optium diabetic testing supplies	PR-Cream	Quillichew ER	SaizenPrep
Oracea	Pradaxa	Quillivant XR	Salicylic Acid 6% Kit
Oramorph SR	Pram-HCA	Quinja	Salicylic Acid-Ceramide kit
Orapred ODT	Pramosone E	RadiaPlex Rx	Salkera
Oravig	Pravachol	Radigel	Salvax Duo
Orencia	Precision QID diabetic supplies	Rapaflo	Salvax Duo Plus
Orthovisc	Precision X-Tra diabetic supplies	Rasuvo	SanadermRx Skin Repair
Oseni	Pred Mild	Rayaldee	Sancuso
Osmolex ER	Prefest	Rayos	Saphris
Osmoprep	Premium diabetic testing supplies	Readysharp Betamethasone	Sarafem
Ospkena	Prepopik	Readysharp Bupivacaine	Savaysa
Otrexup	Presera	Readysharp Dexamethasone	Scalacort
Oxaydo	Prestalia	Readysharp Ketorolac	Seasonique
Oxytrol	Prestige diabetic testing supplies	Readysharp Lidocaine	Sebuderm
Ozempic	Prevacid (excluded for 18 years and older)	Readysharp Methylprednisolone	Seebri Neohaler
P-Care	PrevPac	Readysharp Triamcinolone	Segluromet
P-Care K	Prilolid	Recothrom	Sernivo
P-Care M	Prilosec (excluded for 18 years and older)	Regenecare	Seroquel
P-Care MG	Prinivil	Relador Pak	Seroquel XR
P-Care X	Prilovix	Relador Pak Plus	Silalite PAK
Paingo KFT	Pristiq	Relexxii ER	Silazone-II
Pamelor	Pristiq ER	Relion diabetic testing supplies	Silenor
Pancreaze	Pro-Voice diabetic testing supplies	Relpax	Siliq
Patanase	Procentra	Remeron	Silvrstat
Paxil	Procort	Remeron Soltab	Simbrinza
Paxil CR	Prodigy diabetic testing supplies	Repatha	Sinemet
PCE	Prolensa	Requip	Singulair
PCE Dispertab		Requip XL	Sitavig
Penlac		Rescula	Sklice
Pennsaid		Restoril	Smart Sense diabetic testing supplies
Pepcid		Retacrit	SmartRx Gaba-V
Percocet		Retin-A Micro	SmartRx GabaKit

Non-Covered Medication

Sof-Tact diabetic supplies	Tekturna HCT	Trixylylral	Voltaren XR
Solaice	Tenormin	True Metrix diabetic supplies	Vopac MDS
Solaraze	Tequin	TrueTest diabetic supplies	Vraylar
Soliqua	Tersi	TrueTrack diabetic supplies	Vusion
Solodyn	Test N'Go diabetic testing supplies	Trulance	Vytorin
Solosec	Testim	Twynsta	Vyvanse
Soltamox	Testone CIK	Ultracet	Vyzulta
Solupak	Testosterone gel (Fortesta Authorized product)	Ultram	Wavesense diabetic testing supplies
Solus V2 diabetic testing supplies	Testosterone gel (Testim Authorized product)	Ultram ER	Welchol
Soma	Testosterone gel (Vogelxo Authorized product)	Ultrasal ER	Wellbutrin
Sonata	Testosterone CIK Kit	Ultravate PAC	Wellbutrin SR
Soolantra	Tev-Tropin	Ultravate X	Wellbutrin XL
Sovaldi	Therapevo	Unistrip 1 diabetic testing supplies	Whytederm Surgipak
Spectracef	Tiazac	Up & Up diabetic testing supplies	Whytederm Trilasil Pack
Sporanox	Tindamax	Uramaxin	Wound Debride 4% Lidocaine
Spritam	Tirosint	Urea kit	WPR Plus Kit
Sprix	Tivorbex	Utibron NeoHaler	Xadago
Steglatro	TobraDex ST	Vacustim Silver Kit	Xalix
Steglujan	Tofranil	Valium	Xanax
Striant	Tolak	Vanos	Xanax XR
Subsys	Toronova SUIK	Vascepa	X-Clair
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Sular	Toviaz	Vasotec	Xerese
Sumadan	Tradjenta	Vectical	Xifaxan
Sumavel Dosepro	Tranxene T-Tab	Velphoro	Xigduo
Sumaxin	Tranzarel	Veltassa	Xigduo XR
Sumaxin CP	Trelegy Ellipta	Veltin	Xilapak
Sumaxin TS	Tresiba	Ventolin HFA	Ximino ER
Supartz	Tretin-X	Verasens diabetic testing supplies	Xolegel
Suprep	Treximet	Veregen	Xopenex HFA
Sure Result Tak Pack	Trezix	Vexasyn	Xopenex nebulas
Sustol	Tribenzor	Viberzi	Xryliderm
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Tanzeum	Tri-Norinyl	Visco-3	Zelapar
Targadox	Tri-Sila Topical	Vivlodex	Zembrace Symtouch
Taytulla	Trivisc	Vogelxo	Zepatier
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Ziana
Zinbryta
Zipsor
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Zmax
Zocor
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Zohydro ER
Zoloft
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Zomacton
Zomig
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Zontivity
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Zyprexa
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New Medication Approval Process

Our Pharmacy and Therapeutics Committee (the Committee), which is made up of pharmacists and doctors of various specialties, reviews the effectiveness and overall value of new medications approved by the FDA on an ongoing basis. The Committee provides expertise and advice to help us give our members prescription drug options that meet their medical needs and achieve desired treatment goals. Approved medications are added to our list as they are approved by the Committee throughout the year.

While under review, new medications won't be covered by your plan. As with other medications that aren't covered, your doctor may request coverage when medically necessary. If a non-covered drug is approved, it will be covered at the highest tier.



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You Have Quicker, Less Expensive Choices for Quality Care

You should always go to the nearest emergency room in a life-threatening situation. However, for other situations, including urgent care, you have options that can save you time and money.

Consider using one of the following emergency room alternatives next time you're sick or injured:

Care Options	Description	Types of Services They Can Provide	Hours	Relative Cost	How to Find One
Blue Care® Line	Explain your symptoms to a nurse over the phone, and they'll help you decide what to do next.	Assessment for the treatment of: <ul style="list-style-type: none"> • Fever • Dizziness • Cuts • General discomfort 	24/7	No cost	Call the Blue Care Line at 1-888-247-BLUE (2583)
Well Connection	Live video visits with licensed doctors on your favorite device.	<ul style="list-style-type: none"> • Back pain • Bronchitis • Cough • Diarrhea • Fever • Rashes • Respiratory infections • Sinus infections • Sore throat • Skin conditions • Urinary tract infections <p>Well Connection doctors and providers can also treat behavioral health conditions by appointment.</p>	24/7 for medical care	\$\$	Download the Well Connection app, or visit wellconnection.com .
Limited Services Clinics¹	Clinics located within your local pharmacy that treat simple medical concerns.	<ul style="list-style-type: none"> • Cold & flu • Bronchitis • Sinus & respiratory infections • Sore throat • Diarrhea • Gout • Strep throat • Urinary tract infections • Pinkeye • Hypertension • Migraines • Pneumonia 	Days, evenings, weekends	\$\$	Visit Find a Doctor at findadoctor.bluecrossma.com/ 1. Select Urgent Care Centers 2. Refine your results by choosing Limited Services Clinics or Urgent Care Center under Specialties
Urgent Care Centers²	Local clinics that treat conditions that aren't life-threatening but require immediate treatment.	<ul style="list-style-type: none"> • Broken bones • Digital X-rays • Drug tests • EKG test • Lab tests • Minor burns or injuries • PPD/TB skin tests • Pregnancy test • Short-term (acute) illness • Splints • Stitches • Sports & school physicals • Shots & vaccines <p>Plus, symptoms treated at limited services clinics</p>	Days, evenings, weekends	\$\$\$	Results are determined by your selected location and providers that participate in your network.

Care Options	Description	Types of Services They Can Provide	Hours	Relative Cost	How to Find One
Emergency Room	Full hospital service for severe symptoms that could seriously jeopardize your health or the health of another (including an unborn child).	<ul style="list-style-type: none"> • Possible heart attack • Stroke • Poisoning • Loss of consciousness 	24/7	\$\$\$\$\$\$	<ul style="list-style-type: none"> • Call 911 or go to your nearest hospital

Talk to Your Primary Care Provider

Unless it's a true emergency, it's always best to call your doctor's office first, even after hours. They may want to see you or suggest alternatives to the emergency room. If the doctor's office is closed, there may be recorded after-hours care instructions or the option to speak with an on-call nurse or doctor who can provide advice based upon your medical history.

