



MASSACHUSETTS

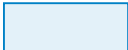
Product Coverage Options for Accounts with 100 or More Enrolled Subscribers

Effective on anniversary dates on or after January 1, 2015


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Ded.—Deductible // Coins.—Coinsurance // INN—In-network
 OON—Out-of-network // OOP—Out-of-pocket // EBT—Enhanced Benefits Tier
 SBT—Standard Benefits Tier // BBT—Basic Benefits Tier

 Blue shaded products: These standard plan designs are available with 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). If the 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 below,⁴ 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 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.

* For PPO Plan designs, the different levels of cost sharing mentioned above, apply to in-network benefit levels at preferred general hospitals.

 Yellow shaded products: This document gives general information about our tiered network plan designs. There are currently three tiered provider networks called HMO Blue Options v.4, HMO Blue New England Options v.4, and Preferred Blue PPO Options v.4. In our tiered plans, members pay different levels of cost share (copayments, coinsurance, and/or deductibles) depending on the benefits tier of the provider furnishing the services. A provider's benefits tier may change. Overall changes to the benefits tiers of providers will happen no more than once each calendar year. For help in finding the benefits tier of a provider, visit the online provider search tool at www.bluecrossma.com/findadoctor and search for the appropriate network.

Access Blue

Product	Office Visit	Emergency Room	Inpatient Admissions ¹	Surgical Day Care (SDC) ¹	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests ¹	Medical Deductible ²	Out-of-Pocket Maximum ³	Prescription Drugs	Hospital Choice Cost Sharing ⁴
Access Blue Value Plus	Preventive—\$0 PCP—\$15 Specialist—\$25	\$100	\$250	\$150	\$25	None	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$10/\$25/\$45 Mail—\$20/\$50/\$90	Inpatient—\$1,250 SDC—\$1,150 MRI/CT/PET/NC—\$475 OP Diag. labs—\$35 OP Diag. X-ray & other imaging tests—\$100 PT/OT/ST—\$60
Access Blue Enhanced ValueSM	Preventive—\$0 PCP—\$20 Specialist—\$30	\$150	\$500	\$250	\$50	None	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Tier 1 Retail—\$15, Mail—\$30 Tier 2 and Tier 3 Retail and Mail—\$250/\$500 Ded. Then 50% Coins.	Inpatient—\$1,500 SDC—\$1,250 MRI/CT/PET/NC—\$500 OP Diag. labs—\$35 OP Diag. X-ray & other imaging tests—\$100 PT/OT/ST—\$65
Access Blue Saver (HSA Compliant)	Preventive—\$0 PCP—\$15 after Ded. Specialist—\$25 after Ded.	\$150 after Ded.	Ded.	Ded.	Ded.	\$1,500/\$3,000 per plan year—includes Rx ⁵	\$6,450/\$12,900 per plan year—includes Rx	After Ded.: Retail—\$10/\$25/\$45 Mail—\$20/\$50/\$135	Not Applicable
Access Blue BasicSM	Preventive—\$0 PCP—\$30 Specialist—\$45	\$150 after Ded.	\$500 after Ded.	\$250 after Ded.	Ded.	\$2,000/\$4,000 plan year Ded.	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Tier 1 Retail—\$10, Mail—\$20 Tier 2 and Tier 3 \$250/\$500 Ded. then Retail—\$30/\$50 Mail—\$60/\$90 Exclusive Home Delivery	After Ded.: Inpatient—\$1,500 SDC—\$1,250 MRI/CT/PET/NC—\$450 OP Diag. labs—\$35 OP Diag. X-ray & other imaging tests—\$100 PT/OT/ST—\$75 (no Ded.)
Access Blue Basic \$2,000	Preventive—\$0 PCP—\$25 after Ded. Specialist—\$35 after Ded.	\$250	20% Coins. after Ded.	20% Coins. after Ded.	20% Coins. after Ded.	\$2,000/\$4,000 per plan year	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Tier 1 Retail—\$15, Mail—\$30 Tier 2 and Tier 3 Retail and Mail—\$250/\$500 Ded. Then 50% Coins.	After Ded.: Inpatient—30% Coins. SDC—30% Coins. MRI/CT/PET/NC—30% Coins. OP diag. labs—30% Coins. OP diag. X-ray & other imaging tests—30% Coins. PT/OT/ST—\$75
Access Blue Basic Saver (HSA Compliant)	Preventive—\$0 PCP—\$60 after Ded. Specialist—\$75 after Ded.	\$250 after Ded.	35% Coins. after Ded.	35% Coins. after Ded.	35% Coins. after Ded.	\$3,000/\$5,950 per plan year—Includes Rx ⁵	\$6,450/\$12,900 medical per plan year—includes Rx	After Ded: Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150	Not Applicable

Access Blue New England

Product	Office Visit	Emergency Room	Inpatient Admissions ¹	Surgical Day Care (SDC) ¹	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests ¹	Medical Deductible ²	Out-of-Pocket Maximum ³	Prescription Drugs	Hospital Choice Cost Sharing ⁴
Access Blue New England Enhanced ValueSM	Preventive—\$0 PCP—\$20 Specialist—\$30	\$150	\$500	\$250	\$50	None	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$100	Inpatient—\$1,500 SDC—\$1,250 MRI/CT/PET/NC—\$500 OP Diag. labs—\$35 OP Diag. X-ray & other imaging tests—\$100 PT/OT/ST—\$65

Access Blue New England (Continued....)

