



Effective: 7/1/2020

WELCOME MIIA TOWN OF MANSFIELD



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UNDERSTANDING YOUR PLAN AND BENEFITS

PLAN OPTIONS

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- [Smart Shopper How it Works](#) 
- [Smart Shopper Reward List](#) 
- [Mail Service Pharmacy Brochure & Form](#) 
- [Medication Look-up Tool Fact Sheet](#) 

- [2020 HCCS Hospital List](#) 
- [Telehealth Brochure](#) 
- [Pregnancy and Baby](#) 
- [Weight-Loss \\$150 Reimbursement](#) 
- [Commitment To Confidentiality](#) 
- [Member Identity Protection Services Smart90](#) 
- [Smart Shopper FAQ](#) 
- [Learn to Live fact page](#) 
- [\\$9 Generic Medications List](#) 
- [\\$9 Generics Program Fact Sheet](#) 



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Network Blue[®] New England Value

MIIA Town of Mansfield



MyBlue is a personalized way to access and manage your health plan. Get secure access to key plan information, claims history, and recent medications. Download or email a copy of your digital ID card. View your spending dashboard, important updates, alerts and notifications. Register or log in at bluecrossma.com/myblue or download the app on iTunes[®] 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/findadoctor; 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 Out-of-Pocket Maximum

Your out-of-pocket maximum is the most that you could pay during a calendar year for copayments and coinsurance for covered services. The calendar-year begins on January 1 and ends on December 31 of each year. 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). 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 mental health services for conditions that can be treated through video visits from an approved telehealth provider. Most telehealth services are available by using the Well Connection website at wellconnection.com on your computer, or the Well Connection app on your mobile device, when you prefer not to make an in-person visit for any reason to a doctor or therapist. Some providers offer telehealth services through their own video platforms. 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
Preventive dental care for children under age 12 (one visit each six months)	Nothing
Routine adult physical exams, including related tests	Nothing
Routine GYN exams, including related lab tests (one per calendar year)	Nothing
Routine hearing exams, including routine tests	Nothing
Hearing aids (up to \$2,000 per ear every 36 months for a member age 21 or younger)	All charges beyond the maximum
Routine vision exams (one every 24 months)	Nothing
Family planning services—office visits	Nothing
Outpatient Care	
Emergency room visits	\$100 per visit (waived if admitted or for observation stay)
Office or health center visits	\$25 per visit
Mental health or substance use treatment	\$25 per visit
Telehealth services for simple medical conditions or mental health	\$25 per visit
Chiropractors' office visits	\$25 per visit
Acupuncture visits (up to 12 visits per calendar year)	\$25 per visit
Short-term rehabilitation therapy—physical and occupational (up to 60 visits per calendar year*)	\$25 per visit
Speech, hearing, and language disorder treatment—speech therapy	\$25 per visit
Diagnostic X-rays and lab tests	Nothing
CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	\$75 per category per service date
<ul style="list-style-type: none"> • Hospitals • Other covered providers 	Nothing
Home health care and hospice services	Nothing
Oxygen and equipment for its administration	Nothing
Durable medical equipment—such as wheelchairs, crutches, hospital beds	20% coinsurance**
Prosthetic devices	Nothing
Surgery and related anesthesia in an office or health center	Nothing
Surgery in an ambulatory surgical facility, hospital outpatient department, or surgical day care unit	\$250 per admission***
Inpatient Care (including maternity care)	
General or chronic disease hospital care (as many days as medically necessary)	\$500 per admission***
Mental hospital or substance use facility care (as many days as medically necessary)	\$500 per admission***
Rehabilitation hospital care (up to 60 days per calendar year)	Nothing
Skilled nursing facility care (up to 100 days per calendar year)	Nothing

* 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.

*** Copayments for consecutive inpatient admissions (or day surgery followed by inpatient care) within 30 days for the same or related illness will not exceed \$500.

Prescription Drug Benefits*	Your Cost**
At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill)	\$15 for Tier 1 \$30 for Tier 2 \$50 for Tier 3
Through the designated mail order or designated retail pharmacy (up to a 90-day formulary supply for each prescription or refill)	\$30 for Tier 1*** \$60 for Tier 2 \$150 for Tier 3

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

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

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

Register for or log in to MyBlue, a personalized way to access your health care information, claims, and more, at bluecrossma.com/myblue.

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.

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 deductible?	\$0	See the Common Medical Events chart below for your costs for services this <u>plan</u> covers.
Are there services covered before you meet your deductible?	No.	You will have to meet the <u>deductible</u> before the <u>plan</u> pays for any services.
Are there other deductibles 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>?	<u>Premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> 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 <u>network providers</u> .	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> .

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	\$25 / visit	Not covered	None
	<u>Specialist</u> visit	\$25 / visit; \$25 / chiropractor visit; \$25 / acupuncture visit	Not covered	Limited to 12 acupuncture 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 <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge	Not covered	<u>Pre-authorization</u> required for certain services
	Imaging (CT/PET scans, MRIs)	\$75 for hospitals; no charge for other <u>providers</u>	Not covered	<u>Copayment</u> applies per category of test / day; <u>pre-authorization</u> 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	\$15 / retail supply or \$30 / designated retail or mail order supply	Not covered	Up to 30-day retail (90-day designated retail or mail order) supply; cost share may be waived for certain covered drugs and supplies; <u>pre-authorization</u> required for certain drugs
	Preferred brand drugs	\$30 / retail supply or \$60 / designated retail or mail order supply	Not covered	
	Non-preferred brand drugs	\$50 / retail supply or \$150 / designated retail or mail order supply	Not covered	
	<u>Specialty drugs</u>	Applicable cost share (generic, preferred, non-preferred)	Not covered	When obtained from a designated specialty pharmacy; <u>pre-authorization</u> 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	<u>Copayment</u> limited to \$500 for services within 30 days for the same or related illness; <u>pre-authorization</u> required for certain services
	Physician/surgeon fees	No charge	Not covered	<u>Pre-authorization</u> required for certain services
If you need immediate medical attention	<u>Emergency room care</u>	\$100 / visit	\$100 / visit	<u>Copayment</u> waived if admitted or for observation stay
	<u>Emergency medical transportation</u>	No charge	No charge	None
	<u>Urgent care</u>	\$25 / visit	\$25 / visit	Out-of-network coverage limited to out of service area
If you have a hospital stay	Facility fee (e.g., hospital room)	\$500 / admission	Not covered	<u>Copayment</u> limited to \$500 for services within 30 days for the same or related illness; <u>pre-authorization</u> required
	Physician/surgeon fees	No charge	Not covered	<u>Pre-authorization</u> required
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$25 / visit	Not covered	<u>Pre-authorization</u> required for certain services
	Inpatient services	\$500 / admission	Not covered	<u>Copayment</u> limited to \$500 for services within 30 days for the same or related illness; <u>pre-authorization</u> required for certain services
If you are pregnant	Office visits	No charge	Not covered	<u>Copayment</u> limited to \$500 for services within 30 days for the same or related illness; <u>cost sharing</u> does not apply for <u>preventive services</u> ; 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	\$500 / admission	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	<u>Pre-authorization</u> required
	<u>Rehabilitation services</u>	\$25 / visit	Not covered	Limited to 60 visits per calendar year (other than for autism, <u>home health care</u> , and speech therapy); <u>pre-authorization</u> required for certain services
	<u>Habilitation services</u>	\$25 / visit	Not covered	Rehabilitation therapy coverage limits apply; cost share and coverage limits waived for early intervention services for eligible children; <u>pre-authorization</u> required for certain services
	<u>Skilled nursing care</u>	No charge	Not covered	Limited to 100 days per calendar year; <u>pre-authorization</u> required
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	Not covered	Cost share waived for one breast pump per birth
	<u>Hospice services</u>	No charge	Not covered	<u>Pre-authorization</u> 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.)

- Children's glasses
- Dental care (Adult)
- Non-emergency care when traveling outside the U.S.
- Cosmetic surgery
- 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.)

- Acupuncture (12 visits per calendar year)
- Hearing aids (\$2,000 per ear every 36 months for members age 21 or younger)
- Routine foot care (only for patients with systemic circulatory disease)
- Bariatric surgery
- Infertility treatment
- Weight loss programs (\$150 per calendar year per policy)
- Chiropractic care
- Routine eye care - adult (one exam every 24 months)

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, call 1-800-782-3675 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 pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$0
■ <u>Delivery fee copay</u>	\$0
■ <u>Facility fee copay</u>	\$500
■ <u>Diagnostic tests copay</u>	\$0

This EXAMPLE event includes services like:

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

Total Example Cost	\$12,800
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In this example, Peg would pay:

Cost Sharing

Deductibles	\$0
Copayments	\$500
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$60
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The total Peg would pay is	\$560
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Managing Joe's Type 2 Diabetes

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

■ The <u>plan's</u> overall <u>deductible</u>	\$0
■ <u>Specialist visit copay</u>	\$25
■ <u>Primary care visit copay</u>	\$25
■ <u>Diagnostic tests copay</u>	\$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	\$7,400
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In this example, Joe would pay:

Cost Sharing

Deductibles	\$0
Copayments	\$1,200
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$60
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The total Joe would pay is	\$1,260
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Mia's Simple Fracture

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

■ The <u>plan's</u> overall <u>deductible</u>	\$0
■ <u>Specialist visit copay</u>	\$25
■ <u>Emergency room copay</u>	\$100
■ <u>Ambulance services copay</u>	\$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	\$1,900
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In this example, Mia would pay:

Cost Sharing

Deductibles	\$0
Copayments	\$200
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$0
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The total Mia would pay is	\$200
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The plan would be responsible for the other costs of these EXAMPLE covered services.

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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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Network Blue® New England \$250 Deductible

with Hospital Choice Cost Sharing

Plan-Year Deductible: \$250/\$750

MIIA Town of Mansfield



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.

MyBlue is a personalized way to access and manage your health plan. Get secure access to key plan information, claims history, and recent medications. Download or email a copy of your digital ID card. View your spending dashboard, important updates, alerts and notifications. Register or log in at bluecrossma.com/myblue or download the app on iTunes® or Google Play™.



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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/findadoctor](https://www.bluecrossma.com/findadoctor); 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 **\$250** per member (or **\$750** 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 mental health services for conditions that can be treated through video visits from an approved telehealth provider. Most telehealth services are available by using the Well Connection website at [wellconnection.com](https://www.wellconnection.com) on your computer, or the Well Connection app on your mobile device, when you prefer not to make an in-person visit for any reason to a doctor or therapist. Some providers offer telehealth services through their own video platforms. For a list of telehealth providers, visit the Blue Cross Blue Shield of Massachusetts website at [bluecrossma.com](https://www.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 \$2,000 per ear every 36 months for a member age 21 or younger)	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 midwife, limited services clinic, or by a physician assistant or nurse practitioner designated as primary care	\$20 per visit, no deductible
• Other covered providers, including a physician assistant or nurse practitioner designated as specialty care	\$35 per visit, no deductible
Mental health or substance use treatment	\$20 per visit, no deductible
Telehealth services for simple medical conditions or mental health	\$20 per visit, no deductible
Chiropractors' office visits	\$20 per visit, no deductible
Acupuncture visits (up to 12 visits per calendar year)	\$35 per visit, no deductible
Short-term rehabilitation therapy—physical and occupational (up to 60 visits per calendar year*)	\$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	
• Hospitals	\$100 per category per service date after deductible
• Other covered providers	Nothing 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	20% coinsurance after deductible**
Prosthetic devices	Nothing after deductible
Surgery and related anesthesia in an office or health center	\$25 per visit***, no deductible
Surgery in an ambulatory surgical facility, hospital outpatient department, or surgical day care unit	\$150 per admission after deductible
Inpatient Care (including maternity care) in:	
• Other general hospitals (as many days as medically necessary)	\$300 per admission after deductible†
• Higher cost share hospitals (as many days as medically necessary)	\$700 per admission after deductible†
Chronic disease hospital care (as many days as medically necessary)	\$300 per admission after deductible
Mental hospital or substance abuse facility care (as many days as medically necessary)	\$200 per admission after deductible
Rehabilitation hospital care (up to 60 days per calendar year)	Nothing after deductible
Skilled nursing facility care (up to 100 days per calendar year)	Nothing 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 \$25 for Tier 2 \$50 for Tier 3
Through the designated mail order or designated retail pharmacy (up to a 90-day formulary supply for each prescription or refill)	No deductible \$20 for Tier 1*** \$50 for Tier 2 \$110 for Tier 3

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

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

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

Register for or log in to MyBlue, a personalized way to access your health care information, claims, and more, at bluecrossma.com/myblue.

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.

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>?	\$250 member / \$750 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. <u>Preventive care</u> , prenatal care, <u>prescription drugs</u> , most office visits, mental health visits, and 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 <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>?	<u>Premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> 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 <u>network providers</u> .	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	\$35 / visit; \$20 / chiropractor visit; \$35 / acupuncture visit	Not covered	Limited to 12 acupuncture 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 <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge	Not covered	<u>Deductible</u> applies first; <u>pre-authorization</u> required for certain services
	Imaging (CT/PET scans, MRIs)	\$100 for hospitals; no charge for other <u>providers</u>	Not covered	<u>Deductible</u> applies first; <u>copayment</u> applies per category of test / day; <u>pre-authorization</u> 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 \$20 / designated retail or mail order supply	Not covered	Up to 30-day retail (90-day designated retail or mail order) supply; cost share may be waived for certain covered drugs and supplies; <u>pre-authorization</u> required for certain drugs
	Preferred brand drugs	\$25 / retail supply or \$50 / designated retail or mail order supply	Not covered	
	Non-preferred brand drugs	\$50 / retail supply or \$110 / designated retail or mail order supply	Not covered	
	<u>Specialty drugs</u>	Applicable cost share (generic, preferred, non-preferred)	Not covered	When obtained from a designated specialty pharmacy; <u>pre-authorization</u> 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)	\$150 / admission	Not covered	<u>Deductible</u> applies first; <u>pre-authorization</u> required for certain services
	Physician/surgeon fees	No charge	Not covered	<u>Deductible</u> applies first; <u>pre-authorization</u> required for certain services
If you need immediate medical attention	<u>Emergency room care</u>	\$100 / visit	\$100 / visit	<u>Deductible</u> applies first; <u>copayment</u> waived if admitted or for observation stay
	<u>Emergency medical transportation</u>	No charge	No charge	<u>Deductible</u> applies first
	<u>Urgent care</u>	\$35 / visit	\$35 / visit	Out-of-network coverage limited to out of service area
If you have a hospital stay	Facility fee (e.g., hospital room)	\$300 / admission; \$700 / admission for certain hospitals	Not covered	<u>Deductible</u> applies first; <u>pre-authorization</u> required
	Physician/surgeon fees	No charge	Not covered	<u>Deductible</u> applies first; <u>pre-authorization</u> required
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$20 / visit	Not covered	<u>Pre-authorization</u> required for certain services
	Inpatient services	\$200 / admission for mental hospitals or substance abuse facilities; \$300 / admission for general hospitals; \$700 / admission for certain hospitals	Not covered	<u>Deductible</u> applies first; <u>pre-authorization</u> required for certain services
If you are pregnant	Office visits	No charge	Not covered	<u>Deductible</u> applies first except for prenatal care; <u>cost sharing</u> does not apply for <u>preventive services</u> ; 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	\$300 / admission; \$700 / 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	<u>Deductible</u> applies first; <u>pre-authorization</u> required
	<u>Rehabilitation services</u>	\$20 / visit	Not covered	Limited to 60 visits per calendar year (other than for autism, <u>home health care</u> , and speech therapy); <u>pre-authorization</u> 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; <u>pre-authorization</u> required for certain services
	<u>Skilled nursing care</u>	No charge	Not covered	<u>Deductible</u> applies first; limited to 100 days per calendar year; <u>pre-authorization</u> required
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	Not covered	<u>Deductible</u> applies first; cost share waived for one breast pump per birth
	<u>Hospice services</u>	No charge	Not covered	<u>Deductible</u> applies first; <u>pre-authorization</u> 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.)

