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**Plan details:** (click to view documents)

	Plan documents		Online Resources
	Summary	SBC	
Network Blue NE Options	<a href="#">Summary</a>	<a href="#">SBC</a>	<a href="#">Learn more about plan features</a>
Access Blue NE Saver	<a href="#">Summary</a>	<a href="#">SBC</a>	<a href="#">Learn more about plan features</a>
Preferred Blue Options	<a href="#">Summary</a>	<a href="#">SBC</a>	<a href="#">Learn more about plan features</a>

Learn more about:

Plan Options



Wellness



Resources



**Get more details on your plan** (click to view documents)

<a href="#">Quick Start - Access Blue New England</a>	<a href="#">Download</a>
<a href="#">Quick Start - HMO Blue New England Options v.5</a>	<a href="#">Download</a>
<a href="#">Quick Start - PPO Options v.5</a>	<a href="#">Download</a>
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<a href="#">HMO Blue New England Options v.5 NH Hospital Tiering List</a>	<a href="#">Download</a>
<a href="#">2017-2018 Blue Options Hospital List</a>	<a href="#">Download</a>
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<a href="#">How To Choose A PCP</a>	<a href="#">Download</a>
<a href="#">MyBlue Member App</a>	<a href="#">Download</a>



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# Network Blue<sup>®</sup> New England Options v.5



This health plan includes a tiered provider network called HMO Blue New England Options v.5. Members in this plan 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](http://www.bluecrossma.com/findadoctor) and search for HMO Blue New England Options v.5.



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

Within the HMO Blue New England Options v.5 network, hospitals and groups of primary care providers (PCPs) are ranked into three benefits tiers based on cost and nationally accepted quality performance criteria selected by Blue Cross Blue Shield of Massachusetts.

**Where you receive care will determine your out-of-pocket costs for most services under the plan.** By choosing Enhanced Benefits Tier providers each time you get hospital or PCP care, you can generally lower your out-of-pocket costs.

- **Enhanced Benefits Tier**—Includes Massachusetts hospitals and PCPs that meet the standards for quality and low cost relative to our benchmark. You pay the lowest out-of-pocket costs when you choose providers in the Enhanced Benefits Tier.
- **Standard Benefits Tier**—Includes Massachusetts hospitals and PCPs that meet the standards for quality and are moderate cost relative to our benchmark. This benefit tier includes hospitals that do not meet the standards for quality but are low or moderate cost relative to our benchmark. You pay mid-level out-of-pocket costs when you choose providers in the Standard Benefits Tier. Also includes providers without sufficient data for measurement on one or both benchmarks. To ensure members have provider access in certain geographic areas, the Standard Benefits Tier includes some providers whose scores would otherwise put them in the Basic Benefits Tier.
- **Basic Benefits Tier**—Includes Massachusetts hospitals that are high cost relative to our benchmark. Also includes primary care providers in Massachusetts who do not meet the standards for quality and/or are high cost relative to our benchmark. You pay the highest out-of-pocket costs when you choose providers in the Basic Benefits Tier.

Note: Primary care providers were measured based on their HMO patients as part of their provider group, and hospitals were measured based on their individual facility performance. Provider groups can be composed of an individual provider, or a number of providers who practice together. Tier placement is based on cost and quality benchmarks where measurable data is available. Providers without sufficient data for either cost or quality are placed in the Standard Benefits Tier. Providers that do not meet benchmarks for one or both of the domains and hospitals that use nonstandard reimbursement are placed in the Basic Benefits Tier.

It is important to consider the tier of both your primary care provider and the facility where your provider has admitting privileges before you choose a PCP or receive care. For example, if you require hospital care and your Enhanced Benefits Tier PCP refers you to an Enhanced Benefits Tier hospital, you would pay the lowest cost sharing for both your PCP and hospital services. Or, if your Enhanced Benefits Tier PCP refers you to a Basic Benefits Tier hospital for care, you will pay the lowest copayments for PCP services, but the highest copayments for hospital services, except in an emergency.

## Copayments Outside of Massachusetts and New Hampshire

For network providers outside of Massachusetts and New Hampshire, a network provider who is listed as a general practitioner, internist, family practitioner, pediatrician, obstetrician/gynecologist, nurse practitioner, rural health center, or general hospital is considered an Enhanced Benefits Tier provider. In New Hampshire, a Tier 1 provider equates to an Enhanced Tier Benefits provider and a Tier 2 provider equates to an Standard Tier Benefits provider. Other providers in our New England network carry the higher, specialist copayment.

## 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 [www.bluecrossma.com](http://www.bluecrossma.com); consult the Provider Directory; or call the Physician Selection Service at 1-800-821-1388.

If you have trouble choosing a doctor, the Physician Selection 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 You Can Feel Better About

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 plan year for copayments and coinsurance for covered services. If you are not sure when your plan year begins, contact Blue Cross Blue Shield of Massachusetts. 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 are admitted to the hospital or for an observation stay. See the chart for your cost share. Additionally, because you may not have a choice during an emergency, if you are admitted for an inpatient stay from the emergency room, you will be responsible for an Enhanced Benefits Tier copayment regardless of the tier of the hospital. Any follow-up care must be arranged by your PCP.

## 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 for Enhanced Benefits Tier Network Providers	Your Cost for Standard Benefits Tier Network Providers	Your Cost for Basic Benefits Tier Network Providers
<b>Preventive Care</b> Well-child care visits	Nothing	Nothing	Nothing
Routine adult physical exams, including related tests	Nothing	Nothing	Nothing
Routine GYN exams, including related lab tests (one per calendar year)	Nothing	Nothing	Nothing
Routine hearing exams, including routine tests	Nothing	Nothing	Nothing
Hearing aids (up to \$5,000 per ear every 36 months)	All charges beyond the maximum	All charges beyond the maximum	All charges beyond the maximum
Routine vision exams (one every 24 months)	Nothing	Nothing	Nothing
Family planning services—office visits	Nothing	Nothing	Nothing
<b>Outpatient Care</b> Emergency room visits	\$50 per visit (waived if admitted or for observation stay)	\$50 per visit (waived if admitted or for observation stay)	\$50 per visit (waived if admitted or for observation stay)
Office visits, when performed by: <ul style="list-style-type: none"> <li>Your PCP, network nurse practitioner, or nurse midwife (billed by PCP)</li> <li>Network nurse practitioner or nurse midwife (not billed by PCP)</li> <li>Other network providers</li> </ul>	\$10 per visit \$15 per visit \$25 per visit	\$15 per visit \$15 per visit \$25 per visit	\$20 per visit \$15 per visit \$25 per visit
Chiropractors' office visits (up to 20 visits per calendar year)	\$15 per visit	\$15 per visit	\$15 per visit
Mental health or substance abuse treatment	\$10 per visit	\$10 per visit	\$10 per visit
Short-term rehabilitation therapy—physical and occupational (up to 90 visits per calendar year*)	\$15 per visit	\$15 per visit	\$15 per visit
Speech, hearing, and language disorder treatment – speech therapy	\$15 per visit	\$15 per visit	\$15 per visit
Diagnostic X-rays and lab tests, including CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	Nothing	Nothing	Nothing
Home health care and hospice services	Nothing	Nothing	Nothing
Oxygen and equipment for its administration	Nothing	Nothing	Nothing
Durable medical equipment—such as wheelchairs, crutches, and hospital beds	Nothing	Nothing	Nothing
Prosthetic devices	20% coinsurance	20% coinsurance	20% coinsurance
Surgery and related anesthesia, when performed in: <ul style="list-style-type: none"> <li>An office setting: PCP/Other network providers</li> <li>Surgical day care unit</li> <li>Ambulatory surgical facility</li> </ul>	\$10 per visit**/\$25 per visit** \$100 per admission \$100 per admission	\$15 per visit**/\$25 per visit** \$100 per admission \$100 per admission	\$20 per visit**/\$25 per visit** \$100 per admission \$100 per admission
<b>Inpatient Care (and maternity care)</b> General hospital care (as many days as medically necessary)	\$200 per admission	\$400 per admission***	\$400 per admission***
Chronic disease hospital care (as many days as medically necessary)	\$200 per admission	\$200 per admission	\$200 per admission
Mental hospital or substance abuse facility care (as many days as medically necessary)	\$200 per admission	\$200 per admission	\$200 per admission
Rehabilitation hospital care (up to 60 days per calendar year)	Nothing	Nothing	Nothing
Skilled nursing facility care (up to 45 days per calendar year)	Nothing	Nothing	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.

\*\* 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 for Enhanced Benefits Tier Network Providers**	Your Cost for Standard Benefits Tier Network Providers**	Your Cost for Basic Benefits Tier Network Providers**
At designated retail pharmacies*** (up to a 30-day formulary supply for each prescription or refill)	\$10 for Tier 1 \$20 for Tier 2 \$40 for Tier 3	\$10 for Tier 1 \$20 for Tier 2 \$40 for Tier 3	\$10 for Tier 1 \$20 for Tier 2 \$40 for Tier 3
Through the designated mail service pharmacy (up to a 90-day formulary supply for each prescription or refill)	\$20 for Tier 1† \$40 for Tier 2 \$90 for Tier 3	\$20 for Tier 1† \$40 for Tier 2 \$90 for Tier 3	\$20 for Tier 1† \$40 for Tier 2 \$90 for Tier 3

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

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

\*\*\* Specialty drugs available only when obtained from a designated specialty pharmacy.

† Certain generic medications are available through the mail service pharmacy at \$9. For more information, go to [www.bluecrossma.com/mail-service-pharmacy](http://www.bluecrossma.com/mail-service-pharmacy).

## Get the Most from Your Plan

Visit us at [www.bluecrossma.com](http://www.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><b>Wellness Participation Program</b></p> <p><b>Reimbursement for a membership at a health club or for fitness classes</b></p> <p>This fitness program applies for fees paid to: privately-owned or privately-sponsored health clubs or fitness facilities, including individual health clubs and fitness centers; YMCAs; YWCAs; Jewish Community Centers; and municipal fitness centers. (See your benefit description for details.)</p>	\$150 per calendar year per policy
<p><b>Reimbursement for participation in a qualified weight loss program</b></p> <p>This weight loss program applies for fees paid to: a qualified hospital-based weight loss program or a Blue Cross Blue Shield of Massachusetts designated weight loss program. (See your benefit description for details.)</p>	\$150 per calendar year per policy
Blue 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 [www.bluecrossma.com](http://www.bluecrossma.com).

Interested in receiving information from us via e-mail? Go to [www.bluecrossma.com/email](http://www.bluecrossma.com/email) to sign up.

**Limitations and Exclusions.** These pages summarize the benefits of your health care plan. Your benefit description and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the benefit description and riders will govern. Some of the services not covered are: cosmetic surgery; custodial care; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your benefit description and riders.

**Note:** Blue Cross and Blue Shield of Massachusetts, Inc. administers claims payment only and does not assume financial risk for claims.

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The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, see [www.emiia.org/health-and-dental-insurance](http://www.emiia.org/health-and-dental-insurance).

For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.bluecrossma.com/sbcglossary](http://www.bluecrossma.com/sbcglossary) or call 1-800-782-3675 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	<b>\$0</b>	See the Common Medical Events chart below for your costs for services this <u>plan</u> covers.
<b>Are there services covered before you meet your deductible?</b>	No.	You will have to meet the <u>deductible</u> before the <u>plan</u> pays for any services.
<b>Are there other deductibles for specific services?</b>	No.	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>	For medical benefits, <b>\$2,500</b> member / <b>\$5,000</b> family; and for prescription drug benefits, <b>\$1,000</b> member / <b>\$2,000</b> 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.
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<b>Will you pay less if you use a <u>network provider</u>?</b>	Yes. See <a href="http://www.bluecrossma.com/findadoct">www.bluecrossma.com/findadoct</a> or call 1-800-821-1388 for a list of network providers.	You pay the least if you use a <u>provider</u> in enhanced benefits tier. You pay more if you use a <u>provider</u> in standard benefits tier or basic benefits tier. 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</u> charge 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.
<b>Do you need a <u>referral</u> to see a <u>specialist</u>?</b>	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
		Enhanced Benefits Tier (You will pay the least)	Standard Benefits Tier	Basics Benefits Tier	Out-of-Network (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	\$10 / visit	\$15 / visit	\$20 / visit	Not covered	None
	Specialist visit	\$25 / visit; \$15 / chiropractor visit	\$25 / visit; \$15 / chiropractor visit	\$25 / visit; \$15 / chiropractor visit	Not covered	Limited to 20 chiropractor visits per calendar year
	Preventive care/screening/immunization	No charge	No charge	No charge	Not covered	GYN exam limited to one exam per calendar year. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
<b>If you have a test</b>	Diagnostic test (x-ray, blood work)	No charge	No charge	No charge	Not covered	None
	Imaging (CT/PET scans, MRIs)	No charge	No charge	No charge	Not covered	Pre-authorization required for certain services
<b>If you need drugs to treat your illness or condition</b> <b>More information about <u>prescription drug coverage</u> is available at <a href="http://www.bluecrossma.com/medications">www.bluecrossma.com/medications</a></b>	Generic drugs	\$10 / retail supply or \$20 / mail service supply	\$10 / retail supply or \$20 / mail service supply	\$10 / retail supply or \$20 / mail service supply	Not covered	Up to 30-day retail (90-day mail service) supply; cost share may be waived for certain covered drugs and supplies; pre-authorization required for certain drugs
	Preferred brand drugs	\$20 / retail supply or \$40 / mail service supply	\$20 / retail supply or \$40 / mail service supply	\$20 / retail supply or \$40 / mail service supply	Not covered	
	Non-preferred brand drugs	\$40 / retail supply or \$90 / mail service supply	\$40 / retail supply or \$90 / mail service supply	\$40 / retail supply or \$90 / mail service supply	Not covered	
	Specialty drugs	Applicable cost share (generic, preferred, non-preferred)	Applicable cost share (generic, preferred, non-preferred)	Applicable cost share (generic, preferred, non-preferred)	Not covered	When obtained from a designated specialty pharmacy; pre-authorization required for certain drugs

Common Medical Event	Services You May Need	What You Will Pay				Limitations, Exceptions, & Other Important Information
		Enhanced Benefits Tier (You will pay the least)	Standard Benefits Tier	Basics Benefits Tier	Out-of-Network (You will pay the most)	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$100 / admission	\$100 / admission	\$100 / admission	Not covered	Pre-authorization required for certain services
	Physician/surgeon fees	No charge	No charge	No charge	Not covered	Pre-authorization required for certain services
<b>If you need immediate medical attention</b>	Emergency room care	\$50 / visit	\$50 / visit	\$50 / visit	\$50 / visit	Copayment waived if admitted or for observation stay
	Emergency medical transportation	No charge	No charge	No charge	No charge	None
	Urgent care	\$25 / visit	\$25 / visit	\$25 / visit	\$25 / visit	Out-of-network coverage limited to out of service area
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	\$200 / admission	\$400 / admission	\$400 / admission	Not covered	Pre-authorization required
	Physician/surgeon fees	No charge	No charge	No charge	Not covered	Pre-authorization required
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	\$10 / visit	\$10 / visit	\$10 / visit	Not covered	Pre-authorization required for certain services
	Inpatient services	\$200 / admission	\$200 / admission for mental hospitals or substance abuse facilities; \$400 / admission for general hospitals	\$200 / admission for mental hospitals or substance abuse facilities; \$400 / admission for general hospitals	Not covered	Pre-authorization required for certain services
<b>If you are pregnant</b>	Office visits	No charge	No charge	No charge	Not covered	Cost sharing does not apply for preventive services; maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound)
	Childbirth/delivery professional services	No charge	No charge	No charge	Not covered	
	Childbirth/delivery facility services	\$200 / admission	\$400 / admission	\$400 / admission	Not covered	

Common Medical Event	Services You May Need	What You Will Pay				Limitations, Exceptions, & Other Important Information
		Enhanced Benefits Tier (You will pay the least)	Standard Benefits Tier	Basics Benefits Tier	Out-of-Network (You will pay the most)	
<b>If you need help recovering or have other special health needs</b>	Home health care	No charge	No charge	No charge	Not covered	Pre-authorization required
	Rehabilitation services	\$15 / visit	\$15 / visit	\$15 / visit	Not covered	Limited to 90 visits per calendar year (other than for autism, home health care, and speech therapy); pre-authorization required for certain services
	Habilitation services	\$15 / visit	\$15 / visit	\$15 / visit	Not covered	Rehabilitation therapy coverage limits apply; cost share and coverage limits waived for early intervention services for eligible children; pre-authorization required for certain services
	Skilled nursing care	No charge	No charge	No charge	Not covered	Limited to 45 days per calendar year; pre-authorization required
	Durable medical equipment	No charge	No charge	No charge	Not covered	None
	Hospice services	No charge	No charge	No charge	Not covered	Pre-authorization required for certain services
<b>If your child needs dental or eye care</b>	Children's eye exam	No charge	No charge	No charge	Not covered	Limited to one exam every 24 months
	Children's glasses	Not covered	Not covered	Not covered	Not covered	None
	Children's dental check-up	No charge for members with a cleft palate / cleft lip condition	No charge for members with a cleft palate / cleft lip condition	No charge for members with a cleft palate / cleft lip condition	Not covered	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.)

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

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

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



**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://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](http://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](http://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](http://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](http://www.mahealthconnector.org). For more information on your rights to continue your employer coverage, contact your plan sponsor. (A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.)

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

**Does this plan provide Minimum Essential Coverage? [Yes]**

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

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

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

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

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

## About these Coverage Examples:



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

### Peg is Having a Baby

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

■ The plan's overall deductible	\$0
■ Delivery fee copay	\$0
■ Facility fee copay	\$400
■ Diagnostic tests copay	\$0

#### This EXAMPLE event includes services like:

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

<b>Total Example Cost</b>	<b>\$12,713</b>
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#### In this example, Peg would pay:

##### Cost Sharing

Deductibles	\$0
Copayments	\$416
Coinsurance	\$0

##### What isn't covered

Limits or exclusions	\$60
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<b>The total Peg would pay is</b>	<b>\$476</b>
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### Managing Joe's Type 2 Diabetes

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

■ The plan's overall deductible	\$0
■ Specialist visit copay	\$25
■ Primary care visit copay	\$15
■ Diagnostic tests copay	\$0

#### This EXAMPLE event includes services like:

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

<b>Total Example Cost</b>	<b>\$7,389</b>
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#### In this example, Joe would pay:

##### Cost Sharing

Deductibles	\$0
Copayments	\$1,140
Coinsurance	\$0

##### What isn't covered

Limits or exclusions	\$55
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<b>The total Joe would pay is</b>	<b>\$1,195</b>
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### Jacque's Simple Fracture

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

■ The plan's overall deductible	\$0
■ Specialist visit copay	\$25
■ Emergency room copay	\$50
■ Ambulance services copay	\$0

#### This EXAMPLE event includes services like:

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

<b>Total Example Cost</b>	<b>\$1,925</b>
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#### In this example, Jacque would pay:

##### Cost Sharing

Deductibles	\$0
Copayments	\$145
Coinsurance	\$0

##### What isn't covered

Limits or exclusions	\$0
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<b>The total Jacque would pay is</b>	<b>\$145</b>
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The plan would be responsible for the other costs of these EXAMPLE covered services.

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## Information About the Plan

**This health plan includes a tiered provider network called HMO Blue New England Options v.5. Members in this plan 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](http://www.bluecrossma.com/findadoctor)** and search for HMO Blue New England Options v.5.



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# MCC Compliance

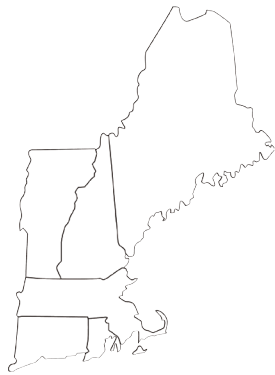


This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law.

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# Access Blue New England Saver



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

## Access

This plan gives you the option to go directly to a specialist or any doctor in the HMO Blue New England network without a referral. Just show your Blue Cross Blue Shield of Massachusetts ID card and receive care. However, some services do require authorization. See your benefit description for details.

## Primary Care Provider (PCP)

When you enroll in this health plan, you must choose a primary care provider. Be sure to select a doctor who is accepting you and your family members as new patients and participates in our network of providers in New England. For children, you may designate 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 [www.bluecrossma.com](http://www.bluecrossma.com); consult the Provider Directory; or call the Physician Selection Service at 1-800-821-1388.

If you have trouble choosing a doctor, the Physician Selection 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.

Your provider may also work with Blue Cross Blue Shield of Massachusetts regarding 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 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 **\$2,000** per individual membership (or **\$4,000** per family membership). **The entire family deductible must be satisfied before benefits are provided for any one member enrolled under a family membership.**

## Your Out-of-Pocket Maximum

Your out-of-pocket maximum is the most that you could pay during a plan year for deductible and copayments (including prescription drug copayments) for covered services. Your out-of-pocket maximum is **\$3,000** per member (or **\$6,000** 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 nothing per visit for emergency room services.

## 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. 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
<b>Preventive Care</b>	
Well-child care visits	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 after deductible
Routine vision exams (one every 24 months)	Nothing, no deductible
Family planning services—office visits	Nothing, no deductible
<b>Outpatient Care</b>	
Emergency room visits	Nothing after deductible
Office visits	Nothing after deductible
Mental health or substance abuse treatment	Nothing after deductible
Chiropractors' office visits	Nothing after deductible
Short-term rehabilitation therapy—physical and occupational (up to 100 visits per calendar year*)	Nothing after deductible
Speech, hearing, and language disorder treatment—speech therapy	Nothing after deductible
Diagnostic X-rays and lab tests, including CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	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, and hospital beds	Nothing after deductible**
Prosthetic devices	Nothing after deductible
Surgery and related anesthesia	Nothing after deductible
<b>Inpatient Care (including maternity care)</b>	
General or chronic disease hospital care (as many days as medically necessary)	Nothing after deductible
Mental hospital or substance abuse facility care (as many days as medically necessary)	Nothing 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.



Prescription Drug Benefits*	Your Cost**
At designated retail pharmacies*** (up to a 30-day formulary supply for each prescription or refill)	\$10 after deductible for Tier 1 \$30 after deductible for Tier 2 \$65 after deductible for Tier 3
Through the designated mail service pharmacy (up to a 90-day formulary supply for each prescription or refill)	\$25 after deductible for Tier 1† \$75 after deductible for Tier 2 \$165 after deductible for Tier 3

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

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

\*\*\* Specialty drugs available only when obtained from a designated specialty pharmacy.

† Certain generic medications are available through the mail service pharmacy at \$9, no deductible. For more information, go to [www.bluecrossma.com/mail-service-pharmacy](http://www.bluecrossma.com/mail-service-pharmacy).

## Get the Most from Your Plan

Visit us at [www.bluecrossma.com](http://www.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><b>Wellness Participation Program</b></p> <p><b>Reimbursement for a membership at a health club or for fitness classes</b> This fitness program applies for fees paid to: privately-owned or privately-sponsored health clubs or fitness facilities, including individual health clubs and fitness centers; YMCAs; YWCAs; Jewish Community Centers; and municipal fitness centers. (See your benefit description for details.)</p> <p><b>Reimbursement for participation in a qualified weight loss program</b> This weight loss program applies for fees paid to: a qualified hospital-based weight loss program or a Blue Cross Blue Shield of Massachusetts designated weight loss program. (See your benefit description for details.)</p>	<p>\$150 per calendar year per policy</p> <p>\$150 per calendar year per policy</p>
Blue 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 [www.bluecrossma.com](http://www.bluecrossma.com). Interested in receiving information from us via e-mail? Go to [www.bluecrossma.com/email](http://www.bluecrossma.com/email) to sign up.

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

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The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, see [www.emiia.org/health-and-dental-insurance](http://www.emiia.org/health-and-dental-insurance).