Access Blue New EnglandSM Saver (HSA Compliant)	Preventive—\$0 PCP—\$15 after Ded. Specialist—\$25 after Ded.	\$150 after Ded.	Ded.	Ded.	Ded.	\$1,500/\$3,000 per plan year—includes Rx ⁵	\$6,450/\$12,900 per plan year—includes Rx	After Ded.: Retail—\$10/\$25/\$45 Mail—\$20/\$50/\$135	Not Applicable
Access Blue New England Basic \$2,000	Preventive—\$0 PCP—\$25 after Ded. Specialist—\$35 after Ded.	\$200	20% Coins. after Ded.	20% Coins. after Ded.	20% Coins. after Ded.	\$2,000/\$4,000 plan year Ded.	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Tier 1 Retail—\$15 Mail—\$30 Tier 2 and Tier 3 Retail and Mail \$250/\$500 Ded. then 50% Coins.	After Ded.: Inpatient—30% Coins. SDC—30% Coins. MRI/CT/PET/NC—30% Coins. Op Diag. labs—30% Coins. Imaging tests—30% Coins. PT/OT/ST—\$75
Access Blue New England Basic Saver (HSA Compliant)	Preventive—\$0 PCP—\$60 after Ded. Specialist—\$75 after Ded.	\$250 after Ded.	35% Coins. after Ded.	35% Coins. after Ded.	35% Coins. after Ded.	\$3,000/\$5,950 plan year Ded.—includes Rx ⁵	\$6,450/\$12,900 per plan year—includes Rx	After Ded.: Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150	Not Applicable
Access Blue New England Basic Saver II	Preventive—\$0 PCP—\$50 after deductible Specialist—\$75 after Ded.	\$750 after Ded.	\$1,000 after Ded.	\$1,000 after Ded.	\$1,000 after Ded.	\$3,300/\$6,550 per plan year—includes Rx	\$6,450/\$12,900 per plan year—includes Rx	After Ded.: Retail—\$15/50%/50% Mail—\$30/50%/50%	Not Applicable

Blue Choice

Product	Office Visit	Emergency Room	Inpatient Admissions ¹	Surgical Day Care (SDC) ¹	MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests ¹	Medical Deductible ²	Out-of-Pocket Maximum ³	Prescription Drugs	Hospital Choice Cost Sharing ⁴
Blue Choice[®] \$5	PCP/Plan-Approved: Preventive—\$0 PCP—\$5 Specialist—\$5 Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: \$100 Self-Referred: \$100	PCP/Plan-Approved: No cost Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: No cost Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: \$25 Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: None Self-Referred: \$250/\$500 per calendar year	PCP/Plan-Approved: \$5,450/\$10,900 medical per calendar year \$1,000/\$2,000 Rx per calendar year Self-Referred: \$6,450/\$12,900 medical per calendar year	PCP/Plan-Approved: Retail—\$10/\$25/\$45 Mail—\$20/\$50/\$90 Self-Referred: Not covered	Not Applicable
Blue Choice \$10	PCP/Plan-Approved: Preventive—\$0 PCP—\$10 Specialist—\$10 Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: \$100 Self-Referred: \$100	PCP/Plan-Approved: No cost Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: No cost Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: \$25 Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: None Self-Referred: \$250/\$500 per calendar year	PCP/Plan-Approved: \$5,450/\$10,900 medical per calendar year \$1,000/\$2,000 Rx per calendar year Self-Referred: \$6,450/\$12,900 medical per calendar year	PCP/Plan-Approved: Retail—\$10/\$25/\$45 Mail—\$20/\$50/\$90 Self-Referred: Not covered	Not Applicable
Blue Choice Value Plus	PCP/Plan-Approved: Preventive—\$0 PCP—\$15 Specialist—\$15 Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: \$100 Self-Referred: \$100	PCP/Plan-Approved: \$250 Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: \$150 Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: \$25 Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: None Self-Referred: \$500/\$1,000 per calendar year	PCP/Plan-Approved: \$5,450/\$10,900 medical per calendar year \$1,000/\$2,000 Rx per calendar year Self-Referred: \$6,450/\$12,900 medical per calendar year	PCP/Plan-Approved: Retail—\$10/\$25/\$45 Mail—\$20/\$50/\$90 Self-Referred: Not covered	Not Applicable

Blue Choice New England

Product	Office Visit	Emergency Room	Inpatient Admissions ¹	Surgical Day Care (SDC) ¹	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests ¹	Medical Deductible ²	Out-of-Pocket Maximum ³	Prescription Drugs	Hospital Choice Cost Sharing ⁴
Blue Choice New EnglandSM \$5	PCP/Plan-Approved: Preventive—\$0 PCP—\$5 Specialist—\$5 Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: \$100 Self-Referred: \$100	PCP/Plan-Approved: No cost Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: No cost Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: \$25 Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: None Self-Referred: \$250/\$500 per calendar year	PCP/Plan-Approved: \$5,450/\$10,900 medical per calendar year \$1,000/\$2,000 Rx per calendar year Self-Referred: \$6,450/\$12,900 per calendar year	PCP/Plan-Approved: Retail—\$10/\$25/\$45 Mail—\$20/\$50/\$90 Self-Referred: Not covered	Not Applicable
Blue Choice New England \$10	PCP/Plan-Approved: Preventive—\$0 PCP—\$10 Specialist—\$10 Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: \$100 Self-Referred: \$100	PCP/Plan-Approved: No cost Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: No cost Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: \$25 Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: None Self-Referred: \$250/\$500 per calendar year	PCP/Plan-Approved: \$5,450/\$10,900 medical per calendar year \$1,000/\$2,000 Rx per calendar year Self-Referred: \$6,450/\$12,900 per calendar year	PCP/Plan-Approved: Retail—\$10/\$25/\$45 Mail—\$20/\$50/\$90 Self-Referred: Not covered	Not Applicable
Blue Choice New England Value Plus	PCP/Plan-Approved: Preventive—\$0 PCP—\$15 Specialist—\$15 Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: \$100 Self-Referred: \$100	PCP/Plan-Approved: \$250 Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: \$150 Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: \$25 Self-Referred: 20% Coins. after Ded.	PCP/Plan-Approved: None Self-Referred: \$500/\$1,000 per calendar year	PCP/Plan-Approved: \$5,450/\$10,900 medical per calendar year \$1,000/\$2,000 Rx per calendar year Self-Referred: \$6,450/\$12,900 per calendar year	PCP/Plan-Approved: Retail—\$10/\$25/\$45 Mail—\$20/\$50/\$90 Self-Referred: Not covered	Not Applicable

HMO Blue

Product	Office Visit	Emergency Room	Inpatient Admissions ¹	Surgical Day Care (SDC) ¹	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests ¹	Medical Deductible ²	Out-of-Pocket Maximum ³	Prescription Drugs	Hospital Choice Cost Sharing ⁴
HMO Blue[®]	Preventive—\$0 PCP—\$10 Specialist—\$25	\$100	No cost	No cost	\$25	None	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$10/\$25/\$45 Mail—\$20/\$50/\$90	Inpatient—\$1,000 SDC—\$1,000 MRI/CT/PET/NC—\$475 OP Diag. labs—\$35 OP Diag. X-ray & other imaging tests—\$100 PT/OT/ST—\$60
HMO Blue Value PlusSM	Preventive—\$0 PCP—\$15 Specialist—\$30	\$100	\$250	\$150	\$25	None	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$10/\$25/\$45 Mail—\$20/\$50/\$90	Inpatient—\$1,250 SDC—\$1,150 MRI/CT/PET/NC—\$475 OP Diag. labs—\$35 OP Diag. X-ray & other imaging tests—\$100 PT/OT/ST—\$65
HMO Blue Enhanced Value	Preventive—\$0 PCP—\$20 Specialist—\$35	\$150	\$500	\$250	\$50	None	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$100	Inpatient—\$1,500 SDC—\$1,250 MRI/CT/PET/NC—\$500 OP Diag. labs—\$35 OP Diag. X-ray & other imaging tests—\$100 PT/OT/ST—\$70

HMO Blue (Continued...)