- Children's glasses
- Dental care (Adult)
- Non-emergency care when traveling outside the U.S.
- Cosmetic surgery
- 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.)

- Acupuncture (12 visits per calendar year)
- Infertility treatment
- Weight loss programs (\$150 per calendar year per policy)
- Bariatric surgery
- Routine eye care - adult (one exam every 24 months)
- Chiropractic care
- Routine foot care (only for patients with systemic circulatory disease)
- Hearing aids (\$2,000 per ear every 36 months for members age 21 or younger)

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, call 1-800-782-3675 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 pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$250
■ <u>Delivery fee copay</u>	\$0
■ <u>Facility fee copay</u>	\$300
■ <u>Diagnostic tests copay</u>	\$0

This EXAMPLE event includes services like:

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

Total Example Cost	\$12,800
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In this example, Peg would pay:

Cost Sharing

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

What isn't covered

Limits or exclusions	\$60
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The total Peg would pay is	\$660
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Managing Joe's Type 2 Diabetes

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

■ The <u>plan's</u> overall <u>deductible</u>	\$250
■ <u>Specialist visit copay</u>	\$35
■ <u>Primary care visit copay</u>	\$20
■ <u>Diagnostic tests copay</u>	\$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	\$7,400
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In this example, Joe would pay:

Cost Sharing

Deductibles	\$100
Copayments	\$1,200
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$60
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The total Joe would pay is	\$1,360
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Mia's Simple Fracture

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

■ The <u>plan's</u> overall <u>deductible</u>	\$250
■ <u>Specialist visit copay</u>	\$35
■ <u>Emergency room copay</u>	\$100
■ <u>Ambulance services copay</u>	\$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	\$1,900
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In this example, Mia would pay:

Cost Sharing

Deductibles	\$300
Copayments	\$200
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$0
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The total Mia would pay is	\$500
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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 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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Blue Care[®] Elect Enhanced Value

MIIA Town of Mansfield

MyBlue is a personalized way to access and manage your health plan. Get secure access to key plan information, claims history, and recent medications. Download or email a copy of your digital ID card. View your spending dashboard, important updates, alerts and notifications. Register or log in at bluecrossma.com/myblue or download the app on iTunes[®] 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

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 lab or specialist), make sure the provider is a preferred provider in order to receive benefits at the in-network level. If the provider you use 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.

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.

You must pay a calendar-year deductible before you can receive coverage for most out-of-network benefits under this plan.

The calendar-year deductible begins on January 1 and ends on December 31 of each year. Your deductible is **\$500** per member (or **\$1,000** per family).

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 calendar 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). 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 mental health services for conditions that can be treated through video visits from an approved telehealth provider. Most telehealth services are available by using the Well Connection website at wellconnection.com on your computer, or the Well Connection app on your mobile device, when you prefer not to make an in-person visit for any reason to a doctor or therapist. Some providers offer telehealth services through their own video platforms. 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 related 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 age 3 and older 	Nothing	20% coinsurance after deductible
Routine adult physical exams, including related tests (one per calendar year)	Nothing	20% coinsurance after deductible
Routine GYN exams, including related lab tests (one per calendar year)	Nothing	20% coinsurance after deductible
Routine hearing exams, including routine tests	Nothing	20% coinsurance after deductible
Hearing aids (up to \$2,000 per ear every 36 months for a member age 21 or younger)	All charges beyond the maximum	20% coinsurance after deductible and all charges beyond the maximum
Routine vision exams (one per calendar year)	Nothing	20% coinsurance after deductible
Family planning services—office visits	Nothing	20% coinsurance after deductible
Outpatient Care Emergency room visits	\$100 per visit (waived if admitted or for observation stay)	\$100 per visit, no deductible (waived if admitted or for observation stay)
Office or health center visits	\$25 per visit	20% coinsurance after deductible
Mental health or substance use treatment	\$25 per visit	20% coinsurance after deductible
Telehealth services for simple medical conditions or mental health	\$25 per visit	20% coinsurance after deductible
Chiropractors' office visits	\$25 per visit	20% coinsurance after deductible
Acupuncture visits (up to 12 visits per calendar year)	\$25 per visit	20% coinsurance after deductible
Short-term rehabilitation therapy—physical and occupational (up to 100 visits per calendar year*)	\$25 per visit	20% coinsurance after deductible
Speech, hearing, and language disorder treatment—speech therapy	\$25 per visit	20% coinsurance after deductible
Diagnostic X-rays and lab tests	Nothing	20% coinsurance after deductible
CT scans, MRIs, PET scans, and nuclear cardiac imaging tests <ul style="list-style-type: none"> • Hospitals • Other network providers 	\$75 per category per service date Nothing	20% coinsurance after deductible 20% coinsurance after deductible
Home health care and hospice services	Nothing	20% coinsurance after deductible
Oxygen and equipment for its administration	Nothing	20% coinsurance after deductible
Durable medical equipment—such as wheelchairs, crutches, hospital beds	20% coinsurance**	40% coinsurance after deductible**
Prosthetic devices	Nothing	20% coinsurance after deductible
Surgery and related anesthesia <ul style="list-style-type: none"> • Office or health center services • Ambulatory surgical facility, hospital outpatient department, or surgical day care unit 	\$25 per visit*** \$250 per admission	20% coinsurance after deductible 20% coinsurance after deductible
Inpatient Care (including maternity care) General or chronic disease hospital care (as many days as medically necessary)	\$500 per admission	20% coinsurance after deductible
Mental hospital or substance use facility care (as many days as medically necessary)	\$500 per admission	20% coinsurance after deductible
Rehabilitation hospital care (up to 60 days per calendar year)	Nothing	20% coinsurance after deductible
Skilled nursing facility care (up to 100 days per calendar year)	Nothing	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.

** In-network cost share waived for one breast pump per birth (20% coinsurance after deductible out-of-network).

*** 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.

Prescription Drug Benefits*	Your Cost In-Network**	Your Cost Out-of-Network
At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill)	\$15 for Tier 1 \$30 for Tier 2 \$50 for Tier 3	Not covered
Through the designated mail order or designated retail pharmacy (up to a 90-day formulary supply for each prescription or refill)	\$30 for Tier 1*** \$60 for Tier 2 \$150 for Tier 3	Not covered

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

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

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

Register for or log in to MyBlue, a personalized way to access your health care information, claims, and more, at bluecrossma.com/myblue.

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.

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>?	\$0 in-network; \$500 member / \$1,000 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. Emergency room and emergency transportation.	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>?	<u>Premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> 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 <u>network providers</u> .	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	\$25 / visit	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network
	<u>Specialist</u> visit	\$25 / visit; \$25 / chiropractor visit; \$25 / acupuncture visit	20% <u>coinsurance</u> ; 20% <u>coinsurance</u> / chiropractor visit; 20% <u>coinsurance</u> / acupuncture visit	<u>Deductible</u> applies first for out-of-network; limited to 12 acupuncture visits per calendar year
	<u>Preventive care/screening/immunization</u>	No charge	20% <u>coinsurance</u>	<u>Deductible</u> 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 <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> may be required
	Imaging (CT/PET scans, MRIs)	\$75 for hospitals; no charge for other <u>providers</u>	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>copayment</u> applies per category of test / day; <u>pre-authorization</u> 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 <u>prescription drug coverage</u> is available at bluecrossma.com/medications	Generic drugs	\$15 / retail supply or \$30 / designated retail or mail order supply	Not covered	Up to 30-day retail (90-day designated retail or mail order) supply; cost share may be waived for certain covered drugs and supplies; <u>pre-authorization</u> required for certain drugs
	Preferred brand drugs	\$30 / retail supply or \$60 / designated retail or mail order supply	Not covered	
	Non-preferred brand drugs	\$50 / retail supply or \$150 / designated retail or mail order 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% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network
If you need immediate medical attention	<u>Emergency room care</u>	\$100 / visit	\$100 / visit	<u>Copayment</u> waived if admitted or for observation stay
	<u>Emergency medical transportation</u>	No charge	No charge	None
	<u>Urgent care</u>	\$25 / visit	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network
If you have a hospital stay	Facility fee (e.g., hospital room)	\$500 / admission	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> required
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> required
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$25 / visit	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> required for certain services
	Inpatient services	\$500 / admission	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> required for certain services

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 are pregnant	Office visits	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>cost sharing</u> does not apply for in-network <u>preventive services</u> ; maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound)
	Childbirth/delivery professional services	No charge	20% <u>coinsurance</u>	
	Childbirth/delivery facility services	\$500 / admission	20% <u>coinsurance</u>	
If you need help recovering or have other special health needs	<u>Home health care</u>	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> required
	<u>Rehabilitation services</u>	\$25 / visit	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; limited to 100 visits per calendar year (other than for autism, <u>home health care</u> , and speech therapy)
	<u>Habilitation services</u>	\$25 / visit	20% <u>coinsurance</u>	<u>Deductible</u> 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>	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; limited to 100 days per calendar year; <u>pre-authorization</u> required
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; in-network cost share waived for one breast pump per birth (20% <u>coinsurance</u> for out-of-network)
	<u>Hospice services</u>	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> required for certain services

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 your child needs dental or eye care	Children's eye exam	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; limited to one exam per calendar year
	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% <u>coinsurance</u> for members with a cleft palate / cleft lip condition	<u>Deductible</u> applies first for out-of-network; limited to members under age 18

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none"> • Children's glasses • Cosmetic surgery 	<ul style="list-style-type: none"> • Dental care (Adult) • Long-term care 	<ul style="list-style-type: none"> • Private-duty nursing
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)		
<ul style="list-style-type: none"> • Acupuncture (12 visits per calendar year) • Bariatric surgery • Chiropractic care • Hearing aids (\$2,000 per ear every 36 months for members age 21 or younger) 	<ul style="list-style-type: none"> • Infertility treatment • Non-emergency care when traveling outside the U.S. • Routine eye care - adult (one exam per calendar year) 	<ul style="list-style-type: none"> • 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/doj. 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, call 1-800-782-3675 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 pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$0
■ <u>Delivery fee copay</u>	\$0
■ <u>Facility fee copay</u>	\$500
■ <u>Diagnostic tests copay</u>	\$0

This EXAMPLE event includes services like:

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

Total Example Cost	\$12,800
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In this example, Peg would pay:

Cost Sharing

Deductibles	\$0
Copayments	\$500
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$60
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The total Peg would pay is	\$560
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Managing Joe's Type 2 Diabetes

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

■ The <u>plan's</u> overall <u>deductible</u>	\$0
■ <u>Specialist visit copay</u>	\$25
■ <u>Primary care visit copay</u>	\$25
■ <u>Diagnostic tests copay</u>	\$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	\$7,400
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In this example, Joe would pay:

Cost Sharing

Deductibles	\$0
Copayments	\$1,200
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$60
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The total Joe would pay is	\$1,260
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Mia's Simple Fracture

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

■ The <u>plan's</u> overall <u>deductible</u>	\$0
■ <u>Specialist visit copay</u>	\$25
■ <u>Emergency room copay</u>	\$100
■ <u>Ambulance services copay</u>	\$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	\$1,900
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In this example, Mia would pay:

Cost Sharing

Deductibles	\$0
Copayments	\$200
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$0
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The total Mia would pay is	\$200
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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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Blue Care[®] Elect \$250 Deductible

with Hospital Choice Cost Sharing

Plan-Year Deductible: \$250/\$750

MIIA Town of Mansfield

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.

MyBlue is a personalized way to access and manage your health plan.

Get secure access to key plan information, claims history, and recent medications. Download or email a copy of your digital ID card. View your spending dashboard, important updates, alerts and notifications. Register or log in at bluecrossma.com/myblue or download the app on iTunes[®] 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 **\$250** per member (or **\$750** 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 mental health services for conditions that can be treated through video visits from an approved telehealth provider. Most telehealth services are available by using the Well Connection website at wellconnection.com on your computer, or the Well Connection app on your mobile device, when you prefer not to make an in-person visit for any reason to a doctor or therapist. Some providers offer telehealth services through their own video platforms. 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 \$2,000 per ear every 36 months for a member age 21 or younger)	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, nurse midwife, limited services clinic, multi-specialty provider group, or by a physician assistant or nurse practitioner designated as primary care • Other covered providers, including a physician assistant or nurse practitioner designated as specialty care 	\$20 per visit, no deductible \$35 per visit, no deductible	20% coinsurance after deductible 20% coinsurance after deductible
Mental health or substance use treatment	\$20 per visit, no deductible	20% coinsurance after deductible
Telehealth services for simple medical conditions or mental health	\$20 per visit, no deductible	20% coinsurance after deductible
Chiropractors' office visits	\$20 per visit, no deductible	20% coinsurance after deductible
Acupuncture visits (up to 12 visits per calendar year)	\$35 per visit, no deductible	20% coinsurance after deductible
Short-term rehabilitation therapy—physical and occupational (up to 100 visits per calendar year*)	\$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 <ul style="list-style-type: none"> • Hospitals • Other network providers 	\$100 per category per service date after deductible Nothing after deductible	20% coinsurance 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	20% coinsurance after deductible**	40% 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, multi-specialty provider group, or by a physician assistant or nurse practitioner designated as primary care • Other covered providers, including a physician assistant or nurse practitioner designated as specialty care 	\$20 per visit***, no deductible \$35 per visit***, no deductible	20% coinsurance after deductible 20% coinsurance after deductible
Surgery in an ambulatory surgical facility, hospital outpatient department, or surgical day care unit	\$150 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.

** In-network cost share waived for one breast pump per birth (20% coinsurance after deductible out-of-network).

*** 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)	\$300 per admission after deductible*	20% coinsurance after deductible
• Higher cost share hospitals (as many days as medically necessary)	\$700 per admission after deductible*	20% coinsurance after deductible
Chronic disease hospital care (as many days as medically necessary)	\$300 per admission after deductible	20% coinsurance after deductible
Mental hospital or substance use facility care (as many days as medically necessary)	\$200 per admission after deductible	20% coinsurance after deductible
Rehabilitation hospital care (up to 60 days per calendar year)	Nothing after deductible	20% coinsurance after deductible
Skilled nursing facility care (up to 100 days per calendar year)	Nothing after deductible	20% 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 \$25 for Tier 2 \$50 for Tier 3	Not covered
Through the designated mail order or designated retail pharmacy (up to a 90-day formulary supply for each prescription or refill)***	No deductible \$20 for Tier 1 † \$50 for Tier 2 \$110 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 brand-name drugs.

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

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

Register for or log in to MyBlue, a personalized way to access your health care information, claims, and more, at bluecrossma.com/myblue.

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.