For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.bluecrossma.com/sbcglossary](http://www.bluecrossma.com/sbcglossary) or call 1-800-782-3675 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall <u>deductible</u>?</b>	<b>\$2,000</b> individual contract / <b>\$4,000</b> family contract.	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 policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
<b>Are there services covered before you meet your <u>deductible</u>?</b>	Yes. Preventive care and prenatal care.	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 <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <u>deductibles</u> for specific services?</b>	No.	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>	<b>\$3,000</b> member / <b>\$6,000</b> 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.
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<b>Will you pay less if you use a <u>network provider</u>?</b>	Yes. See <a href="http://www.bluecrossma.com/findadoct">www.bluecrossma.com/findadoct</a> or call 1-800-821-1388 for a list of network providers.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
<b>Do you need a <u>referral</u> to see a <u>specialist</u>?</b>	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)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	No charge	Not covered	Deductible applies first
	<u>Specialist</u> visit	No charge / visit; No charge / chiropractor visit	Not covered	Deductible applies first
	<u>Preventive care/screening/immunization</u>	No charge	Not covered	GYN exam limited to one exam per calendar year. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	No charge	Not covered	Deductible applies first
	Imaging (CT/PET scans, MRIs)	No charge	Not covered	Deductible applies first; pre-authorization required for certain services
<b>If you need drugs to treat your illness or condition</b> <b>More information about prescription drug coverage is available at <a href="http://www.bluecrossma.com/medications">www.bluecrossma.com/medications</a></b>	Generic drugs	\$10 / retail supply or \$25 / mail service supply	Not covered	Deductible applies first; up to 30-day retail (90-day mail service) supply; cost share may be waived for certain covered drugs and supplies; pre-authorization required for certain drugs
	Preferred brand drugs	\$30 / retail supply or \$75 / mail service supply	Not covered	
	Non-preferred brand drugs	\$65 / retail supply or \$165 / mail service supply	Not covered	
	<u>Specialty drugs</u>	Applicable cost share (generic, preferred, non-preferred)	Not covered	Deductible applies first; when obtained from a designated specialty pharmacy; pre-authorization required for certain drugs

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	No charge	Not covered	Deductible applies first; pre-authorization required for certain services
	Physician/surgeon fees	No charge	Not covered	Deductible applies first; pre-authorization required for certain services
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	No charge	No charge	Deductible applies first
	<u>Emergency medical transportation</u>	No charge	No charge	Deductible applies first
	<u>Urgent care</u>	No charge	No charge	Deductible applies first; out-of-network coverage limited to out of service area
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	No charge	Not covered	Deductible applies first; pre-authorization required
	Physician/surgeon fees	No charge	Not covered	Deductible applies first; pre-authorization required
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	No charge	Not covered	Deductible applies first; pre-authorization required for certain services
	Inpatient services	No charge	Not covered	Deductible applies first; pre-authorization required for certain services
<b>If you are pregnant</b>	Office visits	No charge	Not covered	Deductible applies first except for prenatal care; cost sharing does not apply for preventive services; maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound)
	Childbirth/delivery professional services	No charge	Not covered	
	Childbirth/delivery facility services	No charge	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)	
<b>If you need help recovering or have other special health needs</b>	<u>Home health care</u>	No charge	Not covered	Deductible applies first; pre-authorization required
	<u>Rehabilitation services</u>	No charge	Not covered	Deductible applies first; limited to 100 visits per calendar year (other than for autism, home health care, and speech therapy); pre-authorization required for certain services
	<u>Habilitation services</u>	No charge	Not covered	Deductible applies first; rehabilitation therapy coverage limits apply; copayment and coverage limits waived for early intervention services for eligible children; pre-authorization required for certain services
	<u>Skilled nursing care</u>	No charge	Not covered	Deductible applies first; limited to 100 days per calendar year; pre-authorization required
	<u>Durable medical equipment</u>	No charge	Not covered	Deductible applies first; cost share waived for one breast pump per birth
	<u>Hospice services</u>	No charge	Not covered	Deductible applies first; pre-authorization required for certain services
<b>If your child needs dental or eye care</b>	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 for members with a cleft palate / cleft lip condition	Not covered	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.)

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

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

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

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://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](http://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](http://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](http://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](http://www.mahealthconnector.org). For more information on your rights to continue your employer coverage, contact your plan sponsor. (A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.)

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

**Does this plan provide Minimum Essential Coverage? [Yes]**

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

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

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

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

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



## About these Coverage Examples:



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

### Peg is Having a Baby

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

■ The plan's overall deductible	\$2,000
■ Delivery fee copay	\$0
■ Facility fee copay	\$0
■ Diagnostic tests copay	\$0

#### This EXAMPLE event includes services like:

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

<b>Total Example Cost</b>	<b>\$12,713</b>
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#### In this example, Peg would pay:

##### Cost Sharing

Deductibles	\$2,000
Copayments	\$16
Coinsurance	\$0

##### What isn't covered

Limits or exclusions	\$60
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<b>The total Peg would pay is</b>	<b>\$2,076</b>
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### Managing Joe's Type 2 Diabetes

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

■ The plan's overall deductible	\$2,000
■ Specialist visit copay	\$0
■ Primary care visit copay	\$0
■ Diagnostic tests copay	\$0

#### This EXAMPLE event includes services like:

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

<b>Total Example Cost</b>	<b>\$7,389</b>
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#### In this example, Joe would pay:

##### Cost Sharing

Deductibles	\$2,000
Copayments	\$1,000
Coinsurance	\$0

##### What isn't covered

Limits or exclusions	\$55
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<b>The total Joe would pay is</b>	<b>\$3,055</b>
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### Jacquie's Simple Fracture

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

■ The plan's overall deductible	\$2,000
■ Specialist visit copay	\$0
■ Emergency room copay	\$0
■ Ambulance services copay	\$0

#### This EXAMPLE event includes services like:

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

<b>Total Example Cost</b>	<b>\$1,925</b>
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#### In this example, Jacquie would pay:

##### Cost Sharing

Deductibles	\$1,925
Copayments	\$0
Coinsurance	\$0

##### What isn't covered

Limits or exclusions	\$0
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<b>The total Jacquie would pay is</b>	<b>\$1,925</b>
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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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# PPO Blue Options v.5

This health plan includes a tiered provider network called PPO Blue Options v.5. Members in this plan 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](http://www.bluecrossma.com/findadoctor) and search for PPO Blue Options v.5.



 This 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 have the option of selecting in-network providers who are part of the PPO Blue Options network (preferred providers). You'll generally receive a higher level of benefits—and pay lower out-of-pocket costs—when you choose preferred providers. See the charts for your cost share.

Within the network, certain preferred primary care providers and preferred general hospitals are ranked into three benefits tiers based on cost and nationally accepted quality performance criteria selected by Blue Cross Blue Shield of Massachusetts.

**Where you receive care will determine your out-of-pocket costs for most services under the plan.** By choosing Enhanced Benefits Tier preferred providers each time you get care, you can generally lower your out-of-pocket costs.

- **Enhanced Benefits Tier**—Includes preferred providers in Massachusetts that meet the standards for quality and are low cost relative to our benchmark. You pay the lowest out-of-pocket costs when you choose providers in the Enhanced Benefits Tier.
- **Standard Benefits Tier**—Includes preferred providers in Massachusetts that meet the standards for quality and moderate cost relative to our benchmark. This benefits tier includes preferred hospitals that do not meet the standards for quality but are low or moderate cost relative to our benchmark. You pay mid-level out-of-pocket costs when you choose providers in the Standard Benefits Tier. Also includes providers without sufficient data for measurement on one or both benchmarks. To ensure members have provider access in certain geographic areas, the Standard Benefits Tier includes some providers whose scores would otherwise put them in the Basic Benefits Tier.
- **Basic Benefits Tier**—Includes preferred hospitals in Massachusetts that are high cost relative to our benchmark. Also includes preferred primary care providers in Massachusetts who did not meet the standards for quality and/or are high cost relative to our benchmark. You pay the highest out-of-pocket costs when you choose providers in the Basic Benefits Tier.

**Note:** Primary care providers were measured based on their HMO patients as part of their provider group, and hospitals were measured based on their individual facility performance. Provider groups can be composed of an individual provider, or a number of providers who practice together. Tier placement is based on cost and quality benchmarks where measurable data is available. Preferred providers without sufficient data for cost and quality are placed in the Standard Benefits Tier. Preferred primary care providers that do not meet benchmarks for one or both of the domains and preferred hospitals that do not meet benchmarks for cost or that use nonstandard reimbursement are placed in the Basic Benefits Tier.

It is important to consider the tier of both your provider and the facility where your provider has admitting privileges before you choose a preferred primary care provider or receive care. For example, if you require hospital care and your Enhanced Benefits Tier preferred primary care provider refers you to an Enhanced Benefits Tier preferred hospital, you would pay the lowest cost sharing for both your provider and hospital services. Or, if your Enhanced Benefits Tier preferred primary care provider refers you to a Basic Benefits Tier preferred hospital for care, you will pay the lowest copayments for preferred primary care provider services, but the highest copayments for hospital services, except in an emergency.

## How to Find a Preferred Provider

There are a few ways to find a preferred provider:

- Look up a provider in the Provider Directory. If you need a copy of your directory, call Member Service at the number on your ID card.
- Visit the Blue Cross Blue Shield of Massachusetts website at [www.bluecrossma.com/findadoctor](http://www.bluecrossma.com/findadoctor)
- Call the Physician Selection Service at 1-800-821-1388

Note: In some out-of-state PPO service areas, different levels of preferred providers may not be available. In this case, your cost share will be the same as it would be for an Enhanced Benefits Tier preferred provider.

## When You Choose Non-Preferred Providers

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

Your deductible is the amount of money you pay out-of-pocket each calendar year before you can receive coverage for most benefits under this plan. The calendar-year deductible begins on January 1 and ends on December 31 of each year. Your deductible is **\$150** per member (or **\$300** per family).

Payments for out-of-network benefits are based on the Blue Cross Blue Shield of Massachusetts 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. Additionally, because you may not have a choice during an emergency, if you are admitted for an inpatient stay from the emergency room, you will be responsible for an Enhanced Benefits Tier copayment regardless of the tier of the hospital.

## Utilization Review Requirements

Certain services require pre-approval 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 (such as MRIs and CT Scans), and drugs. You should work with your provider to determine if pre-approval is required. If your provider, or you, do not get pre-approval when it is required, your benefits will be reduced or denied, and you may be fully responsible for payment to the service provider. Refer to your benefit description for requirements and the process you should follow for Utilization Review, including Pre-Admission Review, Pre-Service Approval (for certain outpatient services), 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
<b>Preventive Care</b> Routine physical exams, including related tests, according to age-based schedule as follows: <ul style="list-style-type: none"> <li>• 10 visits during the first year of life</li> <li>• Three visits during the second year of life (age 1 to age 2)</li> <li>• Two visits for age 2</li> <li>• One visit per calendar year for age 3 and older</li> </ul>	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 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 \$5,000 per ear every 36 months)	All charges beyond the maximum	20% coinsurance after deductible and all charges beyond the maximum
Routine vision exam (one every 24 months)	Nothing	20% coinsurance after deductible
Family planning services—office visits	Nothing	20% coinsurance after deductible
<b>Outpatient Care</b> Emergency room visits	\$50 per visit (waived if admitted or for observation stay)	\$50 per visit, no deductible (waived if admitted or for observation stay)
Primary care provider visits at an office or health center	Enhanced Benefits Tier: \$10 per visit Standard Benefits Tier: \$15 per visit Basic Benefits Tier: \$20 per visit	20% coinsurance after deductible
Specialists and other covered provider visits	\$25 per visit	20% coinsurance after deductible
Chiropractors' office visits (up to 20 visits per calendar year)	\$15 per visit	20% coinsurance after deductible
Mental health or substance abuse treatment	\$10 per visit	20% coinsurance after deductible
Short-term rehabilitation therapy—physical and occupational (up to 90 visits per calendar year*)	\$15 per visit	20% coinsurance after deductible
Speech, hearing, and language disorder treatment—speech therapy	\$15 per visit	20% coinsurance after deductible
Diagnostic X-rays and lab tests, including MRIs, CT scans, PET scans, and nuclear cardiac imaging tests	Nothing	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	Nothing	20% coinsurance after deductible
Prosthetic devices	Nothing	20% coinsurance after deductible
Surgery and related anesthesia, when performed: <ul style="list-style-type: none"> <li>• In an office setting</li> </ul>	Enhanced Benefits Tier: \$10 per visit** Standard Benefits Tier: \$15 per visit** Basic Benefits Tier: \$20 per visit** Other covered provider: \$25 per visit**	20% coinsurance after deductible
<ul style="list-style-type: none"> <li>• At an ambulatory surgical facility, hospital, or surgical day care unit</li> </ul>	All Tiers: \$100 per admission	20% coinsurance after deductible
<b>Inpatient Care (and maternity care)</b> General hospital care (as many days as medically necessary)	Enhanced Benefits Tier: \$200 per admission*** Standard Benefits Tier: \$400 per admission*** Basic Benefits Tier: \$400 per admission***	20% coinsurance after deductible
Chronic disease hospital care (as many days as medically necessary)	\$200 per admission	20% coinsurance after deductible
Mental hospital or substance abuse facility care (as many days as medically necessary)	\$200 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 45 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.

\*\* 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 In-Network**	Your Cost Out-of-Network
At retail pharmacies*** (up to a 30-day formulary supply for each prescription or refill)	\$10 for Tier 1 \$20 for Tier 2 \$40 for Tier 3	Not covered
Through the designated mail service pharmacy (up to a 90-day formulary supply for each prescription or refill)	\$20 for Tier 1† \$40 for Tier 2 \$90 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 drugs.

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

\*\*\* Specialty drugs available only when obtained from a designated specialty pharmacy.

† Certain generic medications are available through the mail service pharmacy at \$9. For more information, go to [www.bluecrossma.com/mail-service-pharmacy](http://www.bluecrossma.com/mail-service-pharmacy).

## Get the Most from Your Plan

Visit us at [www.bluecrossma.com](http://www.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><b>Wellness Participation Program</b></p> <p><b>Reimbursement for a membership at a health club or for fitness classes</b></p> <p>This fitness program applies for fees paid to: privately-owned or privately-sponsored health clubs or fitness facilities, including individual health clubs and fitness centers; YMCAs; YWCAs; Jewish Community Centers; and municipal fitness centers. (See your benefit description for details.)</p> <p><b>Reimbursement for participation in a qualified weight loss program</b></p> <p>This weight loss program applies for fees paid to: a qualified hospital-based weight loss program or a Blue Cross Blue Shield of Massachusetts designated weight loss program. (See your benefit description for details.)</p>	<p>\$150 per calendar year per policy</p> <p>\$150 per calendar year per policy</p>
Blue Care Line®—A 24-hour nurse line to answer your health care questions—call <b>1-888-247-BLUE (2583)</b>	No additional charge

## Questions?

For questions about Blue Cross Blue Shield of Massachusetts, call **1-800-782-3675**, or visit us online at [www.bluecrossma.com](http://www.bluecrossma.com).

Interested in receiving information from us via e-mail? Go to [www.bluecrossma.com/email](http://www.bluecrossma.com/email) to sign up.

**Limitations and Exclusions.** These pages summarize the benefits of your health care plan. Your benefit description and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the benefit description and riders will govern. Some of the services not covered are: cosmetic surgery; custodial care; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your benefit description and riders.

**Note:** Blue Cross and Blue Shield of Massachusetts, Inc. administers claims payment only and does not assume financial risk for claims.

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

Important Questions	Answers	Why This Matters:
<b>What is the overall <u>deductible</u>?</b>	<b>\$0</b> in-network; <b>\$150</b> member / <b>\$300</b> 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> .
<b>Are there services covered before you meet your <u>deductible</u>?</b>	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 <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <u>deductibles</u> for specific services?</b>	No.	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>	For medical benefits, <b>\$2,500</b> member / <b>\$5,000</b> family; and for prescription drug benefits, <b>\$1,000</b> member / <b>\$2,000</b> 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.
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<b>Will you pay less if you use a <u>network provider</u>?</b>	Yes. See <a href="http://www.bluecrossma.com/findadoct">www.bluecrossma.com/findadoct</a> or call 1-800-821-1388 for a list of network providers.	You pay the least if you use a <u>provider</u> in enhanced benefits tier. You pay more if you use a <u>provider</u> in standard benefits tier or basic benefits tier. 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.
<b>Do you need a <u>referral</u> to see a <u>specialist</u>?</b>	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
		Enhanced Benefits Tier (You will pay the least)	Standard Benefits Tier	Basics Benefits Tier	Out-of-Network (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	\$10 / visit	\$15 / visit	\$20 / visit	20% coinsurance	Deductible applies first for out-of-network
	<u>Specialist</u> visit	\$25 / visit; \$15 / chiropractor visit	\$25 / visit; \$15 / chiropractor visit	\$25 / visit; \$15 / chiropractor visit	20% coinsurance; 20% coinsurance / chiropractor visit	Deductible applies first for out-of-network; limited to 20 chiropractor visits per calendar year
	<u>Preventive care/screening/immunization</u>	No charge	No charge	No charge	20% coinsurance	Deductible applies first for out-of-network; limited to age-based schedule and / or frequency. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	No charge	No charge	No charge	20% coinsurance	Deductible applies first for out-of-network
	Imaging (CT/PET scans, MRIs)	No charge	No charge	No charge	20% coinsurance	Deductible applies first for out-of-network; pre-authorization may be required

Common Medical Event	Services You May Need	What You Will Pay				Limitations, Exceptions, & Other Important Information
		Enhanced Benefits Tier (You will pay the least)	Standard Benefits Tier	Basics Benefits Tier	Out-of-Network (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b> <b>More information about <u>prescription drug coverage</u> is available at <a href="http://www.bluecrossma.com/medications">www.bluecrossma.com/medications</a></b>	Generic drugs	\$10 / retail supply or \$20 / mail service supply	\$10 / retail supply or \$20 / mail service supply	\$10 / retail supply or \$20 / mail service supply	Not covered	Up to 30-day retail (90-day mail service) supply; cost share may be waived for certain covered drugs and supplies; pre-authorization required for certain drugs
	Preferred brand drugs	\$20 / retail supply or \$40 / mail service supply	\$20 / retail supply or \$40 / mail service supply	\$20 / retail supply or \$40 / mail service supply	Not covered	
	Non-preferred brand drugs	\$40 / retail supply or \$90 / mail service supply	\$40 / retail supply or \$90 / mail service supply	\$40 / retail supply or \$90 / mail service supply	Not covered	
	<u>Specialty drugs</u>	Applicable cost share (generic, preferred, non-preferred)	Applicable cost share (generic, preferred, non-preferred)	Applicable cost share (generic, preferred, non-preferred)	Not covered	When obtained from a designated specialty pharmacy; pre-authorization required for certain drugs
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$100 / admission	\$100 / admission	\$100 / admission	20% coinsurance	Deductible applies first for out-of-network
	Physician/surgeon fees	No charge	No charge	No charge	20% coinsurance	Deductible applies first for out-of-network
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	\$50 / visit	\$50 / visit	\$50 / visit	\$50 / visit	Copayment waived if admitted or for observation stay
	<u>Emergency medical transportation</u>	No charge	No charge	No charge	No charge	None
	<u>Urgent care</u>	\$25 / visit	\$25 / visit	\$25 / visit	20% coinsurance	Deductible applies first for out-of-network

Common Medical Event	Services You May Need	What You Will Pay				Limitations, Exceptions, & Other Important Information
		Enhanced Benefits Tier (You will pay the least)	Standard Benefits Tier	Basics Benefits Tier	Out-of-Network (You will pay the most)	
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	\$200 / admission	\$400 / admission	\$400 / admission	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required
	Physician/surgeon fees	No charge	No charge	No charge	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	\$10 / visit	\$10 / visit	\$10 / visit	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required for certain services
	Inpatient services	\$200 / admission	\$200 / admission for mental hospitals or substance abuse facilities; \$400 / admission for general hospitals	\$200 / admission for mental hospitals or substance abuse facilities; \$400 / admission for general hospitals	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required for certain services
<b>If you are pregnant</b>	Office visits	No charge	No charge	No charge	20% coinsurance	Deductible applies first for out-of-network; cost sharing does not apply for in-network preventive services; maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound)
	Childbirth/delivery professional services	No charge	No charge	No charge	20% coinsurance	
	Childbirth/delivery facility services	\$200 / admission	\$400 / admission	\$400 / admission	20% coinsurance	

Common Medical Event	Services You May Need	What You Will Pay				Limitations, Exceptions, & Other Important Information
		Enhanced Benefits Tier (You will pay the least)	Standard Benefits Tier	Basics Benefits Tier	Out-of-Network (You will pay the most)	
<b>If you need help recovering or have other special health needs</b>	<u>Home health care</u>	No charge	No charge	No charge	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required
	<u>Rehabilitation services</u>	\$15 / visit	\$15 / visit	\$15 / visit	20% coinsurance	Deductible applies first for out-of-network; limited to 90 visits per calendar year (other than for autism, home health care, and speech therapy)
	<u>Habilitation services</u>	\$15 / visit	\$15 / visit	\$15 / visit	20% coinsurance	Deductible applies first for out-of-network; rehabilitation therapy coverage limits apply; cost share and coverage limits waived for early intervention services for eligible children
	<u>Skilled nursing care</u>	No charge	No charge	No charge	20% coinsurance	Deductible applies first for out-of-network; limited to 45 days per calendar year; pre-authorization required
	<u>Durable medical equipment</u>	No charge	No charge	No charge	20% coinsurance	Deductible applies first for out-of-network
	<u>Hospice services</u>	No charge	No charge	No charge	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required for certain services

Common Medical Event	Services You May Need	What You Will Pay				Limitations, Exceptions, & Other Important Information
		Enhanced Benefits Tier (You will pay the least)	Standard Benefits Tier	Basics Benefits Tier	Out-of-Network (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	No charge	No charge	No charge	20% coinsurance	Deductible applies first for out-of-network; limited to one exam every 24 months
	Children's glasses	Not covered	Not covered	Not covered	Not covered	None
	Children's dental check-up	No charge for members with a cleft palate / cleft lip condition	No charge for members with a cleft palate / cleft lip condition	No charge for members with a cleft palate / cleft lip condition	20% coinsurance for members with a cleft palate / cleft lip condition	Limited to members under age 18; deductible applies first for out-of-network

**Excluded Services & Other Covered Services:**

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

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

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

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

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://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](http://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](http://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](http://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](http://www.mahealthconnector.org). For more information on your rights to continue your employer coverage, contact your plan sponsor. (A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.)

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

**Does this plan provide Minimum Essential Coverage? [Yes]**

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

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

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

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

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

## About these Coverage Examples:



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

### Peg is Having a Baby

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

■ The plan's overall deductible	\$0
■ Delivery fee copay	\$0
■ Facility fee copay	\$400
■ Diagnostic tests copay	\$0

#### This EXAMPLE event includes services like:

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

<b>Total Example Cost</b>	<b>\$12,713</b>
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#### In this example, Peg would pay:

##### Cost Sharing

Deductibles	\$0
Copayments	\$416
Coinsurance	\$0

##### What isn't covered

Limits or exclusions	\$60
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<b>The total Peg would pay is</b>	<b>\$476</b>
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### Managing Joe's Type 2 Diabetes

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

■ The plan's overall deductible	\$0
■ Specialist visit copay	\$25
■ Primary care visit copay	\$15
■ Diagnostic tests copay	\$0

#### This EXAMPLE event includes services like:

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

<b>Total Example Cost</b>	<b>\$7,389</b>
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#### In this example, Joe would pay:

##### Cost Sharing

Deductibles	\$0
Copayments	\$1,140
Coinsurance	\$0

##### What isn't covered

Limits or exclusions	\$55
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<b>The total Joe would pay is</b>	<b>\$1,195</b>
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### Jacque's Simple Fracture

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

■ The plan's overall deductible	\$0
■ Specialist visit copay	\$25
■ Emergency room copay	\$50
■ Ambulance services copay	\$0

#### This EXAMPLE event includes services like:

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

<b>Total Example Cost</b>	<b>\$1,925</b>
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#### In this example, Jacque would pay:

##### Cost Sharing

Deductibles	\$0
Copayments	\$145
Coinsurance	\$0

##### What isn't covered

Limits or exclusions	\$0
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<b>The total Jacque would pay is</b>	<b>\$145</b>
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The plan would be responsible for the other costs of these EXAMPLE covered services.