Using Limited Service Clinics and Urgent Care Centers

To check if your health plan covers service from your location of choice, or to see if you need a referral, call the Member Service number on the front of your card. Use our Find a Doctor tool at bluecrossma.com/findadoctor to find limited service clinics and urgent care centers that participate in your network.

*Call the Member Service number on the front of your ID card to see if Well Connection is included in your benefits. Please note that doctors and providers can't write prescriptions for controlled substances while delivering care online.

1. Example: CVS Minute Clinic[®]
2. Examples: CareWell[®] Urgent Care, Doctors Express,[®] and Health Express

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID Card (TTY: 711).

Well Connection—Care at Your Convenience

You can see licensed doctors and providers for minor medical and behavioral health care using live video visits on your favorite device. All you need is an internet connection and a webcam. They have an average of 15 years of experience and can look up your medical history, diagnose and treat your symptoms, and prescribe medication, if necessary.*

Download the app or visit wellconnection.com to get started.



ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

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Getting Sick Isn't Convenient. Well Connection Is.

You can see licensed doctors and providers for minor medical and behavioral health care using live video visits on your favorite device.



Real Doctors. Real Doctor Visits.

Licensed doctors and providers in the Well Connection network have an average of 15 years of experience. They can look up your medical history, diagnose and treat your symptoms, and prescribe medication,* if necessary.



4.8 out of 5
Doctor and provider
rating from our members¹

How It Works

1. Download the Well Connection app, or visit wellconnection.com
2. Create an account and log in
3. Choose the type of service: medical or behavioral
4. Pick an available provider

Benefits of Well Connection



Medical
24/7



Behavioral Health
by Appointment



Secure
and Confidential



Low Cost

Download the app or visit wellconnection.com.



*Some medications, such as controlled substances, cannot be prescribed online.

1. Source: American Well. AmWell TeleHealth Report, February 2018. Patient Satisfaction Survey Data, compiled December 2017-February 2018.

Health Care for the Digital Age

You and your family members can visit doctors and providers anytime, anywhere in the United States, at home, work, or on vacation, weekends and holidays included. All you need is an internet connection and a smartphone, tablet, or computer with a webcam.

Types of Covered Services

Urgent Care

- Cold & flu
- Bronchitis
- Sinus & respiratory infections
- Sore throat
- Diarrhea
- Gout
- Strep throat
- Urinary tract infections
- Pinkeye
- Hypertension
- Migraines
- Pneumonia

Behavioral Health

- Depression & anxiety
- Sleep disorders
- Substance use disorder
- Trauma
- Child behavior
- Bereavement
- Couples therapy
- Stress
- Divorce

Can I Have Live Video Visits with My Doctor?

If your local doctor is in the Blue Cross Blue Shield of Massachusetts network and offers covered services using live video visits through another service other than Well Connection, you'll still be covered by your plan.* To find a local doctor who offers live video visits, go to **Find a Doctor & Estimate Costs** at bluecrossma.com/findadoctor and select **Tech Savvy Office** under **Refine Your Results**.

Find Out If You're Covered and What It Costs

Not all plans include coverage for live video visits. To find out if you're covered, or to see how much it costs, call Member Service at the number on the front of your ID card.

*If your plan includes telehealth benefits.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID Card (TTY: **711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).



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3 Steps to Understanding Your Benefits

Step 1—List your current medications

Writing down which medications and the dosages you are taking is the first step to understanding your costs. It also enables you to discuss coverage options with your doctor.

Medication Name	Tier (Copay Level)	Pharmacy Program	Covered Alternative (if applicable)

Step 2—See how your prescriptions are covered

Visit www.bluecrossma.com/medications to find out which tier your medications fall under and whether any Pharmacy Management Program might apply.

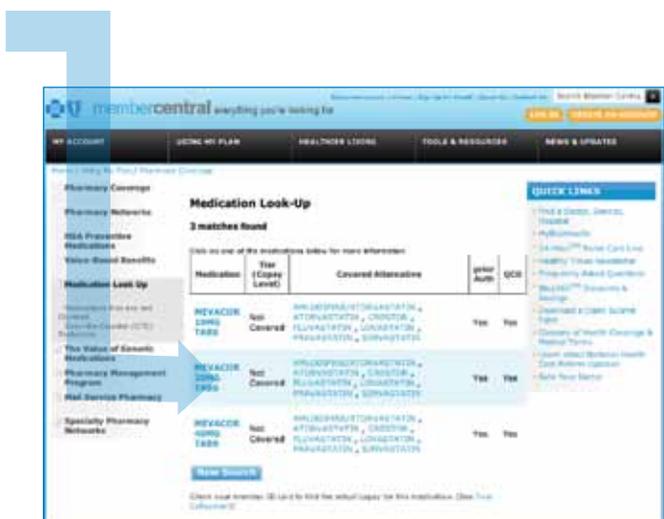
Choose the 3-tier option and enter your medication name. You'll see the tier it belongs to as well as any covered alternatives.

Click on the drug name to see if any programs, such as Quality Care Dosing, prior authorization or step therapy, are associated with your medication. Please note that Fertility and Specialty Drugs must be dispensed via one of the pharmacies listed in the Blue Cross Blue Shield of Massachusetts exclusive specialty and fertility pharmacy network.

For additional questions, please contact Member Services at the number on the front of your ID card.

Step 3—Talk to your doctor

If you have medications that are not covered or are subject to a pharmacy management program, such as prior authorization, that requires special approval, talk to your doctor before refilling those prescriptions. It will make getting the prescriptions quicker and easier.



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Save with our \$9 for 90 Generics Program

Our \$9 for 90 Generics Program will save you time and money by offering many generic drug prescriptions at discounted prices for direct-to-home delivery.

Express Scripts, our pharmacy benefits manager, coordinates the home delivery of many generic drugs with no cost standard shipping. Additionally, the \$9 copayment is applied to your annual out-of-pocket cost—helping you to further maximize the value of our program.

In addition to the significant savings on many generic prescription drugs, you enjoy the convenience of home delivery and a 90-day supply of generic drugs. This is a better option than the 30-day supply dispensed by retail pharmacies, which require in-store pick-up.

The Details

- + Is available to you as a Blue Cross Blue Shield of Massachusetts member
- + Has an easy enrollment process in which you sign up either online or by phone
- + Gives you a 90-day supply of generics sent directly to your home through the Express Scripts Mail Service Pharmacy
- + Saves you more money than the \$4 generics retail benefit offered by Target and Walmart

You can save, on average, 29% in comparison to standard retail pharmacies.²

How to Get Started:

Log in to Member Central and select Pharmacy Coverage under the “Using My Plan” tab. Then, select Mail Service Pharmacy from the navigation bar on the left. To see the list of available generic drugs, click on the link **View a list of \$9 generic medications**.

1. Source: “Is Compliance Really Better in Home Delivery? Evidence Across Three Chronic Therapy Classes”; Express Scripts Study; September 2008.”
2. Average percentage savings figure based on analysis of actual January–March 2012 claims for clients with a retail pharmacy and mail pharmacy benefit, excluding Medicare clients and clients participating in mandatory mail programs. Savings may vary based on your plan design.

Express Scripts’ services are being provided on behalf of Blue Cross Blue Shield of Massachusetts.



For more information

If you have questions, or would like to enroll in home delivery, they can visit

www.express-scripts.com/starthd

or call

877-509-5883.

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Blue Care lineSM

We're here for you 24/7

Call **1-888-247-BLUE (2583)**
for the Blue Care Line.



We're here for you 24/7

Have a question about your health? You can talk to a professionally trained, registered nurse 24 hours a day, seven days a week. They're ready when you are—even at 4 a.m.

Know your options

Calling the Blue Care Line is a quick way to find out if you need to see a doctor, go to an emergency room, or if you're able to treat it yourself at home.

We'll call you

Depending on your type of illness or injury, the registered nurse will call and follow up to see how you're responding to the self-treatment.

Confidentiality

Your information is kept in accordance with our policy on confidentiality.

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Fitness Reimbursement

Your reward for health



Receive up to \$150 annually for participating in a qualified fitness program.¹

Qualified for Fitness Reimbursement:

Membership or fitness class fees at:

- A full service health club with cardiovascular and strength-training equipment like treadmills, bikes, weight machines, and free weights
- **Starting in 2019**—A fitness studio with instructor-led group classes such as yoga, Pilates, Zumba®, kickboxing, indoor cycling/spinning, and other exercise programs. Note: Reimbursement requests for the new 2019 programs must be submitted *after* your 2019 health benefits become effective.

Not Qualified for Fitness Reimbursement:

- One-time initiation or termination fees
- Fees paid for gymnastics, tennis, pool-only facilities, martial arts schools, instructional dance studios, country clubs or social clubs, sports teams or leagues
- Personal trainer sessions
- Fitness equipment or clothing

Get Reimbursed in Three Easy Steps



1. Choose

Start by picking a qualified fitness program.