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>?	\$250 member / \$750 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, mental health visits, therapy visits, and <u>prescription drugs</u> .	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>?	<u>Premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> 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 <u>network providers</u> .	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% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; family or general practitioner, internist, OB/GYN physician, pediatrician, geriatric <u>specialist</u> , nurse midwife, licensed dietitian nutritionist, optometrist, limited services clinic, multi-specialty <u>provider</u> group, or by a physician assistant or nurse practitioner designated as primary care
	<u>Specialist</u> visit	\$35 / visit; \$20 / chiropractor visit; \$35 / acupuncture visit	20% <u>coinsurance</u> ; 20% <u>coinsurance</u> / chiropractor visit; 20% <u>coinsurance</u> / acupuncture visit	<u>Deductible</u> applies first for out-of-network; includes physician assistant or nurse practitioner designated as specialty care; limited to 12 acupuncture visits per calendar year
	<u>Preventive care/screening/immunization</u>	No charge	20% <u>coinsurance</u>	<u>Deductible</u> 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 <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> may be required
	Imaging (CT/PET scans, MRIs)	\$100 for hospitals; no charge for other <u>providers</u>	20% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>copayment</u> applies per category of test / day; <u>pre-authorization</u> 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 <u>prescription drug coverage</u> is available at bluecrossma.com/medications	Generic drugs	\$10 / retail supply or \$20 / designated retail or mail order supply	Not covered	Up to 30-day retail (90-day designated retail or mail order) supply; cost share may be waived for certain covered drugs and supplies; <u>pre-authorization</u> required for certain drugs
	Preferred brand drugs	\$25 / retail supply or \$50 / designated retail or mail order supply	Not covered	
	Non-preferred brand drugs	\$50 / retail supply or \$110 / designated retail or mail order 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)	\$150 / admission	20% <u>coinsurance</u>	<u>Deductible</u> applies first
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first
If you need immediate medical attention	<u>Emergency room care</u>	\$100 / visit	\$100 / visit	In-network <u>deductible</u> applies first for in-network and out-of-network services; <u>copayment</u> waived if admitted or for observation stay
	<u>Emergency medical transportation</u>	No charge	No charge	In-network <u>deductible</u> applies first for in-network and out-of-network services
	<u>Urgent care</u>	\$35 / visit	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network
If you have a hospital stay	Facility fee (e.g., hospital room)	\$300 / admission; \$700 / admission for certain hospitals	20% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> required
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> 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% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> required for certain services
	Inpatient services	\$200 / admission for mental hospitals or substance abuse facilities; \$300 / admission for general hospitals; \$700 / admission for certain hospitals	20% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> required for certain services
If you are pregnant	Office visits	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first except for in-network prenatal care; <u>cost sharing</u> does not apply for in-network <u>preventive services</u> ; maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound)
	Childbirth/delivery professional services	No charge	20% <u>coinsurance</u>	
	Childbirth/delivery facility services	\$300 / admission; \$700 / admission for certain hospitals	20% <u>coinsurance</u>	

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% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> required
	<u>Rehabilitation services</u>	\$20 / visit	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; limited to 100 visits per calendar year (other than for autism, <u>home health care</u> , and speech therapy)
	<u>Habilitation services</u>	\$20 / visit	20% <u>coinsurance</u>	<u>Deductible</u> 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>	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first; limited to 100 days per calendar year; <u>pre-authorization</u> required
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Deductible</u> applies first; in-network cost share waived for one breast pump per birth (20% <u>coinsurance</u> for out-of-network)
	<u>Hospice services</u>	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> required for certain services
If your child needs dental or eye care	Children's eye exam	No charge	20% <u>coinsurance</u>	<u>Deductible</u> 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% <u>coinsurance</u> for members with a cleft palate / cleft lip condition	<u>Deductible</u> applies first for out-of-network; limited to members under age 18

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.)

- 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.)

- Acupuncture (12 visits per calendar year)
- Bariatric surgery
- Chiropractic care
- Hearing aids (\$2,000 per ear every 36 months for members age 21 or younger)
- 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, call 1-800-782-3675 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 pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$250
■ <u>Delivery fee copay</u>	\$0
■ <u>Facility fee copay</u>	\$300
■ <u>Diagnostic tests copay</u>	\$0

This EXAMPLE event includes services like:

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

Total Example Cost	\$12,800
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In this example, Peg would pay:

Cost Sharing

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

What isn't covered

Limits or exclusions	\$60
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The total Peg would pay is	\$660
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Managing Joe's Type 2 Diabetes

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

■ The <u>plan's</u> overall <u>deductible</u>	\$250
■ <u>Specialist visit copay</u>	\$35
■ <u>Primary care visit copay</u>	\$20
■ <u>Diagnostic tests copay</u>	\$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	\$7,400
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In this example, Joe would pay:

Cost Sharing

Deductibles	\$100
Copayments	\$1,200
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$60
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The total Joe would pay is	\$1,360
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Mia's Simple Fracture

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

■ The <u>plan's</u> overall <u>deductible</u>	\$250
■ <u>Specialist visit copay</u>	\$35
■ <u>Emergency room copay</u>	\$100
■ <u>Ambulance services copay</u>	\$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	\$1,900
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In this example, Mia would pay:

Cost Sharing

Deductibles	\$300
Copayments	\$200
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$0
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The total Mia would pay is	\$500
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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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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.

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MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts Formulary: \$9 Generic Medication List

Last Updated: July 1, 2020

Valid Until: January 1, 2021

The following list includes generic medications covered by plans with the Blue Cross Blue Shield of Massachusetts Formulary. Members can get these medications in 90-day supplies for \$9¹ when they order them through the mail order pharmacy available through Express Scripts[®], an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts.

Normal prescription guidelines apply, which in some cases result in prescription supplies for less than 90 days. If your copayment for a 90-day supply through the mail order pharmacy is less than \$9, you'll pay the lesser amount. The \$9-or-less price is based only on a 90-day supply of each generic medication.² The price of the medication may differ if the quantity purchased is different.

This isn't a complete list of covered medications, and inclusion on the list doesn't guarantee coverage.³ You must have a valid prescription from a licensed health provider to receive coverage for these medications. Some medications may also be subject to pharmacy management programs, such as Step Therapy, Prior Authorization, or Quality Care Dosing, or have other coverage requirements.

\$9 Generic Medications Included in the National Preferred Formulary (NPF)

The generic medications listed in this document are also included in the National Preferred Formulary (NPF), which is available through Express Scripts. Pharmacy management program requirements apply to generic medications included in the NPF.

Learn More About Your Coverage

For more information about your pharmacy benefits, including the NPF and the medications listed in this document, sign in to your MyBlue account at bluecrossma.org.

1. Medications and pricing are subject to change without notice, so you should always confirm your cost prior to filling a prescription. A processing fee may apply. In applicable states, sales tax may be added to the cost of your prescriptions. Cost of standard shipping is included as part of your prescription plan. The coverage and prices of certain medications are also subject to the specific terms of your plan. Changes are made available to your Plan Sponsor.

2. Pre-packaged medications are only available for \$9 in the package sizes specified.

3. Not all medications listed are covered by all prescription plans. Check your benefit materials for details.

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Antibiotics/Antifungals/ Antivirals	ACYCLOVIR	200 MG	CAPSULE	180
	AMOXICILLIN	500 MG	TABLET	180
	AMOXICILLIN TRIHYDRATE	250 MG	CAPSULE	180
	AMOXICILLIN TRIHYDRATE	500 MG	CAPSULE	180
	AMOXICILLIN TRIHYDRATE	125 MG/5ML	SUSP RECON	300
	AMOXICILLIN TRIHYDRATE	200 MG/5ML	SUSP RECON	300
	AMOXICILLIN TRIHYDRATE	250 MG/5ML	SUSP RECON	240
	AMOXICILLIN TRIHYDRATE	250 MG/5ML	SUSP RECON	300
	AMOXICILLIN TRIHYDRATE	250 MG/5ML	SUSP RECON	450
	AMOXICILLIN TRIHYDRATE	400 MG/5ML	SUSP RECON	300
	CEPHALEXIN MONOHYDRATE	250 MG	CAPSULE	90
	CEPHALEXIN MONOHYDRATE	500 MG	CAPSULE	180
	CIPROFLOXACIN HCL	250 MG	TABLET	90
	CIPROFLOXACIN HCL	500 MG	TABLET	180
	FLUCONAZOLE	150 MG	TABLET	3
	METRONIDAZOLE	250 MG	TABLET	180
	METRONIDAZOLE	500 MG	TABLET	42
	PENICILLIN V POTASSIUM	250 MG	TABLET	180
	PENICILLIN V POTASSIUM	500 MG	TABLET	180
	PENICILLIN V POTASSIUM	250 MG/5ML	SUSP RECON	200
	PENICILLIN V POTASSIUM	250 MG/5ML	SUSP RECON	900
	SULFAMETHOXAZOLE/ TRIMETHOPRIM	400 MG-80 MG	TABLET	90
SULFAMETHOXAZOLE/ TRIMETHOPRIM	800 MG-160 MG	TABLET	180	
TERBINAFINE	250 MG	TABLET	90	
Antiseizure Medications	PRIMIDONE	50 MG	TABLET	180
	PRIMIDONE	250 MG	TABLET	180
	ZONISAMIDE	25 MG	CAPSULE	180
	ZONISAMIDE	50 MG	CAPSULE	180
Arthritis/Pain	DICLOFENAC SODIUM	50 MG	TABLET DR	180
	DICLOFENAC SODIUM	75 MG	TABLET DR	180
	IBUPROFEN	400 MG	TABLET	270
	IBUPROFEN	600 MG	TABLET	270
	IBUPROFEN	800 MG	TABLET	270
	INDOMETHACIN	25 MG	CAPSULE	270
	MELOXICAM	7.5 MG	TABLET	90

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Arthritis/Pain (Cont.)	MELOXICAM	15 MG	TABLET	90
	NAPROXEN	250 MG	TABLET	180
	NAPROXEN	375 MG	TABLET	180
	NAPROXEN	500 MG	TABLET	180
	NAPROXEN SODIUM	220 MG	TABLET	72
	NAPROXEN SODIUM	275 MG	TABLET	180
Asthma/Respiratory	ALBUTEROL SULFATE	0.83 MG/ML	SOLUTION	225
Behavioral Health	BUSPIRONE HCL	5 MG	TABLET	180
	BUSPIRONE HCL	10 MG	TABLET	180
	BUSPIRONE HCL	15 MG	TABLET	180
	CHLORDIAZEPOXIDE HCL	5 MG	CAPSULE	180
	CHLORDIAZEPOXIDE HCL	10 MG	CAPSULE	180
	CHLORDIAZEPOXIDE HCL	25 MG	CAPSULE	180
	CITALOPRAM HYDROBROMIDE	10 MG	TABLET	90
	CITALOPRAM HYDROBROMIDE	20 MG	TABLET	90
	CITALOPRAM HYDROBROMIDE	40 MG	TABLET	90
	DONEPEZIL HCL	5 MG	TABLET	90
	DONEPEZIL HCL	10 MG	TABLET	90
	DONEPEZIL HCL ODT	5 MG	TABLET	90
	DONEPEZIL HCL ODT	10 MG	TABLET	90
	DOXEPIN HCL	10 MG	CAPSULE	90
	DOXEPIN HCL	25 MG	CAPSULE	90
	FLUOXETINE HCL	10 MG	CAPSULE	90
	FLUOXETINE HCL	20 MG	CAPSULE	90
	FLUOXETINE HCL	40 MG	CAPSULE	90
	IMIPRAMINE HCL	10 MG	TABLET	90
	IMIPRAMINE HCL	25 MG	TABLET	90
	IMIPRAMINE HCL	50 MG	TABLET	90
	LITHIUM CARBONATE	150 MG	CAPSULE	90
	LITHIUM CARBONATE	300 MG	CAPSULE	180
	LITHIUM CARBONATE	600 MG	CAPSULE	180
	LITHIUM CARBONATE	300 MG	TABLET SA	180
	MIRTAZAPINE	15 MG	TABLET	90
	MIRTAZAPINE	30 MG	TABLET	90
	MIRTAZAPINE	45 MG	TABLET	90
	NORTRIPTYLINE HCL	10 MG	CAPSULE	90

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Behavioral Health (Cont.)	NORTRIPTYLINE HCL	25 MG	CAPSULE	90
	PAROXETINE HCL	10 MG	TABLET	90
	PAROXETINE HCL	20 MG	TABLET	90
	PAROXETINE HCL	30 MG	TABLET	90
	PAROXETINE HCL	40 MG	TABLET	90
	SERTRALINE HCL	25 MG	TABLET	90
	TRAZODONE HCL	50 MG	TABLET	90
	TRAZODONE HCL	100 MG	TABLET	90
	TRAZODONE HCL	150 MG	TABLET	90
Blood Pressure/Heart Health	AMILORIDE/HYDROCHLOROTHIAZIDE	5 MG–50 MG	TABLET	90
	AMIODARONE HCL	200 MG	TABLET	90
	ATENOLOL	25 MG	TABLET	90
	ATENOLOL	50 MG	TABLET	90
	ATENOLOL	100 MG	TABLET	90
	BENAZEPRIL HCL	5 MG	TABLET	90
	BENAZEPRIL HCL	10 MG	TABLET	90
	BENAZEPRIL HCL	20 MG	TABLET	90
	BENAZEPRIL HCL	40 MG	TABLET	90
	BISOPROLOL/HYDROCHLOROTHIAZIDE	2.5 MG–6.25 MG	TABLET	90
	BISOPROLOL/HYDROCHLOROTHIAZIDE	5 MG–6.25 MG	TABLET	90
	BISOPROLOL/HYDROCHLOROTHIAZIDE	10 MG–6.25 MG	TABLET	90
	BISOPROLOL FUMARATE	5 MG	TABLET	90
	BISOPROLOL FUMARATE	10 MG	TABLET	90
	CARVEDILOL	3.125 MG	TABLET	180
	CARVEDILOL	6.25 MG	TABLET	180
	CARVEDILOL	12.5 MG	TABLET	180
	CARVEDILOL	25 MG	TABLET	180
	CLONIDINE HCL	0.1 MG	TABLET	90
	CLONIDINE HCL	0.2 MG	TABLET	90
	CLONIDINE HCL	0.3 MG	TABLET	90
	DILTIAZEM HCL	30 MG	TABLET	180
	DILTIAZEM HCL	60 MG	TABLET	180
	DILTIAZEM HCL	120 MG	CAPSULE SR 24H	90
	DOXAZOSIN MESYLATE	1 MG	TABLET	90
	DOXAZOSIN MESYLATE	2 MG	TABLET	90
	DOXAZOSIN MESYLATE	4 MG	TABLET	90

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Blood Pressure/Heart Health (Cont.)	DOXAZOSIN MESYLATE	8 MG	TABLET	90
	ENALAPRIL MALEATE	2.5 MG	TABLET	90
	ENALAPRIL MALEATE	5 MG	TABLET	90
	ENALAPRIL MALEATE	10 MG	TABLET	90
	ENALAPRIL MALEATE	20 MG	TABLET	90
	ENALAPRIL/HYDROCHLOROTHIAZIDE	5 MG–12.5 MG	TABLET	90
	ENALAPRIL/HYDROCHLOROTHIAZIDE	10 MG–25 MG	TABLET	90
	FELODIPINE	2.5 MG	TABLET SR 24H	90
	FELODIPINE	5 MG	TABLET SR 24H	90
	FELODIPINE	10 MG	TABLET SR 24H	90
	FUROSEMIDE	20 MG	TABLET	90
	FUROSEMIDE	40 MG	TABLET	90
	FUROSEMIDE	80 MG	TABLET	90
	HYDRALAZINE HCL	10 MG	TABLET	270
	HYDRALAZINE HCL	25 MG	TABLET	270
	HYDRALAZINE HCL	50 MG	TABLET	270
	HYDRALAZINE HCL	100 MG	TABLET	270
	HYDROCHLOROTHIAZIDE	12.5 MG	CAPSULE	90
	HYDROCHLOROTHIAZIDE	25 MG	TABLET	90
	HYDROCHLOROTHIAZIDE	50 MG	TABLET	90
	INDAPAMIDE	1.25 MG	TABLET	90
	INDAPAMIDE	2.5 MG	TABLET	90
	ISOSORBIDE MONONITRATE	10 MG	TABLET	180
	ISOSORBIDE MONONITRATE	30 MG	TABLET SR 24H	90
	ISOSORBIDE MONONITRATE	60 MG	TABLET SR 24H	90
	LABETALOL HCL	100 MG	TABLET	180
	LABETALOL HCL	200 MG	TABLET	180
	LABETALOL HCL	300 MG	TABLET	180
	LISINOPRIL	2.5 MG	TABLET	90
	LISINOPRIL	5 MG	TABLET	90
	LISINOPRIL	10 MG	TABLET	90
	LISINOPRIL	20 MG	TABLET	90
	LISINOPRIL	30 MG	TABLET	90
	LISINOPRIL	40 MG	TABLET	90
LISINOPRIL/HYDROCHLOROTHIAZIDE	10 MG–12.5 MG	TABLET	90	
LISINOPRIL/HYDROCHLOROTHIAZIDE	20 MG–12.5 MG	TABLET	90	