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## Information About the Plan

**This health plan includes a tiered provider network called PPO Blue Options v.5. Members in this plan 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](http://www.bluecrossma.com/findadoctor) and search for PPO Blue Options v.5.



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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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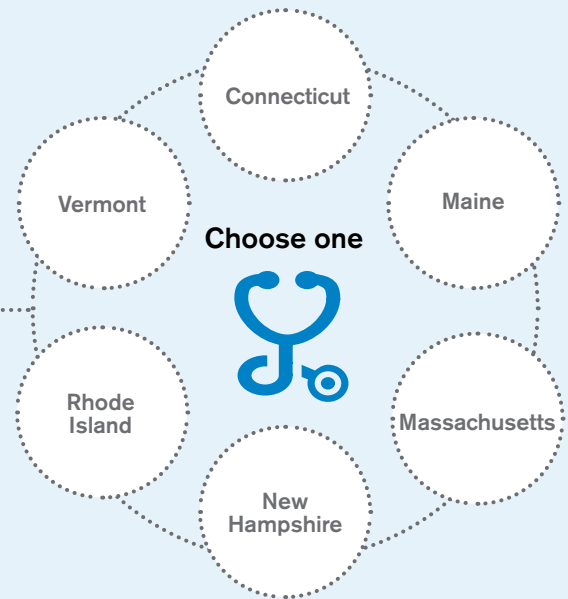
# Quick Start Guide



Access Blue  
New England

# Access

Access Blue New England gives you the option to go directly to any specialist or doctor in the HMO Blue New England network. No referrals needed. Just show your ID card and receive care. Some services require prior authorizations.



## Your Primary Care Provider

As a member of our Access Blue New England health plan, you must choose a primary care provider (PCP) for you and each member of your family. You can choose from any of the health care provider networks in the six New England states (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont). Having a PCP who knows the health history of you and your family makes good health sense. Also, your out-of-pocket costs for some services will be less when you visit your PCP.

### To Find a PCP, You Can:

- Visit our website at [bluecrossma.com/findadoctor](http://bluecrossma.com/findadoctor)
- Call our Physician Selection Service at 1-800-821-1388

### To Find Providers

To find a doctor, dentist, behavioral health provider, hospital, or other health care provider, you can:

- Visit our website at [bluecrossma.com/findadoctor](http://bluecrossma.com/findadoctor)
- Call Member Service at the number on the front of your ID card

## Emergency Care

If you have a medical or behavioral health emergency, call 911 (or your local emergency number) or go directly to the nearest medical facility. Be sure to contact your PCP within 48 hours, so that he or she can evaluate your condition and coordinate any follow-up care.

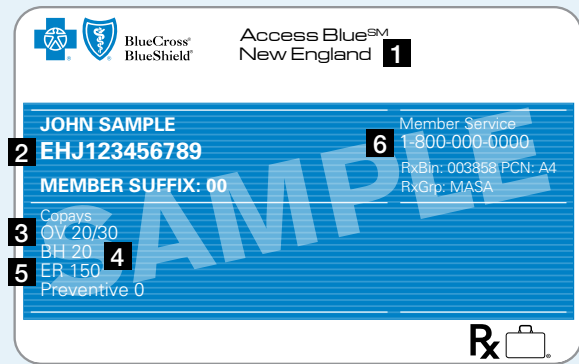
## BlueCard® Program

Your Blue Cross card is widely recognized, and the BlueCard program allows you to receive urgent and emergency care services from any hospital or health care provider in the United States that participates in a Blue Cross plan. For a listing of participating health care providers and hospitals, call 1-800-810-BLUE (2583). For more information, visit the BlueCard website at [provider.bcbs.com](http://provider.bcbs.com).

# Know How to Read Your ID Card

Your member ID card contains important information, including our Member Service telephone number, your ID number, and your plan's copay for office visits, behavioral health visits, and emergency room visits. Be sure to always carry your ID card with you, and show it to all of your providers so they can update your records.

To the right is a sample ID card. Information shown on your ID card may be different based on your plan benefits. Check your ID card for your specific copay amounts.



- |  |   |
|--|---|
| <b>1</b> Plan name   | <b>4</b> Behavioral health office visit copay         |
| <b>2</b> Your ID number  | <b>5</b> Emergency room copay (waived if admitted)    |
| <b>3</b> Office visit copay for designated PCP, obstetrician, gynecologist, nurse practitioner, nurse midwife, or any other network provider | <b>6</b> Number to call for questions about your plan |

## Get the Most from Your Plan



### MyBlue

An easier way to access your health care plan and claims information. You can:

- View detailed plan information (benefits, deductible)
- View health financial accounts
- Access claims and review history in one convenient spot
- Quickly access commonly used tools and services

Register or log in now at [bluecrossma.com/myblue](http://bluecrossma.com/myblue).



### ahealthyme®—Everything to Live a Healthier Life

Here you'll find interactive tools and comprehensive information that will help you assess your health and create a personalized action plan. You'll also be able to track your progress in real time. Learn more at [ahealthyme.com](http://ahealthyme.com).



### Fitness and Weight-Loss Reimbursements

Interested in a healthier lifestyle? You may have access to reimbursements for participating in a qualified fitness or weight-loss program. For more information, check your benefit material, log in at [bluecrossma.com/myblue](http://bluecrossma.com/myblue), or call Member Service at the number on your ID card.



### Telehealth—Real-Time Video Visits

Do you need care that is convenient and easy to access wherever you are? With Telehealth, you can have real-time video visits with a doctor or therapist using your computer, smartphone, or tablet. Telehealth can be a quality alternative to face-to-face doctor visits, and could help avoid costly emergency room trips for simple conditions. To see if you have coverage for Telehealth, please refer to your plan benefits or visit [bluecrossma.com/telehealth](http://bluecrossma.com/telehealth) to learn more.



### MyBlue Member App

Get instant, secure access to your health care information from the convenience of your mobile device

- Access an interactive ID card, and email a copy to your doctor
- Direct dial important phone numbers like Member Service
- Review recent claims, prescriptions, and doctor visits
- Find nearby doctors, dentists, and hospitals
- View information for dependents under 18

Download the app from the [App Store](#)™ or [Google Play](#)™.



### Go Digital

Whenever, wherever, it's easy to stay in touch with Blue Cross. Get the information and resources you need to keep up with important health topics, understand your benefits—and live a happier, healthier life. Connect with us on Facebook or Twitter—or sign up for email by going to [bluecrossma.com/email](http://bluecrossma.com/email).

## Get the Most from Your Plan



**Blue365®**

**Because health is a big deal**

Blue365 offers exclusive health and wellness deals, keeping you healthy and happy, every day of the year. From gym memberships and diet programs to family activities, we have just the deal for you. To see all that Blue365 has to offer, go to [blue365deals.com](http://blue365deals.com).



**Living Healthy Babies®—From Preconception Through Your Baby's First Year**

Have questions about pregnancy, labor, and what to expect during your baby's first year? We can help answer your questions. Visit [livinghealthybabies.com](http://livinghealthybabies.com) today.



**Stay Connected with the Blue Cross MA Message Wire**

Blue Cross MA Message Wire is a new communication channel that sends important information—like wellness tips, screening reminders, member discounts, and plan information—straight to your phone. Sign-up is quick and easy. Text [bluecrossma](text:bluecrossma) to 73529, or call 1-844-779-8813. Make sure to have your Blue Cross Member ID card ready.

## For More Information



**Online Tutorials**

View our engaging online tutorials to quickly and easily understand how your plan works at [bluecrossma.com/tutorial](http://bluecrossma.com/tutorial).



**Member Service**

**(See front of your ID card for phone number)**

For general questions about your coverage, call Member Service, Monday through Friday, 8:00 a.m. to 6:00 p.m. E.T. TTY: 711. Twitter: [@BCBSMAService](https://twitter.com/BCBSMAService)



**Find a Doctor & Estimate Costs**

Our Find a Doctor & Estimate Costs tool makes it easy for you to find what you need.

- Search for doctors, dentists, hospitals, and other health care providers
- Get cost estimates for over 1,600 procedures
- Read and write reviews
- Compare up to ten doctors at a time
- And more

Put more control in your hands by visiting [bluecrossma.com/findadoctor](http://bluecrossma.com/findadoctor), or call Member Service at the number on the front of your ID card.

For questions about out-of-country provider access and services, call 1-800-810-BLUE (2583).



**Blue Care® Line**

**1-888-247-BLUE (2583)**

Use this number for questions about your health if you're hurt or sick and not sure where to get care. Call us 24/7 to speak directly to a registered nurse who can help guide your care.



**Lost Member ID Card**

**1-800-253-5210**

Order a new member ID card by calling 1-800-253-5210, Monday through Friday, 8:00 a.m. to 6:00 p.m. E.T. You can also request a new ID card by logging into [bluecrossma.com/myblue](http://bluecrossma.com/myblue).



**Mail Service Pharmacy**

**1-800-892-5119**

If you have prescription drug coverage, call 1-800-892-5119 anytime, 24 hours a day, 7 days a week, to learn more.

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# Quick Start Guide

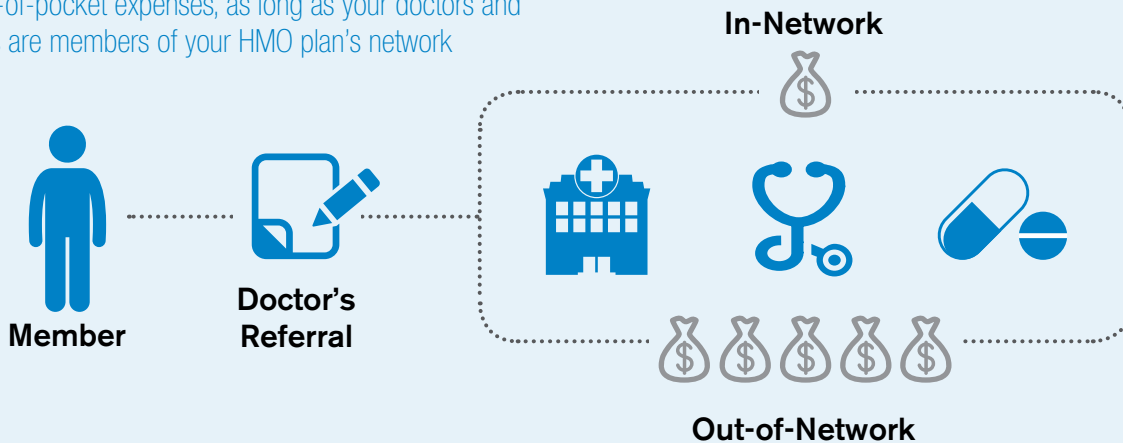


## HMO Blue New England Options v.5

This health plan includes a tiered provider network called HMO Blue New England Options v.5. Members in this plan pay different levels of cost share (copayments, co-insurance, and deductibles) depending on the benefits tier of the provider furnishing the services. A provider's benefits tier may change. Overall changes to the benefits tiers of providers will happen no more than once each calendar year. For help in finding the benefits tier of a provider, visit the online provider search tool at [bluecrossma.com/findadoctor](https://bluecrossma.com/findadoctor) and search for HMO Blue New England Options v.5.

# HMO: Health Maintenance Organization

- You choose a primary care provider (PCP) from within a health plan's network
- Your PCP coordinates all your care and refers you to medical specialists when needed
- Low out-of-pocket expenses, as long as your doctors and hospitals are members of your HMO plan's network



## Your Primary Care Provider

You must choose a PCP for you and each member of your family. Each member may choose a different PCP if they wish, as long as he or she is in the HMO Blue network.

It's important to consider the tier of both your PCP and the hospital where your provider has admitting privileges before you receive care.

- For example, if you require hospital care and your Enhanced Benefits Tier PCP refers you to an Enhanced Benefits Tier hospital, you pay the lowest copay for both your PCP and hospital services.
- If your Enhanced Benefits Tier PCP refers you to a Basic Benefits Tier hospital, you pay the lowest copay for PCP services, but the highest copay for hospital services, except in an emergency.



### Enhanced Benefits Tier

This includes Massachusetts hospitals and PCPs that meet the standards for quality and low cost relative to our benchmark.



### Standard Benefits Tier

This includes Massachusetts hospitals and PCPs that meet the standards for quality and are moderate cost relative to our benchmark, and hospitals that don't meet the standards for quality but are low or moderate cost relative to our benchmark. Also includes providers without sufficient data for measurement on one or both benchmarks. To ensure members have provider access in certain geographic areas, the Standard Benefits Tier includes some providers whose scores would otherwise put them in the Basic Benefits Tier.



### Basic Benefits Tier

This includes Massachusetts hospitals that are high cost relative to our benchmark and PCPs that don't meet the standards for quality or are high cost relative to our benchmark.

# Frequently Asked Questions

## Q: Are specialists included in the benefits tiers?

A: No. You'll be responsible for the specialist-level copay, typically equal to that of a Basic Benefits Tier PCP.

## Q: Are mental health and substance misuse providers included in these tiers?

A: No. Mental health and substance misuse providers aren't currently tiered. The copay for behavioral health providers is typically equal to that of Enhanced Benefits Tier providers.

## Q: How can I tell what the copay is for each tier?

A: The easiest way to tell what your costs will be is to look at the benefits summary or other plan information you received from your employer. If you didn't receive that information, you can create an account and log in to MyBlue at [bluecrossma.com/myblue](https://bluecrossma.com/myblue) and select Review My Benefits.

## Q: If my plan has a deductible, how does it work?

A: If your plan includes deductibles, they generally don't apply to care with Enhanced Benefits Tier providers, giving you the lowest copay. Typically you'll pay a deductible for care with providers on the Standard Benefits Tier and a higher deductible for care with providers on the Basic Benefits Tier.

## Q: Is the coverage for emergency room services the same for providers across all tiers?

A: Yes. Because you may not be able to choose your hospital in emergency situations, the copay for emergency room treatment is the same regardless of the hospital tier. If you're admitted through the emergency room, you'll be responsible for the Enhanced Benefits Tier hospital copay, regardless of the hospital tier.

## Q: My doctor is referring me to a Basic Benefits Tier facility. What should I do?

A: Talk to your doctor about the tier of the facility where you'll be obtaining other services, such as inpatient care or surgery. The facility's tier will help determine your out-of-pocket costs.

## Q: My hospital or provider is in the Basic Benefits Tier. Does that mean that they're not good?

A: PCPs and general hospitals in the Basic Benefits Tier have scored below our quality benchmark or below our moderate cost benchmark. However, all our network providers are credentialed according to our quality criteria, which meet or exceed nationally recognized standards and requirements.

A provider's tier level should be one of several resources you use to evaluate a particular provider or hospital. The tier level for PCPs who practice together is based on a combination of their group's performance on certain quality-of-care measures and a cost comparison with other providers in their geographic region or peer group.

You can find more information about our cost and quality benchmarks at [bluecrossma.com/blueoptions](https://bluecrossma.com/blueoptions).

## Q: What happens if my PCP is unavailable on the day of my appointment?

A: A provider covering for your PCP will likely see you, but be aware: you're responsible for your copay based on the tier of the covering provider. PCPs in the same practice are typically in the same tier, but be sure to check with the covering provider to avoid unexpected costs.

## Q: How do I know if my PCP or hospital has changed tiers?

A: To check which tiers your doctors and hospitals are in or to search for a new PCP by tier, use the Choose Providers section of our website at [bluecrossma.com/blueoptions](https://bluecrossma.com/blueoptions). We periodically update PCPs and hospital tiers.

## Q: How does Blue Cross ensure the accuracy of its quality and cost information?

A: We perform an internal data check based on our PCP Incentive Program and other quality-related measures. We allow provider groups to review their performance results before publishing them. Also, provider groups can submit corrections, which are reviewed against measurement specifications. Corrections that meet the measurement criteria are incorporated to produce an accurate report.

# Make Informed Health Care Decisions

Within the HMO Blue New England Options v.5 network, hospitals and groups of PCPs are ranked in three benefits tiers based on cost and nationally accepted quality performance criteria.

**Where you receive care will determine your out-of-pocket costs for most services under the plan.**

HMO Blue New England Options v.5 is a health plan that rewards you with lower costs for choosing Enhanced Benefits and Standard Benefits Tier hospitals and PCPs in Massachusetts, while still giving you access to our full New England network. Network PCPs and general hospitals in Massachusetts are assigned to one of three tiers based on certain quality and cost measures, as shown on the previous page. You can check how PCPs and hospitals performed against these quality and cost benchmarks by using the Choose Providers section of our website, [bluecrossma.com/blueoptions](https://bluecrossma.com/blueoptions).

## Getting Started with Your Plan

To start taking advantage of HMO Blue New England Options v.5, you can research which tiers your PCP and hospital are in or search for a new PCP or hospital by tier.

### To Find a PCP or Check the Tier of Your PCPs or Hospitals:

- Visit our website at [bluecrossma.com/findadoctor](https://bluecrossma.com/findadoctor)
- Call our Physician Selection Service at 1-800-821-1388

### To Find Other Providers:

To find other network providers who aren't tiered, such as specialists, dentists, behavioral health providers, hospitals, or other health care providers, you can:

- Visit our website at [bluecrossma.com/findadoctor](https://bluecrossma.com/findadoctor)
- Call Member Service at the number on the front of your ID card

### Referral Information for Medical Services

If you and your PCP decide you need to see a specialist, you'll be referred to one your PCP feels is right for your specific treatment. It's an important decision, and the top priority is keeping you healthy. When making or confirming your appointment, you should make sure your PCP has contacted the specialist's office and has provided the referral, if needed.

Examples of services that don't require a referral:

- Routine OB/GYN care provided by a network provider
- One routine eye exam every 24 months provided by a network provider
- Emergency care

Because your out-of-pocket costs in Massachusetts are determined by where you get service, ask your doctors about their referral relationships. You can check the tier of any hospital and provider at [bluecrossma.com/findadoctor](https://bluecrossma.com/findadoctor).

### Emergency Care

If you have a medical or behavioral health emergency, call 911 (or your local emergency number) or go directly to the nearest medical facility. Be sure to contact your PCP within 48 hours, so that he or she can evaluate your condition and coordinate any follow-up care.

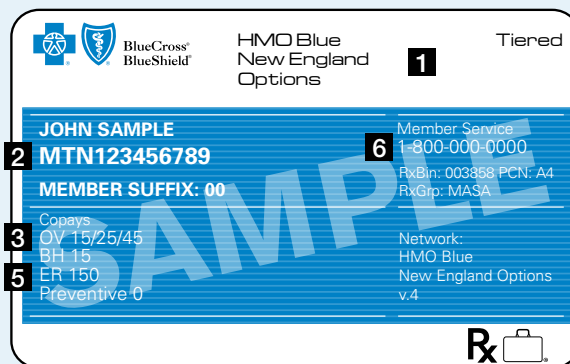
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# Know How to Read Your ID Card

Your member ID card contains important information, including our Member Service telephone number, your ID number, and your plan's copay for office visits, behavioral health visits, and emergency room visits. Be sure to always carry your ID card with you, and show it to all of your providers so they can update your records.

To the right is a sample ID card. Information shown on your ID card may be different based on your plan benefits. Check your ID card for your specific copay amounts.



- 1 Plan name
- 2 Your ID number
- 3 Office visit copay for Enhanced Benefits Tier/Standard Benefits Tier/Basic Benefits Tier or specialist
- 4 Behavioral health office visit copay
- 5 Emergency room copay (waived if admitted)
- 6 Number to call for questions about your plan

## Get the Most from Your Plan



### MyBlue

An easier way to access your health care plan and claims information. You can:

- View detailed plan information (benefits, deductible)
- View health financial accounts
- Access claims and review history in one convenient spot
- Quickly access commonly used tools and services

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Here you'll find interactive tools and comprehensive information that will help you assess your health and create a personalized action plan. You'll also be able to track your progress in real time. Learn more at [ahealthyme.com](http://ahealthyme.com).



### Fitness and Weight-Loss Reimbursements

Interested in a healthier lifestyle? You may have access to reimbursements for participating in a qualified fitness or weight-loss program. For more information, check your benefit material, log in at [bluecrossma.com/myblue](http://bluecrossma.com/myblue), or call Member Service at the number on your ID card.



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- Access an interactive ID card, and email a copy to your doctor
- Direct dial important phone numbers like Member Service
- Review recent claims, prescriptions, and doctor visits
- Find nearby doctors, dentists, and hospitals
- View information for dependents under 18

Download the app from the App Store<sup>®</sup> or Google Play<sup>™</sup>.



### Go Digital

Whenever, wherever, it's easy to stay in touch with Blue Cross. Get the information and resources you need to keep up with important health topics, understand your benefits—and live a happier, healthier life. Connect with us on Facebook ([facebook.com/BCBSMA](https://facebook.com/BCBSMA)) or Twitter (@BCBSMA)—or sign up for email by going to [bluecrossma.com/email](http://bluecrossma.com/email).



### Blue365<sup>®</sup> Because health is a big deal

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*continued*

Get the Most from Your Plan (continued)

## Living Healthy Babies® —From Preconception Through Your Baby's First Year

Have questions about pregnancy, labor, and what to expect during your baby's first year? We can help answer your questions. Visit [livinghealthybabies.com](http://livinghealthybabies.com) today.

## For More Information

### Online Tutorials

View our engaging online tutorials to quickly and easily understand how your plan works at [bluecrossma.com/tutorial](http://bluecrossma.com/tutorial).

### Member Service (See front of your ID card for phone number)

For general questions about your coverage, call Member Service, Monday through Friday, 8:00 a.m. to 6:00 p.m. E.T. TTY: 711. Twitter: [@BCBSMAService](https://twitter.com/BCBSMAService)

### Find a Doctor & Estimate Costs

Our Find a Doctor & Estimate Costs tool makes it easy for you to find what you need.

- Search for doctors, dentists, hospitals, and other health care providers
- Get cost estimates for over 1,600 procedures
- Read and write reviews
- Compare up to ten doctors at a time
- And more

Put more control in your hands by visiting [bluecrossma.com/findadoctor](http://bluecrossma.com/findadoctor), or call Member Service at the number on the front of your ID card.

For questions about out-of-country provider access and services, call 1-800-810-BLUE (2583).



### Stay Connected with the Blue Cross MA Message Wire

Blue Cross MA Message Wire is a new communication channel that sends important information—like wellness tips, screening reminders, member discounts, and plan information—straight to your phone. Sign-up is quick and easy. Text [bluecrossma](https://textbluecrossma.com) to 73529, or call 1-844-779-8813. Make sure to have your Blue Cross Member ID card ready.



### Blue Care® Line 1-888-247-BLUE (2583)

Use this number for questions about your health if you're hurt or sick and not sure where to get care. Call us 24/7 to speak directly to a registered nurse who can help guide your care.



### Lost Member ID Card 1-800-253-5210

Order a new member ID card by calling 1-800-253-5210, Monday through Friday, 8:00 a.m. to 6:00 p.m. E.T. You can also request a new ID card by logging into [bluecrossma.com/myblue](http://bluecrossma.com/myblue).