2. Complete

Once you pay for the program, fill out the attached form.



3. Mail

Send the completed form to the address listed.

Important Information:

- Fitness reimbursement can be granted for any single member or combination of members enrolled under the same Blue Cross Blue Shield of Massachusetts health plan. Blue Cross will make a reimbursement decision within 30 days of receiving a complete request.
- Reimbursement requests must be submitted by March 31 of the following year.
- Keep copies of proof of payment in case we request it from you. Proof of payment includes:
 - » Receipts (cash/check/credit/electronic) for membership or class fees clearly documenting your name, the fitness program name, and individual amounts charged with date paid.
 - » Your fitness program membership or participation agreement clearly documenting your name and date signed.
- Reimbursement may be considered taxable income, so consult a tax advisor.

Be sure to check with your doctor before starting any exercise program.

1. To verify this reimbursement is offered for your plan, or for more information, log on to MyBlue at bluecrossma.com/myblue or call the Member Service number on your ID card. Most plans offer the reimbursement shown, but refer to your plan information for specific details.



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Fitness Reimbursement Request

PLEASE PRINT ALL INFORMATION CLEARLY

To verify this reimbursement is offered within your plan, or for more information, please log on to MyBlue at bluecrossma.com/myblue or call the Member Service number on your ID card. All fitness reimbursement requests must be submitted by March 31 of the following year.

Subscriber Information (Policyholder)

Identification Number on Subscriber ID Card (including first 3 characters)	Subscriber's Last Name	First Name	Middle Initial
Address—Number and Street		City	State
Zip Code			
Employer's Name			

Claim Information

Member's Last Name	First Name	Middle Initial	Date of Birth: MM/DD/YY
Gender (color in the entire box): <input type="checkbox"/> Male <input type="checkbox"/> Female	Claim is for (choose one and color in the entire box): <input type="checkbox"/> Subscriber (policyholder) <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Spouse (of policyholder) <input type="checkbox"/> Dependent (up to age 26)		
Name, Address, and Phone Number of Qualified Fitness Program			
Total dollars requested: \$_____ for (choose one and color in the entire box): <input type="checkbox"/> Membership fees. Monthly membership fee: \$ _____ <input type="checkbox"/> Fitness class fees. Fee per class: \$ _____			Calendar Year

Blue Cross Blue Shield of Massachusetts will make a reimbursement decision within 30 calendar days of receiving a completed request form. Reimbursement is sent to the member's address on file with Blue Cross. Reimbursement may be considered taxable income, so consult your tax advisor.

Certification and Authorization (This form must be signed and dated below.)

I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services. I understand that Blue Cross Blue Shield of Massachusetts may require proof of payment for a reimbursement decision. I authorize the release of any information about my qualified fitness program to Blue Cross Blue Shield of Massachusetts.

Subscriber's or Member's Signature: _____ Date: ____/____/____

Complete this form and mail it to:

Blue Cross Blue Shield of Massachusetts
Local Claims Department
PO Box 986030
Boston, MA 02298

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID Card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

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Receive up to \$150 annually when you participate in a qualified weight-loss program.¹

Qualified for Weight-Loss Reimbursement:

Participation fees for:

- Hospital-based programs and Weight Watchers® in-person
- **Starting in 2019**—Weight Watchers online and other non-hospital programs (in-person or online) that combine healthy eating, exercise, and coaching sessions with certified health professionals such as nutritionists, registered dietitians, or exercise physiologists. Note: Reimbursement requests for the new 2019 programs must be submitted *after* your 2019 health benefits become effective.

Not Qualified for Weight-Loss Reimbursement:

- One-time initiation or termination fees
- Food, supplements, books, scales, or exercise equipment
- Individual nutrition counseling sessions, doctor/nurse visits, lab tests or other services that are covered benefits under your medical plan

Get Reimbursed in Three Easy Steps



1. Choose

Start by picking a qualified weight-loss program.



2. Complete

Once you pay for the program, fill out the attached form.



3. Mail

Send the completed form to the address listed.

Important Information:

- Weight-loss reimbursement can be granted for any single member or combination of members enrolled under the same Blue Cross Blue Shield of Massachusetts health plan. Blue Cross will make a reimbursement decision within 30 days of receiving a complete request.
- Reimbursement requests must be submitted by March 31 of the following year.
- Keep copies of proof of payment in case we request it from you. Proof of payment includes:
 - » Receipts (cash/check/credit/electronic) for participation fees clearly documenting your name, the weight-loss program name, and individual amounts charged with date paid.
 - » Your weight-loss program membership or participation agreement clearly documenting your name and date of enrollment/participation.
- Your reimbursement may be considered taxable income, so consult a tax advisor.

Be sure to check with your doctor before starting any weight-loss program.

1. To verify this reimbursement is offered for your plan, or for more information, log on to MyBlue at bluecrossma.com/myblue or call the Member Service number on your ID card. Most plans offer the reimbursement shown, but refer to your plan information for specific details.



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Weight-Loss Reimbursement Request

PLEASE PRINT ALL INFORMATION CLEARLY

To verify this reimbursement is offered within your plan, or for more information, please log on to MyBlue at bluecrossma.com/myblue or call the Member Service number on your ID card. All weight-loss reimbursement requests must be submitted by March 31 of the following year.

Subscriber Information (Policyholder)

Identification Number on Subscriber ID Card (including first 3 characters)	Subscriber's Last Name	First Name	Middle Initial
Address—Number and Street		City	State
Zip Code			
Employer's Name			

Claim Information

Member's Last Name	First Name	Middle Initial	Date of Birth: MM/DD/YY
Gender (color in the entire box): <input type="checkbox"/> Male <input type="checkbox"/> Female	Claim is for (choose one and color in the entire box): <input type="checkbox"/> Subscriber (policyholder) <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Spouse (of policyholder) <input type="checkbox"/> Dependent (up to age 26)		
Name, Address, and Phone Number of Qualified Weight-Loss Program			
Total dollars requested: \$ _____			Calendar Year
Monthly program participation fee: \$ _____			

Blue Cross Blue Shield of Massachusetts will make a reimbursement decision within 30 calendar days of receiving a completed request form. Reimbursement is sent to the member's address on file with Blue Cross. Reimbursement may be considered taxable income, so consult your tax advisor.

Certification and Authorization (This form must be signed and dated below.)

I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services. I understand that Blue Cross Blue Shield of Massachusetts may require proof of payment for a reimbursement decision. I authorize the release of any information about my qualified weight-loss program to Blue Cross Blue Shield of Massachusetts.

Subscriber's or Member's Signature: _____ Date: ____ / ____ / ____

Complete this form and mail it to:

Blue Cross Blue Shield of Massachusetts
Local Claims Department
PO Box 986030
Boston, MA 02298

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OUR COMMITMENT TO CONFIDENTIALITY (NOTICE OF PRIVACY PRACTICES) AND WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL AND DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Commitment

We respect your right to privacy. We will not disclose personally identifiable information about you without your permission, unless the disclosure is necessary to provide our services to you or is otherwise in accordance with the law.

Collection of Information

We collect only the information about you that we need to operate our business. We collect information from other parties, such as your health care providers and employers. Examples of the information we collect are (i) medical and dental information from providers when they submit claims for services and (ii) personal information such as name, address, and date of birth, which is most often supplied by you or your employer when you enroll in a plan.

Use and Disclosure of Information

We are required by law to protect the confidentiality of information about you and to notify you in case of a breach affecting

your information. We may use and disclose information about you without your written authorization for the following purposes, to the extent otherwise permitted or required by law:

- **You or Your Representatives**—to you or your “personal representative” upon request or to help you (or your personal representative) understand treatment options, benefits, or the rights available to you. Your “personal representative” is a person who has *legal authority* to make health-related decisions on your behalf, such as a person with a health-care power of attorney. Your request must be in writing. Please complete the [Documentation of Legal Representative Status for Members](#) form available on our website. You also may designate a family member or friend to receive information and interact with us on your behalf. Your designation and any subsequent revocation must be in writing. Please complete the [Member's Designation of an Authorized Representative](#) form on our website. You may also call Member Service for a copy of these forms.