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Blood Pressure/Heart Health (Cont.)	LISINAPRIL/HYDROCHLOROTHIAZIDE	20 MG–25 MG	TABLET	90
	METHYLDOPA	250 MG	TABLET	180
	METOPROLOL TARTRATE	25 MG	TABLET	180
	METOPROLOL TARTRATE	50 MG	TABLET	180
	METOPROLOL TARTRATE	100 MG	TABLET	180
	MINOXIDIL	2.5 MG	TABLET	180
	MINOXIDIL	10 MG	TABLET	90
	PRAZOSIN HCL	1 MG	CAPSULE	90
	PROPRANOLOL HCL	10 MG	TABLET	180
	PROPRANOLOL HCL	20 MG	TABLET	180
	PROPRANOLOL HCL	40 MG	TABLET	180
	PROPRANOLOL HCL	60 MG	TABLET	180
	PROPRANOLOL HCL	80 MG	TABLET	180
	QUINAPRIL HCL	5 MG	TABLET	90
	QUINAPRIL HCL	10 MG	TABLET	90
	QUINAPRIL HCL	20 MG	TABLET	90
	QUINAPRIL HCL	40 MG	TABLET	90
	QUINAPRIL/HYDROCHLOROTHIAZIDE	10 MG–12.5 MG	TABLET	90
	QUINAPRIL/HYDROCHLOROTHIAZIDE	20 MG–12.5 MG	TABLET	90
	QUINAPRIL/HYDROCHLOROTHIAZIDE	20 MG–25 MG	TABLET	90
	RAMIPRIL	1.25 MG	CAPSULE	90
	RAMIPRIL	2.5 MG	CAPSULE	90
	RAMIPRIL	5 MG	CAPSULE	90
	RAMIPRIL	10 MG	CAPSULE	90
	SOTALOL HCL	80 MG	TABLET	180
	SOTALOL HCL	240 MG	TABLET	180
	SPIRONOLACTONE	25 MG	TABLET	90
	TERAZOSIN HCL	1 MG	CAPSULE	90
	TERAZOSIN HCL	2 MG	CAPSULE	90
	TERAZOSIN HCL	5 MG	CAPSULE	90
	TERAZOSIN HCL	10 MG	CAPSULE	90
	TORSEMIDE	5 MG	TABLET	90
	TORSEMIDE	10 MG	TABLET	90
	TORSEMIDE	20 MG	TABLET	90
	TORSEMIDE	100 MG	TABLET	90
	TRANDOLAPRIL	1 MG	TABLET	90

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Blood Pressure/Heart Health (Cont.)	TRANDOLAPRIL	2 MG	TABLET	90
	TRANDOLAPRIL	4 MG	TABLET	90
	TRIAMTERENE/ HYDROCHLOROTHIAZIDE	37.5 MG–25 MG	CAPSULE	90
	TRIAMTERENE/ HYDROCHLOROTHIAZIDE	37.5 MG–25 MG	TABLET	90
	TRIAMTERENE/ HYDROCHLOROTHIAZIDE	75–50 MG	TABLET	90
	VERAPAMIL HCL	80 MG	TABLET	270
	VERAPAMIL HCL	120 MG	TABLET	90
	VERAPAMIL HCL	120 MG	TABLET SA	90
	VERAPAMIL HCL	180 MG	TABLET SA	90
	VERAPAMIL HCL	240 MG	TABLET SA	90
	WARFARIN SODIUM	1 MG	TABLET	90
	WARFARIN SODIUM	2 MG	TABLET	90
	WARFARIN SODIUM	2.5 MG	TABLET	90
	WARFARIN SODIUM	3 MG	TABLET	90
	WARFARIN SODIUM	4 MG	TABLET	90
	WARFARIN SODIUM	5 MG	TABLET	90
	WARFARIN SODIUM	6 MG	TABLET	90
	WARFARIN SODIUM	7.5 MG	TABLET	90
	WARFARIN SODIUM	10 MG	TABLET	90
Cold and Allergy Therapy	BENZONATATE	100 MG	CAPSULE	270
	CYPROHEPTADINE HCL	4 MG	TABLET	90
	PROMETHAZINE HCL	6.25 MG/5ML	SYRUP	450
	PROMETHAZINE HCL	12.5 MG	TABLET	90
	PROMETHAZINE HCL	25 MG	TABLET	90
	PROMETHAZINE HCL	50 MG	TABLET	180
	D-METHORPHAN HB/PROMETH HCL	15 MG–6.25/5	SYRUP	360
Diabetes	GLIMEPIRIDE	1 MG	TABLET	90
	GLIMEPIRIDE	2 MG	TABLET	90
	GLIMEPIRIDE	4 MG	TABLET	180
	GLIPIZIDE	5 MG	TABLET	180
	GLIPIZIDE	10 MG	TABLET	180
	GLIPIZIDE	5 MG	TABLET OSM 24	90
	GLYBURIDE	1.25 MG	TABLET	90
	GLYBURIDE	2.5 MG	TABLET	90

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Diabetes (Cont.)	GLYBURIDE	5 MG	TABLET	180
	GLYBURIDE/METFORMIN HCL	5 MG–500 MG	TABLET	360
	METFORMIN HCL	500 MG	TABLET	180
	METFORMIN HCL	850 MG	TABLET	180
	METFORMIN HCL	1000 MG	TABLET	180
	METFORMIN HCL	500 MG	TABLET SR 24H	180
Eye Health	ERYTHROMYCIN BASE	5 MG/G	OINTMENT	7
	GENTAMICIN SULFATE	0.30%	DROPS	15
	LEVOBUNOLOL HCL	0.50%	DROPS	15
	LEVOBUNOLOL HCL	0.50%	DROPS	30
	LEVOBUNOLOL HCL	0.50%	DROPS	45
	NEO/POLYMYXIN B SULF/ DEXAMETHASONE	3.5 MG/10,000U/ 0.1%	OINTMENT	4
	POLYMYXIN B SULFATE/TMP	10,000U/0.1%	DROPS	30
	SULFACETAMIDE SODIUM	10%	DROPS	45
GI Drugs	HYOSCYAMINE SULFATE	0.125 MG	TABLET	270
	METOCLOPRAMIDE HCL	5 MG	TABLET	180
	METOCLOPRAMIDE HCL	10 MG	TABLET	240
Heartburn/Ulcer	FAMOTIDINE	40 MG	TABLET	90
	RANITIDINE HCL	300 MG	TABLET	90
High Cholesterol	LOVASTATIN	10 MG	TABLET	90
	LOVASTATIN	20 MG	TABLET	90
	LOVASTATIN	40 MG	TABLET	90
	PRAVASTATIN SODIUM	10 MG	TABLET	90
	PRAVASTATIN SODIUM	20 MG	TABLET	90
	PRAVASTATIN SODIUM	40 MG	TABLET	90
Muscle Relaxants	BACLOFEN	10 MG	TABLET	270
	CYCLOBENZAPRINE HCL	5 MG	TABLET	90
	CYCLOBENZAPRINE HCL	10 MG	TABLET	90
	ORPHENADRINE CITRATE	100 MG	TABLET SA	180
	TIZANIDINE HCL	2 MG	TABLET	270
	TIZANIDINE HCL	4 MG	TABLET	270
Parkinson's Disease	BENZTROPINE MESYLATE	0.5 MG	TABLET	180
	BENZTROPINE MESYLATE	1 MG	TABLET	180
	BENZTROPINE MESYLATE	2 MG	TABLET	180
	TRIHEXYPHENIDYL HCL	2 MG	TABLET	180
	TRIHEXYPHENIDYL HCL	5 MG	TABLET	180

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Skin Conditions	HYDROCORTISONE	2.50%	CREAM	90
	HYDROXYZINE PAMOATE	25 MG	CAPSULE	120
	TRIAMCINOLONE ACETONIDE	0.50%	CREAM	180
Thyroid Therapy	LEVOTHYROXINE SODIUM	25 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	50 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	75 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	88 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	100 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	112 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	125 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	137 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	150 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	175 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	200 MCG	TABLET	90
	METHIMAZOLE	5 MG	TABLET	90
	METHIMAZOLE	10 MG	TABLET	90
Vitamins and Electrolytes	FOLIC ACID	1 MG	TABLET	90
	POTASSIUM CHLORIDE	10 MEQ	TABLET SR	90
Women's Health	ESTRADIOL	0.5 MG	TABLET	90
	ESTRADIOL	1 MG	TABLET	90
	ESTRADIOL	2 MG	TABLET	90
	LEVONORGESTREL-ETHINYL ESTRADIOL	0.15 MG-0.3 MG	TABLET	84
	MEDROXYPROGESTERONE ACETATE	2.5 MG	TABLET	90
	MEDROXYPROGESTERONE ACETATE	5 MG	TABLET	90
	MEDROXYPROGESTERONE ACETATE	10 MG	TABLET	90
	MEGESTROL ACETATE	20 MG	TABLET	90
	NORGESTIMATE-ETHINYL ESTRADIOL	7 DAYS X 3 28	TABLET	84
Other Medications	ALENDRONATE SODIUM	5 MG	TABLET	90
	ALENDRONATE SODIUM	10 MG	TABLET	90
	ALENDRONATE SODIUM	35 MG	TABLET	12
	ALENDRONATE SODIUM	70 MG	TABLET	12
	ALLOPURINOL	100 MG	TABLET	90
	ALLOPURINOL	300 MG	TABLET	90
	CHLORHEXIDINE GLUCONATE	0.12%	MOUTHWASH	1419
	DEXAMETHASONE	0.5 MG	TABLET	90

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Other Medications (Cont.)	DEXAMETHASONE	0.75 MG	TABLET	90
	FLUDROCORTISONE ACETATE	0.1 MG	TABLET	90
	ISONIAZID	300 MG	TABLET	90
	LIDOCAINE HCL	20 MG/ML	SOLUTION	300
	METHYLPREDNISOLONE	4 MG	TABLET DS PK	63
	OXYBUTYNIN CHLORIDE	5 MG	TABLET	180
	PREDNISONE	1 MG	TABLET	360
	PREDNISONE	2.5 MG	TABLET	90
	PREDNISONE	5 MG	TABLET	90
	PREDNISONE	10 MG	TABLET	90
	PREDNISONE	20 MG	TABLET	90

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).



MASSACHUSETTS

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If you need laboratory work or imaging 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.

Contents



Clinical/Diagnostic Facilities

Pages 1-6



MRI Facilities

Pages 6-7



CT Scan Facilities

Page 7



PET Scan Facilities

Pages 7-8

CD Clinical/Diagnostic Facilities

City	Facility Name	Street/Suite	State	Phone
Andover	Quest Diagnostics	138 Haverhill Street	MA	1-978-475-7520
Arlington	Quest Diagnostics	22 Mill Street, Suite 107	MA	1-781-641-1941
Attleboro	Quest Diagnostics	562 Washington Street	MA	1-508-399-8140
Auburn	Quest Diagnostics	250 Hampton Street	MA	1-508-721-0939
Billerica	Quest Diagnostics	221 Boston Road, Suite 1	MA	1-978-667-5212
Boston	Childhood Lead Screening Laboratory	305 South Street, 3rd Floor	MA	1-617-983-6668
Boston	Quest Diagnostics	1340 Boylston Street	MA	1-617-236-2233
Boston	Quest Diagnostics	319 Longwood Avenue	MA	1-617-731-2240
Boston	Tufts Oral Pathology Services	One Kneeland Street	MA	1-617-636-3932
Braintree	Quest Diagnostics	340 Wood Road, Suite 302	MA	1-781-849-7993

(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	1-617-787-1040
Brighton	Quest Diagnostics	280 Washington Street, Suite 101	MA	1-617-562-1533
Brighton	Quest Diagnostics	736 Cambridge Street, 5th Floor	MA	1-617-779-6417
Brighton	Quest Diagnostics	77 Warren Street, 1st Floor, Room 158	MA	1-617-562-5349
Brockton	LabCorp	1073 Pleasant Street	MA	1-508-427-1734
Brockton	Quest Diagnostics	210 Quincy Avenue	MA	1-508-586-5955
Brockton	Quest Diagnostics	830 Oak Street	MA	1-508-588-0308
Brockton	Quest Diagnostics	One Pearl Street, Suite 2500	MA	1-508-584-2010
Brockton	US Lab and Radiology Inc.	2 Jonathan Drive	MA	1-508-583-2000
Brookline	Quest Diagnostics	1101 Beacon Street, 1 West	MA	1-617-566-2810
Brookline	Quest Diagnostics	1180 Beacon Street	MA	1-617-232-5733
Brookline	Quest Diagnostics	One Brookline Place, Suite 120	MA	1-617-735-8870
Cambridge	Center for Human Genetics Inc.	840 Memorial Drive, Suite 101	MA	1-617-492-7083
Cambridge	Foundation Medicine Incorporated	150 2nd Street	MA	1-617-418-2200
Cambridge	Quest Diagnostics	575 Mount Auburn Street, Suite B103	MA	1-617-547-4502
Chelmsford	Quest Diagnostics	39 Village Square	MA	1-978-256-1268
Chestnut Hill	Quest Diagnostics	200 Boylston Street, Suite 301	MA	1-617-244-1222
Clinton	Quest Diagnostics	201 Highland Street	MA	1-978-368-1601
Cohasset	Quest Diagnostics	223 Chief Justice Cushing Highway	MA	1-781-383-0180
Danvers	Quest Diagnostics	140 Commonwealth Avenue	MA	1-978-777-6060
Danvers	Quest Diagnostics	180-182 Endicott Street	MA	1-978-777-7879
Dennis	Quest Diagnostics	501 Main Street, Suite 6A	MA	1-508-385-5251
Dorchester	Quest Diagnostics	2110 Dorchester Avenue, Suite 310	MA	1-617-296-1231
Douglas	Quest Diagnostics	15 West Street	MA	1-508-476-2365
East Harwich	Quest Diagnostics	1421 Orleans Road, Route 39, Suite S102	MA	1-508-432-7764
Fall River	Quest Diagnostics	101 President Avenue, 1st Floor	MA	1-508-324-4105
Fall River	Quest Diagnostics	301 New Boston Road	MA	1-508-678-8585
Fall River	Quest Diagnostics	851 Middle Street, 2nd Floor	MA	1-877-868-2191
Falmouth	LabCorp	12 Bramble Bush Drive	MA	1-774-763-2675
Falmouth	Quest Diagnostics	350 Gifford Street, Suite 15-17	MA	1-508-540-2642
Fitchburg	Quest Diagnostics	275 Nichols Road, 4th Floor	MA	1-978-342-1613
Fitchburg	Quest Diagnostics	326 Nichols Road	MA	1-978-342-1613
Fitchburg	Quest Diagnostics	47 Ashby State Road	MA	1-978-345-2161
Fitchburg	Quest Diagnostics	76 Summer Street	MA	1-978-342-0691
Florence	Quest Diagnostics	190 Nonotuck Street, Suite 104	MA	1-413-584-3864
Foxboro	Quest Diagnostics	10 Commercial Street	MA	1-508-698-1721