### Mail Service Pharmacy 1-800-892-5119

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# Quick Start Guide



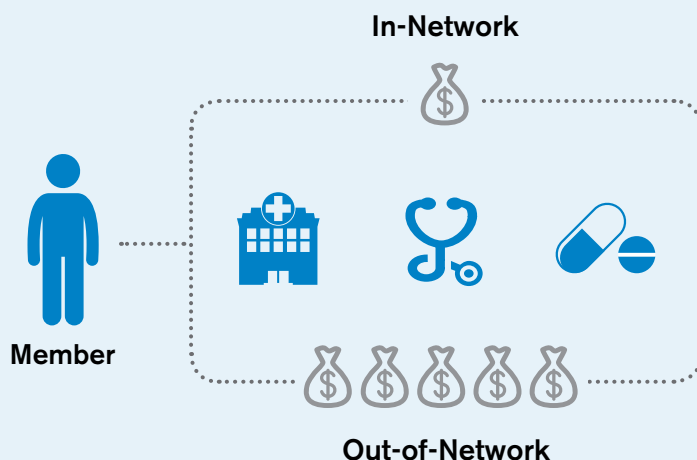
## Preferred Blue PPO<sup>®</sup> Options v.5

This health plan includes a tiered-provider network called Preferred Blue PPO Options v.5. Members in this plan pay different levels of cost share (copayments, co-insurance, and deductibles) depending on the benefits tier of the provider furnishing the services. A provider's benefits tier may change. Overall changes to the benefits tiers of providers will happen no more than once each calendar year. For help in finding the benefits tier of a provider, visit the online provider search tool at [bluecrossma.com/findadoctor](http://bluecrossma.com/findadoctor) and search for Preferred Blue PPO Options v.5.



# PPO: Preferred Provider Organization

- Greater flexibility than an HMO
- You have a network of doctors to choose from, but you don't need to name one doctor as your primary care provider (PCP)
- If you use doctors and hospitals from outside of your PPO network, it may cost more
- You don't need a referral from your PCP to see a specialist
- Your out-of-pocket health care costs may be higher
- Some plans have deductibles before benefits are paid, and the amount varies between plans



## Medical Care Within Massachusetts

Where you receive care will determine your out-of-pocket costs for most services. Preferred Blue PPO Options v.5 rewards you with lower costs for choosing Enhanced Benefits Tier and Standard Benefits Tier preferred providers in Massachusetts. These preferred providers and general hospitals are assigned to one of three tiers based on certain quality and cost measures, which are outlined on the next page. You can check how preferred providers performed against these quality and cost benchmarks by using the Choose Providers section of our website, [bluecrossma.com/blueoptions](http://bluecrossma.com/blueoptions).

Before you choose a provider or receive care, it's important to consider the tier of both your preferred provider and the preferred hospital where your provider has admitting privileges.

- For example, if you require hospital care within Massachusetts and your Enhanced Benefits Tier preferred provider refers you to an Enhanced Benefits Tier preferred hospital, you pay the lowest copay for both your preferred provider and hospital services.
- Or, if your Enhanced Benefits Tier preferred provider refers you to a Basic Benefits Tier preferred hospital, you pay the lowest copay for preferred provider services, but the highest copay for hospital services, except in an emergency.



### Enhanced Benefits Tier

This includes Massachusetts hospitals and PCPs that meet the standards for quality and low cost relative to our benchmark.



### Standard Benefits Tier

This includes Massachusetts hospitals and PCPs that meet the standards for quality and are moderate cost relative to our benchmark, and hospitals that don't meet the standards for quality but are low or moderate cost relative to our benchmark. Also includes providers without sufficient data for measurement on one or both benchmarks. To ensure members have provider access in certain geographic areas, the Standard Benefits Tier includes some providers whose scores would otherwise put them in the Basic Benefits Tier.



### Basic Benefits Tier

This includes Massachusetts hospitals that are high cost relative to our benchmark and PCPs that don't meet the standards for quality or are high cost relative to our benchmark.

## Medical Care Outside Massachusetts

You can also choose to get care from preferred providers outside of Massachusetts. In some out-of-state PPO service areas, different levels of preferred providers may not be available. In this case, your copay will be the same as it would be for an Enhanced Benefits Tier preferred provider.

You can also choose to get care outside the network with non-preferred providers, though your costs will be higher than when you choose preferred (in-network) providers.

Note: Preferred providers were measured based on their HMO patients as part of their provider group, and hospitals were measured based on their individual facility performance. Provider groups can be composed of an individual provider or a number of providers who practice together. Tier placement is based on cost and quality benchmarks where measurable data is available. Providers without sufficient data for either cost or quality are placed in the Standard Benefits Tier. PCPs that don't meet benchmarks for quality or moderate cost and hospitals that do not meet benchmarks for moderate cost or that use nonstandard reimbursement are placed in the Basic Benefits Tier.

# Frequently Asked Questions

## Q: Are preferred specialists included in benefits tiers?

A: No. You'll be responsible for the specialist-level copay, typically equal to that of a Basic Benefits Tier PCP.

There are times when you may pay a lower copay for specialty care. This will happen if the preferred provider that you select is listed in the Preferred Blue PPO Options v.5 provider directory as an Enhanced Benefits Tier or Standard Benefits Tier preferred provider (as well as a preferred specialist).

Note: In some out-of-state PPO service areas, different levels of preferred providers may not be available. In this case, your copay will be the same as it would be for an Enhanced Benefits Tier preferred provider.

## Q: Are mental health and substance use disorder providers included in these tiers?

A: No. Mental health and substance use disorder providers aren't currently tiered. The copay for behavioral health providers is typically equal to that of Enhanced Benefits Tier providers.

## Q: How can I tell what the copay is for each tier?

A: The easiest way to tell what your costs will be is to look at the benefits summary or other plan information you received from your employer. If you didn't receive that information, you can also log in to your account on Member Central at [bluecrossma.com/membercentral](https://bluecrossma.com/membercentral) and select Review My Benefits.

## Q: Is the coverage for emergency room services the same for providers across all tiers?

A: Yes. Because you may not be able to choose your hospital in emergency situations, the copay for emergency room treatment is the same regardless of the hospital tier. If you're admitted through the emergency room, you'll be responsible for the Enhanced Benefits Tier hospital copay, regardless of the hospital tier.

## Q: My hospital or provider is in the Basic Benefits Tier. Does that mean that they're not good?

A: Preferred providers and general hospitals in the Basic Benefits Tier have scored below our quality benchmark or below our moderate cost benchmark. However, all our network providers are credentialed according to our quality criteria, which meets or exceeds nationally recognized standards and requirements.

A provider's tier level should be one of several resources you use to evaluate a particular provider or hospital. The tier level for preferred providers who practice together is based on a combination of their group's performance on certain quality-of-care measures and a cost comparison with other providers in their geographic region or peer group.

You can find more information about our cost and quality benchmarks at [bluecrossma.com/blueoptions](https://bluecrossma.com/blueoptions).

## Q: What happens if my preferred provider is unavailable on the day of my appointment?

A: A provider covering for your preferred provider will likely to see you, but be aware: you are responsible for your copay based on the tier of the covering provider. Preferred providers in the same practice are typically in the same tier, but be sure to check with the covering provider to avoid unexpected costs.

## Q: How do I know if my preferred provider or hospital has changed tiers?

A: To check which tiers your doctors and hospitals are in or to search for a new PCP by tier, use the Choose Providers section of our website at [bluecrossma.com/blueoptions](https://bluecrossma.com/blueoptions). We periodically update provider and hospital tiers.

## Q: How does Blue Cross ensure the accuracy of its quality and cost information?

A: We perform an internal data check based on our Provider Incentive Program and other quality-related measures. We allow provider groups to review their performance results before publishing them. Also, provider groups can submit corrections, which are reviewed against measurement specifications. Corrections that meet the measurement criteria are incorporated to produce an accurate report.

# Make Informed Health Care Decisions

Preferred Blue PPO Options v.5 is a preferred provider organization health plan. You have the option of selecting in-network (preferred) or out-of-network (non-preferred) providers. The choice is always yours to make; **however**, you may be responsible for much higher out-of-pocket costs when you seek out-of-network care.

Within the Preferred Blue PPO Options v.5 network, certain preferred providers and preferred general hospitals are ranked into three benefits tiers based on cost and nationally accepted quality performance criteria.

## Getting Started with Your Plan

To start taking advantage of Preferred Blue PPO Options v.5, you can research which tiers your provider and hospital are in or search for a new provider or hospital by tier.

### To Find a Provider or Check the Tier of Your Providers or Hospitals:

- Visit our Find a Doctor website at [bluecrossma.com/findadoctor](http://bluecrossma.com/findadoctor)
- Call our Physician Selection Service at 1-800-821-1388

### To Find Other Providers:

To find other network providers who aren't tiered, such as specialists, dentists, behavioral health providers, hospitals, other health care providers, or out-of-Massachusetts providers:

- Visit our website at [bluecrossma.com/findadoctor](http://bluecrossma.com/findadoctor)
- Call Member Service at the number on the front of your ID card

### Emergency Care

If you have a medical or behavioral health emergency, call 911 (or your local emergency number) or go directly to the nearest medical facility.

### BlueCard® Program

Your Blue Cross ID card is widely recognized, and the BlueCard program allows you to receive urgent and emergency care services from any hospital or provider in the United States that participates in a Blue Cross plan. For a listing of participating providers and hospitals, call 1-800-810-BLUE (2583). For more information, visit the BlueCard website at [provider.bcbs.com](http://provider.bcbs.com).

## Get the Most from Your Plan



### MyBlue

An easier way to access your health care plan and claims information. You can:

- View detailed plan information (benefits, deductible)
- View health financial accounts
- Access claims and review history in one convenient spot
- Quickly access commonly used tools and services

Register or log in now at [bluecrossma.com/myblue](http://bluecrossma.com/myblue).



### ahealthyme®—Everything to Live a Healthier Life

Here you'll find interactive tools and comprehensive information that will help you assess your health and create a personalized action plan. You'll also be able to track your progress in real time. Learn more at [ahealthyme.com](http://ahealthyme.com).



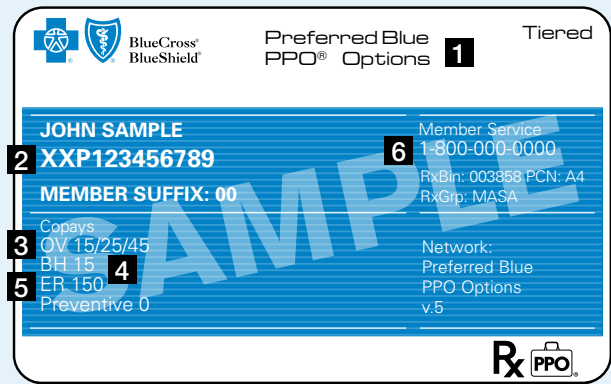
### Fitness and Weight-Loss Reimbursements

Interested in a healthier lifestyle? You may have access to reimbursements for participating in a qualified fitness or weight-loss program. For more information, check your benefit material, log in at [bluecrossma.com/membercentral](http://bluecrossma.com/membercentral), or call Member Service at the number on your ID card.

# Know How to Read Your ID Card

Your member ID card contains important information, including our Member Service telephone number, your ID number, and your plan's copay for office visits, behavioral health visits, and emergency room visits. Be sure to always carry your ID card with you, and show it to all of your providers so they can update your records.

To the right is a sample ID card. Information shown on your ID card may be different based on your plan benefits. Check your ID card for your specific copay amounts.



- 1** Plan name
- 2** Your ID number
- 3** Office visit copay for Enhanced Benefits Tier/Standard Benefits Tier/Basic Benefits Tier or other covered providers
- 4** Behavioral health office visit copay
- 5** Emergency room copay (waived if admitted)
- 6** Number to call for questions about your plan



## Telehealth—Real-Time Video Visits

Do you need care that is convenient and easy to access wherever you are? With Telehealth, you can have real-time video visits with a doctor or therapist using your computer, smartphone, or tablet. Telehealth can be a quality alternative to face-to-face doctor visits, and could help avoid costly emergency room trips for simple conditions. To see if you have coverage for Telehealth, please refer to your plan benefits or visit [bluecrossma.com/telehealth](http://bluecrossma.com/telehealth) to learn more.



## MYBLUE Member App

Get instant, secure access to your health care information from the convenience of your mobile device.

- Access an interactive ID card, and email a copy to your doctor.
- Direct dial important phone numbers like Member Service.
- Review recent claims, prescriptions, and doctor visits.
- Find nearby doctors, dentists, and hospitals.
- View information for dependents under 18.

Download the app from the [App Store](#)™ or [Google Play](#)™.



## Go Digital

Whenever, wherever, it's easy to stay in touch with Blue Cross. Get the information and resources you need to keep up with important health topics, understand your benefits—and live a happier, healthier life. Connect with us on Facebook ([facebook.com/BCBSMA](https://facebook.com/BCBSMA)) or Twitter ([@BCBSMA](https://twitter.com/BCBSMA))—or sign up for email by going to [bluecrossma.com/email](http://bluecrossma.com/email).



## Blue365®

### Because health is a big deal

Blue365 offers exclusive health and wellness deals, keeping you healthy and happy, every day of the year. From gym memberships and diet programs to family activities, we have just the deal for you. To see all that Blue365 has to offer, go to [blue365deals.com](http://blue365deals.com).



## Living Healthy Babies®—From Preconception Through Your Baby's First Year

Have questions about pregnancy, labor, and what to expect during your baby's first year? We can help answer your questions. Visit [livinghealthybabies.com](http://livinghealthybabies.com) today.



## Stay Connected with the Blue Cross MA Message Wire

Blue Cross MA Message Wire is a new communication channel that sends important information—like wellness tips, screening reminders, member discounts, and plan information—straight to your phone. Sign-up is quick and easy. Text [bluecrossma](http://bluecrossma) to 73529, or call 1-844-779-8813. Make sure to have your Blue Cross Member ID card ready.

# For More Information

## Online Tutorials

View our engaging online tutorials to quickly and easily understand how your plan works at [bluecrossma.com/tutorial](http://bluecrossma.com/tutorial).

## Member Service (See front of your ID card for phone number)

For general questions about your coverage, call Member Service, Monday through Friday, 8:00 a.m. to 6:00 p.m. E.T. TTY: 711.  
Twitter: @BCBSMAservice

## Find a Doctor & Estimate Costs

Our Find a Doctor & Estimate Costs tool makes it easy for you to find what you need.

- Search for doctors, dentists, hospitals, and other health care providers
- Get cost estimates for over 1,600 procedures
- Read and write reviews
- Compare up to ten doctors at a time
- And more

Put more control in your hands by visiting [bluecrossma.com/findadoctor](http://bluecrossma.com/findadoctor), or call Member Service at the number on the front of your ID card.

For questions about out-of-country provider access and services, call 1-800-810-BLUE (2583).

## Blue Care® Line 1-888-247-BLUE (2583)

Use this number for questions about your health if you're hurt or sick and not sure where to get care. Call us 24/7 to speak directly to a registered nurse who can help guide your care.

## Lost Member ID Card 1-800-253-5210

Order a new member ID card by calling 1-800-253-5210, Monday through Friday, 8:00 a.m. to 6:00 p.m. E.T. You can also request a new ID card by logging into [bluecrossma.com/membercentral](http://bluecrossma.com/membercentral).

## Mail Service Pharmacy 1-800-892-5119

If you have prescription drug coverage, call 1-800-892-5119 anytime, 24 hours a day, 7 days a week, to learn more.



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# Blue Options v.5 Hospital Tiering

Presented below are the Blue Options v.5 tiering levels for hospitals in Massachusetts, effective January 1, 2016.

Listed in the same row as each hospital's name is the overall benefit tier for that facility and the basis for the placement in the tier in terms of meeting quality and cost benchmarks. For more detail on how a hospital performed on our cost and quality benchmarks, visit [www.bluecrossma.com/findadoctor](http://www.bluecrossma.com/findadoctor).

- **Enhanced Benefits Tier**—Includes Massachusetts hospitals and PCPs that meet the standards for quality and low cost relative to our benchmark.
- **Standard Benefits Tier**—Includes Massachusetts hospitals and PCPs that meet the standards for quality and are moderate cost relative to our benchmark and hospitals that do not meet the standards for quality but are low or moderate cost relative to our benchmark. Also includes providers without sufficient data for measurement on one or both benchmarks. To ensure members have provider access in certain geographic areas, the Standard Benefits Tier includes some providers whose scores would otherwise put them in the Basic Benefits Tier.
- **Basic Benefits Tier**—Includes Massachusetts hospitals that are high cost relative to our benchmark and PCPs that do not meet the standards for quality or are high cost relative to our benchmark.

Hospital Name	City	State	Benefits Tier	Quality	Cost
Addison Gilbert Hospital	Gloucester	MA	Enhanced		
Anna Jaques Hospital	Newburyport	MA	Enhanced		
Athol Memorial Hospital	Athol	MA	Standard		
Baystate Franklin Medical Center	Greenfield	MA	Standard		
Baystate Mary Lane Hospital	Ware	MA	Standard		
Baystate Medical Center	Springfield	MA	Basic		
Berkshire Medical Center	Pittsfield	MA	Standard		
Beth Israel Deaconess Hospital—Milton	Milton	MA	Enhanced		

### Quality

- Met quality benchmark
- Did not meet quality benchmark
- Standard quality measures used to evaluate hospitals do not apply
- Insufficient information on quality (providers not measured)

### Cost

- Met benchmark for lowest cost
- Met moderate cost benchmark
- Did not meet moderate cost benchmark
- Insufficient information on cost (providers not measured)

**Note:** Hospitals were measured based on their individual facility performance. Tier placement is based on cost and quality benchmarks where measurable data is available. Providers without sufficient data for either cost or quality are placed in the Standard Benefits Tier. PCPs that do not meet benchmarks for quality or moderate cost and hospitals that do not meet benchmarks for moderate cost or that use nonstandard reimbursement are placed in the Basic Benefits Tier.

This document gives general information about our tiered network plan designs. There are currently three tiered provider networks called HMO Blue Options v.4<sup>SM</sup>, HMO Blue New England Options v.4<sup>SM</sup> and Preferred Blue PPO Options v.4<sup>SM</sup>. 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](http://www.bluecrossma.com) and search for the appropriate network.

Hospital Name	City	State	Benefits Tier	Quality	Cost
Beth Israel Deaconess Hospital—Needham Campus	Needham	MA	Enhanced		
Beth Israel Deaconess Hospital—Plymouth	Plymouth	MA	Enhanced		
Beth Israel Deaconess Medical Center	Boston	MA	Standard		
Beverly Hospital	Beverly	MA	Enhanced		
Boston Children's Hospital (Specialty Hospital)	Boston	MA	Basic		
Boston Children's at Lexington (Specialty Hospital)	Lexington	MA	Standard		
Boston Children's at Peabody (Specialty Hospital)	Peabody	MA	Standard		
Boston Children's at Waltham (Specialty Hospital)	Waltham	MA	Standard		
Boston Medical Center	Boston	MA	Enhanced		
Brigham and Women's Hospital	Boston	MA	Basic		
Brigham and Women's/Mass General Health Care Center at Patriot Place	Foxborough	MA	Enhanced		
Cambridge Health Alliance—Cambridge Campus	Cambridge	MA	Enhanced		
Cambridge Health Alliance—Somerville Campus	Somerville	MA	Enhanced		
Cambridge Health Alliance—Whidden Campus	Everett	MA	Enhanced		
Cape Cod Hospital	Hyannis	MA	Basic		
Carney Hospital	Dorchester	MA	Enhanced		
Clinton Hospital	Clinton	MA	Enhanced		
Cooley Dickinson Hospital	Northampton	MA	Enhanced		
Dana-Farber Cancer Institute (Specialty Hospital)	Boston	MA	Basic		
Emerson Hospital	Concord	MA	Enhanced		
Fairview Hospital	Great Barrington	MA	Basic		
Falmouth Hospital	Falmouth	MA	Standard		
Faulkner Hospital	Jamaica Plain	MA	Enhanced		
Good Samaritan Medical Center	Brockton	MA	Enhanced		
Harrington Memorial Hospital	Southbridge	MA	Standard		
HealthAlliance Hospitals—Burbank Campus	Fitchburg	MA	Enhanced		
HealthAlliance Hospitals—Leominster Campus	Leominster	MA	Enhanced		

#### Quality

- Met quality benchmark
- Did not meet quality benchmark
- Standard quality measures used to evaluate hospitals do not apply
- Insufficient information on quality (providers not measured)

#### Cost

- Met benchmark for lowest cost
- Met moderate cost benchmark
- Did not meet moderate cost benchmark
- Insufficient information on cost (providers not measured)

Note: PCPs were measured based on their HMO patients as part of their provider group, and hospitals were measured based on their individual facility performance. Provider groups can be composed of an individual provider or a number of providers who practice together. Tier placement is based on cost and quality benchmarks where measurable data is available. Providers without sufficient data for either cost or quality are placed in the Standard Benefits Tier. PCPs that do not meet benchmarks for quality or moderate cost and hospitals that do not meet benchmarks for moderate cost or that use nonstandard reimbursement are placed in the Basic Benefits Tier.



Hospital Name	City	State	Benefits Tier	Quality	Cost
Heywood Hospital	Gardner	MA	Enhanced		
Holy Family Hospital	Methuen	MA	Enhanced		
Holyoke Medical Center	Holyoke	MA	Enhanced		
Lahey Clinic	Burlington	MA	Enhanced		
Lawrence General Hospital	Lawrence	MA	Enhanced		
Lawrence Memorial Hospital	Medford	MA	Enhanced		
Lowell General Hospital (includes the campus formerly known as Saints Medical Center)	Lowell	MA	Enhanced		
Marlborough Hospital	Marlborough	MA	Standard		
Martha's Vineyard Hospital	Oak Bluffs	MA	Standard		
Massachusetts Eye and Ear <sup>®</sup> Infirmary	Boston	MA	Enhanced		
Massachusetts General Hospital	Boston	MA	Basic		
Mass General/North Shore Center for Outpatient Care	Danvers	MA	Enhanced		
Melrose-Wakefield Hospital	Melrose	MA	Enhanced		
Mercy Medical Center	Springfield	MA	Enhanced		
Merrimack Valley Hospital	Haverhill	MA	Enhanced		
MetroWest Medical Center—Framingham Union	Framingham	MA	Enhanced		
MetroWest Medical Center—Leonard Morse	Natick	MA	Enhanced		
Milford Regional Medical Center	Milford	MA	Standard		
Morton Hospital and Medical Center	Taunton	MA	Enhanced		
Mount Auburn Hospital	Cambridge	MA	Enhanced		
Nantucket Cottage Hospital	Nantucket	MA	Standard		
Nashoba Valley Medical Center	Ayer	MA	Standard		
New England Baptist <sup>®</sup> Hospital	Boston	MA	Enhanced		
Newton-Wellesley Hospital	Newton	MA	Enhanced		
Noble Hospital	Westfield	MA	Enhanced		
North Shore Medical Center—Salem Campus	Salem	MA	Enhanced		
North Shore Medical Center—Union Campus	Lynn	MA	Enhanced		

#### Quality

- Met quality benchmark
- Did not meet quality benchmark
- Standard quality measures used to evaluate hospitals do not apply
- Insufficient information on quality (providers not measured)

#### Cost

- Met benchmark for lowest cost
- Met moderate cost benchmark
- Did not meet moderate cost benchmark
- Insufficient information on cost (providers not measured)

Note: PCPs were measured based on their HMO patients as part of their provider group, and hospitals were measured based on their individual facility performance. Provider groups can be composed of an individual provider or a number of providers who practice together. Tier placement is based on cost and quality benchmarks where measurable data is available. Providers without sufficient data for either cost or quality are placed in the Standard Benefits Tier. PCPs that do not meet benchmarks for quality or moderate cost and hospitals that do not meet benchmarks for moderate cost or that use nonstandard reimbursement are placed in the Basic Benefits Tier.