- **Treatment**—to help health care providers manage or coordinate your health care and related services. For example, we may use and disclose information about you to inform providers of medications you take or to remind you of appointments.
- **Payment**—to obtain payment for your coverage, pay claims for your health benefits, or help another health plan or health care provider in its payment activities. For example, we may use or disclose information about you to make coverage determinations, administer claims, or coordinate benefits with other coverage you may have.
- **Health Care Operations**—to perform other activities necessary for the operation of our business, including customer service, disease management, and determining how to improve the quality of care. For example, we may use or disclose information about you to respond to your call to customer service, arrange for medical review of your claims, or conduct quality assessment and improvement activities.
- **Legal Compliance**—to comply with applicable law. For example, we may be required to use or disclose information about you to respond to regulatory authorities responsible for oversight of government benefit programs or our business operations; to parties or courts in the course of judicial or administrative proceedings; or pursuant to workers' compensation laws.
- **Government Agencies**—under limited circumstances established by law, to public health authorities, coroners or medical examiners, law enforcement, or other government officials
- **Research**—for health-related research studies that meet legal standards for protection of the individuals involved in the studies and their personal information. We may also create a database of our members' information that does not include individual identifiers and use the database for research or other purposes, provided that the information cannot be traced back to specific members.
- **To Your Employer (or other plan sponsor), if applicable**, for administration of its health plan. This applies only if you receive coverage through an employer-sponsored plan (or plan sponsored by your union or other entity). For example, we may disclose information about you to your employer (or other plan sponsor) to confirm enrollment in the plan or (if the employer or other plan sponsor is self-insured) for claim review and audits. We will disclose your information only to designated individuals. That, along with legal prohibitions on use of your personal information for discriminatory purposes, helps protect your information from unauthorized use.

To carry out these purposes, we share information with entities that perform functions for us subject to contracts that limit use and disclosure for intended purposes. We use physical, electronic, and procedural safeguards to protect your privacy. Even when allowed, we limit uses and disclosures of your information to the minimum amount reasonably necessary for the intended task.

The Health Insurance Portability and Accountability Act (HIPAA) generally does not override other laws that give people greater privacy protections. As a result, we

must comply with any state or federal privacy laws that require us to provide you with more privacy protections. For example, federal law provides special protections for substance use disorder information; Massachusetts state law restricts the disclosure of HIV and AIDS related information. In addition, we will not use (and are prohibited from using) your genetic information for underwriting purposes.

Other Disclosures Require Your Written Authorization

Except as provided in this notice, we will not use or disclose information about you without your written authorization. For example, we must have your written authorization to use or disclose your information for marketing purposes or (in most cases) to use or disclose psychotherapy notes. Although we would need written authorization to sell information about you, we do not sell members' information.

You may revoke your authorization at any time. Your authorization must be in writing. Your revocation will not affect any action that we have already taken in reliance on your authorization. If you would like us to disclose information about you to a third party, please complete the Permission for One-Time Disclosure of Information form available on our website or call Member Service for a copy of the form.

Your Privacy Rights

You have the following rights with respect to information about you. You may exercise any of these rights by calling the Member Service number listed on your member ID card or contacting us at the address listed at the end of this notice. The forms listed below are also available on our website.

- **You have the right to receive information about privacy protections.** Your member-education materials include a notice of your rights, and you may request a paper copy of this notice at any time.
- **You have the right to inspect and get copies of information that we use to make decisions about you.** This is your designated record set. Your request must be in writing. We may charge a reasonable fee for copying and mailing you this information. Please complete the Request for Access to Copies of Protected Health Information in Designated Record Set form to request copies of your information.
- **You have the right to receive an accounting of certain disclosures that we make of information about you.** Your request must be in writing. Please complete the Members Request for an Accounting of Disclosures form. Our response will exclude any disclosures made in support of treatment, payment, and health care operations or that you authorized (among others). An example of a disclosure that would be reported to you is our disclosure of your information in response to a court order.
- **You have the right to ask us to correct or amend information you believe to be incorrect.** Your request to correct or amend information must be in writing. Please complete the Members Request to Amend Protected Health Information form. If we deny your request, you may ask us to make your request part of your records.
- **You have the right to ask that we restrict or refuse the disclosure of information about you and that we direct communications to you by alternative means or to alternative locations.** While we may not always be able to agree to your request, we will make reasonable

efforts to accommodate requests. Unless you've notified us to request a different mailing address, Summary of Health Plan Payments statements for the subscriber, and all members listed on the subscriber's plan, are generally delivered to the subscriber's address. Under certain circumstances, you can request to not receive statements for a particular service, or to have statements delivered through an alternate method or to an alternate address, when required by state law. If you have concerns about protecting the privacy of your medical information in your statements, you can have these statements delivered to an address other than the plan subscriber's address, or have them delivered only via electronic means. For help understanding your delivery options, please call Member Service at the number listed on your member ID card. Your request and any subsequent revocation must be in writing.

If you believe your privacy rights have been violated, you have the right to complain to us using the grievance process outlined in your benefit materials, or to the Secretary of the U.S. Department of Health and Human Services, without fear of retaliation.

About This Notice

The original effective date of this notice was April 14, 2003. The effective date of the most recent revision is indicated in the footer of this notice. We are required by law to provide you with this notice of our legal duties and privacy practices and to abide by the notice for as long as it is in effect. We reserve the right to change this notice. Any changes will apply to all information that we maintain, regardless of when it was created or received. If we make a material change to this notice, we will post the revised notice on our website and notify you of the change and how

to obtain the revised notice in our next regular mailing to you. If you have any questions, please call the Member Service number listed on your member ID card, or write us at:

Blue Cross Blue Shield of Massachusetts

Privacy Officer

101 Huntington Ave.

Suite 1300

Boston, MA 02199-7611

WHCRA NOTICE

Did you know that your medical plan provides benefits for many mastectomy-related services? This is the case even if you were not covered by Blue Cross Blue Shield of Massachusetts at the time of the mastectomy. It's required by the Women's Health and Cancer Rights Act of 1998. If you are covered for a mastectomy and elect breast reconstruction in connection with a mastectomy, then benefits are also provided for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

Coverage will be provided as determined in consultation with you and your attending doctor. The costs that you pay for these services are the same as those you pay for other services in the same category. To learn more, please call the Member Service number on your member ID card.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: **711**).

Spanish/Español: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).

Portuguese/Português: ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).



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A Guide to Your Summary of Health Plan Payments¹

The Summary of Health Plan Payments shows you how we process claims for medical services you've received. This statement is not a bill.

How the Payment Process Works

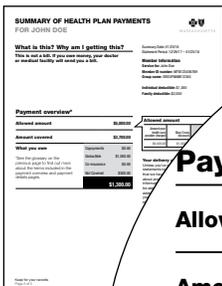
When you visit a health care provider, you pay a copayment.²



The provider submits a bill for services to Blue Cross. This is called a claim.



You'll get a Summary of Health Plan Payments if there's a balance remaining after we process the claim and pay our share of the costs. Your provider will send you a bill if you owe any money.



Payment overview*

Allowed amount	\$5,000.00
Amount covered	\$3,700.00
Amount covered you owe by Blue Cross	
Copayments	\$0.00
Deductible	\$1,000.00
Co-insurance	\$0.00
Not Covered	\$300.00
Total	\$1,300.00

This is not a bill.

Copayments

Your copayments (also known as a copay) are the fixed dollar amount you pay each time you see a provider² or fill a prescription. Look for your copay amount on your member ID card.

Deductible

If your plan has a deductible, this is the amount of money you pay out-of-pocket for health care services, such as blood tests and x-rays, before Blue Cross starts to pay for them.

Co-insurance

If your plan has co-insurance, you're responsible for paying a predetermined percentage of your medical expenses once your deductible has been met.

Amount covered you owe by Blue Cross

*See the glossary on the previous page to find out more about the terms included in the payment overview and payment details pages.

Amount you owe (if any)

Tip: See the glossary on page 2 of your statement for the meaning of any unfamiliar terms.



The provider sends you a bill. (if you owe money)



You pay your provider.



Financial accounts can help cover costs.

If your plan has a Health Reimbursement Arrangement, Health Savings Account, or Flexible Spending Account, you can use it to pay medical expenses, such as your deductible and copayments. You can also use these accounts to pay for eyeglasses and dental services.

1. Medex members receive statements called Explanation of Benefits.

2. Except for certain plans, preventive services are fully covered. Some plans may require co-insurance.



Your Summary of Health Plan Payments

Payment Overview Page

SUMMARY OF HEALTH PLAN PAYMENTS FOR JOHN DOE

What is this? Why am I getting this?

This is not a bill. If you owe money, your doctor or medical facility will send you a bill.



MASSACHUSETTS

Summary Date: 01/25/18
Statement Period: 12/29/17 – 01/25/18

Member Information
Service for: John Doe
Member ID number: MTN123456789
Group name: GROUPNAME12345

Individual deductible: \$1,000
Family deductible: \$2,000

Allowed amount

Amount your health care provider charged	Blue Cross discount	Allowed amount
\$6,400.00	\$1,400.00	\$5,000.00

Your delivery options

Unless you've notified us, we typically deliver statements to the subscriber's address that we have on file. If you have concerns about protecting the privacy of your medical information in these statements, you may be able to have them delivered to a different address. Under certain circumstances, you can also request to not receive these statements for a particular service.