Product	Office Visit	Emergency Room	Inpatient Admissions ¹	Surgical Day Care (SDC) ¹	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests ¹	Medical Deductible ²	Out-of-Pocket Maximum ³	Prescription Drugs	Hospital Choice Cost Sharing ⁴
HMO Blue ValueSM	Preventive—\$0 PCP—\$25 Specialist—\$40	\$150	\$500	\$250	\$75	None	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150	Inpatient—\$1,500 SDC—\$1,250 MRI/CT/PET/NC—\$525 OP Diag. labs—\$35 OP Diag. X-ray & other imaging tests—\$100 PT/OT/ST—\$75
HMO BlueSM Value II	Preventive—\$0 PCP—\$25 Specialist—\$40	\$100	\$500	\$500	\$75	None	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$15/50% Coins./ 50% Coins. Mail—\$30/50% Coins./ 50% Coins.	Inpatient—\$1,500 SDC—\$1,500 MRI/CT/PET/NC—\$525 OP Diag. labs—\$35 OP Diag. X-ray & other imaging tests—\$100 PT/OT/ST—\$75
HMO Blue OptionsSM v.4	Preventive—\$0 PCP: EBT—\$15 SBT—\$25 ⁵ BBT—\$45 ⁵ Specialist—\$45	\$150	EBT—\$250 SBT—\$500 (\$300 for selected hospitals ⁶) BBT—\$1,000	EBT—\$150 SBT—\$250 BBT—\$500	EBT—\$75 SBT—\$150 BBT—\$250 Other Network Providers—\$75	None	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150	Not Applicable
HMO Blue Premier Value	Preventive—\$0 PCP—\$25 Specialist—\$40	\$150	Ded.	\$250	\$75	Inpatient— \$1,000/\$2,500 per plan year	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150	Inpatient—\$1,000 after Ded. SDC—\$1,250 MRI/CT/PET/NC—\$525 OP Diag. labs—\$35 OP Diag. X-ray & other imaging tests—\$100 PT/OT/ST—\$75
HMO Blue Premier Value with Coinsurance	Preventive—\$0 PCP—\$25 Specialist—\$40	\$200	Ded.	35% Coins.	35% Coins.	Inpatient— \$1,000/\$2,500 per plan year	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150	Inpatient—\$1,000 after Ded. SDC—50% Coins. MRI/CT/PET/NC—50% Coins. OP Diag. labs—50% Coins. OP Diag. X-ray & other imaging tests— 50% Coins. PT/OT/ST—\$75
HMO Blue \$500 Deductible	Preventive—\$0 PCP—\$20 Specialist—\$35	\$100 after Ded.	Ded.	Ded.	Ded.	\$500/\$1,000 per plan year	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150	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—\$70
HMO Blue \$1,000 Deductible	Preventive—\$0 PCP—\$20 Specialist—\$35	\$100 after Ded.	Ded.	Ded.	Ded.	\$1,000/\$2,000 per plan year	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150	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—\$70
HMO Blue \$2,000 Deductible	Preventive—\$0 PCP—\$20 Specialist—\$35	\$100 after Ded.	Ded.	Ded.	Ded.	\$2,000/\$4,000 per plan year	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150	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—\$70

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HMO Blue (Continued...)

Product	Office Visit	Emergency Room	Inpatient Admissions ¹	Surgical Day Care (SDC) ¹	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests ¹	Medical Deductible ²	Out-of-Pocket Maximum ³	Prescription Drugs	Hospital Choice Cost Sharing ⁴
HMO Blue Options Deductible v.4	Preventive—\$0 PCP— EBT: \$15 SBT: \$25 ⁸ BBT: \$50 ⁸ Specialist—\$50	\$150	EBT—\$150 SBT—\$150 after Ded. (\$200 for selected hospitals ⁹) BBT—\$1,000 after Ded.	EBT—\$150 SBT—\$150 after Ded. (\$200 for selected hospitals ⁹) BBT—\$1,000 after Ded.	EBT—\$50 SBT—\$50 after Ded. BBT—\$450 after Ded. Other Network Providers—\$50	EBT—None SBT—\$500/\$1,000 per plan year BBT— \$2,000/\$4,000 per plan year	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150	Not Applicable
HMO Blue Basic Copayment	Preventive—\$0 PCP—\$60 Specialist—\$75	\$750 after Ded.	\$1,000 after Ded.	\$1,000 after Ded.	\$1,000 after Ded.	\$2,000/\$4,000 per plan year	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$20/\$40/\$60 Mail—\$40/\$80/\$180 Exclusive Home Delivery	Not Applicable
HMO Blue Basic Coinsurance	Preventive—\$0 PCP—\$60 Specialist—\$75	35% Coins. after Ded.	35% Coins. after Ded.	35% Coins. after Ded.	35% Coins. after Ded.	\$2,000/\$4,000 per plan year	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Tier 1 Retail—\$15 Mail—\$30 Tier 2 and Tier 3 Retail/Mail—50% Coins. Exclusive Home Delivery	Not Applicable
HMO Blue Basic Value	Preventive—\$0 PCP—\$25 Specialist—\$40	\$150	35% Coins. after Ded.	35% Coins. after Ded.	35% Coins. after Ded.	\$250/\$500 per plan year	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Tier 1 Retail—\$15 Mail—\$30 Tier 2 and Tier 3 Retail and Mail— \$250/\$500 Ded. Then 50% Coins.	Not Applicable
HMO Blue Premium	Preventive—\$0 PCP—\$20 Specialist—\$30	\$75	\$150	\$150	\$25	None	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150	Inpatient—\$1,150 SDC—\$1,150 MRI/CT/PET/NC—\$475 OP diag. labs—\$35 OP diag. X-ray & other imaging tests—\$100 PT/OT/ST—\$65