Hospital Name	City	State	Benefits Tier	Quality	Cost
Norwood Hospital	Norwood	MA	Enhanced	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Saint Vincent Hospital	Worcester	MA	Enhanced	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Shriners Hospitals for Children®—Boston	Boston	MA	Standard	<input type="checkbox"/> NA	<input checked="" type="checkbox"/>
Shriners Hospitals for Children—Springfield	Springfield	MA	Standard	<input type="checkbox"/> NA	<input type="checkbox"/>
Signature Healthcare Brockton Hospital	Brockton	MA	Enhanced	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
South Shore Hospital	South Weymouth	MA	Enhanced	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Southcoast Hospitals Group—Charlton Memorial Hospital	Fall River	MA	Enhanced	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Southcoast Hospitals Group—St. Luke's Hospital	New Bedford	MA	Enhanced	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Southcoast Hospitals Group—Tobey Hospital	Wareham	MA	Enhanced	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Southwestern Vermont Medical Center <sup>1</sup>	Bennington	VT	Standard	<input checked="" type="checkbox"/>	<input type="checkbox"/> NA
St. Anne's Hospital	Fall River	MA	Enhanced	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
St. Elizabeth's Medical Center	Brighton	MA	Standard	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sturdy Memorial Hospital	Attleboro	MA	Basic	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Vernon Cancer Center at Newton-Wellesley	Newton	MA	Enhanced	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tufts Medical Center	Boston	MA	Enhanced	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
UMass Memorial Medical Center—Memorial Campus	Worcester	MA	Basic	<input checked="" type="checkbox"/>	<input type="checkbox"/>
UMass Memorial Medical Center—University Campus	Worcester	MA	Basic	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Winchester Hospital	Winchester	MA	Enhanced	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wing Memorial Hospital	Palmer	MA	Enhanced	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

1. This hospital is included in the HMO Blue Options v.5 network only.

#### Quality

- Met quality benchmark
- Did not meet quality benchmark
- Standard quality measures used to evaluate hospitals do not apply
- NA Insufficient information on quality (providers not measured)

#### Cost

- Met benchmark for lowest cost
- Met moderate cost benchmark
- Did not meet moderate cost benchmark
- NA Insufficient information on cost (providers not measured)

Note: Hospitals were measured based on their individual facility performance. Tier placement is based on cost and quality benchmarks where measurable data is available. Providers without sufficient data for either cost or quality are placed in the Standard Benefits Tier. PCPs that do not meet benchmarks for quality or moderate cost and hospitals that do not meet benchmarks for moderate cost or that use nonstandard reimbursement are placed in the Basic Benefits Tier.

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# Your Mail Service

## Pharmacy Benefit



As a member of Blue Cross Blue Shield of Massachusetts, you can buy certain medications at the Express Scripts mail service pharmacy.

It's a great way to save by purchasing prescriptions on a long-term basis.

### Check Out These Benefits!

**Savings:** The biggest advantage of the mail service pharmacy is that for most long-term maintenance medications you can order up to a 90-day supply. Often times, using mail service results in the lowest possible out-of-pocket costs to you as a member.

**Convenience:** Your medications will be delivered to your home, postage paid, within 14 days of mailing your new prescription.

**Confidentiality:** If you have questions, you can call Express Scripts toll-free, 24 hours a day. Registered pharmacists are available to answer your questions about your prescriptions confidentially. Call **1-800-892-5119**.

**Special-Needs Services Available:** For the convenience of our hearing-impaired members, Express Scripts is TTY-ready, and has installed a separate toll-free number for you to use with your TTY equipment. The number is **1-800-305-5376**.

For our vision-impaired members, upon special request with your order, Express Scripts can provide Braille labels for your medication.

And for our non-English-speaking members, Express Scripts can provide translation services when you call the toll-free line.

Refer to your benefit literature for specific coverage information.

### Three Easy Steps To Use Mail Service

For long-term prescriptions, use our mail service pharmacy to save.

1. Ask your doctor to prescribe medications for up to a 90-day supply, plus refills when applicable. (If you're already taking medication on a long-term basis, ask your doctor for a new prescription.)
2. Complete the attached Mail Order Form for each member submitting a prescription. Be sure to answer all of the questions.
3. Seal the form, prescriptions, and the appropriate copayment in the pocket in this brochure (do not send cash). Then simply mail it in. Be sure to write your ID number exactly as it appears on your ID card.

Your order will be quickly processed and sent to you by mail or UPS. Allow 14 days for delivery from the date you mail the order. To prevent delays, do not fill medications that are needed quickly or short-term medications (e.g. antibiotics) via mail service.

### Confidential Subscriber/Patient Profile

Please write your ID number, name, and address on the attached form. Then complete the Patient Profile for you and each of your dependents submitting prescriptions, indicating any drug allergies, and health conditions. Express Scripts will use this information to check any potential drug interactions when you have prescriptions filled. If there are no drug allergies, please check "None" in the box provided.

## Instructions

### New Prescriptions:

- Have your doctor/provider write the prescription for up to a 90-day supply
- To prevent any delays, make sure that an approved formulary exception (if applicable) for any medications that are non-covered or require prior authorization is on file before you place your order
- Complete all information requested on the attached Mail Order Form
- Select your preference for Safety Caps in the appropriate box
- Ensure that the patient's full name, age, ID number, and address appear on each prescription
- Find out the appropriate copayment necessary for the medication prescribed
- Place prescriptions and copayments in return envelope and mail

### Refills:

- Call **1-800-892-5119** or visit [www.express-scripts.com](http://www.express-scripts.com) to refill your order, or
- Place refill slips and copayments in the return envelope and mail it

Make all checks or money orders payable to "Express Scripts". Do not send cash. If paying by credit card, complete the information under "Credit Card Information."

## What Do I Do in Emergency Situations?

When you need medication immediately, simply have your prescription filled at a local pharmacy. If you need medication immediately, but will be taking it on an ongoing basis, you can ask your doctor to write two prescriptions:

- You can fill the first prescription at a local participating pharmacy;
- Send the second prescription (up to a 90-day supply), along with your copayment, to Express Scripts immediately.

## About Your Prescription

Blue Cross Blue Shield of Massachusetts maintains a list of covered prescription drugs. If you have any questions about whether or not your medications are covered, or subject to Quality Care Dosing, Step Therapy, or Prior Authorization, please visit [www.bluecrossma.com/pharmacy](http://www.bluecrossma.com/pharmacy) or call Blue Cross Blue Shield of Massachusetts Member Service at the number on the front of your ID card.

## Mail Service Questions

Call Express Scripts customer service 24 hours a day, 7 days a week. Pharmacy consultation is also available around-the-clock.  
**Toll-free number: 1-800-892-5119 (TTY: 1-800-305-5376)**

## Answers to Your Questions

### How Do I Determine What Copayment Amount I Should Include With My Order?

Check your benefit literature, and if you still have specific questions, call the Blue Cross Blue Shield of Massachusetts Member Service phone number listed on the front of your ID card.

### Why Did My Order Contain Generic Drugs?

#### When My Prescription Requested a Brand-Name Version?

When authorized by your doctor and permitted by applicable law, Express Scripts will dispense a generic drug. This usually saves you money, so whenever possible, ask your doctor to prescribe generic drugs.

### Why Isn't My Drug Available Through the ESI Mail Service?

Certain medications that require immediate administration or are used for short periods of time are inappropriate for mail service. In addition, for certain medications classified as specialty drugs, Blue Cross Blue Shield of Massachusetts has established a relationship with a preferred specialty pharmacy. They offer additional services that are not offered by our mail service pharmacy.

### How Do I Order Refills?

Simply call the toll-free number, **1-800-892-5119**, and order your refills over the phone. You can also visit the Express Scripts website to refill your order ([www.express-scripts.com](http://www.express-scripts.com)). Once you have ordered through mail service, you will receive a refill slip with your prescription.

Enclose the slip and the appropriate copayment amount in the order envelope (which is provided).

### Please Note:

Certain controlled substances and several other prescribed medications may be subject to other dispensing limitations and to the professional judgment of the pharmacist. If you have any questions regarding your medication, please call Express Scripts customer service at **1-800-892-5119**.

It's the patient's responsibility to report to Express Scripts any changes in drug allergies, health conditions, chronic diseases, and drug sensitivities.

Prescription information about members and dependents is used by Express Scripts to administer your prescription program. As part of the administration, Express Scripts reports that information to Blue Cross Blue Shield of Massachusetts. Express Scripts also uses the information and prescription data gathered from claims submitted nationwide for reporting and analysis, without identifying individual patients in accordance with applicable laws.



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Express Scripts, an independent company, administers your prescription benefit and its services are being provided on behalf of Blue Cross Blue Shield of Massachusetts. © Registered Marks of the Blue Cross and Blue Shield Association.

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**Patient 1 (Cardholder)**

Name: \_\_\_\_\_

I want non-child resistant caps, when available.

Date of Birth (MM/DD/YYYY)

□□ / □□ / □□□□

**Date of Birth is required for patient identification.**

Failure to provide complete and accurate information may prevent the pharmacy from detecting drug related problems.

**Patient 2**

Name: \_\_\_\_\_

I want non-child resistant caps, when available.

Date of Birth (MM/DD/YYYY)

□□ / □□ / □□□□

**REMINDER: This section must be removed before mailing.**

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

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

Signature Required  \_\_\_\_\_

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

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

## Please note

Please note that all prescriptions requiring a formulary exception will not be processed without prior approval. To prevent any delays, make sure that an approved formulary exception (if applicable) is on file before you place your order.

Thank you for using our mail service prescription drug program.

MLRBENP

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**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 3580 ST LOUIS MO

POSTAGE WILL BE PAID BY ADDRESSEE

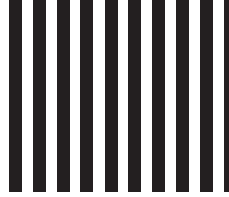


EXPRESS SCRIPTS®

Home Delivery Service  
PO Box 66566  
St Louis, MO 63166-9967



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



## Did You Remember To...

- Complete all applicable information
- Include your ID number on the mail order form
- Enclose the original prescription, mail order form, and appropriate copayment
- Make checks or money orders payable to "Express Scripts", or include credit card information

Detach envelope to mail prescription order form



(Tear here)



Detach envelope to mail prescription order form



(Tear here)

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Glue

Fold

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Inside envelope

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For health plans that include the value-based pharmacy benefit, the following medications are eligible at a reduced cost when purchased through our Mail Service Pharmacy. In addition, if you have a Saver plan, the deductible for these medications is waived when purchased through the Mail Service Pharmacy. Please refer to your benefit materials for more information on your plan's limitations and exclusions. This list is effective as of January 1, 2017, and may be updated as necessary. Find the latest information on specific medications by visiting [bluecrossma.com/pharmacy](http://bluecrossma.com/pharmacy).

## Medications Commonly Used in the Treatment of Asthma

Albuterol Inhalation Solution	Flovent/Diskus	Montelukast	Qvar
Aminophylline	Flovent HFA	ProAir/HFA	Theochron
Budesonide nebulizer solution	Ipratropium nebulizer solution	ProAir RespiClick	Theophylline
Cromolyn nebulizer solution	Ipratropium-albuterol	Pulmicort	Zafirlukast

## Medications Commonly Used in the Treatment of Diabetes

Acarbose	Glipizide/Metformin HCL	Lantus	Tolazamide
Chlorpropamide	Glyburide	Metformin	Tolbutamide
Glimepiride	Glyburide/Metformin HCL	Metformin ER	
Glipizide	Glyburide-Micro	Nateglinide	
Glipizide ER	Humalog	One Touch Test Strips	
Glipizide XL	Humulin	Symlin	

## Medications Commonly Used in the Treatment of Coronary Artery Disease or Cardiovascular Disease Risk Factors

### (High Blood Pressure and High Cholesterol)

You pay less for the following medications when purchased through the Mail Service Pharmacy. However, you qualify **ONLY** if you're taking a medication to treat high blood pressure **AND** a medication to treat high cholesterol.

#### High Blood Pressure

Amiloride/HCTZ	Bisoprolol/HCTZ	Diltiazem HCL	Enalapril
Amlodipine	Captopril	Diltiazem HCL ER Cap	Enalapril/HCTZ
Amlodipine/Benazepril	Carvedilol	Diltiazem HCL SR Cap	Eplerenone
Atenolol	Chlorthalidone	Diltiazem HCL XR Cap	Felodipine ER
Atenolol/Chlorthalidone	Clonidine	Diltiazem HCL XT Cap	Furosemide
Benazepril	Diltiazem CD	Diltiazem XR Cap	Hydralazine
Benazepril/HCTZ	Diltiazem HCl Tab	Doxazosin	Hydrochlorothiazide

## Medications Commonly Used in the Treatment of Coronary Artery Disease or Cardiovascular Disease Risk Factors (continued)

High Blood Pressure (continued)			
Irbesartan	Methazolamide	Nifedipine ER	Triamterene/HCTZ
Irbesartan/HCTZ	Metoprolol	Nifedipine XL	Verapamil
Lisinopril	Metoprolol succinate ER	Propranolol	Verapamil ER
Lisinopril/HCTZ	Nadolol	Ramipril	Valsartan
Losartan Potassium	Nicardipine	Spirolactone	Valsartan/HCTZ
Losartan Potassium/HCTZ	Nifedipine CR	Terazosin	

High Cholesterol			
Atorvastatin	Colestipol	Gemfibrozil	Prevalite
Cholestyramine/Light	Fenofibrate	Pravastatin	Simvastatin

## Medications Commonly Used in the Treatment of Depression

If you're taking one of the above medications to treat asthma, diabetes, or both a medication to treat high blood pressure and cholesterol, then you'll will also pay less for the following medications to treat depression when obtained from the Mail Service Pharmacy.

Citalopram	Fluoxetine	Paroxetine-CR	Sertraline
Escitalopram	Fluvoxamine	Paroxetine HCL	

## Medications Commonly Used When Quitting Tobacco

You pay nothing for the following medications. They're available at retail pharmacies in addition to the Mail Service Pharmacy.

Buproban	Commit	Nicotine <sup>2</sup>	Nicotrol
Bupropion HCL ER <sup>1</sup>	Nicoderm CQ	Nicotine Gum <sup>2</sup>	Nicotrol NS
Bupropion HCL SR <sup>1</sup>	Nicorelief	Nicotine Lozenge <sup>2</sup>	NTS
Chantix	Nicorette	Nicotine Patch <sup>2</sup>	

1. Generics of Zyban only.

2. Also includes various store brands.

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# Home Delivery Medication List

Maintenance medications are prescription drugs used to treat ongoing conditions, such as diabetes or high blood pressure. Below is a list of maintenance medications for health plans that include either Select Home Delivery or Exclusive Home Delivery. Under these programs the medication is either required to be filled through the Express Scripts Mail Pharmacy or you have a choice to do so. Please note that your doctor may need to request a formulary exception for drugs that are identified as non-covered on the list below. This drug list is up-to-date as of January 1, 2017 and may be updated as necessary.

ACARBOSE	ALFUZOSIN HCL ER	APIDRA SOLOSTAR*
ACCOLATE*	ALLOPURINOL	APLENZIN*
ACCUPRIL*	ALOGLIPTIN*	APRACLONIDINE HCL
ACCURETIC*	ALOGLIPTIN-METFORMIN*	APRISO
ACEBUTOLOL HCL	ALOGLIPTIN-PIOGLITAZONE*	ARCAPTA NEOHALER*
ACEON*	ALORA*	ARICEPT
ACETAZOLAMIDE	ALOSETRON HCL	ARICEPT ODT
ACTIGALL*	ALPHAGAN P	ARMOUR THYROID
ACTIVELLA*	ALTACE*	ARNUITY ELLIPTA*
ACTONEL	ALTOPREV*	ARTHROTEC 50
ACTOPLUS MET	ALVESCO*	ARTHROTEC 75
ACTOPLUS MET XR	AMANTADINE	ASACOL HD*
ACTOS	AMARYL	ASMANEX*
ADALAT CC*	AMILORIDE HCL	ASMANEX HFA*
ADEMPAS	AMILORIDE-HYDROCHLOROTHIAZIDE	ASPIRIN-DIPYRIDAMOLE ER
ADVAIR DISKUS	AMIODARONE HCL	ASSURE ID INSULIN SAFETY
ADVAIR HFA	AMLODIPINE BESYLATE	ATACAND*
ADVICOR	AMLODIPINE BESYLATE-BENAZEPRIL	ATACAND HCT*
ADVOCATE PEN NEEDLES	AMLODIPINE-ATORVASTATIN	ATELVIA*
ADVOCATE SYRINGES	AMLODIPINE-VALSARTAN	ATENOLOL
AEROSPAN*	AMLODIPINE-VALSARTAN-HCTZ	ATENOLOL-CHLORTHALIDONE
AFEDITAB CR	AMTURNIDE*	ATORVASTATIN CALCIUM
AFREZZA	ANAGRELIDE HCL	ATROPINE CARE
AGGRENEX	ANAPROX	ATROPINE SULFATE
AGRYLIN	ANAPROX DS	ATROVENT HFA
AK-PENTOLATE	ANGELIQ*	AVALIDE*
ALBUTEROL SULFATE	ANORO ELLIPTA	AVANDAMET
ALDACTAZIDE	ANSAID	AVANDARYL
ALDACTONE	ANTARA*	AVANDIA
ALENDRONATE SODIUM	APIDRA*	AVAPRO*

\* (Non-Covered Medication)—Home Delivery program applies for all members with approved formulary exceptions.

## Home Delivery Medication List (continued)

AVODART	BUPROPION XL	CEVIMELINE HCL
AXID*	BYDUREON	CHLOROTHIAZIDE
AYGESTIN	BYDUREON PEN	CHLORPROPAMIDE
AZILECT	BYETTA	CHLORTHALIDONE
AZOPT	BYSTOLIC*	CHOLESTYRAMINE
AZOR	BYVALSON*	CHOLESTYRAMINE LIGHT
AZULFIDINE	CABERGOLINE	CILOSTAZOL
BACLOFEN	CADUET*	CITALOPRAM HBR
BD AUTOSHIELD PEN NEEDLE	CALAN	CLIMARA
BD INSULIN PEN NEEDLE UF MINI	CALAN SR	CLIMARA PRO
BD NANO PEN NEEDLE	CALCITONIN-SALMON	CLONIDINE
BD ULTRA-FINE PEN NEEDLE	CALCITRIOL	CLONIDINE HCL
BENZAEPRILOL HCL	CANDESARTAN CILEXETIL	CLOPIDOGREL
BENZAEPRILOL-HYDROCHLOROTHIAZIDE	CANDESARTAN-HYDROCHLOROTHIAZID	CLORPRES
BENICAR	CAPTOPRIL	COLESTID
BENICAR HCT	CAPTOPRIL-HYDROCHLOROTHIAZIDE	COLESTIPOL HCL
BETAGAN	CARAFATE	COMBIGAN*
BETAPAGE	CARBIDOPA	COMBIPATCH
BETAPAGE AF	CARBIDOPA-LEVODOPA	COMFORT EZ
BETAXOLOL HCL	CARBIDOPA-LEVODOPA ER	COMTAN
BETIMOL	CARBIDOPA-LEVODOPA-ENTACAPONE	CORDARONE
BETOPTIC S	CARDENE SR	COREG*
BEVESPI AEROSPHERE*	CARDIZEM	COREG CR*
BEYAZ	CARDIZEM CD*	CORGARD
BIDIL	CARDIZEM LA*	CORLANOR*
BIMATOPROST	CARDURA	CORTEF
BINOSTO*	CARDURA XL*	CORZIDE
BISOPROLOL FUMARATE	CAREFINE PEN NEEDLE	COSOPT
BISOPROLOL-HYDROCHLOROTHIAZIDE	CAREONE	COSOPT PF*
BLUNT NEEDLE	CARNITOR	COZAAR*
BONIVA*	CARNITOR SF	CRESTOR*
BREO ELLIPTA*	CARTEOLOL HCL	CROMOLYN SODIUM
BREVICON*	CARTIA XT	CUPRIMINE
BRILINTA*	CARVEDILOL	CYCLESSA
BRIMONIDINE TARTRATE	CATAPRES	CYCLOGYL
BRISDELLE*	CATAPRES-TTS 1	CYCLOMYDRIL
BROVANA*	CATAPRES-TTS 2	CYCLOPENTOLATE HCL
BUDEPRION SR	CATAPRES-TTS 3	CYCLOSET
BUDESONIDE	CELEBREX	CYMBALTA*
BUMETANIDE	CELECOXIB	CYTOMEL
BUPROPION HCL	CELEXA*	CYTOTEC
BUPROPION HCL SR	CENESTIN*	DANTRIUM

\* (Non-Covered Medication)—Home Delivery program applies for all members with approved formulary exceptions.

## Home Delivery Medication List (continued)

DANTROLENE SODIUM	DITROPAN XL*	EFFEXOR XR*
DAPSONE	DIURIL	EFFIENT
DARIFENACIN ER	DIVIGEL*	ELDEPRYL
DAYPRO*	DONEPEZIL HCL	ELESTRIN*
DDAVP*	DONEPEZIL HCL ODT	ELIXOPHYLLIN
DELZICOL*	DORZOLAMIDE HCL	EMSAM*
DEMADEX	DORZOLAMIDE-TIMOLOL	ENABLEX*
DEPEN	DOXAZOSIN MESYLATE	ENALAPRIL MALEATE
DERMACINRX CINLONE-I CPI*	DOXERCALCIFEROL	ENALAPRIL-HYDROCHLOROTHIAZIDE
DESMOPRESSIN ACETATE	DUETACT	ENJUUIA*
DESOGEN*	DUEXIS*	ENTACAPONE
DESVENLAFAXINE ER*	DULERA	ENTRESTO*
DESVENLAFAXINE FUMARATE ER	DULOXETINE HCL	EPANED*
DETROL*	DUOPA	EPLERENONE
DETROL LA*	DURLAZA	EPROSARTAN MESYLATE
DIABETA	DUTASTERIDE	ERGOLOID MESYLATES
DIAMOX SEQUELS	DUTASTERIDE-TAMSULOSIN	ESCAVITE D
DICLOFENAC SODIUM	DUTOPROL	ESCAVITE LQ
DICLOFENAC SODIUM ER	DYAZIDE	ESCITALOPRAM OXALATE
DICLOFENAC SODIUM-MISOPROSTOL	DYRENIUM	ESTRACE
DICLOTRAL*	EASY COMFORT INSULIN SYRINGE	ESTRADIOL
DIFIL-G 400	EASY TOUCH	ESTRADIOL TRANSDERMAL PATCH
DIFLUNISAL	EASY TOUCH FLIPLOCK INSULIN	ESTRADIOL-NORETHINDRONE ACETAT
DIGITEK	EASY TOUCH FLIPLOCK NEEDLE	ESTRASORB*
DIGOX	EASY TOUCH FLIPLOCK NEEDLES	ESTRING
DIGOXIN	EASY TOUCH FLIPLOCK SYRINGES	ESTROGEL*
DILACOR XR*	EASY TOUCH FLURINGE FLIPLOCK	ESTROPIPATE
DILATRATE-SR	EASY TOUCH FLURINGE SHEATHLOCK	ESTROSTEP FE
DILT-CD	EASY TOUCH HYPODERMIC NEEDLE	ETHACRYNIC ACID
DILTIA XT	EASY TOUCH INSULIN SAFETY	ETIDRONATE DISODIUM
DILTIAZEM 12HR ER	EASY TOUCH INSULIN SYRINGE	ETODOLAC
DILTIAZEM 24HR CD	EASY TOUCH LUER LOCK INSULIN	ETODOLAC ER
DILTIAZEM 24HR ER	EASY TOUCH SHEATHLOCK INSULIN	EVOXAC
DILTIAZEM ER	EASY TOUCH UNI-SLIP	EXEL HUBER
DILTIAZEM HCL	EASY-TOUCH INSULIN SYRINGE	EXEL HUBER NEEDLE
DILT-XR	ECLIPSE NEEDLE	EXEL HYPODERMIC NEEDLE
DILTZAC ER	ECLIPSE SYRINGE	EXEL INSULIN SYRINGE
DIOVAN*	EC-NAPROSYN*	EXEL MTI DRAWING NEEDLE
DIOVAN HCT*	EDARBI*	EXELON
DIPENTUM*	EDARBYCLOR*	EXFORGE*
DIPYRIDAMOLE	EDECIN	EXFORGE HCT*
DISOPYRAMIDE PHOSPHATE	EFFER-K	FARXIGA*

\* (Non-Covered Medication)—Home Delivery program applies for all members with approved formulary exceptions.