For help updating your delivery preferences, please call Member Service at the number on the front of your ID card, Monday through Friday, from 8:00 a.m. to 6:00 p.m. ET.

Payment overview*

Allowed amount	\$5,000.00
Amount covered	\$3,700.00
What you owe	
Copayments	\$0.00
Deductible	\$1,000.00
Co-insurance	\$0.00
Not Covered	\$300.00
	\$1,300.00

*See the glossary on the previous page to find out more about the terms included in the payment overview and payment details pages.

Keep for your records
Page 3 of 5

(For a detailed breakdown of your payments, please see page 5) ▶

- A

The payment overview shows the amount charged to Blue Cross, the amount we covered, and what you owe (if anything).
- B

Up here, you'll find your account information, including your plan's deductible. A deductible is the amount you pay for medical services before your insurance begins to pay.
- C

This section shows how the allowed amount was calculated.
- D

Your delivery options describes how these statements are delivered and how you can update your preferences.

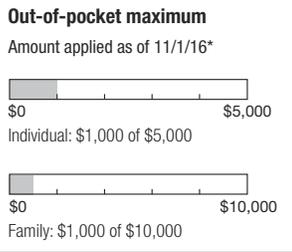
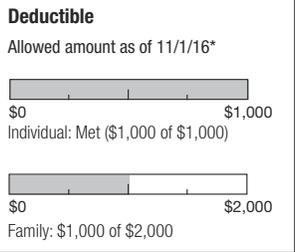


Your Summary of Health Plan Payments

Payment Details Page

HEALTH PLAN PAYMENT DETAILS							F	G					H
							Breakdown of what you owe						
Service date	Service type	Amount charged			Other insurance	Amount covered	What you owe	Copayments	Deductible	Co-insurance	Not covered (see notes)	What you owe	See notes
		Amount your health care provider charged	Blue Cross discount	Allowed amount									
Dr. Josephine Smith, ABC Hospital Patient Name: John Doe Claim #: 11111111111111 (In-Network)													
1/15/18	Routine Services	\$400.00	-\$180.00	\$220.00	\$0.00	-\$220.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
1/15/18	X-ray	\$180.35	-\$60.35	\$120.00	\$0.00	\$0.00	\$120.00	\$0.00	\$120.00	\$0.00	\$0.00	\$120.00	
1/15/18	Lab	\$350.00	-\$120.00	\$230.00	\$0.00	\$0.00	\$230.00	\$0.00	\$230.00	\$0.00	\$0.00	\$230.00	
1/15/18	Room & board	\$5,000.00	-\$980.00	\$4,020.00	\$0.00	-\$3,370.00	\$650.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00	
Subtotal		\$5,930.35	-\$1,340.35	\$4,590.00	\$0.00	-\$3,590.00	\$1,000.00	\$0.00	\$1,000.00	\$0.00	\$0.00	\$1,000.00	
Dr. Jake Giovanni, ABC Hospital Patient Name: John Doe Claim #: 222222222222 (In-Network)													
1/15/18	Lab	\$300.00	\$0.00	\$300.00	\$0.00	\$0.00	\$300.00	\$0.00	\$0.00	\$0.00	\$300.00	\$300.00	A
Subtotal		\$300.00	\$0.00	\$300.00	\$0.00	\$0.00	\$300.00	\$0.00	\$0.00	\$0.00	\$300.00	\$300.00	
Grand total		\$6,230.35	-\$1,340.35	\$4,890.00	\$0.00	-\$3,590.00	\$1,300.00	\$0.00	\$1,000.00	\$0.00	\$300.00	\$1,300.00	

This provider will bill you this amount.



HAVE QUESTIONS?

Call the number on your ID card.

Or log in to your account at bluecrossma.com/myblue.

For TTY, call 711

* Includes charges from this coverage period only. Log in to your account at www.bluecrossma.com/myblue for your plan effective date.

- E** Your recent claims, including dates of service, names of providers, the amounts charged, and payment details.
- F** The amount you owe for each service.
- G** How we determined what you owe, including copayments, deductible, and co-insurance.
- H** Additional information on how we processed your claims.
- I** The final amount you'll owe your provider for services after we cover our share of the cost. If you have additional insurance, this doesn't apply to you.
- J** A detailed breakdown of your deductible and out-of-pocket maximum, including the amounts you've previously applied towards these.

View your plan information and recent claims at bluecrossma.com/myblue.

Questions?

Call us at the number on your ID card or log in to your account at bluecrossma.com/myblue, click **Contact Us**, then enter your question using the **secure inquiry form** in the Member Service section.

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Your Primary Care Provider



Your primary care provider (PCP) is an important part of your health care team. He or she will get to know you and your medical history. Your PCP can oversee your preventive care and any necessary referrals to other health care providers. Working with your PCP is one way you can ensure you receive the best health care possible.

Referrals

If you need speciality care, your PCP will refer you to a provider who specializes in the type of care you need.

Your PCP will work with you to find a specialist that fits your needs.

If you would like additional provider information or help choosing a PCP, call our Physician Selection mService at **1-800-821-1388**.

Choose the Right PCP

There are several types of PCPs to choose from. Each covered member of your family may choose his or her own PCP.

A PCP is a physician or nurse practitioner with one of these specialties:

- Internal medicine
- Family medicine
- Pediatrics

How to Update Your PCP

Choosing a PCP is one of the most important health care decisions you'll make. You can update your PCP at any time—simply log in to Member Central at **www.bluecrossma.com/membercentral**. If you need help, please contact Member Service at the number listed on the front of your ID card.

Explore Your PCP Options

For the most up-to-date listings, visit **www.bluecrossma.com/findadoctor**. Using the Find a Doctor tool, you can find a PCP based on:

- Electronic capabilities (e.g., electronic medical records, electronic prescribing, and web consultation)
- Extended/weekend hours
- Gender
- Hospital affiliation
- Language(s) spoken
- Location
- Medical group

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Meet the MyBlue Member App

Simple, Secure, Convenient

Get Health Care Information Quickly and Easily

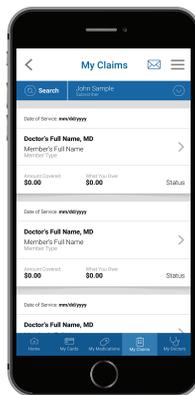
The MyBlue Member App gives members instant access to their personal health care information anytime they need it. A simple tap connects them to their doctor, recent prescriptions, and claims history.



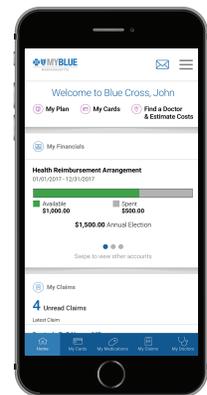
Personalized health care, right at their fingertips:



Use the digital ID card to direct-dial important numbers, email a PDF version to a doctor, or save a digital card to their phone.

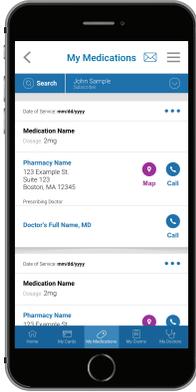


Get access to recent claims history and see copayment amounts.

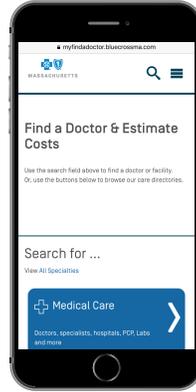


View financial account balances, like HealthEquity® or Alegeus

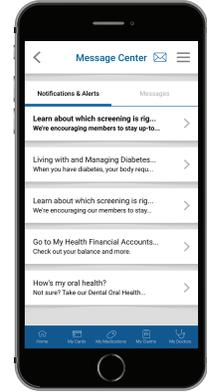
Additional MyBlue Member App features:



See prescription history, including dosage and who prescribed it.



Look up and get directions to nearby doctors, dentists, and hospitals.



Receive push notifications and view important information in the Message Center.

