



PPO Product Coverage Options for Small-Group Accounts

Effective January 2013*

Blue shaded products: The standard plan design includes the Hospital Choice Cost Sharing feature. (Members will pay a higher cost share when they receive certain services at or by higher cost share hospitals, including inpatient admissions, surgical day care, and some other hospital outpatient services.) Accounts have the opportunity to remove the Hospital Choice Cost Sharing feature. Removing the Hospital Choice Cost Sharing feature will result in a higher premium rate. If your health plan includes the tiered network feature called Hospital Choice Cost Sharing, you will pay different levels of in-network cost share (such as copayments and/or co-insurance) 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 at the bottom of the page, 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 at the bottom of the page) for which you pay the lowest in-network cost sharing level, check the most current provider directory for the health plan options or visit www.bluecrossma.com/hospitalchoice. Then click on the Planning Guide link on the left navigation to download a printable network hospital list or to access the provider search page.

This health plan includes a tiered provider network called Preferred Blue PPOSM Options v.4. Members in this plan pay different cost share levels (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. To find the benefits tier of a provider, visit the online provider search tool at www.bluecrossma.com and select Preferred Blue PPO Options v.4 for the network.

All plans listed below include Value-Based Benefits.¹

IN—In-Network // OON—Out-of-Network // Ded.—Deductible // Co-ins.—Co-insurance // VBB—Value-Based Benefits // EBT—Enhanced Benefits Tier // SBT—Standard Benefits Tier // BBT—Basic Benefits Tier

*This chart highlights some of the benefits under each of the plans listed for comparison purposes. There may be other cost share features not included on this sheet. See subscriber certificate for full benefit information.