## Home Delivery Medication List (continued)

FELDENE	FOSINOPRIL SODIUM	HUMULIN R U-500
FELODIPINE ER	FOSINOPRIL-HYDROCHLOROTHIAZIDE	HUMULIN R U-500 KWIKPEN
FEMCON FE	FREESTYLE PRECISION	HYDRALAZINE HCL
FEMHRT	FUROSEMIDE	HYDROCHLOROTHIAZIDE
FEMRING	FYAVOLV	HYDROCORTISONE
FENOFIBRATE	GALANTAMINE HBR	HYDROXYCHLOROQUINE SULFATE
FENOFIBRIC ACID	GALANTAMINE HYDROBROMIDE	HYPODERMIC NEEDLE
FENOGLIDE*	GELNIQUE*	HYZAAR*
FENOPROFEN CALCIUM	GEMFIBROZIL	IBANDRONATE SODIUM
FENORTHO	GLIMEPIRIDE	IMDUR
FETZIMA*	GLIPIZIDE	IN CONTROL PEN NEEDLE
FIBRICOR*	GLIPIZIDE ER	INCRUSE ELLIPTA
FIFTY50 RESERVOIR	GLIPIZIDE XL	INDAPAMIDE
FILTER ASPIRATOR NEEDLE	GLIPIZIDE-METFORMIN	INDERAL LA*
FILTER NEEDLE	GLUCOPHAGE*	INDERAL XL*
FINASTERIDE	GLUCOPHAGE XR*	INFLAMMA-K*
FLAVOXATE HCL	GLUCOTROL	INNOPRAN XL*
FLECAINIDE ACETATE	GLUCOTROL XL	INSPRA
FLOMAX	GLUCOVANCE	INSULIN CARTRIDGE
FLORIVA	GLUMETZA*	INSULIN SYRINGE
FLORIVA PLUS	GLYBURIDE	INSUPEN
FLOVENT DISKUS	GLYBURIDE MICRONIZED	INTEGRA NEEDLE
FLOVENT HFA	GLYBURIDE-METFORMIN HCL	INTEGRA SYRINGE
FLOW-EZE	GLYNASE	INTRAVENOUS,ARTERIAL & BLOOD
FLUDROCORTISONE ACETATE	GLYSET	INVOKAMET
FLUORABON	GLYXAMBI*	INVOKANA
FLUOR-A-DAY	GUANFACINE HCL	IOPIDINE
FLUORIDE	HEALTHY ACCENTS UNIFINE PENTIP	IPRATROPIUM BROMIDE
FLUORITAB	HECTOROL	IRBESARTAN
FLUOXETINE DR	HOMATROPAIRE	IRBESARTAN-HYDROCHLOROTHIAZIDE
FLUOXETINE HCL	HOMATROPINE HYDROBROMIDE	IRENKA*
FLURA-DROPS	HUMALOG	ISOCHRON
FLURBIPROFEN	HUMALOG KWIKPEN U-200	ISOPTO ATROPINE
FLUVASTATIN ER	HUMALOG MIX 50-50	ISOPTO CARBACHOL
FLUVASTATIN SODIUM	HUMALOG MIX 50-50 KWIKPEN	ISOPTO CARPINE
FLUVOXAMINE MALEATE	HUMALOG MIX 75-25	ISOPTO HOMATROPINE
FLUVOXAMINE MALEATE ER	HUMALOG MIX 75-25 KWIKPEN	ISOPTO HYOSCINE
FORFIVO XL*	HUMULIN 70/30 KWIKPEN	ISORDIL
FORTAMET*	HUMULIN 70-30	ISORDIL TITRADOSE
FORTICAL	HUMULIN N	ISOSORBIDE DINITRATE
FOSAMAX*	HUMULIN N KWIKPEN	ISOSORBIDE MONONITRATE
FOSAMAX PLUS D	HUMULIN R	ISOSORBIDE MONONITRATE ER

\* (Non-Covered Medication)—Home Delivery program applies for all members with approved formulary exceptions.

## Home Delivery Medication List (continued)

ISOXSUPRINE HCL	LEVEMIR FLEXPEN*	LUFYLLIN
ISRADIPINE	LEVEMIR FLEXTOUCH*	LUMIGAN
ISTALOL*	LEVOBUNOLOL HCL	LUVOX CR*
JALYN	LEVOCARNITINE	MAGELLAN INSULIN SAFETY SYRNG
JANUMET	LEVO-T	MAGELLAN INSULIN SYRINGE
JANUMET XR	LEVOTHROID	MARPLAN
JANUVIA	LEVOTHYROXINE SODIUM	MATZIM LA
JARDIANCE	LEVOXYL	MAVIK*
JENTADUETO*	LEXAPRO*	MAXI-COMFORT
JENTADUETO XR*	LIALDA	MAXZIDE
JEVANTIQUE LO	LIOTHYRONINE SODIUM	MAXZIDE-25 MG
JINTELI	LIPITOR*	MECLOFENAMATE SODIUM
JUVISYNC	LIPOFEN*	MEDROXYPROGESTERONE ACETATE
K EFFERVESCENT	LIPTRUZET*	MELOXICAM
KAZANO*	LISINOPRIL	MEMANTINE HCL
KETOPROFEN	LISINOPRIL-HYDROCHLOROTHIAZIDE	MENEST
KHEDEZLA*	LITE TOUCH	MENOSTAR*
KLOFENSAID II	LITE TOUCH	MESALAMINE*
KLOR-CON	LIVALO*	MESTINON
KLOR-CON 10	LO LOESTRIN FE	METAPROTERENOL SULFATE
KLOR-CON 8	LO MINASTRIN FE	METFORMIN HCL
KLOR-CON M10	LODOSYN	METFORMIN HCL ER*
KLOR-CON M15	LOESTRIN	METHAZOLAMIDE
KLOR-CON M20	LOESTRIN 24 FE	METHIMAZOLE
KLOR-CON SPRINKLE	LOESTRIN FE	METHYCLOTHIAZIDE
KLOR-CON-EF	LOFIBRA*	METHYLDOPA
KOMBIGLYZE XR	LOPID	METHYLDOPA-HYDROCHLOROTHIAZIDE
KRISTALOSE	LOPREEZA	METIPRANOLOL
K-SOL	LOPRESSOR*	METOLAZONE
K-TAB	LOPRESSOR HCT	METOPROLOL SUCCINATE
K-TAB ER	LOSARTAN POTASSIUM	METOPROLOL TARTRATE
LABETALOL HCL	LOSARTAN-HYDROCHLOROTHIAZIDE	METOPROLOL-HYDROCHLOROTHIAZIDE
LANOXIN	LOSEASONIQUE*	MEVACOR*
LANTUS	LOTENSIN*	MEXILETINE HCL
LANTUS SOLOSTAR	LOTENSIN HCT*	MIACALCIN
LASIX	LOTREL	MICARDIS*
LATANOPROST	LOTRONEX	MICARDIS HCT*
LESCOL*	LOVASTATIN	MICROGESTIN 24 FE
LESCOL XL*	LOVAZA*	MICRO-K
LETAIRIS	LOZI-FLUR	MICROZIDE
LEVATOL	LUDENT FLUORIDE	MIGLITOL
LEVEMIR*	LUER-LOK SYRINGE	MIMVEY

\* (Non-Covered Medication)—Home Delivery program applies for all members with approved formulary exceptions.

## Home Delivery Medication List (continued)

MIMVEY LO	NATAZIA*	NOVOLIN R*
MINASTRIN 24 FE	NATEGLINIDE	NOVOLOG*
MINI ULTRA-THIN II	NATURE-THROID	NOVOLOG FLEXPEN*
MINIMED RESERVOIR	NEEDLES	NOVOLOG MIX 70-30*
MINIPRESS	NEFAZODONE HCL	NOVOLOG MIX 70-30 FLEXPEN*
MINITRAN	NEOMYCIN-BACITRACIN-POLYMYXIN	NOVOTWIST
MINIVELLE	NEO-POLYCIN	NP THYROID
MINOXIDIL	NEPTAZANE	OMEGA-3 ACID ETHYL ESTERS
MIRAPEX	NESINA*	ONGLYZA
MIRAPEX ER*	NEUPRO*	OPSUMIT
MIRCETTE	NIACIN	ORENITRAM ER
MISOPROSTOL	NIACIN ER	ORSINI INSULIN SYRINGE
MOBIC*	NIASPAN	ORTHO MICRONOR
MODICON	NICARDIPINE HCL	ORTHO TRI-CYCLEN
MOEXIPRIL HCL	NICODERM CQ	ORTHO TRI-CYCLEN LO
MOEXIPRIL-HYDROCHLOROTHIAZIDE	NICOMIDE	ORTHO-CEPT
MONOJECT	NIFEDIAC CC	ORTHO-CYCLEN
MONOJECT BLOOD COLLECTION	NIFEDICAL XL	ORTHO-NOVUM
MONOJECT INSULIN SAFETY SYRNG	NIFEDIPINE	OSENI*
MONOJECT INSULIN SYRINGE	NIFEDIPINE ER	OVCON-35*
MONOJECT MAGELLAN	NIFEDIPINE XL	OXAPROZIN
MONTELUKAST SODIUM	NISOLDIPINE	OXYBUTYNIN CHLORIDE
MULTAQ	NITRO-BID	OXYBUTYNIN CHLORIDE ER
MYDRAL	NITRO-DUR	OXYTROL*
MYDRIACYL	NITROGLYCERIN	PACERONE
MYRBETRIQ*	NITROGLYCERIN PATCH	PAPAVERINE HCL
NABUMETONE	NITRO-TIME	PARADIGM
NADOLOL	NIZATIDINE	PARCOPA
NADOLOL-BENDROFLUMETHIAZIDE	NOKOR ADMIX NEEDLE	PARICALCITOL
NAFRINSE DAILY-NEUTRAL	NOKOR NEEDLE	PARNATE
NALFON	NORETHINDRONE ACETATE	PAROXETINE CR
NAMENDA	NORETHINDRON-ETHINYL ESTRADIOL	PAROXETINE ER
NAMENDA XR	NORINYL 1+35*	PAROXETINE HCL
NAPRELAN*	NORINYL 1+50*	PAXIL*
NAPROSYN*	NORPACE	PAXIL CR*
NAPROXEN	NORPACE CR	PEN NEEDLE
NAPROXEN SODIUM	NOR-Q-D*	PENNSAID*
NAPROXEN SODIUM CR	NORVASC*	PENTASA
NAPROXEN SODIUM DS	NOVOFINE	PENTIPS
NAPROXEN SODIUM ER	NOVOFINE AUTOCOVER	PENTOXIFYLLINE
NARDIL	NOVOLIN 70-30*	PEPCID*
NASCOBAL*	NOVOLIN N*	PERFOROMIST

\* (Non-Covered Medication)—Home Delivery program applies for all members with approved formulary exceptions.

## Home Delivery Medication List (continued)

PERINDOPRIL ERBUMINE	PROCARDIA	RESTASIS
PERIO MED	PROCARDIA XL	RIDAURA
PERSANTINE	PRODIGY INSULIN SYRINGE	RIOMET
PEXEVA*	PROGESTERONE	RISEDRONATE SODIUM
PHASEAL PROTECTOR	PROGLYCEM	RISEDRONATE SODIUM DR
PHENELZINE SULFATE	PROMETRIUM	RIVASTIGMINE
PHOSPHOLINE IODIDE	PROPAFENONE HCL	ROCALTROL
PILOCARPINE HCL	PROPAFENONE HCL ER	ROPINIROLE ER
PINDOLOL	PROPRANOLOL HCL	ROPINIROLE HCL
PIOGLITAZONE HCL	PROPRANOLOL-HYDROCHLOROTHIAZID	ROSUVASTATIN CALCIUM
PIOGLITAZONE-GLIMEPIRIDE	PROPYLTHIOURACIL	RYTARY*
PIOGLITAZONE-METFORMIN	PROSCAR	RYTHMOL*
PIROXICAM	PROVERA	RYTHMOL SR
PLAQUENIL*	PROZAC*	SAFESNAP INSULIN SYRINGE
PLAVIX	PROZAC WEEKLY*	SAFETYGLIDE INSULIN SYRINGE
PLETAL	PULMICORT	SAFETYGLIDE NEEDLE
POLY HUB NEEDLE	PULMICORT FLEXHALER	SAFETYGLIDE SYRINGE
POLY-VI-FLOR FS	PYRIDOSTIGMINE BROMIDE	SAFYRAL
POTABA	PYRIDOSTIGMINE BROMIDE ER	SANCTURA*
POTASSIUM BICARBONATE	QBRELIS*	SANCTURA XR*
POTASSIUM CHLORIDE	QUARTETTE*	SARAFEM*
POTASSIUM CITRATE ER	QUESTRAN	SAVELLA
PRADAXA	QUESTRAN LIGHT	SEASONIQUE*
PRAMIPEXOLE DIHYDROCHLORIDE	QUFLORA	SECTRAL
PRAMIPEXOLE ER	QUFLORA FE	SEEBRI NEOHALER*
PRANDIMET*	QUINAPRIL HCL	SELEGILINE HCL
PRANDIN	QUINAPRIL-HYDROCHLOROTHIAZIDE	SEREVENT DISKUS
PRAVACHOL*	QUINIDINE GLUCONATE	SERTRALINE HCL
PRAVASTATIN SODIUM	QUINIDINE SULFATE	SHORT BEVEL NEEDLES
PRAZOSIN HCL	QVAR	SIMBRINZA*
PRECISIONGLIDE	RAMIPRIL	SIMCOR*
PRECOSE	RANEXA	SIMVASTATIN
PREFEST*	RAPAFLO*	SINEMET 10-100
PREMARIN	RAZADYNE	SINEMET 25-100*
PREMPHASE	RAZADYNE ER	SINEMET 25-250
PREMPRO	REGULAR BEVEL NEEDLES	SINEMET CR
PRESTALIA*	REPAGLINIDE	SINGULAIR
PREVALITE	REPAGLINIDE-METFORMIN HCL	SORINE
PRIMAQUINE	REQUIP*	SOTALOL
PRINIVIL*	REQUIP XL*	SOTALOL AF
PRISTIQ ER*	RESCULA*	SOTYLIZE
PROBENECID	RESERPINE	SPECIAL NEEDLE

\* (Non-Covered Medication)—Home Delivery program applies for all members with approved formulary exceptions.

## Home Delivery Medication List (continued)

SPECIALTY USE NEEDLES	TAZTIA XT	TOLCAPONE
SPIRIVA	TEKAMLO*	TOLMETIN SODIUM
SPIRIVA RESPIMAT	TEKURNA*	TOLTERODINE TARTRATE
SPIRONOLACTONE	TEKURNA HCT*	TOLTERODINE TARTRATE ER
SPIRONOLACTONE-HCTZ	TELMISARTAN	TOPCARE ULTRA COMFORT
SSKI	TELMISARTAN-AMLODIPINE	TOPROL XL
STALEVO 100	TELMISARTAN-HYDROCHLOROTHIAZID	TORSEMIDE
STALEVO 125	TENEX	TOUJEO SOLOSTAR*
STALEVO 150	TENORETIC 100	TOVIAZ*
STALEVO 200	TENORETIC 50	TRACLEER
STALEVO 50	TENORMIN*	TRANDATE
STALEVO 75	TERAZOSIN HCL	TRANDOLAPRIL
STANNOUS FLUORIDE	TERBUTALINE SULFATE	TRANDOLAPRIL-VERAPAMIL ER
STARLIX	TERUMO INSULIN SYRINGE	TRANSFER NEEDLE
STENDRA	TERUMO SURGUARD2	TRANLYCYPROMINE SULFATE
STERILE TWO-FER NEEDLE	TEVETEN*	TRAVATAN Z
STIMATE	TEVETEN HCT*	TRAVOPROST
STIOLTO RESPIMAT	TEXAVITE LQ	TRENTAL
STRIVERDI RESPIMAT	THEO-24	TRESIBA FLEXTOUCH U-100*
SUCRALFATE	THEOCHRON	TRESIBA FLEXTOUCH U-200*
SULAR*	THEOPHYLLINE	TRIAMTERENE-HCTZ
SULFASALAZINE	THEOPHYLLINE ANHYDROUS	TRIAMTERENE-HYDROCHLOROTHIAZID
SULFASALAZINE DR	THIN WALL NEEDLES	TRIBENZOR
SULFAZINE	THINPRO INSULIN SYRINGE	TRICOR*
SULFZIX	THINSET	TRIGLIDE*
SULINDAC	THYROLAR-1	TRILIPIX*
SURE COMFORT	THYROLAR-1/2	TRI-NORINYL*
SURE COMFORT	THYROLAR-1/4	TROPICAMIDE
SURE COMFORT INSULIN SYRINGE	THYROLAR-2	TROSPIUM CHLORIDE
SURE-FINE PEN NEEDLES	THYROLAR-3	TROSPIUM CHLORIDE ER
SURE-JECT INSULIN SYRINGE	THYROSAFE	TRUEPLUS INSULIN SYRINGE
SYMBICORT	TIAZAC*	TRULICITY
SYMLINPEN 120	TICLOPIDINE HCL	TRUSOPT
SYMLINPEN 60	TIMOLOL MALEATE	TUDORZA PRESSAIR
SYNJARDY	TIMOPTIC	TWYNSTA*
SYNTHROID	TIMOPTIC OCUDOSE	ULORIC
TAMBOCOR	TIMOPTIC-XE	ULTICARE
TAMSULOSIN HCL	TIROSINT*	ULTICARE INSULIN SYRINGE
TANZEUM	TIVORBEX*	ULTILET INSULIN SYRINGE
TAPAZOLE	TIZANIDINE HCL	ULTILET PEN NEEDLE
TARKA	TOLAZAMIDE	ULTRACOMFORT
TASMAR	TOLBUTAMIDE	ULTRA-THIN II

\* (Non-Covered Medication)—Home Delivery program applies for all members with approved formulary exceptions.

## Home Delivery Medication List (continued)

ULTRA-THIN II	VIVELLE-DOT	ZESTRIL*
UNIFINE PENTIPS	VIVLODEX*	ZETIA
UNIFINE PENTIPS PLUS	VOLTAREN	ZIAC
UNIRETIC	VOLTAREN-XR*	ZIOPTAN*
UNITHROID	VOPAC MDS*	ZOCOR*
UNIVASC	VOSPIRE ER	ZOLOFT*
UPTRAVI	VYTORIN*	ZONTIVITY*
UROCIT-K	WELCHOL*	ZORVOLEX*
UROXATRAL	WELLBUTRIN*	ZURAMPIC
URSO	WELLBUTRIN SR*	ZYBAN
URSO FORTE	WELLBUTRIN XL*	ZYFLO*
URSODIOL	WESTHROID	ZYFLO CR*
UTIBRON NEOHALER*	WESTHROID-P	ZYLOPRIM
VAGIFEM	WP THYROID	ZELAPAR*
VALSARTAN	XALATAN	ZEMPLAR
VALSARTAN-HYDROCHLOROTHIAZIDE	XIGDUO XR*	ZENCHENT
VANISHPOINT	XIIDRA	ZENCHENT FE
VASCEPA*	XIZFLUS	ZEOSA
VASERETIC*	XRYLIX*	ZESTORETIC
VASOSTRICT	YALE NEEDLE	ZESTRIL*
VASOTEC*	YALE NEEDLE HUBER BEVEL	ZETIA
VENLAFAXINE HCL	YALE NEEDLE REGULAR BEVEL	ZIAC
VENLAFAXINE HCL ER	YALE NEEDLE SHORT BEVEL	ZIOPTAN*
VERAPAMIL ER	YALE NEEDLES	ZOCOR*
VERAPAMIL ER PM	YASMIN 28	ZOLOFT*
VERAPAMIL HCL	YAZ	ZOVIA 1-35E
VERAPAMIL SR	ZAFIRLUKAST	ZOVIA 1-50E
VERELAN	ZANAFLEX*	ZYBAN
VERELAN PM	ZANTAC*	ZYFLO*
VESICARE	ZAROXOLYN	ZYFLO CR*
VICTOZA 2-PAK	ZEBETA*	ZYLOPRIM
VICTOZA 3-PAK	ZELAPAR*	
VIIBRYD*	ZEMPLAR	
VIMOVO*	ZESTORETIC	

\* (Non-Covered Medication)—Home Delivery program applies for all members with approved formulary exceptions.

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MASSACHUSETTS

# \$9 Generic Medications List

Blue Cross Blue Shield of Massachusetts offers our members 90-day supplies of certain generic medications for just \$9 when the prescription is filled through the Express Scripts Mail Service Pharmacy. The following list includes those medications that are available for \$9. Normal prescription guidelines apply, which in some cases results in prescription supplies for fewer than 90 days. This list is up-to-date as of January 2017. You can find the latest information about your medications by visiting [bluecrossma.com/medications](http://bluecrossma.com/medications).

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

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

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



DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
<b>ANTIBIOTICS</b>			
NEO/POLYMYX B SULF/ DEXAMETH	3.5-10K-.1	OINT.(GM)	4
POLYMYXIN B SULFATE/TMP	10K U-0.1%	DROPS	30
SULFACETAMIDE SODIUM	0.1	DROPS	15
ERYTHROMYCIN BASE	5MG/G	OINT.(GM)	4
GENTAMICIN SULFATE	0.003	DROPS	15
PENICILLIN V POTASSIUM	250MG/5ML	SUSP RECON	300
PENICILLIN V POTASSIUM	250MG/5ML	SUSP RECON	300
PENICILLIN V POTASSIUM	250MG	TABLET	84
AMOXICILLIN TRIHYDRATE	250MG	CAPSULE	90
AMOXICILLIN TRIHYDRATE	500MG	CAPSULE	90
AMOXICILLIN TRIHYDRATE	125MG/5ML	SUSP RECON	240
AMOXICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON	300
AMOXICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON	300
AMOXICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON	300
CEPHALEXIN MONOHYDRATE	250MG	CAPSULE	84
CEPHALEXIN MONOHYDRATE	500MG	CAPSULE	90
ISONIAZID	300MG	TABLET	90
METRONIDAZOLE	250MG	TABLET	84
METRONIDAZOLE	500MG	TABLET	42
CIPROFLOXACIN HCL	250MG	TABLET	42
CIPROFLOXACIN HCL	500MG	TABLET	60
AMOXICILLIN	500 MG	TABLET	90
SULFAMETHOXAZOLE/ TRIMETHOPRIM	400-80MG	TABLET	84
SULFAMETHOXAZOLE/ TRIMETHOPRIM	800-160MG	TABLET	60
AMOXICILLIN TRIHYDRATE	400MG/5ML	SUSP RECON	150
AMOXICILLIN TRIHYDRATE	200MG/5ML	SUSP RECON	150
<b>ANTICOAGULANTS</b>			
WARFARIN SODIUM	10MG	TABLET	90
WARFARIN SODIUM	2MG	TABLET	90
WARFARIN SODIUM	1MG	TABLET	90
WARFARIN SODIUM	5MG	TABLET	90
WARFARIN SODIUM	2.5MG	TABLET	90
WARFARIN SODIUM	7.5MG	TABLET	90
WARFARIN SODIUM	3MG	TABLET	90
WARFARIN SODIUM	4MG	TABLET	90
WARFARIN SODIUM	6MG	TABLET	90

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

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

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

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

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

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

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



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

1. The \$9 or less price applies to a 90-day supply of each generic drug. Cost may vary based on prescription quantity or day supply. A processing fee may apply. The coverage and prices of certain medications are also subject to the specific terms of your plan. In applicable states, sales tax may be added to the cost of your prescriptions. Medications and pricing are subject to change without notice. Drug list is valid until Dec. 31, 2017. Changes are made available to your Plan Sponsor. Pre-packaged drugs are only available for \$9 in the package sizes specified on the list. Cost of standard shipping is included as part of your prescription benefit plan.

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# Preferred Blue PPO<sup>SM</sup> Options v.5

## Tiered Networks: Value, Choice, and Easy-to-Understand Benefits

Our PPO tiered-network plans combine an easy-to-understand plan design with powerful member incentives that deliver value. You enjoy significantly enhanced benefits when you choose doctors and hospitals who meet our cost and quality benchmarks—while still having full network access.