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City	Facility Name	Street/Suite	State	Phone
Foxboro	Quest Diagnostics	70 Walnut Street	MA	1-508-543-0954
Framingham	Boston Heart Diagnostics Corporation	175 Crossing Boulevard	MA	1-508-877-8711
Framingham	Boston Heart Diagnostics Corporation	200 Crossing Boulevard	MA	1-508-877-8711
Framingham	Charles River Medical Associates	297 Union Avenue	MA	1-508-665-5006
Framingham	Quest Diagnostics	61 Lincoln Street	MA	1-508-370-7341
Gardner	Quest Diagnostics	175 Connors Street, Lower Level	MA	1-866-697-8378
Hanover	Quest Diagnostics	135 Webster Street	MA	1-781-871-2005
Harvard	Quest Diagnostics	198 Ayer Road	MA	1-978-456-6816
Harwich	Quest Diagnostics	253 Pleasant Lake Avenue, Route 124	MA	1-508-430-1592
Harwich	Quest Diagnostics	Route 124, Suite A, Rear Entrance	MA	1-508-430-1592
Haverhill	Lab USA, Inc.	108R Merrimack Street	MA	1-866-522-5724
Haverhill	LabCorp	215 Summer Street, Suite 14	MA	1-978-372-2722
Haverhill	Quest Diagnostics	209 Summer Street	MA	1-978-374-3712
Haverhill	Quest Diagnostics	62 Brown Street	MA	1-978-556-5655
Holden	Quest Diagnostics	52 Boyden Road	MA	1-508-829-8262
Holyoke	Clean Slate Centers	59 Bobala Road	MA	1-413-584-2173
Hyannis	LabCorp	69 Camp Street, Suite 3	MA	1-508-790-0151
Hyannis	Quest Diagnostics	51 Main Street	MA	1-508-778-4100
Jamaica Plain	Massachusetts Department of Public Health	305 South Street	MA	1-617-983-6200
Lancaster	Quest Diagnostics	136 High Street Extension	MA	1-978-368-1683
Lawrence	Quest Diagnostics	101 Amesbury Street, Suite 204	MA	1-978-975-4098
Lawrence	Quest Diagnostics	25 Marston Steet	MA	1-978-557-5636
Leominster	Quest Diagnostics	14 Manning Avenue	MA	1-978-466-9625
Leominster	Quest Diagnostics	79 Erdman Way	MA	1-978-466-9009
Leominster	Quest Diagnostics	80 Erdman Way, 2nd Floor	MA	1-978-466-3494
Leominster	Quest Diagnostics	85 North Main Street	MA	1-978-466-5785
Lowell	LabCorp	702 Rogers Street, Suite 38	MA	1-978-970-1455
Lowell	Quest Diagnostics	700 Rogers Street	MA	1-978-458-7980
Lowell	Quest Diagnostics	817 Merrimack Street, 2nd Floor	MA	1-978-458-7980
Malden	Faulkner Medical Laboratories	410 Ferry Street	MA	1-781-322-8502
Mansfield	Clinical Science Laboratory	51 Francis Avenue	MA	1-800-255-6106
Marlboro	Athena Diagnostics	200 Forest Street, 2nd Floor	MA	1-508-756-2886
Marlboro	Quest Diagnostics	340 Maple Street, 1st Floor	MA	1-508-229-7847
Marlboro	Quest Diagnostics	640 Bolton Street	MA	1-508-303-1990
Mashpee	Franey Medical Laboratories	52 Mercantile Way	MA	1-508-888-7546
Mattapan	Quest Diagnostics	1575 Blue Hill Avenue	MA	1-617-696-0990

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CD Clinical/Diagnostic Facilities

City	Facility Name	Street/Suite	State	Phone
Melrose	Quest Diagnostics	50 Tremont Street	MA	1-781-979-0806
Methuen	Quest Diagnostics	60 East Street, Suite 1200	MA	1-978-688-5828
Methuen	Quest Diagnostics	9 Branch Street	MA	1-978-688-4745
Methuen	Quest Diagnostics	One Branch Street	MA	1-978-688-4745
Middleboro	Quest Diagnostics	511 West Grove Street	MA	1-508-947-1122
Milford	Quest Diagnostics	91 Water Street	MA	1-508-482-9210
Millbury	Quest Diagnostics	65 Canal Street	MA	1-508-865-4738
New Bedford	Quest Diagnostics	651 Orchard Street	MA	1-508-992-1474
Newton	LabCorp	1400 Centre Street, 2nd Floor, Suite 208	MA	1-617-244-0923
Norfolk	Quest Diagnostics	31 Pine Street, Suite 101	MA	1-508-384-1312
North Andover	LabCorp	200 Sutton Street, Suite 135	MA	1-978-685-0063
North Andover	Quest Diagnostics	170 Pleasant Street	MA	1-978-989-0870
North Andover	Quest Diagnostics	565 Turnpike Street, 1st Floor	MA	1-978-208-7010
North Attleboro	Quest Diagnostics	500 East Washington Street, Suite 22	MA	1-508-643-4880
North Dartmouth	Quest Diagnostics	49 State Road, Suite 202	MA	1-508-487-2062
North Grafton	Quest Diagnostics	100 Worcester Street	MA	1-508-839-3283
Northboro	Quest Diagnostics	112 Main Street	MA	1-508-393-3704
Northboro	Quest Diagnostics	333 Southwest Cutoff	MA	1-508-842-0230
Norwood	Oxford Immunotec LLC	315 Norwood Park South	MA	1-800-246-8436
Norwood	Quest Diagnostics	335 Morse Street, 1st Floor	MA	1-781-769-5128
Norwood	Quest Diagnostics	825 Washington Street	MA	1-781-255-0231
Norwood	Quest Diagnostics	886 Washington Street	MA	1-781-762-4238
Norwood	Quest Diagnostics	95 Chapel Street, Suite G5	MA	1-781-762-1712
Orleans	Quest Diagnostics	229 Cranberry Highway	MA	1-508-255-2010
Osterville	Quest Diagnostics	23 West Bay Road	MA	1-508-428-0973
Pittsfield	Quest Diagnostics	42 Summer Street	MA	1-413-499-8718
Plymouth	Quest Diagnostics	57 Long Pond Road	MA	1-508-747-1570
Provincetown	Quest Diagnostics	49 Harry Kemp Way	MA	1-508-487-2062
Quincy	Quest Diagnostics	500 Congress Street, Suite 1E	MA	1-617-773-0080
Raynham	Quest Diagnostics	675 Paramount Drive, Suite 102	MA	1-508-824-0838
Salem	Commonwealth Diagnostics International Inc.	39 Norman Street	MA	1-888-258-5966
Shrewsbury	Quest Diagnostics	26 Julio Drive	MA	1-508-845-3615
Shrewsbury	Quest Diagnostics	604 Main Street	MA	1-508-845-6521
Somerville	Quest Diagnostics	33 Bow Street	MA	1-617-623-9600
South Weymouth	Quest Diagnostics	73 Pleasant Street	MA	1-781-335-4208
South Weymouth	Quest Diagnostics	851 Main Street	MA	1-781-335-4208

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CD Clinical/Diagnostic Facilities

City	Facility Name	Street/Suite	State	Phone
Spencer	Quest Diagnostics	369 Main Street	MA	1-508-885-5936
Springfield	Baystate Reference Laboratories	759 Chestnut Street	MA	1-413-794-5374
Springfield	Life Laboratories	299 Carew Street, Lower Level	MA	1-413-748-9500
Springfield	Quest Diagnostics	780 Chestnut Street, Suite 16	MA	1-413-788-7714
Stoughton	LabCorp	966 Park Street, Unit B7	MA	1-781-297-5208
Sutton	Quest Diagnostics	156-160 Worcester Providence Turnpike	MA	1-508-865-4888
Taunton	Quest Diagnostics	2005 Bay Street	MA	1-508-880-5885
Taunton	Quest Diagnostics	72 Washington Street	MA	1-508-432-7764
Walpole	Quest Diagnostics	1426 Main Street, Suite G5	MA	1-508-660-2975
Waltham	Boston Clinical Laboratories	764A Main Street	MA	1-781-893-1995
Waltham	Boston Fertility Lab	130 2nd Avenue	MA	1-781-434-6500
Waltham	Exosome Diagnostics Inc.	266 2nd Avenue, Suite 200	MA	1-617-588-0500
Waltham	Quest Diagnostics	20 Hope Avenue, Suite 311	MA	1-781-647-0347
Waltham	Quest Diagnostics	6 Lexington Street	MA	1-781-899-2100
Wareham	Quest Diagnostics	106 Main Street	MA	1-508-295-0477
Webster	Ammon Analytical Laboratories LLC	106 East Main Street	MA	1-508-461-5355
Webster	LabCorp	72 Cudworth Road	MA	1-508-461-0019
Wellesley	Quest Diagnostics	65 Walnut Street, Suite 130	MA	1-781-237-0002
Wellfleet	Quest Diagnostics	3130 State Highway Route 6	MA	1-508-349-6404
West Boylston	Quest Diagnostics	242 Woodland Street	MA	1-508-835-3028
West Roxbury	LabCorp	2081 Centre Street	MA	1-617-325-2167
Westboro	Esoterix Genetic Laboratories	3400 Computer Drive	MA	1-800-872-3572
Westboro	Quest Diagnostics	154 Main Street	MA	1-508-836-3674
Westboro	Quest Diagnostics	33 East Main Street	MA	1-508-366-1271
Woburn	Aspent Health	57 Commerce Way	MA	1-844-267-9674
Woburn	Repro Source Fertility Diagnostics	300 Trade Center, Suite 6540	MA	1-800-667-8893
Worcester	LabCorp	123 Summer Street, Suite 385	MA	1-508-796-5005
Worcester	LabCorp	140 West Boylston Drive	MA	1-508-856-0327
Worcester	LabCorp	141 Massasoit Road	MA	1-508-752-5237
Worcester	LabCorp	352 Belmont Street	MA	1-508-757-8005
Worcester	Quest Diagnostics	10 Winthrop Street	MA	1-508-754-8268
Worcester	Quest Diagnostics	100 MLK Jr. Boulevard	MA	1-508-754-0178
Worcester	Quest Diagnostics	119 Belmont Street	MA	1-508-752-2414
Worcester	Quest Diagnostics	12 Winthrop Street, Suite 102C	MA	1-508-831-0624
Worcester	Quest Diagnostics	121 Lincoln Street, Unit 13	MA	1-508-751-4685
Worcester	Quest Diagnostics	291 Lincoln Street, Suite 306	MA	1-508-755-7573

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CD Clinical/Diagnostic Facilities

City	Facility Name	Street/Suite	State	Phone
Worcester	Quest Diagnostics	328 Shrewsbury Street	MA	1-508-755-4896
Worcester	Quest Diagnostics	338 Plantation Street	MA	1-508-755-4896
Worcester	Quest Diagnostics	40 Converse Street	MA	1-508-792-3556
Worcester	Quest Diagnostics	85 Prescott Street, 3rd Floor	MA	1-508-755-5414
Worcester	Quest Diagnostics	One West Boylston Street, 3rd Floor, Suite LI07	MA	1-508-853-1208
Worcester	Secon of New England	415 Main Street, 4th Floor	MA	1-508-831-0703
Wrentham	Quest Diagnostics	24 Common Street	MA	1-508-384-2630
Wrentham	Quest Diagnostics	667 South Street	MA	1-508-384-8532
Yarmouth Port	Quest Diagnostics	923 Main Street, Route 6A	MA	1-508-362-3833

MRI MRI Facilities

City	Facility Name	Street/Suite	State	Phone
Andover	Merrimack Valley Health Services Inc.	323 Lowell Street, Suite 002	MA	1-888-684-7674
Athol	Western Mass MRI Services	2033 Main Street	MA	1-800-634-2468
Belmont	McLean Hospital	115 Mill Street	MA	1-617-855-3385
Brighton	Shields MRI Brighton	385 Western Avenue	MA	1-800-258-4674
Brockton	Shields MRI Brockton	265 Westgate Drive	MA	1-800-258-4674
Brookline	Longwood MRI Specialists	637 Washington Street	MA	1-617-277-1614
Chelmsford	Center for Diagnostic Imaging	187 Billerica Road	MA	1-978-250-1866
Chicopee	Western Mass Magnetic Resonance Services	444 Montgomery Street	MA	1-413-598-7276
Dedham	Center for Diagnostic Imaging	200 Providence Highway	MA	1-781-329-0600
Dedham	Shields MRI Dedham	40 Allied Drive, Suite 112	MA	1-800-258-4674
Dorchester	Shields MRI Boston–Granite Ave.	161 Granite Avenue	MA	1-800-258-4674
Framingham	MetroWest MRI	761 Worcester Road	MA	1-508-872-7674
Framingham	Shields MRI of Framingham	14 Cochituate Road	MA	1-800-258-4674
Greenfield	Shields MRI at Baystate Franklin Medical Center	164 High Street	MA	1-800-258-4674
Haverhill	Center for Diagnostic Imaging	One Park Way	MA	1-978-469-0400
Lawrence	Merrimack Valley Health Services	One General Street	MA	1-800-852-4487
Leominster	Shields MRI at UMass Memorial Health	100 Hospital Road	MA	1-800-258-4674
Lowell	Shields MRI at Lowell General Hospital	295 Varnum Avenue	MA	1-800-258-4674
Lowell	Shields MRI at Lowell General Hospital–Saints Campus	One Hospital Drive	MA	1-800-258-4674
Marlboro	Shields MRI at UMass Marlborough Campus	157 Union Street	MA	1-800-258-4674
New Bedford	Shields MRI at St. Luke’s Hospital	361 Allen Street	MA	1-800-258-4674

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MRI MRI Facilities

City	Facility Name	Street/Suite	State	Phone
Newburyport	Shields Imaging at Anna Jaques	25 Highland Avenue	MA	1-800-258-4674
North Chelmsford	Shields MRI at Lowell General Hospital–Chelmsford	10 Research Place	MA	1-800-258-4674
North Dartmouth	Shields MRI Dartmouth	313 Faunce Corner Road	MA	1-800-258-4674
Norton	Imaging Consultants Inc.	246 East Main Street	MA	1-866-674-2174
Palmer	Shields MRI at Wing Hospital	40 Wright Street	MA	1-800-258-4674
Springfield	Center for Diagnostic Imaging	3640 Main Street, Suite 101	MA	1-413-781-9000
Springfield	Greater Springfield MRI Limited Partnership	271 Carew Street	MA	1-413-739-0290
Springfield	Shields MRI and Baystate Health	80 Wason Avenue	MA	1-866-258-4738
Wellesley	Boston Breast Diagnostic Center	165 Worcester Street	MA	1-800-476-0577
Wellesley	Shields MRI Wellesley	54 Washington Street	MA	1-800-258-4674
West Yarmouth	Shields MRI and Imaging Center of Cape Cod	2 Iyanough Road	MA	1-800-258-4674
Weymouth	Shields MRI Weymouth	26 Rockway Avenue	MA	1-800-258-4674
Woburn	Center for Diagnostic Imaging	800 West Cummings Park, Suite 1150	MA	1-781-932-8650
Woburn	Shields MRI at Unicorn Park	200 Unicorn Park Drive, Suite 402	MA	1-800-258-4674
Worcester	Shields MRI at UMass Memorial–University Campus	55 Lake Avenue North, Suite H1-351A	MA	1-800-258-4674
Worcester	Shields MRI at UMass Memorial–University Campus	55 Lake Avenue North, Suite H1-713B	MA	1-800-258-4674
Worcester	Shields MRI at UMass Memorial Campus	119 Belmont Street	MA	1-800-258-4674
Worcester	Shields MRI at UMass Memorial–Shrewsbury St.	214 Shrewsbury Street	MA	1-866-258-4738