Available On



The MyBlue Member App is not available for members with Federal Employee Program (FEP), Blue Benefit Administrators (BBA), Ancillary (Indigo®), Medicare Advantage or standalone Part D plans. Those with standalone dental, vision, or wellness coverage cannot register for the app at this time.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID Card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

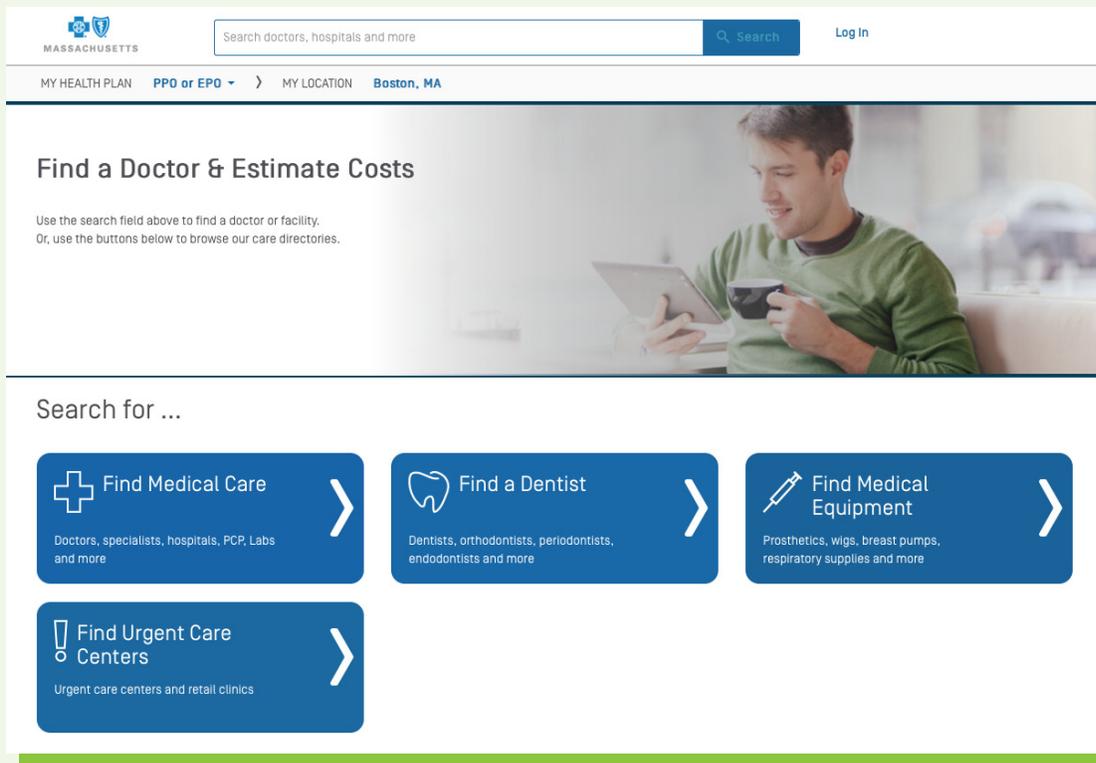
ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

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Find the Care You Need with One Simple Tool!

DOCTORS | DENTISTS | HOSPITALS | OTHER HEALTH CARE PROVIDERS

The Information You Want Practically Finds Itself. With clear menus and enhanced search options, Find a Doctor makes it easy to find what you need.



The screenshot shows the top navigation bar with the Massachusetts logo, a search bar containing the text "Search doctors, hospitals and more", and a "Log In" link. Below the navigation bar, there are links for "MY HEALTH PLAN" (with a dropdown menu showing "PPO or EPO") and "MY LOCATION" (set to "Boston, MA"). The main content area features a large image of a man using a tablet. Below the image, the heading "Find a Doctor & Estimate Costs" is followed by instructions: "Use the search field above to find a doctor or facility. Or, use the buttons below to browse our care directories." Underneath, there are four blue buttons with white icons and text: "Find Medical Care" (with a plus sign icon), "Find a Dentist" (with a tooth icon), "Find Medical Equipment" (with a syringe icon), and "Find Urgent Care Centers" (with a first aid kit icon). Each button includes a list of services and a right-pointing arrow.

Log in for Best Results

When you log in to your Member Central account, your network will display automatically. And, when applicable, you can also get access to cost estimation features.

Don't have an account? Create one at bluecrossma.com/findadoctor.

1 How to Search for Doctors and Hospitals

The screenshot shows the top navigation bar with the Massachusetts logo, a search bar containing 'Internal medicine', and a 'Log In' button. Below the search bar, a dropdown menu is open, listing various specialties and facilities. The specialties listed are: Internal Medicine - Physician - Professional, Internal Medicine - Nurse Practitioner - Professional, Internal Medicine - Physician Assistant - Professional, and Maternal and Fetal Medicine - Professional. The facilities listed are: Search for: Internal medicine, Internal Medicine, South Shore Internal Medicine Associates, Internal Medicine Associates PC, Internal Medicine Health Associates PC, Internal Medicine and Preventative Care, Internal Medicine PC, Internal Medicine Hospital Specialists, and Internal Medicine at Rush. The main content area features a 'Find a Doctor & Estimate Costs' section with a search field and a 'Find Medical Care' button.

Type the doctor's name or specialty. You can also use keywords like heart, knee, or eye. A drop-down menu will provide you with results to choose from.

Once you make a selection from the drop-down menu, the search auto-initiates based on your current location.

The screenshot shows the search interface with a search bar containing 'Search doctors, hospitals and more' and a 'Log In' button. Below the search bar, the location is set to 'Boston, MA'. The main content area features a 'Find a Doctor & Estimate Costs' section with a search field and a 'Find Medical Care' button. Below this, there are four guided search options: 'Find Medical Care' (Doctors, specialists, hospitals, PCP, Labs and more), 'Find a Dentist' (Dentists, orthodontists, periodontists, endodontists and more), 'Find Medical Equipment' (Prosthetics, wigs, breast pumps, respiratory supplies and more), and 'Find Urgent Care Centers' (Urgent care centers and retail clinics).

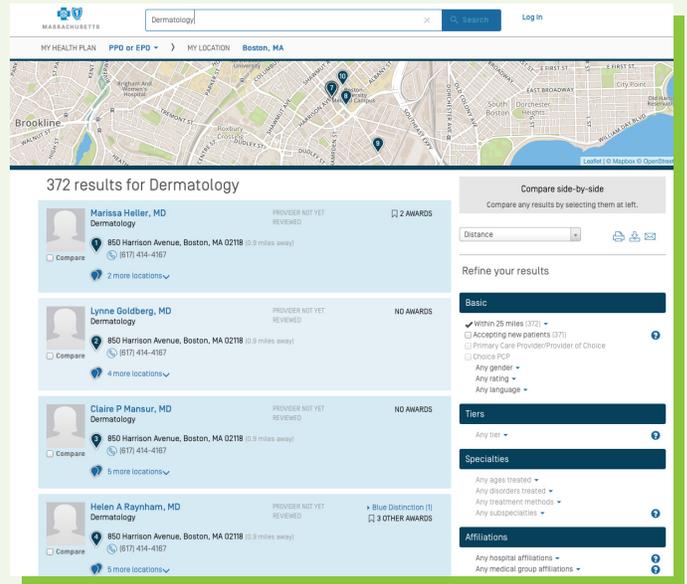
Change your location here. You even have the option to search nationwide!

Find what you need by clicking one of our easy-to-follow guided searches.

2 Using the Results Page

Your results page will list all nearby providers, their contact information, ratings, and more.

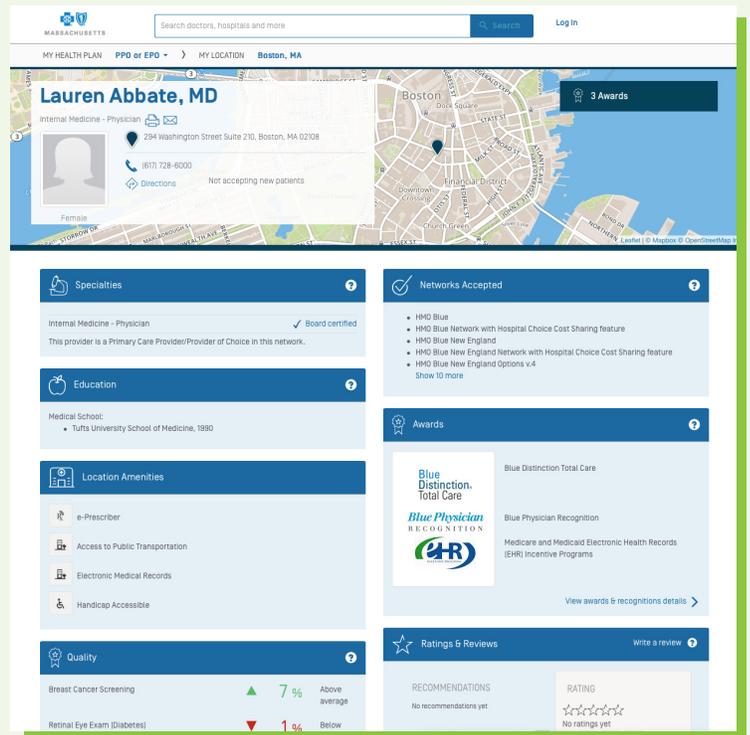
- Narrow your results by specialty, gender, quality, languages, and more.
- Compare up to ten doctors.
- Click a provider's name for more information, including patient reviews of doctors, directions, and quality ratings.
- You also have the ability to create a PDF and email the results.
- And more!