Plan Designs	Office Visit	ER	Inpatient Admissions ²	Surgical Day Care (SDC) ²	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests ²	Medical Ded. ³	Out-of-Pocket Maximum ³	Prescription Drugs	Hospital Choice Cost Sharing ⁴
Preferred Blue PPOSM Options v.4	In Massachusetts: Preventive—IN: \$0 OON: 20% Co-ins. after Ded. Medical—IN: EBT: \$15 ⁵ SBT: \$25 BBT: \$45 Other network providers: \$45 Diabetic monitoring visit: \$0 ¹ OON: 20% Co-ins. after Ded.	\$150	In Massachusetts: IN—EBT: \$250 ⁵ SBT: \$500 (\$300 for selected hospitals) ⁶ BBT: \$1,000 OON: 20% Co-ins. after Ded.	In Massachusetts: IN—EBT: \$150 ⁵ SBT: \$250 BBT: \$500 OON—20% Co-ins. after Ded.	In Massachusetts: IN—EBT: \$75 ⁵ SBT: \$150 BBT: \$250 Other network providers: \$75 OON: 20% Co-ins. after Ded.	IN: None OON: \$2,000/\$4,000 per plan year	None	IN—Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB—Mail: \$15/\$30/\$150 ¹ Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs ¹ OON—Retail: \$30/\$60/\$100 Mail: Not covered	Not Applicable
Preferred Blue PPO \$1,000 Ded.	Preventive—IN: \$0 OON: 20% Co-ins. after Ded. Medical—IN: \$15 after Ded. Diabetic monitoring visit: \$0 ¹ OON: 20% Co-ins. after Ded.	\$150 after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN and OON combined: \$1,000/\$2,500 per plan year	IN and OON combined: \$5,000/\$10,000 per plan year	IN—Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB—Mail: \$15/\$30/\$150 ¹ Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs ¹ OON—Retail: \$30/\$60/\$100 Mail: Not covered	IN: after Ded. Inpatient: \$1,000 SDC: \$1,000 MRI/CT/PET/NC: \$450 OP diag. labs: \$35 OP diag. X-ray & other imaging tests: \$100 PT/OT/ST: \$50
Preferred Blue PPO Saver \$1,500 (HSA Compliant)	Preventive—IN: \$0 OON: 20% Co-ins. after Ded. Medical—IN: Ded. Diabetic monitoring visit: \$0 ¹ OON: 20% Co-ins. after Ded.	\$150 after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN and OON combined: \$1,500/\$3,000 per plan year—Includes Rx ⁷	IN and OON combined: \$5,000/\$10,000 per plan year	After Ded.—IN—Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB—Mail: \$10/\$25/\$135 (no Ded.) ¹ Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs ¹ After Ded.—OON—Retail: \$20/\$50/\$90 Mail: Not covered	Not Applicable
Preferred Blue PPO \$2,000 Ded.	Preventive—IN: \$0 OON: 20% Co-ins. after Ded. Medical—IN: \$15 after Ded. Diabetic monitoring visit: \$0 ¹ OON: 20% Co-ins. after Ded.	\$150 after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN and OON combined: \$2,000/\$4,000 per plan year	IN and OON combined: \$5,000/\$10,000 per plan year	IN—Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB—Mail: \$15/\$30/\$150 ¹ Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs ¹ OON—Retail: \$30/\$60/\$100 Mail: Not covered	IN: after Ded. Inpatient: \$1,000 SDC: \$1,000 MRI/CT/PET/NC: \$450 OP diag. labs: \$35 OP diag. X-ray & other imaging tests: \$100 PT/OT/ST: \$50
Preferred Blue PPO Saver \$2,000 (HSA Compliant)	Preventive—IN: \$0 OON: 20% Co-ins. after Ded. Medical—IN: Ded. Diabetic monitoring visit: \$0 ¹ OON: 20% Co-ins. after Ded.	\$150 after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN and OON combined: \$2,000/\$4,000 per plan year—Includes Rx ⁷	IN and OON combined: \$5,000/\$10,000 per plan year	After Ded.—IN—Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB—Mail: \$10/\$25/\$135 (no Ded.) ¹ Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs ¹ After Ded.—OON—Retail: \$20/\$50/\$90 Mail: Not covered	Not Applicable
Blue Care ElectSM \$3,000 Ded. (Does Not Meet MCC)	Preventive—IN: \$0 OON: 20% Co-ins. after Ded. Medical—IN: \$15 after Ded. Diabetic monitoring visit: \$0 ¹ OON: 20% Co-ins. after Ded.	\$150 after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN and OON combined: \$3,000/\$7,500 per plan year	IN and OON combined: \$5,000/\$10,000 per plan year	IN—Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB—Mail: \$15/\$30/\$150 ¹ Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs ¹ OON: Not covered	Not Applicable
Preferred Blue PPO Saver \$2,900 (HSA Compliant)	Preventive—IN: \$0 OON: 20% Co-ins. after Ded. Medical—IN: Ded. Diabetic monitoring visit: \$0 ¹ OON: 20% Co-ins. after Ded.	\$150 after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN and OON combined: \$2,900/\$5,800 per plan year—Includes Rx ⁷	IN and OON combined: \$5,000/\$10,000 per plan year	After Ded.—IN—Retail: \$10/\$25/\$45 Mail: \$20/\$50/\$135 VBB—Mail: \$10/\$25/\$135 (no Ded.) ¹ Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs ¹ After Ded.—OON—Retail: \$20/\$50/\$90 Mail: Not covered	Not Applicable
Blue Care Elect \$4,500 Ded. (Does Not Meet MCC)	Preventive—IN: \$0 OON: \$45 after Ded. Medical—IN: \$25 after Ded. Diabetic monitoring visit: \$0 ¹ OON: \$45 after Ded.	\$150 after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN: Ded. OON: 20% Co-ins. after Ded.	IN and OON combined: \$4,500/\$9,000 per plan year	IN and OON combined: \$5,000/\$10,000 per plan year	IN—Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 VBB—Mail: \$15/\$30/\$150 ¹ Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs ¹ OON: Not covered	Not Applicable
Preferred Blue PPO Basic \$2,000	Preventive—IN: \$0 OON: \$45 Medical—IN: \$25 Diabetic monitoring visit: \$0 ¹ OON: \$45	\$250	IN: 20% Co-ins. after Ded. OON: 40% Co-ins. after Ded.	IN: 20% Co-ins. after Ded. OON: 40% Co-ins. after Ded.	IN: 20% Co-ins. after Ded. OON: 40% Co-ins. after Ded.	IN and OON combined: \$2,000/\$4,000 per plan year	IN and OON combined: \$5,000/\$10,000 per plan year	Tier 1 IN—Retail: \$15 Mail: \$30 VBB—Mail: \$15 ¹ Nothing for Tier 1 and Tier 2 retail and mail covered smoking cessation drugs ¹ OON—Retail: \$30 Tier 2 and Tier 3 IN/OON Retail and Mail: \$250/\$500 Ded. then 50% Co-ins. ⁸	IN—Inpatient: 30% Co-ins. after Ded. SDC: 30% Co-ins. after Ded. MRI/CT/PET/NC: 30% Co-ins. after Ded. OP diag. labs: 30% Co-ins. after Ded. OP diag. X-ray & other imaging tests: 30% Co-ins. after Ded. PT/OT/ST: \$40