CT CT Scan Facilities

City	Facility Name	Street/Suite	State	Phone
Framingham	Charles River Medical Associates	571 Union Avenue	MA	1-508-848-2164
Springfield	Center for Diagnostic Imaging	3640 Main Street, Suite 101	MA	1-413-781-9000
Wellesley	Boston Breast Diagnostic Center	165 Worcester Street	MA	1-800-476-0577

PET PET Scan Facilities

City	Facility Name	Street/Suite	State	Phone
Attleboro	Shields Sturdy PET CT	211 Park Street	MA	1-866-258-4738
Ayer	Steward PET Imaging	200 Groton Road	MA	1-877-877-8455
Boston	Shields PET CT Services at Tufts Medical	800 Washington Street	MA	1-866-258-4738
Brighton	Steward PET Imaging	736 Cambridge Street	MA	1-877-877-8455
Brockton	Shields Signature Imaging	680 Centre Street	MA	1-866-258-4738

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City	Facility Name	Street/Suite	State	Phone
Attleboro	Shields Sturdy PET CT	211 Park Street	MA	1-866-258-4738
Ayer	Steward PET Imaging	200 Groton Road	MA	1-877-877-8455
Boston	Shields PET CT Services at Tufts Medical	800 Washington Street	MA	1-866-258-4738
Brighton	Steward PET Imaging	736 Cambridge Street	MA	1-877-877-8455
Brockton	Shields Signature Imaging	680 Centre Street	MA	1-866-258-4738
Brockton	Steward PET Imaging	235 North Pearl Street	MA	1-877-877-8455
Dartmouth	Steward PET Imaging at Hawthorn Medical Associates	535 Faunce Corner Road	MA	1-877-877-8455
Dorchester	Steward PET Imaging	2100 Dorchester Avenue	MA	1-877-877-8455
Fall River	Steward PET Imaging	795 Middle Street	MA	1-877-877-8455
Fitchburg	Shields PET CT Services at UMass Memorial-Burbank	275 Nichols Road	MA	1-866-258-4738
Foxboro	Steward PET Imaging	70 Walnut Street	MA	1-877-877-8455
Framingham	Charles River Medical Associates	571 Union Avenue	MA	1-508-848-2164
Framingham	Metrowest PET CT at Shields-Framingham	14 Cochituate Road, Suite 1A	MA	1-866-258-4738
Gardner	Imaging Consultants Inc.	242 Green Street	MA	1-866-245-5995
Harwich	Shields PET Service of Cape Cod-Harwich	525 Long Pond Drive	MA	1-866-258-4738
Holyoke	Steward PET Imaging	575 Beech Street	MA	1-877-877-8455
Northampton	Shields PET CT at Cooley Dickinson	30 Locust Street	MA	1-866-258-4738
Pittsfield	Shields PET CT at Berkshire Medical Center	165 Tor Court	MA	1-866-258-4738
Plymouth	Imaging Consultants Inc.	275 Sandwich Street	MA	1-866-245-5995
Sandwich	Shields PET Service of Cape Cod-Sandwich	2 Jan Sebastian Drive	MA	1-866-258-4738
South Weymouth	Shields PET CT at South Shore Hospital	55 Fogg Road	MA	1-866-258-4738
Southbridge	Imaging Consultants Inc.	100 South Street	MA	1-866-245-5995
Springfield	Shields MRI and Baystate Health	80 Wason Avenue	MA	1-866-258-4738
Stoneham	Imaging Consultants Inc.	41 Montvale Avenue	MA	1-866-245-5995
Westfield	Steward PET Imaging	115 West Silver Street	MA	1-877-877-8455
Worcester	Imaging Consultants Inc.	One Eaton Place	MA	1-866-245-5995
Worcester	Shields MRI at UMass Memorial Shrewsbury St.	214 Shrewsbury Street	MA	1-866-258-4738

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 1/1/20)
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 1/1/20)
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 1/1/20)
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

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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**).



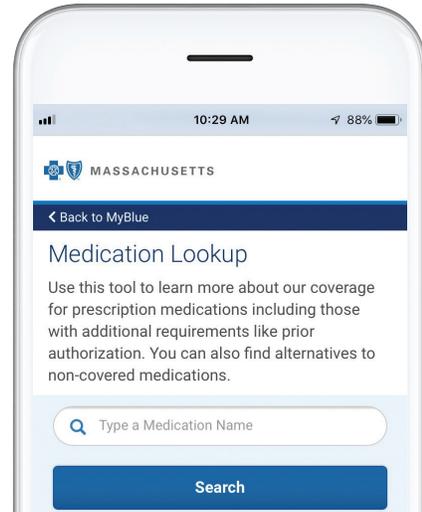
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MASSACHUSETTS

GET TO KNOW THE NEW MEDICATION LOOKUP TOOL

With a simple search, you can see which medications our plans cover.



KEY FEATURES

Using the tool, you can:



Search for any medication

View medications by:



- Strength
- Tier plan
- How they're dispensed, such as pills, liquids, and injections



Learn which medications have additional coverage requirements, such as Prior Authorization, Step Therapy, and Quality Care Dosing



See covered alternatives for non-covered medications

See Which Medications Are Covered by Your Plan

Medication coverage is determined by a plan's tier structure. The tool defaults to a 3-tier medication plan, which is our most common pharmacy plan. If you have a different plan, you can filter your search, using the tier plan drop-down next to the search bar. If you're not sure which plan you have, you can follow the easy instructions included within the tool to find this information.

Anyone Can Use It

This is a public search tool, so anyone can use it. It's a great option if you, a friend, or a family member is considering one of our plans. You can easily find out if your medication is covered, or see covered alternatives if it's not.

Learn More in the Important Information Section

Within the tool, you can find additional information and resources about medications and coverage, such as Specialty Pharmacy Contact Information, and medication lists such as \$9 Generics, Maintenance Medications, Specialty Medications, and Over-the-Counter Exclusions.

Now Mobile Friendly

Search medications anywhere, anytime through the web browser on your mobile device.

Get Started

To search for a medication, visit bluecrossma.com/medications.



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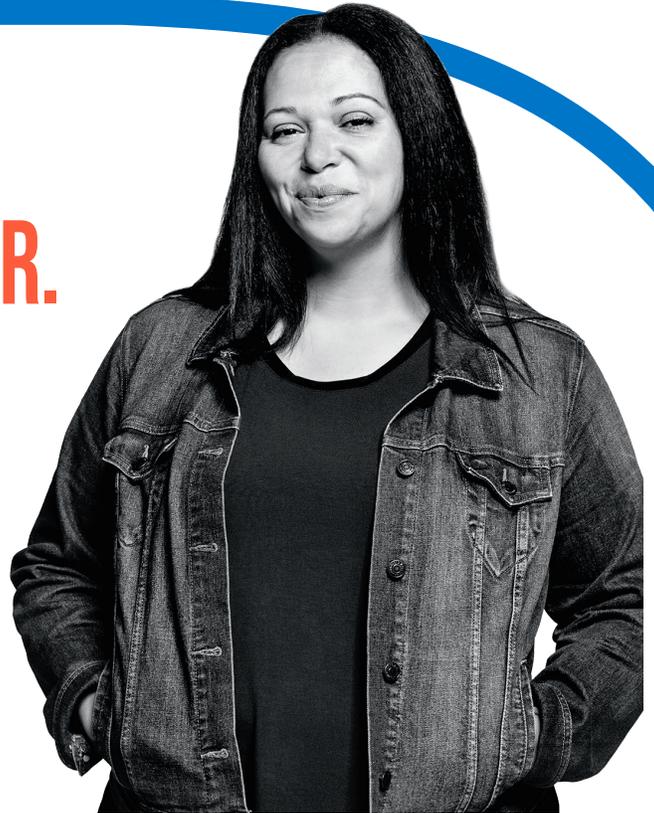
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MASSACHUSETTS

THE CARE YOU NEED. WHENEVER AND WHEREVER.

Because guidance and advice should happen round the clock.
Learn more about your medical care options to save you time
and money at bluecrossma.org.



You have more ways than ever to get expert medical opinions and advice.
Right when you need them.



24/7 NURSE
LINE



VIDEO DOCTOR
VISIT



DOCTOR'S
OFFICE



URGENT
CARE

Learn More

Visit bluecrossma.org to review your medical care options.



24/7 NURSE LINE

When you're uncertain if your symptoms are serious or if an injury needs immediate care, get a nurse's advice 24/7, even on holidays. And get answers at no additional cost to you. Speak to a registered nurse. Call 1-888-247-BLUE (2583).

Cost:

Time:

Severity:

Best for: advice on when to seek care or questions about your symptoms, or whether they might be serious.



VIDEO DOCTOR VISIT

See a licensed doctor online in real time, without leaving home. Doctors on call on your device visit wellconnection.com.

Cost:

Time:

Severity:

Best for: colds, minor cuts, cough, wheezing, sore throat, headache or migraine, mild allergies, fever, skin rash, anxiety, depression.



DOCTOR'S OFFICE

Go to your doctor's office for scheduled checkups and for urgent health concerns that occur during office hours. Use Find a Doctor at bluecrossma.org.

Cost:

Time:

Severity:

Best for: asthma, minor burns, nausea, urination problems, back pain, minor injuries, suspected flu, sinus infection, behavioral health, conjunctivitis or other eye irritation.



URGENT CARE

Go to a nearby urgent care center when you need immediate, in-person help for a non-life-threatening problem and you can't see your doctor.

Cost:

Time:

Severity:

Best for: joint/muscle pain or injuries, nausea or diarrhea, respiratory issues, bites, cuts, concussion screening, stitches, asthma attack, X-rays, and suspected strep throat or bronchitis.

Go to the nearest emergency room when you're facing a life-threatening situation or think you could put your health in danger by delaying care.

The information in this document doesn't replace the advice of a health care provider. You should speak to your provider about any specific health concerns.

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MASSACHUSETTS

DOCTORS ON CALL. ON YOUR DEVICE.

Get convenient access to telehealth care by using the Well Connection platform.



REAL DOCTORS. REAL EXPERIENCE. REALLY FAST.



GET CONFIDENTIAL CARE, REMOTELY

Speak face to face with a doctor, in the privacy of your home.¹



THERAPY THAT COMES TO YOU

Talk to a licensed therapist – on your terms. It's convenient and completely confidential.



HIGHLY EXPERIENCED, HIGHLY RATED

Qualified practitioners. Rated 4.8/5 stars and averaging 15 years of experience.²

Sign In

Download the Well Connection App from the App Store[®] or Google Play[™], or go to wellconnection.com.

1. Medical services are available 24/7. Behavioral health visits must be made by appointment. If your local doctor in the Blue Cross Blue Shield of Massachusetts network offers covered services using live video visits through a service other than Well Connection, you're still covered. This service is only available in the United States.

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



IS A VIDEO DOCTOR VISIT RIGHT FOR ME?

Our doctors can do a lot over your tablet, laptop, or smartphone. Here's how members are using this service.

"I'm not feeling well."

Get care for:

- Cold and flu symptoms
- Fever
- Runny nose, sinus pain
- Cough, wheezing
- Sore throat
- Headaches and migraines
- Diarrhea
- Skin rash

"I need emotional support."

Talk to a therapist about:

- Depression and anxiety
- Substance use disorder
- Loss of a loved one
- Couples therapy
- Emotional trauma
- Stress

"My loved one is under the weather."

If they're on your plan:

- Set up an appointment
- Get quick, expert family care
- Save time in your busy family schedule



WELL CONNECTION IS HIGHLY RATED: 4.8 out of 5 Doctor and Provider rating from our members³

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,⁴ if necessary.

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

4. Prescription availability is defined by physician judgment.

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MASSACHUSETTS

PHARMACY PROGRAM

SAVE TIME AND MONEY WITH \$9 GENERIC MEDICATIONS

You can pay just \$9 for certain generic medications when you order a 90-day supply through our mail order pharmacy.

Express Scripts®, an independent company that administers your pharmacy benefit on behalf of Blue Cross Blue Shield of Massachusetts, will deliver your prescriptions straight to your door at no additional cost. With fewer refills and no trips to the pharmacy, you'll be less likely to miss a dose, making it the most convenient and inexpensive way to get your medications.

Program Highlights

- Get a 90-day supply for \$9
- Delivered to your door at no additional cost for standard shipping
- Fewer refills

See the Full List of \$9 Generic Medications

1. Visit MyBlue at bluecrossma.com/pharmacy
2. Go to the **Mail Order Pharmacy** page
3. Click **View a list of \$9 medications**

29%

COST SAVINGS
FOR EMPLOYEES,
WHEN COMPARED
TO RETAIL
PHARMACIES¹

TWO EASY WAYS TO GET HOME DELIVERY



Visit express-scripts.com/starthd



Call 1-800-892-5119

1. 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.

Questions?

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



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MASSACHUSETTS

NURSES RIGHT NOW. NO IFs, ANDs, OR BUTs.

Call our 24/7 Nurse Line 1-888-247-BLUE (2583).

Speak to a registered nurse, when you need to, day or night. Because guidance and advice should happen round the clock.



YES, YOUR PLAN COVERS IT!

Nurses are ready around the clock to answer your questions. Call our Nurse Line 24/7 to determine if you need immediate care.



GET CONNECTED DIRECTLY TO A NURSE

Immediate advice, no waiting for a callback.



365 DAYS A YEAR

Including holidays. For access that's ready when you are.



THERE'S NO ADDITIONAL COST

Because your health comes first.



EMAIL* A NURSE 24/7, TOO

Create an account to email a nurse for general questions or advice, day or night.

*We partner with Carenet Health™, an independent health care engagement company, to administer this service. You'll need to create a Carenet Health account or sign in to their secure website. When creating your account, you'll need to enter your nine-digit Blue Cross member ID number. Please don't include the letter prefix.

Questions?

Visit myblue.bluecrossma.com and select **Find a Doctor & Estimate Costs** to find a provider near you. Download the MyBlue App from the App Store® or Google Play™.



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MASSACHUSETTS

MATERNITY CARE

Supporting you through pre-conception, pregnancy, childbirth, and caring for your new baby

Have questions about getting pregnant, pregnancy, labor, and what to expect during baby's first year? We're here to help you with a full range of maternity programs and benefits. We encourage you to explore all your benefits for starting and growing your family.



Ovia Pregnancy App

We're partnering with Ovia Health™—developer of the Ovia Pregnancy app—to give our members tools to support conception and healthy pregnancies. Go to oviahealth.com to download.



Living Healthy Babies®

Our **Living Healthy Babies** website is there when you need it, providing answers, educational resources, and interactive tools—including guidelines for recommended doctor visits. From preparing for pregnancy, being pregnant, going through delivery, and what to expect during baby's first year, we're here to guide you each step of the way. Learn more at livinghealthybabies.com.



Call-in Maternity Support

We offer specialized pregnancy and post-partum support to improve your health and help avoid complications. Call a Care Manager at **1-800-392-0098** Monday through Friday, 8:30 a.m. to 4:30 p.m. ET. For high-risk pregnancies, Nurse Care Managers are available.