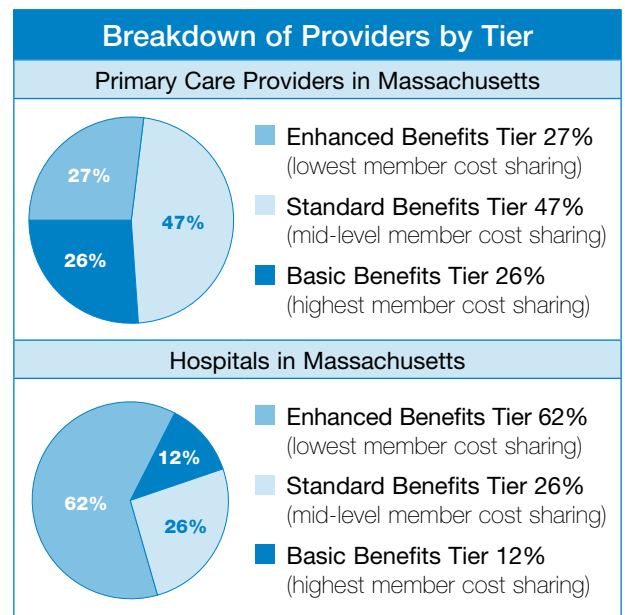
Advantages:

- Lower cost share (when using Enhanced Benefits Tier providers)
- Ability to control out-of-pocket costs through provider choice
- Comprehensive phone and online support

## How It Works

Primary care providers and acute care hospitals in Massachusetts are grouped into three benefit levels—or tiers—based on how they scored on cost and quality benchmarks. When you get care, the amount you pay is based on which tier your primary care provider or hospital is in.<sup>1</sup>

- **Enhanced Benefits Tier**—Includes Massachusetts hospitals and primary care providers that meet the standards for quality and low cost relative to our benchmark.
- **Standard Benefits Tier**—Includes Massachusetts hospitals and primary care providers that meet the standards for quality and are moderate cost relative to our benchmark and hospitals that do not meet the standards for quality but are low or moderate cost relative to our benchmark. Also includes providers without sufficient data for measurement on one or both benchmarks. To ensure members have provider access in certain geographic areas, the Standard Benefits Tier includes some providers whose scores would otherwise put them in the Basic Benefits Tier.
- **Basic Benefits Tier**—Includes Massachusetts hospitals that are high cost relative to our benchmark and primary care providers that do not meet the standards for quality and/or are high cost relative to our benchmark.



1. Note: Preferred PCPs were measured based on their HMO patients as part of their provider group, and hospitals were measured based on their individual facility performance. Provider groups can be composed of an individual provider or a number of providers who practice together. Tier placement is based on cost and quality benchmarks where measurable data is available. Providers without sufficient data for either cost or quality are placed in the Standard Benefits Tier. PCPs that do not meet benchmarks for quality or moderate cost and hospitals that do not meet benchmarks for moderate cost or that use nonstandard reimbursement are placed in the Basic Benefits Tier.

This health plan includes a tiered provider network called Preferred Blue PPO Options v.5. Members in this plan 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 [www.bluecrossma.com/findadoctor](http://www.bluecrossma.com/findadoctor) and search for Preferred Blue PPO Options v.5.

## Support and Education

To help you understand the plan and use it effectively, we offer comprehensive support and education:

- **Phone**—Specially trained Member Service associates are ready to help. Just call **1-888-363-8070**, Monday through Friday, 8:00 a.m. to 8:00 p.m. ET.
- **Online**—The Find a Doctor tool, located at [www.bluecrossma.com/findadoctor](http://www.bluecrossma.com/findadoctor), gives you 24/7 access to up-to-date tiering information.



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# HMO Blue New England Options v.5

## New Hampshire Hospital Tiering

Presented below are the Blue Options v.5 tiering levels for hospitals in New Hampshire, effective January 1, 2016.

New Hampshire primary care providers and hospitals will now be placed into one of two benefit tiers. Member costs for some doctors and hospitals in New Hampshire will change, depending on the new tier a doctor or hospital is assigned. A network primary care provider or network general hospital located in NH will now be considered either:

- A Tier 1 (Enhanced Benefits Tier) provider
- A Tier 2 (Standard Benefits Tier) provider

There will be no NH providers equivalent to the Basic Benefits Tier.

Hospital Name	City	State	New Hampshire Tier	Equivalent Massachusetts Tier
Alice Peck Day Memorial Hospital	Lebanon	NH	Tier 1	Enhanced Benefits Tier
Androscoggin Valley Hospital	Berlin	NH	Tier 2	Standard Benefits Tier
Catholic Medical Center	Manchester	NH	Tier 2	Standard Benefits Tier
Cheshire Medical Center	Keene	NH	Tier 1	Enhanced Benefits Tier
Concord Hospital	Concord	NH	Tier 2	Standard Benefits Tier
Cottage Hospital	Woodsville	NH	Tier 1	Enhanced Benefits Tier
Dartmouth-Hitchcock Medical Center	Lebanon	NH	Tier 2	Standard Benefits Tier
Elliot Hospital	Manchester	NH	Tier 1	Enhanced Benefits Tier
Exeter Hospital	Exeter	NH	Tier 2	Standard Benefits Tier
Franklin Regional Hospital	Franklin	NH	Tier 2	Standard Benefits Tier
Frisbie Memorial Hospital	Rochester	NH	Tier 1	Enhanced Benefits Tier
Huggins Hospital	Wolfeboro	NH	Tier 2	Standard Benefits Tier
Lakes Region General Hospital	Laconia	NH	Tier 2	Standard Benefits Tier
Littleton Regional Hospital	Littleton	NH	Tier 2	Standard Benefits Tier
Memorial Hospital	North Conway	NH	Tier 1	Enhanced Benefits Tier
Monadnock Community Hospital	Peterborough	NH	Tier 1	Enhanced Benefits Tier
New London Hospital	New London	NH	Tier 2	Standard Benefits Tier
Parkland Medical Center	Derry	NH	Tier 1	Enhanced Benefits Tier
Portsmouth Regional Hospital	Portsmouth	NH	Tier 1	Enhanced Benefits Tier
Southern NH Medical Center	Nashua	NH	Tier 1	Enhanced Benefits Tier
Speare Memorial Hospital	Plymouth	NH	Tier 1	Enhanced Benefits Tier

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](http://www.bluecrossma.com) and search for the appropriate network.

Hospital Name	City	State	New Hampshire Tier	Equivalent Massachusetts Tier
St. Joseph's Hospital	Nashua	NH	Tier 1	Enhanced Benefits Tier
Upper CT Valley Hospital	Colebrook	NH	Tier 2	Standard Benefits Tier
Valley Regional Hospital	Claremont	NH	Tier 2	Standard Benefits Tier
Weeks Medical Center	Lancaster	NH	Tier 2	Standard Benefits Tier
Wentworth-Douglass Hospital	Dover	NH	Tier 1	Enhanced Benefits Tier

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# Blue Options v.5 Hospital Tiering

Presented below are the Blue Options v.5 tiering levels for hospitals in Massachusetts, effective January 1, 2017.

Listed in the same row as each hospital's name is the overall benefit tier for that facility and the basis for the placement in the tier in terms of meeting quality and cost benchmarks. For more detail on how a hospital performed on our cost and quality benchmarks, visit [www.bluecrossma.com/findadoctor](http://www.bluecrossma.com/findadoctor).

- **Enhanced Benefits Tier**—Includes Massachusetts hospitals and PCPs that meet the standards for quality and low cost relative to our benchmark.
- **Standard Benefits Tier**—Includes Massachusetts hospitals and PCPs that meet the standards for quality and are moderate cost relative to our benchmark and hospitals that do not meet the standards for quality but are low or moderate cost relative to our benchmark. Also includes providers without sufficient data for measurement on one or both benchmarks. To ensure members have provider access in certain geographic areas, the Standard Benefits Tier includes some providers whose scores would otherwise put them in the Basic Benefits Tier.
- **Basic Benefits Tier**—Includes Massachusetts hospitals that are high cost relative to our benchmark and PCPs that do not meet the standards for quality or are high cost relative to our benchmark.

Hospital Name	City	State	Benefits Tier	Quality	Cost
Addison Gilbert Hospital	Gloucester	MA	Enhanced		
Anna Jaques Hospital	Newburyport	MA	Enhanced		
Athol Memorial Hospital	Athol	MA	Standard		
Baystate Franklin Medical Center	Greenfield	MA	Standard		
Baystate Medical Center	Springfield	MA	Basic		
Berkshire Medical Center	Pittsfield	MA	Standard		
Beth Israel Deaconess Hospital—Milton	Milton	MA	Enhanced		
Beth Israel Deaconess Hospital—Needham Campus	Needham	MA	Enhanced		

### Quality

- Met quality benchmark
- Did not meet quality benchmark
- Standard quality measures used to evaluate hospitals do not apply
- Insufficient information on quality (providers not measured)

### Cost

- Met benchmark for lowest cost
- Met moderate cost benchmark
- Did not meet moderate cost benchmark
- Insufficient information on cost (providers not measured)

**Note:** Hospitals were measured based on their individual facility performance. Tier placement is based on cost and quality benchmarks where measurable data is available. Providers without sufficient data for either cost or quality are placed in the Standard Benefits Tier. PCPs that do not meet benchmarks for quality or moderate cost and hospitals that do not meet benchmarks for moderate cost or that use nonstandard reimbursement are placed in the Basic Benefits Tier.

This document gives general information about our tiered network plan designs. There are currently three tiered provider networks called HMO Blue Options v.5<sup>SM</sup>, HMO Blue New England Options v.5<sup>SM</sup> and Preferred Blue PPO Options v.5<sup>SM</sup>. 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](http://www.bluecrossma.com) and search for the appropriate network.

Hospital Name	City	State	Benefits Tier	Quality	Cost
Beth Israel Deaconess Hospital—Plymouth	Plymouth	MA	Enhanced		
Beth Israel Deaconess Medical Center	Boston	MA	Standard		
Beverly Hospital	Beverly	MA	Enhanced		
Boston Children's Hospital (Specialty Hospital)	Boston	MA	Basic		
Boston Children's at Lexington (Specialty Hospital)	Lexington	MA	Standard		
Boston Children's at Peabody (Specialty Hospital)	Peabody	MA	Standard		
Boston Children's at Waltham (Specialty Hospital)	Waltham	MA	Standard		
Boston Medical Center	Boston	MA	Enhanced		
Brigham and Women's Hospital	Boston	MA	Basic		
Brigham and Women's/Mass General Health Care Center at Patriot Place	Foxborough	MA	Enhanced		
Cambridge Health Alliance—Cambridge Campus	Cambridge	MA	Enhanced		
Cambridge Health Alliance—Somerville Campus	Somerville	MA	Enhanced		
Cambridge Health Alliance—Whidden Campus	Everett	MA	Enhanced		
Cape Cod Hospital	Hyannis	MA	Basic		
Carney Hospital	Dorchester	MA	Enhanced		
Clinton Hospital	Clinton	MA	Enhanced		
Cooley Dickinson Hospital	Northampton	MA	Enhanced		
Dana-Farber Cancer Institute (Specialty Hospital)	Boston	MA	Basic		
Emerson Hospital	Concord	MA	Enhanced		
Fairview Hospital	Great Barrington	MA	Basic		
Falmouth Hospital	Falmouth	MA	Standard		
Faulkner Hospital	Jamaica Plain	MA	Enhanced		
Good Samaritan Medical Center	Brockton	MA	Enhanced		
Harrington Memorial Hospital	Southbridge	MA	Standard		
HealthAlliance Hospitals—Burbank Campus	Fitchburg	MA	Enhanced		
HealthAlliance Hospitals—Leominster Campus	Leominster	MA	Enhanced		
Heywood Hospital	Gardner	MA	Enhanced		
Holy Family Hospital	Methuen	MA	Standard		
Holy Family Hospital at Merrimack Valley	Haverhill	MA	Standard		

#### Quality

- Met quality benchmark
- Did not meet quality benchmark
- Standard quality measures used to evaluate hospitals do not apply
- Insufficient information on quality (providers not measured)

#### Cost

- Met benchmark for lowest cost
- Met moderate cost benchmark
- Did not meet moderate cost benchmark
- Insufficient information on cost (providers not measured)

**Note:** PCPs were measured based on their HMO patients as part of their provider group, and hospitals were measured based on their individual facility performance. Provider groups can be composed of an individual provider or a number of providers who practice together. Tier placement is based on cost and quality benchmarks where measurable data is available. Providers without sufficient data for either cost or quality are placed in the Standard Benefits Tier. PCPs that do not meet benchmarks for quality or moderate cost and hospitals that do not meet benchmarks for moderate cost or that use nonstandard reimbursement are placed in the Basic Benefits Tier.

Hospital Name	City	State	Benefits Tier	Quality	Cost
Holyoke Medical Center	Holyoke	MA	Enhanced		
Lahey Clinic	Burlington	MA	Enhanced		
Lawrence General Hospital	Lawrence	MA	Enhanced		
Lawrence Memorial Hospital	Medford	MA	Enhanced		
Lowell General Hospital (includes the campus formerly known as Saints Medical Center)	Lowell	MA	Enhanced		
Marlborough Hospital	Marlborough	MA	Standard		
Martha's Vineyard Hospital	Oak Bluffs	MA	Standard		
Massachusetts Eye and Ear <sup>®</sup> Infirmary	Boston	MA	Enhanced		
Massachusetts General Hospital	Boston	MA	Basic		
Mass General/North Shore Center for Outpatient Care	Danvers	MA	Enhanced		
Melrose-Wakefield Hospital	Melrose	MA	Enhanced		
Mercy Medical Center	Springfield	MA	Enhanced		
MetroWest Medical Center—Framingham Union	Framingham	MA	Enhanced		
MetroWest Medical Center—Leonard Morse	Natick	MA	Enhanced		
Milford Regional Medical Center	Milford	MA	Standard		
Morton Hospital and Medical Center	Taunton	MA	Enhanced		
Mount Auburn Hospital	Cambridge	MA	Enhanced		
Nantucket Cottage Hospital	Nantucket	MA	Standard		
Nashoba Valley Medical Center	Ayer	MA	Enhanced		
New England Baptist <sup>®</sup> Hospital	Boston	MA	Enhanced		
Newton-Wellesley Hospital	Newton	MA	Enhanced		
Noble Hospital	Westfield	MA	Enhanced		
North Shore Medical Center—Salem Campus	Salem	MA	Enhanced		
North Shore Medical Center—Union Campus	Lynn	MA	Enhanced		
Norwood Hospital	Norwood	MA	Enhanced		
Saint Vincent Hospital	Worcester	MA	Enhanced		
Shriners Hospitals for Children <sup>®</sup> —Boston	Boston	MA	Standard		
Shriners Hospitals for Children—Springfield	Springfield	MA	Standard		
Signature Healthcare Brockton Hospital	Brockton	MA	Enhanced		

#### Quality

- Met quality benchmark
- Did not meet quality benchmark
- Standard quality measures used to evaluate hospitals do not apply
- Insufficient information on quality (providers not measured)

#### Cost

- Met benchmark for lowest cost
- Met moderate cost benchmark
- Did not meet moderate cost benchmark
- Insufficient information on cost (providers not measured)

**Note:** PCPs were measured based on their HMO patients as part of their provider group, and hospitals were measured based on their individual facility performance. Provider groups can be composed of an individual provider or a number of providers who practice together. Tier placement is based on cost and quality benchmarks where measurable data is available. Providers without sufficient data for either cost or quality are placed in the Standard Benefits Tier. PCPs that do not meet benchmarks for quality or moderate cost and hospitals that do not meet benchmarks for moderate cost or that use nonstandard reimbursement are placed in the Basic Benefits Tier.

Hospital Name	City	State	Benefits Tier	Quality	Cost
South Shore Hospital	South Weymouth	MA	Enhanced		
Southcoast Hospitals Group—Charlton Memorial Hospital	Fall River	MA	Enhanced		
Southcoast Hospitals Group—St. Luke's Hospital	New Bedford	MA	Enhanced		
Southcoast Hospitals Group—Tobey Hospital	Wareham	MA	Enhanced		
Southwestern Vermont Medical Center <sup>1</sup>	Bennington	VT	Standard		
St. Anne's Hospital	Fall River	MA	Enhanced		
St. Elizabeth's Medical Center	Brighton	MA	Standard		
Sturdy Memorial Hospital	Attleboro	MA	Standard		
The Vernon Cancer Center at Newton-Wellesley	Newton	MA	Enhanced		
Tufts Medical Center	Boston	MA	Enhanced		
UMass Memorial Medical Center—Memorial Campus	Worcester	MA	Basic		
UMass Memorial Medical Center—University Campus	Worcester	MA	Basic		
Winchester Hospital	Winchester	MA	Enhanced		
Wing Memorial Hospital (includes campus formerly known as Baystate Mary Lane Hospital)	Palmer	MA	Enhanced		

1. This hospital is included in the HMO Blue Options v.5 network only.

#### Quality

- Met quality benchmark
- Did not meet quality benchmark
- Standard quality measures used to evaluate hospitals do not apply
- Insufficient information on quality (providers not measured)

#### Cost

- Met benchmark for lowest cost
- Met moderate cost benchmark
- Did not meet moderate cost benchmark
- Insufficient information on cost (providers not measured)

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

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

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

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

Note: Hospitals were measured based on their individual facility performance. Tier placement is based on cost and quality benchmarks where measurable data is available. Providers without sufficient data for either cost or quality are placed in the Standard Benefits Tier. PCPs that do not meet benchmarks for quality or moderate cost and hospitals that do not meet benchmarks for moderate cost or that use nonstandard reimbursement are placed in the Basic Benefits Tier.



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# Your Pharmacy Program



## Pharmacy Program Overview

Our pharmacy program is designed to provide you and your doctor with access to a wide variety of safe, clinically effective medications. We have carefully developed a substantial formulary that includes many medications at affordable cost share levels.

Effective January 1, 2017

### About This Guide

This guide is up-to-date as of January 1, 2017, and is subject to change. Keep this guide handy, and use it as a reference whenever you need coverage information about our pharmacy program. To get the most current coverage information about a specific medication, visit our website at [bluecrossma.com/medications](http://bluecrossma.com/medications).

- **Over-the-Counter Medications**—includes a list of over-the-counter medications that are covered when prescribed for you by your doctor
- **Quality Care Dosing**—includes a list of medications subject to Quality Care Dosing limits
- **Prior Authorization**—includes a list of medications that require Prior Authorization
- **Specialty Pharmacy Medications**—includes a list of medications that are available through pharmacies in the Specialty Pharmacy Network
- **Step Therapy**—includes a list of medications subject to Step Therapy
- **Medication Resource List Index**—includes all prescription medications listed in this booklet, along with the page(s) on which they can be found



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# Overview

## Online Resources

From our main website, [bluecrossma.com](http://bluecrossma.com), to the [express-scripts.com](http://express-scripts.com) website, we offer a variety of online resources to help you manage your medications.

- **Search for Medication Information.** To learn whether your medications will be covered, you can visit [bluecrossma.com/medications](http://bluecrossma.com/medications), and use the **Medication Look Up** feature. You can use this tool before you enroll. (The medication information represents our standard pharmacy coverage; your individual coverage may vary.) Our 2017 formulary changes will not be reflected in this tool until January 1, 2017.
- **MyBlue.** Want more detailed information about your health care coverage, claims, or deductibles? You can log on to MyBlue by going to our website, [bluecrossma.com/member-central](http://bluecrossma.com/member-central). To register, click **Create an Account**, on the upper right-hand side of the page.
  - If you're already registered, just log in with your user name and password.
- **Express Scripts Online.** Once registered with MyBlue, you can also get immediate, online access to information about your specific pharmacy benefit by visiting Express Scripts Inc., (ESI), our pharmacy management partner, at [express-scripts.com](http://express-scripts.com). Once there, you'll have access to:
  - Price a Medication
  - Locate a Pharmacy
  - Mail Service features (which allow you to order refills and renew prescriptions)

## Mail Service Pharmacy

With the Mail Service Pharmacy (administered by ESI), you can enjoy the convenience of having certain prescriptions delivered to you. Depending on your specific coverage, you can use the Mail Service Pharmacy to order up to a 90-day supply of certain long-term maintenance medications (like those used to treat high blood pressure), for less than you may normally pay at a retail pharmacy.

It's convenient, cost-effective, and all information is handled in accordance with our confidentiality policy.

If you would like to use the Mail Service Pharmacy, you can download an order form and find additional information on our website. Go to [bluecrossma.com/pharmacy](http://bluecrossma.com/pharmacy) and choose **Mail Service Pharmacy** from the menu on the left-hand side. If you'd like our **Mail Service Pharmacy** brochure mailed to you, please call **1-800-262-BLUE (2583)**.

# Overview

## Your Pharmacy Cost Share

Our pharmacy program formulary is based on a tiered cost share structure. When you fill a prescription, the amount you pay the pharmacy (your prescription cost share) is determined by the tier your medication is on. Medications are placed on tiers according to a variety of factors, including what they are used for, their cost, and whether equivalent or alternative medications are available. The pharmacy will advise you of the amount you owe.

- **In a 3-tier structure:** Usually, you will pay the least amount of cost share for Tier 1 medications and the most for Tier 3 medications
- **In a 4-tier structure:** Usually, you will pay the least amount of cost share for Tier 1 medications and the most for Tier 4 medications

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

## Compounded Medications

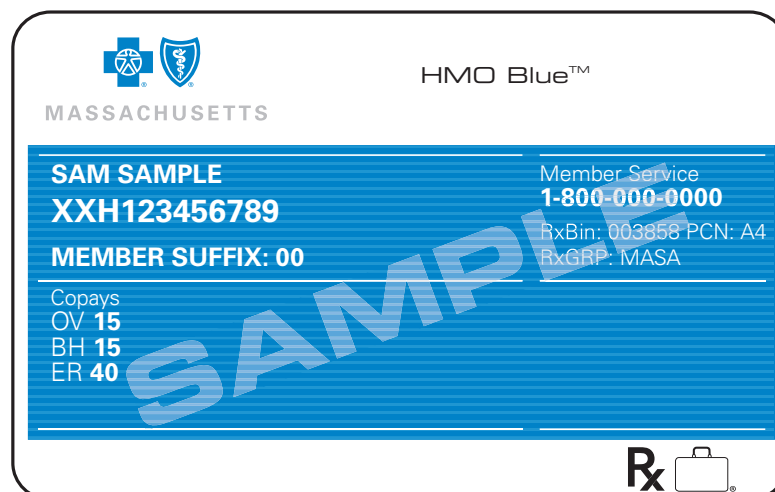
Covered compounded medications that require a prescription will be processed at your highest pharmacy benefit tier, regardless of the ingredients in the medication. Compounded medications are made to order by a pharmacist when existing, commercially available medications do not meet your specific needs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

## Formulary Changes

Each year on January 1st, we make changes to our formulary. These changes may include changing medications to a non-covered status, changing medication tier status, applying Quality Care Dosing limitations, and/or moving medications to a retail specialty pharmacy. We notify any impacted members of these changes via direct mailing by December 1st.

## Your ID Card

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



# Over-the-Counter Medications

## Over-the-Counter Medications

For non-grandfathered health plans under the Affordable Care Act (ACA), the following list includes over-the-counter medications that are covered with no cost share when they are prescribed for you by your doctor. This list is up-to-date as of January 1, 2017, and is subject to change at any time.

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

# Quality Care Dosing

## Quality Care Dosing

Our Quality Care Dosing program helps to ensure that the quantity and dose of medications you receive comply with Food and Drug Administration (FDA) recommendations, as well as manufacturer and clinical information. When you fill a prescription for one of the following medications, it is checked electronically in two ways:

- **Dose Consolidation** — Checks to see whether you're taking two or more pills a day that can be replaced with one pill providing the same daily dosage
- **Recommended Monthly Dosing Level** — Checks to see that your monthly dosage is consistent with the manufacturer's and FDA's monthly dosing recommendations and clinical information

We will get your doctor's approval before making any changes to your prescribed medications. For the most up-to-date list of medications subject to Quality Care Dosing, along with associated dosing limits, please visit our website at [bluecrossma.com/pharmacy](http://bluecrossma.com/pharmacy), click on **Pharmacy Management Program**, and proceed to the **Quality Care Dosing** section.