HMO Blue New England

Product	Office Visit	Emergency Room	Inpatient Admissions ¹	Surgical Day Care (SDC) ¹	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests ¹	Medical Deductible ²	Out-of-Pocket Maximum ³	Prescription Drugs	Hospital Choice Cost Sharing ⁴
HMO Blue New EnglandSM	Preventive—\$0 PCP—\$10 Specialist—\$25	\$100	No cost	No cost	\$25	None	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$10/\$25/\$45 Mail—\$20/\$50/\$90	Inpatient—\$1,000 SDC—\$1,000 MRI/CT/PET/NC—\$475 OP Diag. labs—\$35 OP Diag. X-ray & other imaging tests—\$100 PT/OT/ST—\$60
HMO Blue New England Value Plus	Preventive—\$0 PCP—\$15 Specialist—\$30	\$100	\$250	\$150	\$25	None	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$10/\$25/\$45 Mail—\$20/\$50/\$90	Inpatient—\$1,250 SDC—\$1,150 MRI/CT/PET/NC—\$475 OP Diag. labs—\$35 OP Diag. X-ray & other imaging tests—\$100 PT/OT/ST—\$65

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HMO Blue New England (Continued...)

Product	Office Visit	Emergency Room	Inpatient Admissions ¹	Surgical Day Care (SDC) ¹	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests ¹	Medical Deductible ²	Out-of-Pocket Maximum ³	Prescription Drugs	Hospital Choice Cost Sharing ⁴
HMO Blue New England Enhanced Value	Preventive—\$0 PCP—\$20 Specialist—\$35	\$150	\$500	\$250	\$50	None	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$100	Inpatient—\$1,500 SDC—\$1,250 MRI/CT/PET/NC—\$500 OP Diag. labs—\$35 OP Diag. X-ray & other imaging tests—\$100 PT/OT/ST—\$70
HMO Blue New England Value	Preventive—\$0 PCP—\$25 Specialist—\$40	\$150	\$500	\$250	\$75	None	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150	Inpatient—\$1,500 SDC—\$1,250 MRI/CT/PET/NC—\$525 OP Diag. labs—\$35 OP Diag. X-ray & other imaging tests—\$100 PT/OT/ST—\$75
HMO Blue New England OptionsSM v.4	In Massachusetts: Preventive—\$0 PCP: EBT—\$15 ⁷ SBT—\$25 ⁸ BBT—\$45 ⁸ Specialist—\$45	\$150	In Massachusetts: EBT—\$250 ⁷ SBT—\$500 (\$300 for selected hospitals ⁹) BBT—\$1,000	In Massachusetts: EBT: \$150 ⁷ SBT: \$250 BBT: \$500	In Massachusetts: EBT—\$75 ⁷ SBT—\$150 BBT—\$250 Other Network Providers—\$75	None	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150	Not Applicable
HMO Blue New England Premier Value	Preventive—\$0 PCP—\$25 Specialist—\$40	\$150	Ded.	\$250	\$75	Inpatient—\$1,000/\$2,500 per plan year	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150	Inpatient—\$1,000 after Ded. SDC—\$1,250 MRI/CT/PET/NC—\$525 OP Diag. labs—\$35 OP Diag. X-ray & other imaging tests—\$100 PT/OT/ST—\$75
HMO Blue New England Premier Value with Coinsurance	Preventive—\$0 PCP—\$25 Specialist—\$40	\$200	Ded.	35% Coins.	35% Coins.	Inpatient—\$1,000/\$2,500 per plan year	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150	Inpatient—\$1,000 after Ded. SDC—50% Coins. MRI/CT/PET/NC—50% Coins. OP Diag. labs—50% Coins. OP Diag. X-ray & other imaging tests—50% Coins. PT/OT/ST—\$75
HMO Blue New England \$500 Deductible	Preventive—\$0 PCP—\$20 Specialist—\$35	\$150	Ded.	Ded.	Ded.	\$500/\$1,000 per plan year	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150	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—\$70
HMO Blue New England \$1,000 Deductible	Preventive—\$0 PCP—\$20 Specialist—\$35	\$150	Ded.	Ded.	Ded.	\$1,000/\$2,000 per plan year	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150	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—\$70

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HMO BLUE New England (Continued...)