Breast Pumps

New mothers can get a cost-free manual or dual electric breast pump. Learn more at bluecrossma.com/breast-pump.



Childbirth Course Reimbursement

Expectant mothers may be eligible for reimbursement up to \$90 for completing a childbirth course. Check with your employer or call Member Service at the number on your ID card to see if you have this benefit.



Call-in Maternity Depression Care

Many women may experience anxiety, mood swings, and crying spells known as "baby blues," but these feelings usually go away in a week or two post-delivery. Others experience a more serious condition called postpartum depression, which can last up to a year. Our Maternity Depression program provides support, education, and treatment referral for pregnant women and new mothers who may be struggling with these symptoms. For help, call a Behavioral Health Care Manager at **1-800-524-4010, ext. 62398**, Monday through Friday, 8:30 a.m. to 4:30 p.m. ET.

Learn More

Get started at bluecrossma.com/maternity.

FIND CARE



Nurse Line

If you have concerns about a health issue, call the 24/7 Nurse Line. A nurse can answer your medical questions and help you decide where to get the right care. Call **1-888-247-BLUE (2583)**.



Find a Doctor

To find a doctor or hospital near you, use our **Find a Doctor & Estimate Costs** tool, or call **1-800-588-5507** for help, Monday through Friday, 8:00 a.m. to 9:00 p.m. ET.



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MASSACHUSETTS

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
- 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 2020 programs must be submitted **after** your 2020 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.



MASSACHUSETTS

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

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Weight-Loss Reimbursement

Your reward for health



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
- 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 2020 programs must be submitted *after* your 2020 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.



MASSACHUSETTS

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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Worldwide Coverage

For Foreign and Domestic Travelers



Get quality health care no matter where you are in the world.

Whether you're traveling within the United States or abroad, BlueCard[®] and Blue Cross Blue Shield Global[®] Core make sure you have access to top doctors and hospitals and concierge-level service.

Call **1-800-810-BLUE (2583)** for a list of participating doctors and hospitals, or to obtain an international claim form.



Take this reference card with you when you travel.

When you need care, you'll be prepared.

TEAR HERE

Urgent Care

1. Call **1-800-810-BLUE (2583)**, or visit **bcbs.com** to find nearby doctors and hospitals anywhere in the world that participate in the Blue Cross Blue Shield network.
2. Show your member ID card when you get care.
3. If you're admitted, or if you have questions about your coverage, call Member Service at the number on the front of your ID card.

Your Passport to Good Health

Always carry your Blue Cross Blue Shield of Massachusetts ID card.

FOLD HERE

Emergency Care

For emergency services, call the local emergency number or go to the nearest hospital immediately.

Getting Care in the United States

More than 85 percent of all doctors and hospitals in the United States participate in the BlueCard program. If you need care outside your plan's service area, call **1-800-810-BLUE (2583)**, or visit **bcbs.com** to find a doctor near you. Be sure to show your ID card before you receive service.

When you get service:

- There's no paperwork
- Participating doctors and hospitals submit claims for you
- All you pay is the copayment, co-insurance, or deductible
- If you receive care from a non-participating doctor or hospital, you may need to pay for the services up front and submit a claim for reimbursement

BlueCard PPO Members Only: If you see this symbol, , on your ID card, you're a BlueCard PPO member. To save the most money when getting service, use a participating BlueCard PPO doctor or hospital.

In Case of Emergency

For emergency services, call the local emergency number or go to the nearest hospital immediately.

Getting Care Outside the United States

The Blue Cross Blue Shield Global[®] Core network gives you access to doctors and hospitals around the world. If you need care, call the Service Center at **1-800-810-BLUE (2583)**, or call collect at **1-804-673-1177**, 24 hours a day, 7 days a week. An assistance coordinator, along with a medical professional, will arrange a doctor's appointment or hospitalization if necessary. You can also visit **bcbsglobalcore.com**.

TEAR HERE



An Association of Independent Blue Cross and Blue Shield Plans

FOLD HERE

Primary Care Provider's Name: _____

Doctor's Phone: _____

Doctor's Hospital Affiliation: _____

Your Blue Cross Blue Shield Member ID: _____

Member Service Phone Number (from your ID card): _____

For Inpatient Services:

- Call the Service Center at **1-800-810-BLUE (2583)**, or Member Service at the number on your ID card, for precertification or preauthorization
- In most cases, all you pay is the copayment, co-insurance, or deductible
- The hospital should submit the claim on your behalf

For Outpatient Services:

- Show your ID card
- Pay the doctor or hospital
- Fill out a Blue Cross Blue Shield Global[®] Core International Claim form for reimbursement (Call **1-800-810-BLUE (2583)** or visit **bcbsglobalcore.com** for the form)
- You're only responsible for copayments, co-insurance, or deductible when seeing in-network doctors and hospitals
- You'll pay more when seeing out-of-network doctors and hospitals

Doctors and Hospitals

In most cases, participating doctors and hospitals will file the claim for you. If they need information about eligibility or your coverage, have them call **1-800-676-BLUE (2583)**.

Your Member Responsibilities

As a Blue Cross Blue Shield of Massachusetts member, you're still responsible for any copayments, co-insurance, deductible, or non-covered services. For out-of-country services, Blue Cross Blue Shield of Massachusetts payments will be based on the provider's charge.

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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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
- Protheses 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.

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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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GETTING MORE. NOW THERE'S A PLAN.

Your plan has more benefits than you probably realize. Tap into all of them, all in one place.

MyBlue is your key to more features and savings. Plus, up-to-date status for claims, your deductible, account balances, and more. It's like a free upgrade for the plan you already have.



UNLOCK THE POWER OF YOUR PLAN

MyBlue gives you an instant snapshot of your plan, including:



COVERAGE
AND BENEFITS



CLAIMS AND
BALANCES



FITNESS AND WEIGHT-LOSS
REIMBURSEMENT



MEDICATION
LOOKUP

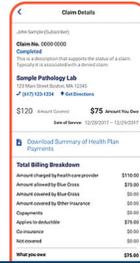
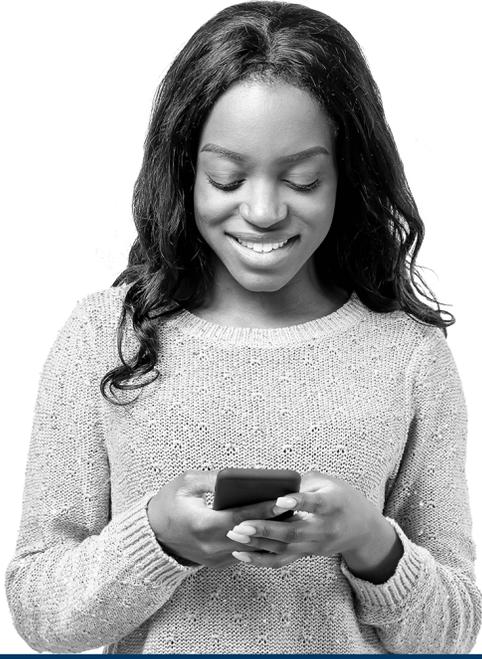
Sign In

Download the app, or create an account at bluecrossma.com.

STAY ON TOP OF YOUR COVERAGE

It's never been easier, faster, or more convenient.

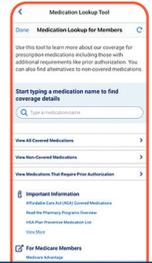
YOUR PLAN IN YOUR HAND



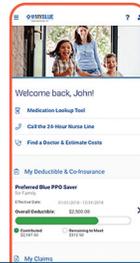
Track claims and benefits
Keep up to date on benefits and coverage.



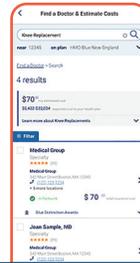
Fitness and weight-loss reimbursement
The online forms are here, along with other savings and offers.



Your medications at a glance
Their names, costs, and prescriptions at your fingertips.



Check deductible balances
End the guesswork and know for sure every time.



Find a Doctor
Or a specialist, dentist, or facility. On your phone and on the fly.



Need your cards
Access your ID cards without opening your wallet.

Once you sign in or create a MyBlue App account, you can see all of your benefits, all in one place. Track your claims, medications, account balances, and more from your device. And, you can easily keep track of reimbursements and savings.



GET THE MYBLUE APP

You can download the MyBlue App from the App Store® or Google Play™.



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Member Identity Protection Services

The identity protection of our members’ private information is our top priority. To provide you with optimal protection, we offer you identity protection services through Experian®, an industry leader in providing credit monitoring and identity theft protection services. This service is being provided to you, free of charge, for as long as you’re a Blue Cross member, but you’ll need to enroll annually.

Experian Identity Protection Services Include:

- **Credit monitoring**—an ongoing review of activity that may affect credit
- **Fraud detection**—the identification of potentially fraudulent use of your identity or credit
- **Credit and identity repair**—assistance in resolving issues of fraud that negatively impact your credit or identity

Your Options and How to Enroll

As a Blue Cross member, you and your family can enroll in two of Experian’s identity protection products:

Experian product	What does it provide?	Who is it for?	How to enroll
IdentityWorks SM Credit 1-Bureau	<ul style="list-style-type: none"> • Credit monitoring • Daily credit reports • Identity theft insurance • Identity restoration 	You and dependents over 18	<ol style="list-style-type: none"> 1. Sign into bluecrossma.com/myblue and click Identity Protection under News & Updates. 2. Follow the instructions on the page under How to Enroll to access the activation code and link to the Experian IdentityWorks enrollment website.
IdentityWorks SM Minor Plus	<ul style="list-style-type: none"> • Internet surveillance of identity • Social security number tracking • Identity theft insurance • Identity restoration 	Dependents under 18	

Note: To complete the enrollment process, you’ll need the date of birth and social security number for each individual you want to sign up.

Members in FEP, Medicare Advantage, and BlueMedicare RX plans aren’t eligible for this service.

Questions for Experian?

If you have question about the Experian IdentityWorks products or the enrollment process, please contact Experian at 1-866-926-9803. If you’d like to enroll over the phone with Experian, please log into MyBlue or call Member Service at the number on your ID card to obtain the engagement and activation codes. You’ll need to provide these codes to the Experian representative.

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Diabetes Care Value Program

Your convenient and rewarding approach to better diabetes management.



30 million adults in the U.S. are currently managing either type 1 or 2 diabetes.¹



33% of adults with diabetes don't regularly take their medications.²



Not taking prescribed diabetes medication adds \$210 million in annual health care costs.³

1. Centers for Disease Control and Prevention. (2017). National Diabetes Statistics Report.

2. Express Scripts. (2016). Drug Report.

3. Express Scripts. (2017). Diabetes Dilemma: U.S. Trends in Diabetes Medication Use.

Powered by:



What Is Diabetes Care Value?

Diabetes Care Value is a program that gives you convenient tools, innovative support, and rewards for healthy habits. It's designed to help you take greater control of your health, and have a little fun along the way.

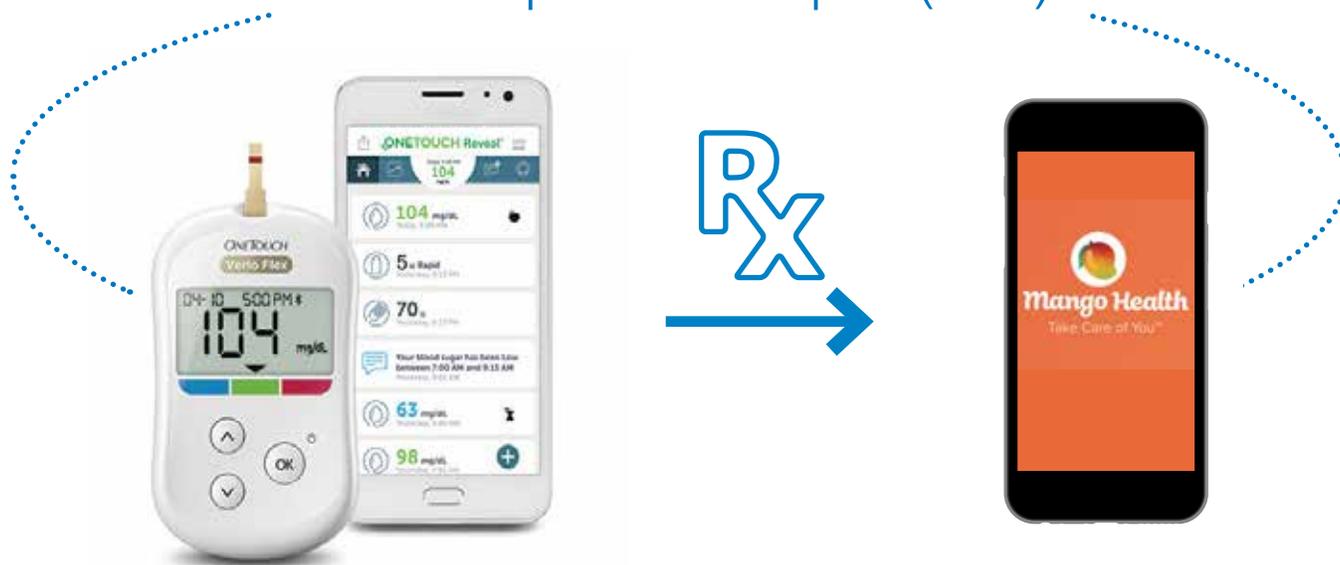
Adults living with diabetes who don't take their medication as prescribed experience:

1.5X
higher ER visit costs⁴

1.6X
higher hospital costs⁵

How It Works

Remote Diabetes Monitoring from Express Scripts (ESI)



Know Your Numbers with the OneTouch Verio® Flex

Use your Verio Flex Glucometer, synced with the OneTouch Reveal® app, to regularly record your blood sugar levels.

Features:

- Provided to you at no added cost
- Syncs automatically with your smartphone and the OneTouch Reveal app
- Logs test results and stores them within app for easy reference

If you're eligible, you'll receive information from ESI in the mail with instructions for opting into this program.

Manage Your Condition and Prescriptions with the OneTouch Reveal App

As you track your blood sugar levels, the Reveal app sends your data to ESI's Diabetes Support Team—a group of specialized clinicians and pharmacists. They'll be ready to offer support when you need it.