Blue Cross Blue Shield of Massachusetts allows small employer groups⁹ to provide multiple plan options to their employees:

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

Below are underwriting guidelines for this type of offering:

- The Hospital Choice Cost Sharing feature (HCCS or Options) can only be offered alongside another product with the Hospital Choice Cost Sharing feature (HCCS or Options).
- Products without the Hospital Choice Cost Sharing feature (Non-HCCS or Non-Options) can only be offered alongside products without the Hospital Choice Cost Sharing feature (Non-HCCS or Non-Options).
- Preferred Blue PPO Options can be sold alongside any product with the Hospital Choice Cost Sharing feature (HCCS or Options). Preferred Blue PPO Options can also be sold alongside any HMO Blue New England product without the Hospital Choice Cost Sharing feature as long as Preferred Blue PPO Options is for out of New England employees only.
- HMO Blue New England Options Deductible and HMO Blue New England Options Deductible II can be sold alongside any Non-Hospital Choice Cost Sharing PPO product as long as the Non-Hospital Choice Cost Sharing PPO product is for out of New England employees only.

2. This is the cost sharing for services rendered at hospitals other than those that are designated as higher cost.
3. The two amounts in this column refer to individual and family.
4. Higher cost hospitals are: Baystate Medical Center, Berkshire Medical Center, Brigham and Women's Hospital, Cape Cod Hospital, Boston Children's Hospital (other than Boston Children's Hospital locations at Lexington, Peabody, and Waltham), Dana-Farber Cancer Institute, Fairview Hospital, Harrington Memorial Hospital, Massachusetts General Hospital, North Shore Medical Center—Salem Campus, North Shore Medical Center—Union Campus, South Shore Hospital, Sturdy Memorial Hospital, UMass Memorial Medical Center—Memorial Campus, and UMass Memorial Medical Center—University Campus.
5. Outside Massachusetts, the lower Enhanced Benefits Tier copayment applies to any network provider who is listed as a general practitioner, internist, family practitioner, pediatrician, obstetrician/gynecologist, nurse practitioner, rural health center, or general hospital.
6. To provide geographic access to members, the lower Standard Benefits Tier copayment applies for Baystate Mary Lane Hospital, Baystate Franklin Medical Center, Falmouth Hospital, Martha's Vineyard Hospital, Nantucket Cottage Hospital, and North Adams Regional Hospital.
7. Entire family deductible must be satisfied before benefits are provided for any one member enrolled under a family membership.
8. There is a \$5,000 per member/\$10,000 per family plan-year co-insurance maximum for Tier 2 and Tier 3 prescription drugs.
9. Small employer group is defined as: A sole proprietorship, firm, corporation, partnership, or association engaged in business that, on at least 50 percent of its working days during the preceding year, employed from among one to not more than 50 eligible employees, the majority of whom worked in Massachusetts. In determining the number of eligible employees, companies that are affiliated companies, or that are eligible to file a combined tax return for purposes of state taxation, will be considered one business. These eligible accounts are subject to Massachusetts small group reform legislation.

Footnotes

1. Value-Based Benefits:

- Members will pay nothing for the first two diabetic monitoring visits per calendar year. These are services such as diabetes evaluation and management services, including diabetic eye exams and foot care.
- Members will pay the same cost share for a 90-day supply of medication when purchased at the mail pharmacy as they do for a 30-day supply when purchased from a retail pharmacy. This applies to a specific list of Tier 1 and Tier 2 medications used in the treatment of asthma, coronary artery disease/cardio vascular disease, and diabetes, as well as a co-morbidity of depression (this does not apply to the mail service Tier 2 cost share of the Preferred Blue PPO Basic \$2,000 plan design.) The overall deductible will not apply for these medications on the HSA-compliant plan designs.
- Members will pay nothing for Tier 1 and Tier 2 smoking cessation products when purchased at either a retail pharmacy or mail pharmacy.