Product	Office Visit	Emergency Room	Inpatient Admissions ¹	Surgical Day Care (SDC) ¹	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests ¹	Medical Deductible ²	Out-of-Pocket Maximum ³	Prescription Drugs	Hospital Choice Cost Sharing ⁴
HMO Blue New England \$1,500 Deductible	Preventive—\$0 PCP—\$20 Specialist—\$35	\$150	Ded.	Ded.	Ded.	\$1,500/\$3,000 per plan year	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150	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—\$70
HMO Blue New England \$2,000 Deductible	Preventive—\$0 PCP—\$20 Specialist—\$35	\$150	Ded.	Ded.	Ded.	\$2,000/\$4,000 per plan year	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150	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—\$70
HMO Blue New England \$3,000 Deductible <small>In order to offer this plan, it must be paired with a \$1,000 minimum HRA.⁵</small>	Preventive—\$0 PCP—\$25 Specialist—\$40	\$150	Ded.	Ded.	Ded.	\$3,000/\$6,000 per plan year	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150	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—\$75
HMO Blue New England Options Deductible v.4	In Massachusetts: Preventive—\$0 PCP: EBT—\$15 ⁷ SBT—\$25 ⁸ BBT—\$50 ⁹ Specialist—\$50	\$150	In Massachusetts: EBT—\$150 ⁷ SBT—\$150 after Ded. (\$200 for selected hospitals ⁹) BBT—\$1,000 after Ded.	In Massachusetts: EBT—\$150 ⁷ SBT—\$150 after Ded. (\$200 for selected hospitals ⁹) BBT—\$1,000 after Ded.	In Massachusetts: EBT—\$50 ⁷ SBT—\$50 after Ded. BBT—\$450 after Ded. Other Network Providers—\$50	In Massachusetts: EBT—None SBT—\$500/\$1,000 per plan year BBT—\$2,000/\$4,000 per plan year	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150	Not Applicable
HMO Blue New England Options Deductible II v.4	In Massachusetts: Preventive—\$0 PCP: EBT—\$20 ⁷ SBT—\$30 ⁸ BBT—\$50 ⁹ Specialist—\$50	\$200	In Massachusetts: EBT—\$250 ⁷ SBT—\$250 after Ded. (\$300 for selected hospitals ⁹) BBT—\$1,500 after Ded.	In Massachusetts: EBT—\$250 ⁷ SBT—\$250 after Ded. (\$300 for selected hospitals ⁹) BBT—\$1,500 after Ded.	In Massachusetts: EBT—\$75 ⁷ SBT—\$75 after Ded. BBT—\$450 after Ded. Other Network Providers—\$75	In Massachusetts: EBT—None SBT—\$500/\$1,000 per plan year BBT—\$2,000/\$4,000 per plan year	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$15/\$35/\$50 Mail—\$30/\$70/\$150	Not Applicable
HMO Blue NE \$1000 Deductible with Coinsurance	Preventive: \$0 PCP: \$20 Specialist: \$35	20% Coins. after Ded.	20% Coins. after Ded.	20% Coins. after Ded.	20% Coins. after Ded.	\$1,000/\$2,000 per plan year	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$10/\$25/\$45 Mail—\$20/\$50/\$135	After Ded.: Inpatient—30% Coins. SDC—30% Coins. MRI/CT/PET/NC—30% Coins. OP diag. labs—30% Coins. OP diag. X-ray & other imaging tests—30% Coins. PT/OT/ST—\$75
HMO Blue New England Options Deductible III	In Massachusetts: Preventive—\$0 PCP—EBT: \$20 ⁷ SBT—\$35 ⁸ BBT—\$55 ⁹ Specialist—\$55	\$250	In Massachusetts: EBT—Ded. ⁷ SBT—\$500 after Ded. (\$50 after Ded. for selected hospitals ⁹) BBT—\$1,500 after Ded.	In Massachusetts: EBT—Ded. ⁷ SBT—\$500 after Ded. (\$50 after Ded. for selected hospitals ⁹) BBT—\$1,500 after Ded.	In Massachusetts: EBT—Ded. ⁷ SBT—\$75 after Ded. BBT—\$450 after Ded. Other network providers: \$0	\$2,000/\$4,000 per plan year	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$20/\$40/\$60 Mail—\$40/\$80/\$180	Not Applicable

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HMO Blue New England (Continued...)

Product	Office Visit	Emergency Room	Inpatient Admissions ¹	Surgical Day Care (SDC) ¹	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests ¹	Medical Deductible ²	Out-of-Pocket Maximum ³	Prescription Drugs	Hospital Choice Cost Sharing ⁴
HMO Blue New England Basic Copayment	Preventive—\$0 PCP—\$60 Specialist—\$75	\$750 after Ded.	\$1,000 after Ded.	\$1,000 after Ded.	\$1,000 after Ded.	\$2,000/\$4,000 per plan year	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Retail—\$20/\$40/\$60 Mail—\$40/\$80/\$180	Not Applicable
HMO Blue New England Basic Coinsurance	Preventive—\$0 PCP—\$60 Specialist—\$75	35% Coins. after Ded.	35% Coins. after Ded.	35% Coins. after Ded.	35% Coins. after Ded.	\$2,000/\$4,000 per plan year	\$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	Tier 1 Retail—\$15 Mail—\$30 Tier 2 and Tier 3 Retail and Mail—50% Coins.	Not Applicable

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Product	Office Visit	Emergency Room	Inpatient Admissions ¹	Surgical Day Care (SDC) ¹	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests ¹	Medical Deductible ²	Out-of-Pocket Maximum ³	Prescription Drugs	Hospital Choice Cost Sharing ⁴
Blue Care Elect PreferredSM	Preventive—IN: \$0 OON: 20% Coins. after Ded. Medical—IN: \$15 OON: 20% Coins. after Ded.	\$100	IN: \$0 OON: 20% Coins. after Ded.	IN: \$0 OON: 20% Coins. after Ded.	IN: \$25 OON: 20% Coins. after Ded.	IN: None OON: \$250/\$500 per plan year	IN and OON combined: \$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	IN: Retail—\$10/\$25/\$45 Mail—\$20/\$50/\$90 OON: Not covered	Inpatient—\$1,000 SDC—\$1,000 MRI/CT/PET/NC—\$475 OP Diag. Labs—\$35 OP Diag. X-ray & other imaging tests—\$100 PT/OT/ST—\$50
Blue Care ElectSM Value Plus	Preventive—IN: \$0 OON: 20% Coins. after Ded. Medical—IN: \$15 OON: 20% Coins. after Ded.	\$100	IN: \$250 OON: 20% Coins. after Ded.	IN: \$150 OON: 20% Coins. after Ded.	IN: \$25 OON: 20% Coins. after Ded.	IN: None OON: \$500/\$1,000 per plan year	IN and OON combined: \$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	IN: Retail—\$10/\$25/\$45 Mail—\$20/\$50/\$90 OON: Not covered	Inpatient—\$1,250 SDC—\$1,150 MRI/CT/PET/NC—\$475 OP Diag. Labs—\$35 OP Diag. X-ray & other imaging tests—\$100 PT/OT/ST—\$50
Blue Care Elect Enhanced Value	Preventive—IN: \$0 OON: 20% Coins. after Ded. Medical—IN: \$20 OON: 20% Coins. after Ded.	\$150	IN: \$500 OON: 20% Coins. after Ded.	IN: \$250 OON: 20% Coins. after Ded.	IN: \$50 OON: 20% Coins. after Ded.	IN: None OON: \$500/\$1,000 per plan year	IN and OON combined: \$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	IN: Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$100 OON: Not covered	Inpatient—\$1,500 SDC—\$1,250 MRI/CT/PET/NC—\$500 OP Diag. Labs—\$35 OP Diag. X-ray & other imaging tests—\$100 PT/OT/ST—\$55
Preferred Blue PPOSM Options v.4	In Massachusetts: Preventive—IN: \$0 OON: 20% Coins. after Ded. Medical—IN: EBT—\$15 ⁷ SBT—\$25 ⁹ BBT—\$45 ⁸ Other—\$45 OON: 20% Coins. after Ded.	\$150	In Massachusetts: IN: EBT—\$250 ⁷ SBT—\$500 (\$300 for selected hospitals ⁹) BBT—\$1,000 OON: 20% Coins. after Ded.	In Massachusetts: IN: EBT—\$150 ⁷ SBT—\$250 BBT—\$500 OON: 20% Coins. after Ded.	In Massachusetts: IN: EBT—\$75 ⁷ SBT—\$150 BBT—\$250 Other Network Providers: \$75 OON: 20% Coins. after Ded.	IN: None OON: \$2,000/\$4,000 per plan year	IN and OON combined: \$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	IN: Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150 OON: Retail—\$30/\$60/\$100 Mail—Not covered	Not Applicable