3 Provider's Detail Page What to Look For

- Specialties
- Directions
- Read and write reviews
- Languages
- Awards*
- And more!

* Awards and recognitions are given to doctors and hospitals that demonstrate a high level of performance in providing care.



Get Quality of Care Ratings

Quality and cost of health care vary by doctor and hospital. Selecting the right care is an important decision. We offer objective and reliable information based on patient experiences and measurable clinical data.

Doctors:

- Learn from patients' experiences, such as how well the doctor communicates, ease of getting an appointment, and how well the doctor knows their patients.
- See how well doctors do in providing preventive care, such as cancer screening and immunizations, as well as chronic disease management such as diabetes care.
- Find doctors in the [Physician Recognition Program](#), which recognizes doctors who agree to accept accountability for providing high-quality, high-value, patient-centered health care.

Hospitals:

- Learn from patient feedback, such as how well doctors and nurses at the hospital communicated, how well the hospital helped patients prepare for managing at home, and who would recommend the hospital to family and friends.
- See how acute care hospitals performance measures for recommended hospital care for five conditions: heart attack, heart failure, pneumonia, surgical care improvement and infection prevention, and pediatric asthma.
- Find hospitals with [Blue Distinction Centers designations \(Blue Distinction Total Care, Blue Distinction Center, and Blue Distinction Center+\)](#)—hospitals that have received recognition for delivering high quality specialty care, including bariatric surgery, spine surgery, knee and hip replacement, maternity care, cardiac care, and transplants.

[Blue Distinction Center Total Care \(BDTC\)](#)—Doctors and hospitals recognized for their efforts in coordinating total patient care.

[Blue Distinction Center \(BDC\)](#)—Healthcare facilities recognized for their expertise in delivering specialty care.

[Blue Distinction Center+ \(BDC+\)](#)—Healthcare facilities recognized for their expertise and efficiency in delivering specialty care.

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Spanish/Español: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

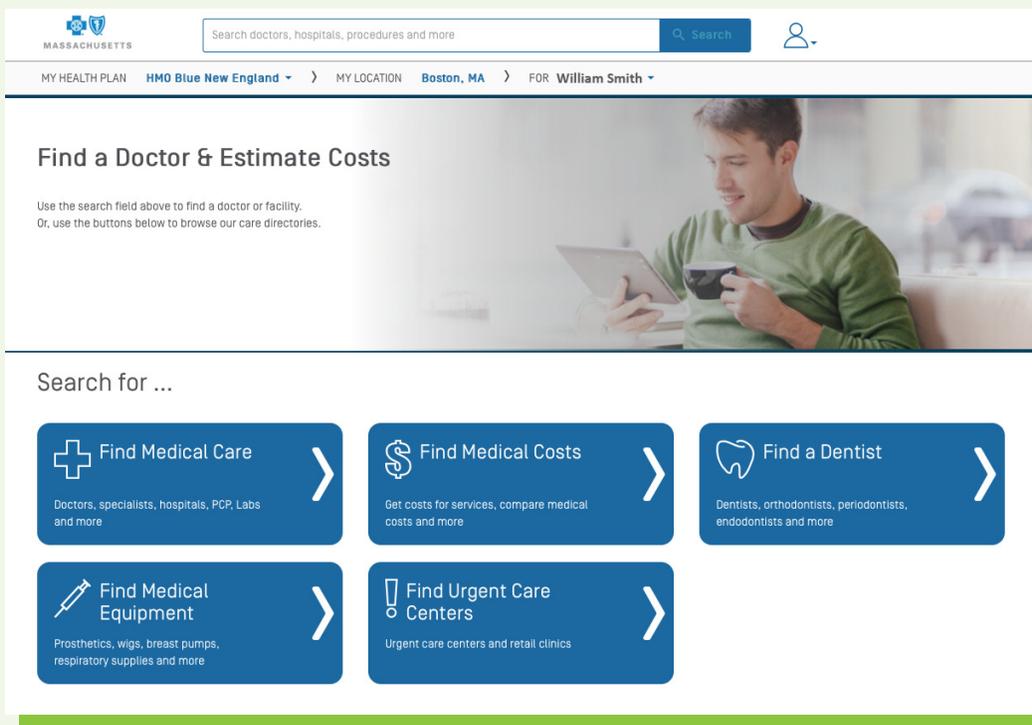
Portuguese/Português: ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).



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Shop and Compare Costs for over 1,600 Procedures

Our new **Find a Doctor & Estimate Costs** tool lets you search for doctors, dentists, hospitals, and other healthcare providers. Plus, get a range of cost estimates, including your out-of-pocket costs, for over 1,600 common medical services performed by providers in your area.



The screenshot shows the user interface of the 'Find a Doctor & Estimate Costs' tool. At the top, there is a search bar with the text 'Search doctors, hospitals, procedures and more' and a 'Search' button. Below the search bar, there are navigation options: 'MY HEALTH PLAN HMO Blue New England', 'MY LOCATION Boston, MA', and 'FOR William Smith'. The main heading is 'Find a Doctor & Estimate Costs'. Below this, there is a sub-heading 'Search for ...' and five blue buttons with icons and text: 'Find Medical Care' (Doctors, specialists, hospitals, PCP, Labs and more), 'Find Medical Costs' (Get costs for services, compare medical costs and more), 'Find a Dentist' (Dentists, orthodontists, periodontists, endodontists and more), 'Find Medical Equipment' (Prosthetics, wigs, breast pumps, respiratory supplies and more), and 'Find Urgent Care Centers' (Urgent care centers and retail clinics). A background image of a man using a tablet is visible behind the text.

Log in to Begin

To get cost estimates, log in to your Member Central account.
Don't have an account? Create one at www.bluecrossma.com/findadoctor.

1 How to Search for Cost Estimates

In the search box, type the name of the procedure, or the area of your body for which you need care. Choose the service you're looking for from the drop-down menu. Once you make a selection, the search results will auto-populate based on your current location. Remember, you can change your location at any time!

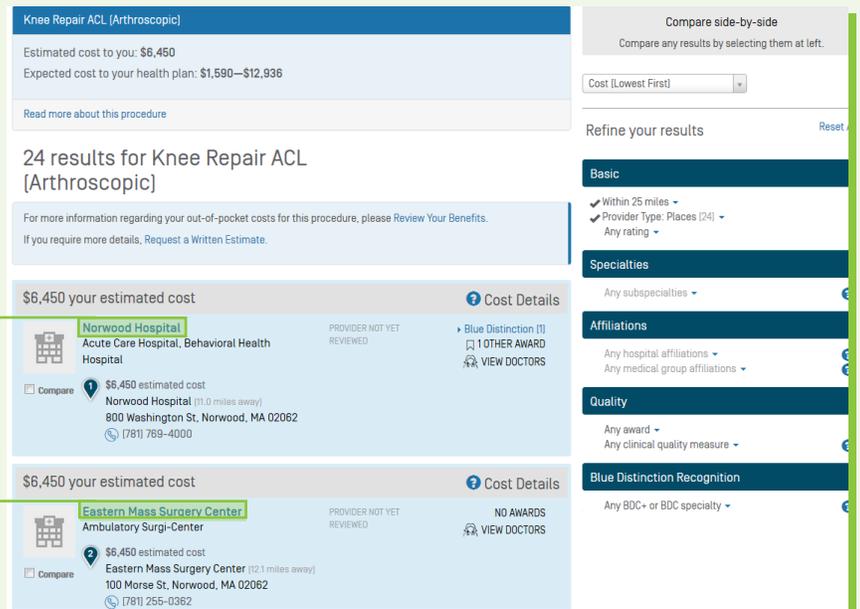


You can also **click**
Find Medical Costs
for a guided search.

2 Using the Results Page

Your results page will show you nearby providers, a range of your expected out-of-pocket costs, patient reviews of physicians, if available, a range of your health plan's expected costs, and if the provider is designated as a Blue Distinction Center.* You can narrow your results by specialty, quality, languages spoken, and more. To adjust your location, use the search box at the top of the page. You can also compare up to 10 providers at a time.

Click the **provider's name** for more information, including details of your expected out-of-pocket costs, directions, and quality ratings.



*National Blue Distinction Centers for Specialty Care® are medical and surgical facilities that are recognized as the premier institutions in treating patients within their areas of expertise.

For more information regarding your out-of-pocket costs for this procedure, please Review Your Benefits.
If you require more details, Request a Written Estimate.