Features:

- Syncs seamlessly with the OneTouch Verio Flex Glucometer
- Shares test results with your diabetes support team, which includes a pharmacist
- Easily print test results to share them with your doctor

Download the OneTouch Reveal App

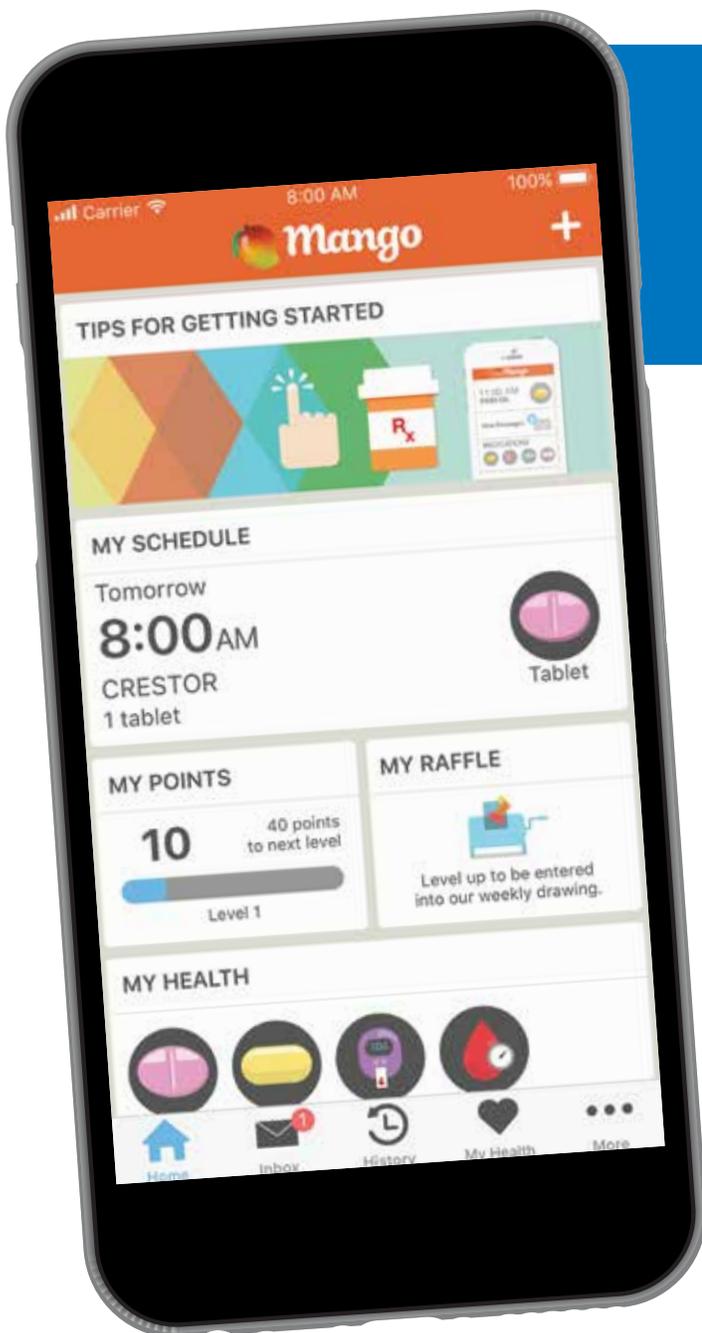


Get Additional Support with the Diabetes Therapeutic Resource Center

ESI's Diabetes Support Team receives your test data and tracks blood sugar levels, analyzes trends, and performs interventions. With this team, you'll have access to personalized care from a pharmacist who specializes in diabetes.

Meet Mango Health

To help you take greater control of your health, enjoy enhanced convenience, and have some fun along the way, our DCV program features:



Mango Health App: Health Management Made Fun

Make Your Daily Health Habits More Rewarding

We've partnered with Mango Health, an independent health management company, to give you access to a new app that turns your medication schedule into a fun, social game. On Mango Health, you get rewarded for tracking your healthy habits, which means the more you stick to your medication schedule, the more rewards you'll receive!

Features:

- Available at no added cost
- One-click prescription drug refills
- Daily reminders for healthy habits
- IOS and Android compatibility
- Self-reporting, with photos

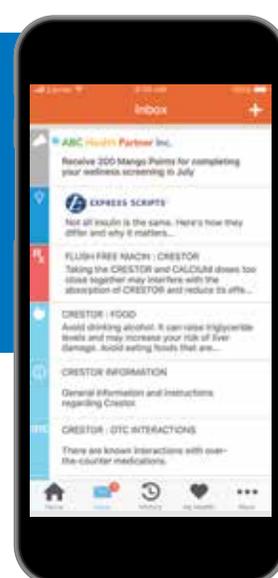
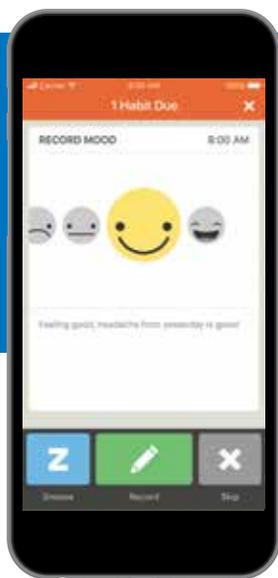
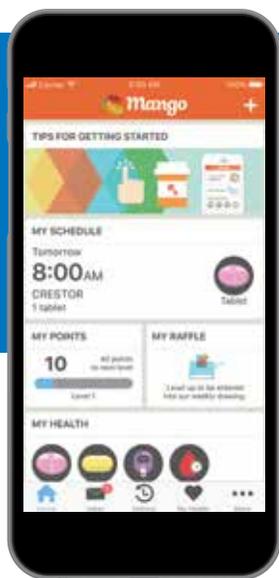
Download the Mango Health App



Learn more: mangohealth.com

Get Started with Mango Health

Download the Mango Health app and receive a \$15 Amazon gift card.



Get Started and Get Rewarded

If you're eligible, you'll receive a postcard from Mango Health with instructions and a personalized activation code. Download the Mango Health app on your smartphone or favorite device and use your activation code to sign up and automatically earn a **\$15 Amazon gift card**.

Create Your Routine

Customize your own routine of healthy habits.

Stay on Track

Get automatic reminders that help you stick to your personal goals.

Earn Rewards

Each time you take your medication on time, and stick to other healthy habits, you earn points that can be cashed in for exciting rewards.

Questions?

Contact Member Service using the number on your Blue Cross Member 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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Hello SmartShopper

Offered by Blue Cross Blue Shield of Massachusetts, SmartShopper can save money and may help you earn cash when you have eligible medical procedures and tests.

How it works



1. SHOP
by phone or online



2. GO
to a cost-effective, in-network location you choose



3. EARN
\$25 or more in cash rewards

Why SmartShopper?

- Prices for the same in-network, quality procedure can vary dramatically between locations
- SmartShopper lets you compare convenient, in-network locations and choose a cost-effective location
- You may save money out-of-pocket and earn a share of the overall savings as a cash reward
- It's easy to shop online or with a Personal Assistant, who can also schedule your procedure



98% of SmartShoppers would recommend this program to a friend or co-worker.

2019 Survey of SmartShopper Users

Log in to myblue.bluecrossma.com and click the SmartShopper link to start saving or call the Personal Assistant Team at 1-877-281-3722.

Call the SmartShopper Personal Assistant Team Monday through Thursday from 8 a.m. to 8 p.m. and Friday from 8 a.m. to 6 p.m. ET.



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SmartShopper

The SmartShopper program is offered by Sapphire Digital, an independent company. Incentives available for select procedures only. Payments are a taxable form of income. Rewards may be delivered by check or an alternative form of payment. Members with coverage under Medicaid or Medicare are not eligible to receive incentive rewards under the SmartShopper program.

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).

Some plans and services may require a referral from your doctor. Be sure to check your benefits or call Member Service at the number on the back of your ID card. The money you receive may be considered taxable income. Consult your tax advisor. Members with coverage under Medicaid or Medicare (including as secondary payer) are not eligible to receive incentive rewards under the SmartShopper Program. For HMO Blue New England plans, only network providers located in Massachusetts, Rhode Island, New Hampshire, and Vermont may qualify for rewards under the SmartShopper program. For HMO Blue plans, only network providers located in Massachusetts may qualify for rewards. Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association. * , * Registered Marks of the Blue Cross and Blue Shield Association. * , * Registered Marks are property of Sapphire Digital. © 2018 Blue Cross and Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

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SmartShopper®

Frequently Asked Questions About SmartShopper®

SmartShopper empowers you and your covered family members to make informed decisions about where you get care, and rewards those who choose quality care at a lower cost. Be smart, shop smart, and save on select, common medical procedures—all while earning cash rewards!

What is SmartShopper?

SmartShopper is a program that rewards members up to **\$250** for choosing quality care at a lower cost. It's administered by Sapphire Digital®, an independent company. When a member uses an eligible, lower-cost provider found through SmartShopper, a reward check will be mailed to him or her. The program provides the resources needed to shop for care and make informed decisions.

How do I know if I'm eligible to participate in SmartShopper?

Call Member Service at the number on your ID card, or log in to your MyBlue account and access Find a Doctor & Estimate Costs. If you're eligible for SmartShopper, you'll see the program referenced at the top of the Find a Doctor & Estimate Costs home page.

If you have coverage under Medicare or Medicaid, including Medicare as a secondary payer, you aren't eligible for the SmartShopper program.

Will I have to change my primary care provider to use SmartShopper?

No. You can continue to use your current primary care provider as long as they participate in our network. To find out if they're in our network, you can call Member Service at the number on the front of your ID card, or visit bluecrossma.com/findadoctor.

Will my coverage change when using SmartShopper?

No. Your coverage stays the same whether you use the program or not.

Do I need to spend any money to participate in SmartShopper?

SmartShopper is provided by your employer at no cost to you, but you may be responsible for a cost share for the procedure.

How can I qualify for a cash reward?

When a doctor recommends one of the medical services included in the SmartShopper program, you simply search SmartShopper before you have the service, then use one of the reward-eligible providers to earn a cash reward. SmartShopper is a feature of Find a Doctor & Estimate Costs. To use it, go to bluecrossma.com/myblue and log in to your MyBlue account. Then, select the Find a Doctor & Estimate Costs box. On the Find a Doctor & Estimate Costs home page, select the Go to Find a Doctor & Estimate Costs Now button. Next, select the SmartShopper Shop for Procedures button. You can also call the Personal Assistant Team at **1-877-281-3722**, Monday–Thursday, 8:00 a.m.–8:00 p.m., or Friday, 8:00 a.m.–6:00 p.m.

How will I know if the lower-cost options suggested by SmartShopper are also quality options?

All health care practitioners and medical practices that SmartShopper recommends are part of the Blue Cross network, and have met strict credentialing standards. The facilities are fully licensed to provide services. Also, because these services don't have quality measures associated with them, to help you make choices, we encourage you to rely on your primary care provider's recommendation along with the cost information this program provides.

Can I save money on health care costs?

The cost for the same medical service or procedure can vary greatly from one location to the next. By choosing a lower-cost, quality provider, you'll reduce your out-of-pocket costs if you haven't met your deductible yet.

How big of a reward can I earn per service?

You can earn up to \$250 based on the type of service and provider used.

What common procedures are eligible for a cash reward?

You can get up to a **\$250** cash reward every time you use SmartShopper before having a procedure performed by a reward-eligible provider for common medical procedures like MRIs, mammograms, colonoscopies, and more!

How do I receive my reward?

If you qualify for a reward, Sapphire Digital will mail you a check within 6–8 weeks once the claim is finalized. If more than eight weeks pass and you haven't received a check, call the Personal Assistant Team at **1-877-281-3722**, Monday–Thursday, 8:00 a.m.–8:00 p.m., or Friday, 8:00 a.m.–6:00 p.m.

Do I need to shop for my family members, or can my family members use SmartShopper?

Shopping for care and applying the reward is done at the family level. For example, if you shop for a mammogram and your spouse has the procedure, an incentive would still be paid. The incentive check would go to your spouse—the member who had the claim. If your dependent (under 18) had the procedure, the incentive check would be paid to you, the subscriber.

Who can I contact if I have questions about the status of my reward check or the SmartShopper website?

For questions related to SmartShopper incentives, call the Personal Assistant Team at **1-877-281-3722**, or email **SmartShopperSupport@Sapphiredigital.com**.

Am I required to use the lowest-cost provider suggested by SmartShopper to receive a reward?

No. SmartShopper is completely voluntary. You can receive a reward by choosing any of the providers that SmartShopper shows a reward for. You can also choose to see a provider not on the recommended list—you just won't receive a cash reward.

The dollar amount you receive may be considered taxable income. Consult your tax advisor. SmartShopper is managed by Sapphire Digital®, an independent company. Some plans and services may require a referral from your doctor. Be sure to check your benefits or call Member Service at the number on the back of your ID card. Members with coverage under Medicaid or Medicare (including as secondary payer) aren't eligible to receive incentive rewards under the SmartShopper program. For HMO Blue New England plans, only network providers located in Massachusetts, New Hampshire, Rhode Island, and Vermont may qualify for rewards under the SmartShopper program. For HMO Blue plans, only network providers located in Massachusetts may qualify for rewards.

What if a doctor already scheduled a service for me?

Call **1-877-281-3722** and the Personal Assistant Team will determine if the provider you're scheduled to see qualifies for an incentive. If not, you'll need to reschedule your appointment with a reward-eligible provider to qualify for a cash reward, and possibly get a new referral from your doctor—which the Personal Assistant Team would be happy to help you with.

What if the facility I usually use is already the most cost-effective option?

You can still earn a cash reward, but you must use the SmartShopper tool before having the procedure. Just call **1-877-281-3722**, or use the SmartShopper tool through Find a Doctor & Estimate Costs at **bluecrossma.com/myblue** to qualify.

Are there tax implications with the SmartShopper program?

The dollar amount you receive may be considered taxable income. Consult your tax advisor.

Can I shop for more than one service at a time?

If a doctor has referred more than one type of service (for example, an MRI followed by knee surgery), you'll need to shop for each service individually.

Can I receive a cash reward regardless of when I shop?

In order to receive a cash reward from SmartShopper, you need to shop before you receive your medical service, up to the day of the service. You'll be eligible for the reward as long as you choose a reward-eligible provider.

How do I determine which procedure to shop for?

Shop for the procedure that your doctor has written down or recommended. Try to match it as close as you can. If it's not exact, that's ok. We can validate your claim against your shopping history. For example: You shop for an MRI of the lower limb, but the service is an MRI of the lower limb with joint, we'll match and pay the incentive.

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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MASSACHUSETTS

SmartShopper®

Earn Money with SmartShopper®

SmartShopper is an incentive and engagement program managed by Sapphire Digital®, an independent company. You can earn a reward check each time you or your covered family members choose an eligible lower-cost, quality doctor or facility for the health services below. To find a reward-eligible doctor or hospital, log in to bluecrossma.com/myblue, or call 1-877-281-3722.

Keep this list for future reference.

Save on These Health Care Services	Reward Amount (lowest-cost)	Reward Amount (2nd lowest-cost)	Reward Amount (3rd lowest-cost)
Bladder Repair for Incontinence (sling)	\$250	\$75	\$50
Bladder Scope	\$250	\$75	\$50
Bone Density Scan	\$50	\$25	\$0
Bronchoscopy (procedure to look at airways)	\$150	\$75	\$50
Bunionectomy (bunion surgery)	\$150	\$75	\$50
Carpal Tunnel Treatment	\$150	\$75	\$50
Cataract Removal	\$125	\$75	\$50
Colonoscopy	\$250	\$75	\$50
CT Scan	\$75	\$50	\$0
Hernia Repair	\$150	\$75	\$50
Knee Arthroscopy	\$250	\$75	\$50
Gall Bladder Removal	\$250	\$75	\$50
Laparoscopic Removal of Ovaries and/or Fallopian Tubes	\$250	\$75	\$50
Lithotripsy Fragmenting (shock waves to break apart) of Kidney Stones	\$250	\$75	\$50
Mammogram	\$50	\$25	\$0
MRI	\$100	\$75	\$50
Ear, Nose, Throat (ENT)	\$150	\$75	\$50
PET Scan	\$150	\$75	\$50
Shoulder Arthroscopy	\$250	\$75	\$50
Sigmoidoscopy (procedure to look at rectum and lower colon)	\$150	\$75	\$50
Ultrasounds (non-maternity)	\$50	\$25	\$0
Upper GI Endoscopy	\$150	\$75	\$50

The dollar amount you receive may be considered taxable income. Consult your tax advisor. SmartShopper is managed by Sapphire Digital®, an independent company. Members with coverage under Medicaid or Medicare (including as secondary payer) aren't eligible to receive incentive rewards under the SmartShopper program.

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only
1 in 4

people with a mental health problem will ever seek face-to-face therapy



Learn to Live offers free, **100% confidential** online programs for:

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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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MASSACHUSETTS

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).