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PPO (Continued...)

Product	Office Visit	Emergency Room	Inpatient Admissions ¹	Surgical Day Care (SDC) ¹	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests ¹	Medical Deductible ²	Out-of-Pocket Maximum ³	Prescription Drugs	Hospital Choice Cost Sharing ⁴
Blue Care Elect Preferred 90	Preventive—IN: \$0 OON: 20% Coins. after Ded. Medical—IN: 10% Coins. after Ded. OON: 30% Coins. after Ded.	10% Coins. after Ded.	IN: 10% Coins. after Ded. OON: 30% Coins. after Ded.	IN: 10% Coins. after Ded. OON: 30% Coins. after Ded.	IN: 10% Coins. after Ded. OON: 30% Coins. after Ded.	IN and OON combined: \$250/\$500 per plan year	IN and OON combined: \$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	IN: Retail—\$10/\$25/\$45 Mail—\$20/\$50/\$90 OON: Not covered	IN: after Ded.: Inpatient—20% Coins. SDC—20% Coins. MRI/CT/PET/NC—20% Coins. OP Diag. Labs—20% Coins. after Ded. OP Diag. X-ray & other imaging tests—20% Coins. PT/OT/ST—20% Coins.
Blue Care Elect Preferred 90 with Copayment	Preventive—IN: \$0 OON: 20% Coins. after Ded. Medical—IN: \$15 OON: 20% Coins. after Ded.	\$150	IN: 10% Coins. after Ded. OON: 30% Coins. after Ded.	IN: \$250 after Ded. OON: 20% Coins. after Ded.	IN: 10% Coins. after Ded. OON: 30% Coins. after Ded.	IN and OON combined: \$250/\$500 per plan year	IN and OON combined: \$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	IN: Retail—\$10/\$25/\$45 Mail—\$20/\$50/\$90 OON: Not covered	IN: after Ded.: Inpatient—20% Coins. SDC—\$1,250 MRI/CT/PET/NC—20% Coins. OP Diag. Labs—20% Coins. OP Diag. X-ray & other imaging tests—20% Coins. PT/OT/ST—\$50 (no ded.)
Blue Care Elect \$1,000 Deductible	Preventive—IN: \$0 OON: 20% Coins. after Ded. Medical—IN: \$15 after Ded. OON: 20% Coins. after Ded.	\$150 after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN and OON combined: \$1,000/\$2,500 per plan year	IN and OON combined: \$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	IN: Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150 OON: 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
Blue Care ElectSM \$1,500 Deductible	Preventive—IN: \$0 OON: 20% Coins. after Ded. Medical—IN: \$15 after Ded. OON: 20% Coins. after Ded.	\$150 after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN and OON combined: \$1,500/\$3,750 per plan year	IN and OON combined: \$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	IN: Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150 OON: 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 \$1,000 Deductible	Preventive—IN: \$0 OON: 20% Coins. after Ded. Medical—IN: \$15 after Ded. OON: 20% Coins. after Ded.	\$150 after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN and OON combined: \$1,000/\$2,500 per plan year	IN and OON combined: \$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	IN: Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150 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
Blue Care Elect Preferred 80 with Copayment	Preventive—IN: \$0 OON: 20% Coins. after Ded. Medical—IN: \$20 OON: 20% Coins. after Ded.	\$150	IN: 20% Coins. after Ded. OON: 40% Coins. after Ded.	IN: \$250 after Ded. OON: 20% Coins. after Ded.	IN: 20% Coins. after Ded. OON: 40% Coins. after Ded.	IN and OON combined: \$500/\$1,000 per plan year	IN and OON combined: \$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	IN: Retail—\$10/\$25/\$45 Mail—\$20/\$50/\$90 OON: Not covered	IN: after Ded.: Inpatient—30% Coins. SDC—\$1,250 MRI/CT/PET/NC—30% Coins. OP Diag. Labs—30% Coins. OP Diag. X-ray & other imaging tests—30% Coins. PT/OT/ST—\$55 (no Ded.)

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PPO (Continued...)