Your Cost Estimate

Cost Estimate for Knee Repair ACL [Arthroscopic]

\$6,450 Your estimated cost
\$1,590 Your health plan's expected cost
Total cost: \$8,040

See breakdown of your cost >

Ratings & Reviews

RECOMMENDATIONS
No recommendations yet

Overall Rating
No ratings yet

Specialties

- Acute Care Hospital
- Behavioral Health Hospital

Networks Accepted

- HMO Blue
- HMO Blue Network with Hospital Choice Cost Sharing feature
- HMO Blue New England
- HMO Blue New England Network with Hospital Choice Cost Sharing feature
- HMO Blue New England Options v.4

Show 13 more

Awards

The Joint Commission
Joint Commission accreditation and certification recognized nationwide as a symbol of quality. It reflects an organization's commitment to meet certain performance standards.
Blue Distinction Centers+ for Knee and Hip Replacement

Blue Distinction Center+
Knee/Hip

Affiliated Doctors

3 Provider Details— What You Can Expect

This page highlights the total average cost of the procedure, including your expected out-of-pocket costs and the cost your health plan is expected to pay. You'll also find information like quality ratings based on patient experience, directions, specialties, and more.

To see a detailed breakdown of your costs, deductible, and out-of-pocket maximum if applicable, **click See breakdown of your cost.**

4 Cost Breakdown Page

Learn what your copay and co-insurance amount is, what Blue Cross pays, and how the overall cost of the procedure affects your plan's deductible and out-of-pocket maximum, if applicable.

Cost Estimate for Knee Repair ACL [Arthroscopic]

Total cost: **\$8,040**
Your estimated cost: **\$6,450**
Your health plan's expected cost: **\$1,590**

Your cost breakdown: **\$6,450** toward your deductible
Your cost: **\$6,450**

1. Your plan today 2. With this procedure 3. In the future

Individual

You have spent **\$0** toward your deductible so far.

You pay: 100% Your health plan pays: 0%	You pay: 0% Your health plan pays: 100%
--	--

Your deductible and out of pocket max is **\$6,450**.
You are responsible for 100% of costs up to \$6,450.

Family

Your family has spent **\$0** toward your family deductible so far.

You pay: 100% Your health plan pays: 0%	You pay: 0% Your health plan pays: 100%
--	--

Your deductible and out of pocket max is **\$12,900**.

Shop, Compare, Save

Find the care that's right for you at www.bluecrossma.com/findadoctor or by calling us at the number on your Blue Cross ID Card.

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Introducing Smart90[®]

Convenience. Savings. Smart.

With Smart90, you benefit by paying the same amount for a 90-day supply at a CVS retail pharmacy as you do through the Express Scripts[®] (ESI) mail service pharmacy.

As a Blue Cross Blue Shield of Massachusetts member, your medications are administered by Express Scripts, an independent company working on behalf of Blue Cross. With Smart90, you can save money by filling three-month supplies of your maintenance medications through the Express Scripts PharmacySM or now with the added convenience of picking up medications at CVS retail locations.

Smart90 Pharmacies

- Express Scripts mail service pharmacy
- CVS retail pharmacyTM



*Includes CVS within
a Target[®] location

What are the Advantages of Using Smart90

Smart90 offers you the choice of receiving a three-month supply of your maintenance medication through a CVS retail pharmacy or through the Express Scripts mail service pharmacy. By choosing a three-month supply, you're likely to pay a lower amount than you would with three, one-month supplies. You are also less likely to miss a dose, which can keep you healthier. If you prefer to pickup your medication in person, you now have that added option at a CVS retail pharmacy.

To Get Your 90-Day Supply By Mail:

- Log in to express-scripts.com/3month or call Express Scripts at 1-800-892-5119.

To Get Your 90-Day Supply At CVS:

- To find a CVS pharmacy near you, log in or register at express-scripts.com/3month and select "Prescriptions," and click "Find a Pharmacy."
- Talk to your provider and CVS. They can tell you how to transfer your prescription or start a new one.

Frequently Asked Questions

How can I find out if my medication is eligible for the Smart90 program? Maintenance medications are prescription drugs used to treat ongoing conditions, such as diabetes or high blood pressure. You can find the list of eligible maintenance medications on our website at bluecrossma.com/homedelivery.

How soon will my medicine be delivered after it's ordered through the mail pharmacy? Orders are usually processed within 48 hours. Delivery typically takes about eight days (10-14 days for new prescriptions). Please have a one-month supply of your medicine with you when you place your order. You can check your order status by going online anytime.

What happens if I keep filling my long-term medicine like I'm doing now? You can continue filling a one-month supply instead of a three-month supply, however, you may be required to pay more than if you use one of the three-month options.

Questions? If you have any questions about Smart90, contact the Member Services number found on your Blue Cross ID card.

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Nondiscrimination Notice

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Blue Cross Blue Shield of Massachusetts provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, call Member Service at the number on your ID card.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126; phone at 1-800-472-2689 (TTY: 711); fax at 1-617-246-3616; or email at civilrightscordinator@bcbsma.com.

If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, online at ocrportal.hhs.gov; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201; by phone at 1-800-368-1019 or 1-800-537-7697 (TDD).

Complaint forms are available at hhs.gov.

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Translation Resources

Proficiency of Language Assistance Services

Spanish/Español: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).

Portuguese/Português: ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).

Chinese/简体中文: 注意: 如果您讲中文, 我们可向您免费提供语言协助服务。请拨打您 ID 卡上的号码联系会员服务部 (TTY 号码: **711**)。

Haitian Creole/Kreyòl Ayisyen: ATANSYON: Si ou pale kreyòl ayisyen, sèvis asistans nan lang disponib pou ou gratis. Rele nimewo Sèvis Manm nan ki sou kat Idantifikasyon w lan (Sèvis pou Malantandan TTY: **711**).

Vietnamese/Tiếng Việt: LƯU Ý: Nếu quý vị nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cung cấp cho quý vị miễn phí. Gọi cho Dịch vụ Hội viên theo số trên thẻ ID của quý vị (TTY: **711**).

Russian/Русский: ВНИМАНИЕ: если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Позвоните в отдел обслуживания клиентов по номеру, указанному в Вашей идентификационной карте (телетайп: **711**).

Arabic/عربي:

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجاناً بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هويتك (جهاز الهاتف النصي للصم والبكم "TTY": **711**).

Mon-Khmer, Cambodian/ខ្មែរ: ការជូនដំណឹង: ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខ នៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (TTY: **711**)។

French/Français: ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le Service adhérents au numéro indiqué sur votre carte d'assuré (TTY : **711**).

Italian/Italiano: ATTENZIONE: se parlate italiano, sono disponibili per voi servizi gratuiti di assistenza linguistica. Chiamate il Servizio per i membri al numero riportato sulla vostra scheda identificativa (TTY: **711**).

Korean/한국어: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드에 있는 전화번호(TTY: **711**)를 사용하여 회원 서비스에 전화하십시오.

Greek/λληνικά: ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε την Υπηρεσία Εξυπηρέτησης Μελών στον αριθμό της κάρτας μέλους σας (ID Card) (TTY: **711**).

Polish/Polski: UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej. Należy zadzwonić do Działu obsługi ubezpieczonych pod numer podany na identyfikatorze (TTY: 711).

Hindi/हिंदी: ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए निःशुल्क उपलब्ध हैं। सदस्य सेवाओं को आपके आई.डी. कार्ड पर दिए गए नंबर पर कॉल करें (टी.टी.वाई.: 711).

Gujarati/ગુજરાતી: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો તમને ભાષાકીય સહાયતા સેવાઓ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા આઈડી કાર્ડ પર આપેલા નંબર પર Member Service ને કોલ કરો (TTY: 711).

Tagalog/Tagalog: PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tawagan ang Mga Serbisyo sa Miyembro sa numerong nasa iyong ID Card (TTY: 711).

Japanese/日本語: お知らせ:日本語をお話しになる方は無料の言語アシスタンスサービスをご利用いただけます。IDカードに記載の電話番号を使用してメンバーサービスまでお電話ください (TTY: 711)。

German/Deutsch: ACHTUNG: Wenn Sie Deutsche sprechen, steht Ihnen kostenlos fremdsprachliche Unterstützung zur Verfügung. Rufen Sie den Mitgliederdienst unter der Nummer auf Ihrer ID-Karte an (TTY: 711).

Persian/پارسیان:

توج: اگر زبان شما فارسی است، خدمات کمک زبانی ب صورت رایگان در اختیار شما قرار می گیرد. با شماره تلفن مندرج بروی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: 711).

Lao/ພາສາລາວ: ຂໍ້ຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາຝ່າຍບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yánílt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíjij' béeesh bee hodíílnih (TTY: 711).