Product	Office Visit	Emergency Room	Inpatient Admissions ¹	Surgical Day Care (SDC) ¹	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests ¹	Medical Deductible ²	Out-of-Pocket Maximum ³	Prescription Drugs	Hospital Choice Cost Sharing ⁴
Preferred Blue PPO Saver \$1,500 (HSA Compliant)	Preventive—IN: \$0 OON: 20% Coins. Medical—IN: Ded. OON: 20% Coins. after Ded.	\$150 after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN and OON combined: \$1,500/\$3,000 per plan year— includes Rx ⁵	IN and OON combined: \$6,450/\$12,900 per plan year— includes Rx	After Ded.: IN: Retail—\$10/\$25/\$45 Mail—\$20/\$50/\$135 OON: Retail—\$20/\$50/\$90 Mail—Not covered	Not Applicable
Blue Care Elect SaverSM \$1,500 (HSA Compliant)	Preventive—IN: \$0 OON: 20% Coins. Medical—IN: Ded. OON: 20% Coins. after Ded.	\$150 after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN and OON combined: \$1,500/\$3,000 per plan year— includes Rx ⁵	IN and OON combined: \$6,450/\$12,900 per plan year— includes Rx	After Ded.: IN: Retail—\$10/\$25/\$45 Mail—\$20/\$50/\$135 OON: Retail—\$20/\$50/\$90 Mail—Not covered	Not Applicable
Blue Care Elect Preferred 80	Preventive—IN: \$0 OON: 20% Coins. after Ded. Medical—IN: 20% Coins. after Ded. OON: 40% Coins. after Ded.	20% Coins. after Ded.	IN: 20% Coins. after Ded. OON: 40% Coins. after Ded.	IN: 20% Coins. after Ded. OON: 40% Coins. after Ded.	IN: 20% Coins. after Ded. OON: 40% Coins. after Ded.	IN and OON combined: \$500/\$1,000 per plan year	IN and OON combined: \$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	IN: Retail—\$10/\$25/\$45 Mail—\$20/\$50/\$90 OON: Not covered	IN: after Ded.: Inpatient—30% Coins. SDC—30% Coins. MRI/CT/PET/NC—30% Coins. OP Diag. Labs 30% Coins. OP Diag. X-ray & other imaging tests—30% Coins. PT/OT/ST—30% Coins.
Preferred Blue PPOSM 80 with Copay	Preventive—IN: \$0 OON: 20% Coins. after Ded. Medical—IN: \$20 OON: 20% Coins. after Ded.	\$150	IN: 20% Coins. after Ded. OON: 40% Coins. after Ded.	IN: \$250 after Ded. OON: 20% Coins. after Ded.	IN: 20% Coins. after Ded. OON: 40% Coins. after Ded.	IN and OON combined: \$500/\$1,000 per plan year	IN and OON combined: \$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	IN: Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150 OON: Retail—\$30/\$60/\$100 Mail—Not covered	IN: after Ded.: Inpatient—30% Coins. SDC—\$1,250 MRI/CT/PET/NC—30% Coins. OP Diag. labs— 30% Coins. after Ded. OP Diag. X-ray & other imaging tests—30% Coins. PT/OT/ST—\$55 (no Ded.)
Blue Care Elect \$2,000 Deductible	Preventive—IN: \$0 OON: 20% Coins. after Ded. Medical—IN: \$15 after Ded. OON: 20% Coins. after Ded.	\$150 after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN and OON combined: \$2,000/\$4,000 per plan year	IN and OON combined: \$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	IN: Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150 OON: 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 \$2,000 Deductible	Preventive—IN: \$0 OON: 20% Coins. after Ded. Medical—IN: \$15 after Ded. OON: 20% Coins. after Ded.	\$150 after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN and OON combined: \$2,000/\$4,000 per plan year	IN and OON combined: \$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	IN: Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150 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

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PPO (Continued...)

Product	Office Visit	Emergency Room	Inpatient Admissions ¹	Surgical Day Care (SDC) ¹	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests ¹	Medical Deductible ²	Out-of-Pocket Maximum ³	Prescription Drugs	Hospital Choice Cost Sharing ⁴
Preferred Blue PPO Saver \$2,000 (HSA Compliant)	Preventive—IN: \$0 OON: 20% Coins. Medical—IN: Ded. OON: 20% Coins. after Ded.	\$150 after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN and OON combined: \$2,000/\$4,000 per plan year— includes Rx ⁵	IN and OON combined: \$6,450/\$12,900 per plan year— includes Rx	After Ded.: IN: Retail—\$10/\$25/\$45 Mail—\$20/\$50/\$135 OON: Retail—\$20/\$50/\$90 Mail—Not covered	Not Applicable
Preferred Blue PPO Saver \$2,900 (HSA Compliant)	Preventive—IN: \$0 OON: 20% Coins. Medical—IN: Ded. OON: 20% Coins. after Ded.	\$150 after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN and OON combined: \$2,900/\$5,800 per plan year— includes Rx ⁵	IN and OON combined: \$6,450/\$12,900 per plan year— includes Rx	After Ded.: IN: Retail—\$10/\$25/\$45 Mail—\$20/\$50/\$135 OON: Retail—\$20/\$50/\$90 Mail—Not covered	Not Applicable
Blue Care Elect \$3,000 Deductible Does not meet MCC	Preventive—IN: \$0 OON: 20% Coins. after Ded. Medical—IN: \$15 after Ded. OON: 20% Coins. after Ded.	\$150 after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN and OON combined: \$3,000/\$7,500 per plan year	IN and OON combined: \$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	IN: Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150 OON: 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
Blue Care Elect Saver \$2,700 (HSA Compliant)	Preventive—IN: \$0 OON: 20% Coins. Medical—IN: Ded. OON: 20% Coins. after Ded.	\$150 after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN and OON combined: \$2,700/\$5,400 per plan year— includes Rx ⁵	IN and OON combined: \$6,450/\$12,900 per plan year— includes Rx	After Ded.: IN: Retail—\$10/\$25/\$45 Mail—\$20/\$50/\$135 OON: Retail—\$20/\$50/\$90 Mail—Not covered	Not Applicable
Blue Care ElectSM \$4,500 Does not meet MCC	Preventive—IN: \$0 OON: \$45 after Ded. Medical—IN: \$25 after Ded. OON: \$45 after Ded.	\$150 after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN and OON combined: \$4,500/\$9,000 per plan year	IN and OON combined: \$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	IN: Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150 OON: Not covered	Not Applicable
Preferred Blue PPO \$500 Deductible	Preventive—IN: \$0 OON: 20% Coins. after Ded. Medical—IN: \$15 after Ded. OON: 20% Coins. after Ded.	\$150 after In-Network Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN: Ded. OON: 20% Coins. after Ded.	IN and OON Combined: \$500/\$1,000 per plan year	IN and OON Combined: \$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year	IN: Retail—\$15/\$30/\$50 Mail—\$30/\$60/\$150 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 Basic Copayment	Preventive—IN: \$0 OON: 20% Coins. after Ded. Medical—IN: \$65 OON: 20% Coins. after Ded.	\$750 after In-Network Ded.	IN: \$1,000 after Ded. OON: 20% Coins. after Ded.	IN: \$1,000 after Ded. OON: 20% Coins. after Ded.	IN: \$1,000 after Ded. OON: 20% Coins. after Ded.	IN: \$2,000/\$4,000 per plan year OON: \$4,000/\$8,000 per plan year	IN: \$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year OON: \$10,900/\$21,800 medical per plan year \$2,000/\$4,000 Rx per plan year	IN: Retail—\$20/\$40/\$60 Mail—\$40/\$80/\$180 OON: Retail—\$40/\$80/\$120 Mail—Not covered	Not Applicable

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PPO (Continued...)

Product	Office Visit	Emergency Room	Inpatient Admissions ¹	Surgical Day Care (SDC) ¹	MRI, CT, PET Scans, and Nuclear Cardiac (NC) Imaging Tests ¹	Medical Deductible ²	Out-of-Pocket Maximum ³	Prescription Drugs	Hospital Choice Cost Sharing ⁴
Preferred Blue PPO Basic Coinsurance	Preventive—IN: \$0 OON: 20% Coins. after Ded. Medical—IN: \$60 OON: 20% Coins. after Ded.	35% Coins. after In-Network Ded.	IN: 35% Coins. after Ded. OON: 55% Coins. after Ded.	IN: 35% Coins. after Ded. OON: 55% Coins. after Ded.	IN: 35% Coins. after Ded. OON: 55% Coins. after Ded.	IN: \$2,000/\$4,000 per plan year OON: \$4,000/\$8,000 per plan year	IN: \$5,450/\$10,900 medical per plan year \$1,000/\$2,000 Rx per plan year OON: \$10,900/\$21,800 medical per plan year \$2,000/\$4,000 Rx per plan year	IN: Tier 1 Retail—\$15 Mail—\$30 Tier 2 and Tier 3 Retail and Mail—50% Coins. OON: Tier 1 Retail—\$30 Tier 2 and Tier 3 Retail—50% Coins. Mail—Not covered	Not Applicable
Preferred Blue PPO Basic Saver (HSA Compliant)	Preventive—IN: \$0 OON: 20% Coins. after Ded. Medical—IN: \$60 after Ded. OON: 20% Coins. after Ded.	\$750 after In-Network Ded.	IN: \$1,000 after Ded. OON: 20% Coins. after Ded.	IN: \$1,000 after Ded. OON: 20% Coins. after Ded.	IN: \$1,000 after Ded. OON: 20% Coins. after Ded.	IN: \$3,300/\$6,550 per plan year—includes Rx ⁵ OON: \$6,300/\$10,000 per plan year—includes Rx ⁵	IN: \$6,450/\$12,900 medical per plan year—includes Rx OON: \$11,000/\$23,000 medical per plan year—includes Rx	After Ded.: IN: Tier 1 Retail—\$15 Mail—\$30 Tier 2 and Tier 3 Retail and Mail—50% Coins. After Ded.: OON: Tier 1 Retail—\$30 Tier 2 and Tier 3 Retail—50% Coins. Mail—Not covered	Not Applicable
Preferred Blue PPO Basic \$2,000	Preventive—IN: \$0 OON: 20% Coinsurance after Ded. Medical—IN: \$25 OON: 20% Coins. after Ded.	\$250	IN: 20% Coins. after Ded. OON: 40% Coins. after Ded.	IN: 20% Coins. after Ded. OON: 40% Coins. after Ded.	IN: 20% Coins. after Ded. OON: 40% Coins. after Ded.	IN and OON combined: \$2,000/\$4,000 per plan year	IN and OON combined: \$5,450/\$12,900 per plan year \$1,000/\$2,000 Rx per plan year	IN: Tier 1 Retail—\$15 Mail—\$30 Tier 2 and Tier 3 Retail and Mail—\$250/\$500 Ded. then 50% Coins. OON: Tier 1 Retail—\$30 Tier 2 and Tier 3 Retail—\$250/\$500 Ded. then 50% Coins. Mail—Not covered	IN: after Ded. Inpatient—30% Coins. SDC—30% Coins. MRI/CT/PET/NC—30% Coins. OP diag. labs—30% Coins. OP diag. X-ray & other imaging tests—30% Coins. PT/OT/ST—\$60 (no Ded.)
Blue Care Elect Saver 90 (HSA Compliant)	Preventive—IN: \$0 OON: 20% Coins. after Ded. Medical—IN: 10% Coins. after Ded. OON: 30% Coins. after Ded.	\$150 after Ded.	IN: 10% Coins. after Ded. OON: 30% Coins. after Ded.	IN: 10% Coins. after Ded. OON: 30% Coins. after Ded.	IN: 10% Coins. after Ded. OON: 30% Coins. after Ded.	IN and OON combined: \$1,500/\$3,000 per plan year—Includes Rx	IN and OON combined: \$6,450/\$12,900 per plan year—Includes Rx	After Ded. IN: Retail—\$10/\$25/\$45 Mail—\$20/\$50/\$135 OON: Retail—\$20/\$50/\$90 Mail—Not covered	Not Applicable

This chart highlights some of the standard plan design options available to insured accounts with 100 or more eligible employees. It includes some of the benefits under each of the plans listed for comparison purposes. There may be other cost sharing features not included on this sheet. See subscriber certificate for full benefit information.

1. This is the cost sharing for services rendered at hospitals other than those that are designated as higher cost.
2. The two deductible amounts refer to individual and family.
3. The two out-of-pocket maximum amounts refer to individual and family.
4. Higher-cost hospitals are: Baystate Medical Center, Brigham and Women's Hospital, Cape Cod Hospital, Boston Children's Hospital (other than Boston Children's Hospital locations at Lexington, Peabody, and Waltham), Dana-Farber Cancer Institute, Fairview Hospital, Massachusetts General Hospital, 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. Entire family deductible must be satisfied before benefits are provided for any one member enrolled under a family membership.
6. To provide geographic access to members, the lower Standard Benefits Tier copayment applies for Athol Memorial Hospital, Baystate Mary Lane Hospital, Baystate Franklin Medical Center, Berkshire Medical Center, Falmouth Hospital, Martha's Vineyard Hospital, Nantucket Cottage Hospital. For HMO Blue Options v.4 only, the lower Standard Benefits Tier copayment applies to Southwestern Vermont Medical Center in addition to the hospitals listed.
7. Outside Massachusetts, the lower Enhanced Benefits Tier copayment applies to any network provider that is listed as a general practitioner, pediatrician, obstetrician/gynecologist, nurse practitioner, rural health center, or general hospital.
8. Applies to nurse practitioner or nurse midwife visit when billed by a primary care provider (PCP).
9. This product is not MCC compliant unless offered with a \$1,000 minimum HRA.



MASSACHUSETTS