**Please note:** Your doctor may request an exception from the guidelines for medications that are subject to Quality Care Dosing (when medically necessary).

This list of medications that are in our Quality Care Dosing program is up-to-date as of January 1, 2017, and may change from time to time.

# Quality Care Dosing

Abstral \* (PA)  
AcipHex \* (PA)  
Actiq \* (PA)  
Actonel (ST)  
ACTOplus Met (ST)  
ACTOplus Met XR (ST)  
Actos (ST)  
Acular PF  
Acular \*  
Acular LS \*  
Adderall XR  
Advair Diskus (PA)  
Advair HFA (PA)  
Advicor  
Adzenys XR \*  
Aerobid \*  
Aerobid-M \*  
Aerospan \*  
Akynzeo \*  
Alendronate Sodium  
Alora \*  
Alosetron  
Alrex \*  
Alsuma \*  
Altoprev \*  
Alupent inhaler  
Alvesco \*  
Ambien \*  
Ambien CR \*  
Amerge  
Amitiza  
Amlodipine  
Amlodipine-Atorvastatin  
Ampyra (PA) (SP)  
Anoro Ellipta

Anzemet \*  
Aplenzin ER \*  
Aptenzio XR \*  
Aranesp \* (PA) (SP) (SPO)  
Arava \*  
Arcapta Neohaler \*  
Arnuity Ellipta \*  
Arixtra \*  
Asmanex Twisthaler \*  
Astelin  
Astepro \*  
Atelvia DR \* (ST)  
Atorvastatin  
Atrovent (nasal spray)  
Atrovent HFA  
Auvi-Q \*  
Avandamet (ST)  
Avandia (ST)  
Avinza \*  
Avonex (SP) (SPO)  
Axert \*  
Azelastine (nasal spray)  
Azmacort \*  
Belbuca (PA)  
Belsomra \*  
Belviq (PA)  
Belviq XR (PA)  
Betaseron (SP) (SPO)  
Bevespi AeroSphere \*  
Binosto \* (PA)  
Boniva tablets \* (ST)  
Breo Ellipta \*  
Brisdelle \*  
Budeprion SR  
Budeprion XL

\* (non-covered medication) Quality Care Dosing limits apply for members with approved formulary exceptions  
\*\* (new to market drug; non-covered while under review) quantity limits apply to members with approved formulary exceptions  
(MBO) medical benefit only  
(PA) prior authorization required  
(PA17) prior authorization required for members who are 17 years of age or older  
(PA30) prior authorization required for members age 30 and older  
(QCD) Quality Care Dosing limits apply  
(SP) medication is part of the specialty pharmacy benefit  
(SPO) pharmacy benefit only  
(ST) step therapy required

# Quality Care Dosing

Budesonide (nebulas)

---

Bunavail (PA)

---

Buprenorphine (PA)

---

Buprenorphine-Naloxone (PA)

---

Buprenex (PA)

---

Bupropion SR

---

Bupropion XL

---

Butorphanol NS

---

Butrans \*

---

Bydureon

---

Byetta

---

Cabergoline

---

Caduet \*

---

Cardura \*

---

Cardura XL \*

---

Catapres TTS

---

Celebrex (ST)

---

Celecoxib (ST)

---

Celexa \*

---

Cesamet \*

---

Cholbam

---

Ciclodin solution/kit

---

Ciclopirox nail lacquer

---

Citalopram

---

Climara

---

Climara Pro

---

Clonidine patch

---

CNL 8 nail kit \*

---

Combivent

---

Combivent Respimat

---

Concerta

---

Contrave (PA)

---

Copaxone (SP) (SPO)

---

Cosentyx (PA)

---

Crestor \*

---

Crolom ophthalmic

---

Cromolyn ophthalmic

---

Cymbalta

---

Daklinza \* (PA) (SP)

---

Desvenlafaxine ER \*

---

Dexilant \* (PA)

---

Dexmethylphenidate ER

---

Dexmethylphenidate XR

---

Dextroamphetamine/Amphetamine ER

---

Diclofenac gel

---

Diclofenac solution

---

Diflucan (150 mg only)

---

Dihydroergotamine (nasal spray)

---

Doxazosin

---

Dulera (PA)

---

Duloxetine

---

Duloxetine DR

---

Duragesic \* (PA)

---

Edluar \*

---

Effexor XR \*

---

Embeda \*

---

Emend

---

Emverm \*\*

---

Enbrel (PA) (SP) (SPO)

---

Enoxaparin

---

Epclusa (PA) (SP)

---

Epinephrine injection

---

Epi-Pen Auto-Injector

---

Epogen \* (PA) (SP) (SPO)

---

Escitalopram

---

Esomeprazole (PA)

---

Esomeprazole Strontium \* (PA) (QCD)

---

Estraderm

---

Estradiol patch

---

Estrasorb \*

---

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# Quality Care Dosing

Estrogel \*  
 Eszopiclone  
 Evamist \*  
 Evzio  
 Exalgo \*  
 Extavia (SP) (SPO)  
 Famciclovir  
 Famvir \*  
 Farydak (PA)  
 Farxiga \* (ST)  
 Fentanyl oral/mucosal (PA)  
 Fentanyl patch (PA)  
 Fentora \* (PA)  
 Fetzima \*  
 Flovent/HFA  
 Fluconazole (150 mg only)  
 Fluoxetine  
 Fluoxetine DR  
 Fluticasone  
 Fluvastatin XR  
 Fluvastatin  
 Fluvoxamine  
 Fluvoxamine CR  
 Focalin XR \*  
 Fondaparinux  
 Foradil  
 Forfivo XL \*  
 Forteo (PA) (SP) (SPO)  
 Fosamax \* (ST)  
 Fosamax Plus D (ST)  
 Fragmin \*  
 Frova \*  
 Gatifloxacin  
 Glatopa  
 Glucose testing strips (all)

Glyxambi \*  
 Granisetron  
 Granisol  
 Granix  
 Grastek (PA)  
 Harvoni (PA) (SP)  
 Hetlioz (PA)  
 Humira (PA) (SP) (SPO)  
 Hydromorphone ER (PA)  
 Hysingla ER \* (PA)  
 Hytrin \*  
 Ibandronate  
 Ibrance (PA) (SP)  
 Imitrex  
 Impavido  
 Incruse Ellipta (PA)  
 Infergen (PA) (SP) (SPO)  
 Invokamet (ST)  
 Invokamet XR (ST)  
 Invokana (ST)  
 Insulins (all)  
 Intermezzo \*  
 Ipratropium NS  
 Irenka DR \*  
 Itraconazole  
 Jardiance (ST)  
 Kadian \* (PA)  
 Kerydin \*  
 Ketorolac ophthalmic  
 Khedezla \*  
 Kytril \*  
 Lamisil \*  
 Lansoprazole (PA)  
 Lansoprazole/Amoxicillin/Clarithromycin  
 Lazanda \* (PA)

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# Quality Care Dosing

Leflunomide
Lescol *
Lescol XL *
Lexapro
Lidocaine 5% cream
Lidocaine Patch
Lidoderm
Linzess
Lipitor *
Liptruzet *
Livalo *
Lotronex
Lovastatin
Lovenox *
Lunesta
Luvox CR *
Lysteda *
Maxair Autohaler *
Maxalt *
Maxalt-MLT *
Meloxicam
Menostar *
Metadate CD
Methylphenidate CD
Methylphenidate ER
Mevacor *
Migranal
Migranow Kit *
Minivelle
Mirtazapine
Mirtazapine Rapid Dissolve
Mobic *
Morphine Sulfate ER (PA)
Movantik
Moxeza *

MS Contin (PA)
Naptara
Naratriptan
Narcan
NebuPent
Neulasta (SP)
Neupogen (SP)
Nexium * (PA)
Norvasc *
Nucynta ER * (PA)
Ocaliva **
Olanzapine-Fluoxetine
Olopatadine Nasal
Olysio * (PA) (SP)
Omeprazole
Omeprazole-Sod. Bicarbonate * (PA)
Omontys (PA) (SP)
Ondansetron
Ondansetron ODT
Onmel *
Onsolis * (PA)
Oneztra Xsail *
Opana ER * (PA)
Oralair (PA)
Oramorph SR * (PA)
Orkambi (PA) (SP)
Otezla (PA)
Oxycodone ER (PA)
OxyContin (PA)
Oxymorphone ER (PA)
Pantoprazole
Paroxetine
Paroxetine CR
Patanase *
Paxil *

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# Quality Care Dosing

Paxil CR \*

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Pediaprox-4

---

Pegasys (SP) (SPO)

---

PEG-Intron (SP) (SPO)

---

Penlac \*

---

Pennsaid \*

---

Pexeva \*

---

Pioglitazone (ST)

---

Pioglitazone-Glimepiride (ST)

---

Pioglitazone-Metformin (ST)

---

Plegridy \* (SP)

---

Praluent (PA) (SP)

---

Pravachol \*

---

Pravastatin

---

Prevacid \* (PA)

---

PrevPac \*

---

Prilosec \* (PA)

---

Pristiq \*

---

ProAir HFA

---

ProAir Respiclick

---

Procrit (PA) (SP) (SPO)

---

Protonix \* (PA)

---

Proventil HFA \*

---

Prozac \*

---

Prozac Weekly \*

---

Pulmicort Flexhaler

---

Pulmicort Respules

---

Qualaquin

---

Quillichew \*

---

Quinine Sulfate

---

Qutenza (SP)

---

QVAR

---

Rabeprazole (PA)

---

Ragwitek (PA)

---

Rapaflox

---

Rebif (SP) (SPO)

---

Relpax \*

---

Remeron \*

---

Remeron Soltab \*

---

Repatha \* (SP)

---

Restasis (PA)

---

Rexulti \*

---

Risedronate

---

Ritalin LA \*

---

Rizatriptan

---

Rozerem

---

Rosuvastatin

---

Sancuso \*

---

Sarafem \*

---

Saxenda (PA)

---

Seebri Neohaler \*

---

Selferma

---

Serevent Diskus

---

Sertraline

---

Silenor \*

---

Simcor \*

---

Simponi \* (PA) (SP) (SPO)

---

Simvastatin

---

Sonata

---

Sovaldi \* (PA) (SP)

---

Spiriva

---

Sporanox \*

---

Stiolto Respimat

---

Strattera (PA17)

---

Striverdi Respimat

---

Suboxone (PA)

---

Subsys \* (PA)

---

Subutex (PA)

---

Sumatriptan

---

Sumavel Dosepro \*

---

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# Quality Care Dosing

Symbicort (PA)  
 Symbiyax  
 Synjardy (ST)  
 Taltz \* (PA) (SP)  
 Tanzeum  
 Technivie \*\* (PA) (SP)  
 Terazosin  
 Terbinafine  
 Terbinex \*  
 Tivorbex \*  
 Toujeo Solostar \*  
 Tranexamic Acid  
 Tresiba \*  
 Treximet \*  
 Trulicity (ST)  
 Trintellix \*  
 Tudorza  
 Utibron Neohaler \*  
 Valacylovir  
 Valtrex  
 Varubi  
 Venlafaxine ER capsule  
 Venlafaxine ER tablet  
 Ventolin HFA \*  
 Victoza (ST)  
 Viekira PAK \* (PA) (SP)  
 Viekira XR \* (PA) (SP)  
 Vigamox \*  
 Viibryd \*  
 Vivelle  
 Vivelle-Dot  
 Vivitrol (SPO)  
 Vivlodex \*  
 Voltaren gel  
 Vytorin \*

Vyvanse \*  
 Wellbutrin SR \*  
 Wellbutrin XL \*  
 Xartemis XR \* (PA)  
 Xeljanz (PA) (SP)  
 Xeljanz XR (PA) (SP)  
 Xiidra \*\*  
 Xifaxan  
 Xigduo \* (ST)  
 Xopenex HFA \*  
 Xtampza ER \* (PA)  
 Xuriden  
 Yosprala \* (PA)  
 Zaleplon  
 Zarxio  
 Zegerid \* (PA)  
 Zembrace Symtouch \*  
 Zepatier \* (PA) (SP)  
 Zetia  
 Zocor \*  
 Zofran \*  
 Zofran ODT \*  
 Zohydro ER \* (PA)  
 Zolmitriptan  
 Zolmitriptan ODT  
 Zoloft \*  
 Zolpidem  
 Zolpidem CR  
 Zolpimist \*  
 Zomig \*  
 Zomig ZMT \*  
 Zubsolv (PA)  
 Zuplenz \*  
 Zydelig (PA) (SP)  
 Zynbryta \*\*

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# Quality Care Dosing

Zymar \*

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Zymaxid \*

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(PA) prior authorization required  
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# Prior Authorization

## Prior Authorization

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

For the most up-to-date list of medications that require prior authorization, please visit our website, [bluecrossma.com/pharmacy](http://bluecrossma.com/pharmacy), click on **Pharmacy Management Program**, and proceed to **Prior Authorization**.

Another part of our prior authorization program is step therapy. Please refer to the Step Therapy section in this brochure for more information.

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This list of medications that require prior authorization is up-to-date as of January 1, 2017, and may change from time to time.

# Prior Authorization

Abstral \* (QCD)  
 AcipHex \* (QCD)  
 Actemra (SP)  
 Acthar (SP)  
 Actiq \* (QCD)  
 Addcirca (SP)  
 Addyi \*  
 Advair HFA (QCD)  
 Alecensa (SP)  
 Amevive (MBO)  
 Amodafanil  
 Amphetamines (e.g Amphetamine, Methamphetamine, Liquadd,  
 Procentra)  
 Ampyra (QCD) (SP)  
 Aralast (MBO)  
 Aralast NP (MBO)  
 Aranesp \* (QCD) (SP) (SPO)  
 Avinza \* (QCD)  
 Belbuca \* (QCD)  
 Belviq (QCD)  
 Belviq XR (QCD)  
 Binosto \*  
 Boniva syringe \* (SP)  
 Botox/Botulinum Toxin (SP)  
 Bunavail (QCD)  
 Buprenorphine (QCD)  
 Buprenorphine-Naloxone (QCD)  
 Buprenex  
 Butrans \* (QCD)  
 Ceredase (MBO)  
 Cerezyme  
 Cimzia (SP) (SPO)  
 Cinqair  
 Cinryze (MBO)  
 Contrave (QCD)

Cotellic (SP)  
 Cosentyx (SP) (SPO)  
 Daklinza \* (QCD) (SP)  
 Desoxyn (PA17)  
 Dexilant \* (QCD)  
 Dexedrine (PA17)  
 Dextroamphetamines (PA17)  
 Difucid \*  
 Diskets  
 Dolophine  
 Duragesic \* (QCD)  
 Dysport  
 Egrifta (SP)  
 Elidel  
 Embeda \* (QCD)  
 Enbrel (QCD) (SP) (SPO)  
 Enteral formula  
 Entyvio \* (SP)  
 Eplclusa (QCD) (SP)  
 Epogen \* (QCD) (SP) (SPO)  
 Erbitux (MBO)  
 Esomeprazole (QCD)  
 Esomeprazole Strontium \* (QCD)  
 Euflexxa \* (SPO)  
 Exalgo \* (QCD)  
 Eylea (MBO)  
 Factor VIII, VIIIa, IX, XIII (MBO)  
 Farydak (SP)  
 Fentanyl patch (QCD)  
 Fentanyl oral/mucosal (QCD)  
 Fentora \* (QCD)  
 First-lansoprazole  
 First-omeprazole  
 Forteo (QCD) (SP) (SPO)  
 Fulyzaq (QCD)

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# Prior Authorization

Gel-One \* (SPO)  
 Gelsyn-3 \* (SPO)  
 Genotropin \* (SP) (SPO)  
 Geref  
 Grastek (QCD)  
 Harvoni (QCD)  
 Hetlioz (QCD)  
 Humatrope (SP) (SPO)  
 Humira (QCD) (SP) (SPO)  
 Hyalgan \* (SPO)  
 Hydromorphone ER  
 Hymovis \* (SPO)  
 Hysingla ER \* (QCD)  
 Ibandronate injection/syringe  
 Ibrance (QCD) (SP)  
 Ilaris (SP) (SPO)  
 Increlex (SP) (SPO)  
 Incivek (SP) (SPO)  
 Interferons (alpha, gamma)  
 Iplex  
 IV Immunoglobulin (MBO)  
 Juxtapid  
 Kadian \* (QCD)  
 Kalydeco  
 Kineret (SP) (SPO)  
 Kynamro (SP)  
 Lansoprazole (QCD)  
 Lazanda \* (QCD)  
 Lenvima (SP)  
 Leukine (SP)  
 Liquadd (PA17)  
 Lucentis (MBO)  
 Lynparza (SP)  
 Lyrica  
 Macugen (MBO)

Makena (SP)  
 Mekinist  
 Methadone  
 Methadose  
 Methamphetamine (PA17)  
 Modafinil  
 Monovisc \* (SPO)  
 Morphine Sulfate CR (QCD)  
 Morphine Sulfate ER (QCD)  
 MS Contin (QCD)  
 Myalept (SP)  
 Nexium \* (QCD)  
 Norditropin \* (SP) (SPO)  
 Nucala  
 Nucynta ER \* (QCD)  
 Nutritional Supplements  
 Nutropin (SP) (SPO)  
 Nuvigil \* (PA17)  
 Olysio \* (QCD) (SP)  
 Omeprazole-Sod. Bicarbonate \* (QCD)  
 Omnitrope (SP) (SPO)  
 Omontys (SP) (SPO)  
 Onsolis \* (QCD)  
 Opana ER \* (QCD)  
 Opdivo (SP)  
 Oralair (QCD)  
 Oramorph SR \* (QCD)  
 Orenicia \* (SP)  
 Orkambi  
 Orthovisc \* (SPO)  
 Otezla (QCD) (SP)  
 Oxycodone ER (QCD)  
 Oxycontin (QCD)  
 Oxymorphone ER (QCD)  
 Praluent (QCD) (SP)

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# Prior Authorization

Preservative-Free Morphine (MBO)  
 Prevacid \* (QCD)  
 Prilosec \* (QCD)  
 Procentra (PA17)  
 Procrit (QCD) (SP) (SPO)  
 Prolastin (MBO)  
 Prolastin C (MBO)  
 Proleukin (SP)  
 Prolia (SP) (SPO)  
 Protonix \* (QCD)  
 Protopic  
 Protropin (SPO)  
 Provigil (PA17)  
 Rabeprazole (QCD)  
 Ragwitek (QCD)  
 Raptiva  
 Reclast (MBO)  
 Regranex  
 Remicade (SP)  
 Repatha \* (QCD) (SP)  
 Respiratory SyncytialVirus IG/Synagis (SP)  
 Restasis (QCD)  
 Revatio \* (SP)  
 Rituxan (SP)  
 Saizen \* (SP) (SPO)  
 Saxenda (QCD)  
 Serostim  
 Sildenafil (SP)  
 Simponi \* (QCD) (SP) (SPO)  
 Simponi Aria \* (SP)  
 Sovaldi \* (QCD) (SP)  
 Stelara (SP) (SPO)  
 Strattera (PA17) (QCD)  
 Suboxone (QCD)  
 Subsys \* (QCD)

Supartz \* (SPO)  
 Synvisc \* (SPO)  
 Synvisc One \* (SPO)  
 Tacrolimus (topical)  
 Tafenlar (SP)  
 Taltz \* (QCD) (SP)  
 Technivie \* (QCD) (SP)  
 Tev-Tropin \* (SP) (SPO)  
 Topical Retinoic Acid Derivatives (e.g. Retin-A) (PA30)  
 TPN (total parenteral nutrition) (MBO)  
 Tysabri (MBO)  
 Venclexta (SP)  
 Vectibix (MBO)  
 Victrelis (SP)  
 Viekira \* (QCD) (SP)  
 Viekira PAK \* (QCD) (SP)  
 Xalkori (SP)  
 Xartemis XR \* (QCD)  
 Xeljanz (QCD) (SP)  
 Xeljanz XR (QCD) (SP)  
 Xenazine  
 Xeomin  
 Xgeva (SP) (SPO)  
 Xiaflex (MBO)  
 Xolair  
 Xtampza ER (QCD)  
 Yosprala \* (QCD)  
 Zegerid \* (QCD)  
 Zelboraf (SP)  
 Zenzedi (PA17)  
 Zepatier \* (QCD) (SP)  
 Zohydro ER \* (QCD)  
 Zomactin \* (SP) (SPO)  
 Zometa (MBO)  
 Zorbtive (SPO)

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# Prior Authorization

Zubsolv (QCD)

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Zydelig (QCD) (SP)

---

Zykadia (SP)

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# Specialty Pharmacy

## Specialty Pharmacy Medications

Blue Cross Blue Shield of Massachusetts has set up a network of retail specialty pharmacies to dispense certain medications classified as specialty. The following is a list of medications that can only be purchased from one of the pharmacies in this network in order for coverage to be available.

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This list is up-to-date as of January 1, 2017. You can find the latest information about your medications and look up pharmacy contact information by visiting [bluecrossma.com/pharmacy](http://bluecrossma.com/pharmacy).

## Network Pharmacy Information

**AcariaHealth**  
1-866-892-1202  
[acariahealth.com](http://acariahealth.com)

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**Accredo Health Group, Inc. /CuraScript**  
1-877-988-0058  
[accredo.com](http://accredo.com)

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**CVS Caremark, Inc.**  
1-866-846-3096  
[caremark.com](http://caremark.com)

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**Onco360, Oncology Pharmacy Solutions**  
1-877-662-6633  
[onco360.com](http://onco360.com)

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**Walgreens Specialty Pharmacy**  
1-800-649-2872 / Fax: 866-935-0719  
[walgreens.com/specialty](http://walgreens.com/specialty)

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## Network Pharmacy Information for Medications Most Commonly Used for Fertility

**AcariaHealth Fertility**  
1-877-928-5125 / Fax: 866-927-9870  
[acariahealth.com/index.php/explore/infertility](http://acariahealth.com/index.php/explore/infertility)

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**BriovaRx**  
1-800-850-9122  
[briovarx.com](http://briovarx.com)

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**Freedom Fertility Pharmacy**  
1-866-297-9452  
[freedomfertility.com](http://freedomfertility.com)

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**Metro Drugs**  
1-888-258-0106  
[metrodrugs.com](http://metrodrugs.com)

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**Village Fertility Pharmacy**  
1-877-334-1610  
[villagefertilitypharmacy.com](http://villagefertilitypharmacy.com)

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**Walgreens Specialty Pharmacy**  
1-800-424-9002  
[walgreens.com/topic/specialty-pharmacy/fertility-services.jsp](http://walgreens.com/topic/specialty-pharmacy/fertility-services.jsp)

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# Specialty Pharmacy

## Injectable Medications

Abraxane
Actemra (PA)
Acthar (PA)
Actimmune (PA) (SPO)
Adriamycin PFS
Adrucil
Alferon N (PA)
Alkeran
Apokyn
Aranesp * (PA) (QCD) (SPO)
Arcalyst Injection (SPO)
Aredia
Arzerra
Aveed
Avonex (QCD) (SPO)
Beleodaq
Betaseron (QCD) (SPO)
BiCNU
Bivigam (PA)
Bleomycin Sulfate
Blincyto
Boniva Injection * (PA)
Botox (PA)
Busulfex
Calcium Folate
Camptosar
Carboplatin
Carimune (PA)
Cerubidine
Cimzia (PA) (SPO)
Cisplatin
Cladribine
Copaxone (QCD) (SPO)
Cosentyx (PA) (SPO)

Cosmegen
Cuvitru (PA)
Cyclophosphamide
Cyramza
Cytarabine
Cytogam (PA)
Cytoxan
Dacarbazine
Dactinomycin
Daunorubicin HCL
DaunoXome
DDAVP *
Depocyt
Desmopressin Acetate
Dexrazoxane
Docefrez
Docetaxel
Doxil
Doxorubicin HCl
DTIC-Dome
Duopa
Dysport (PA)
Egrifta (PA)
Eligard
Ellence
Eloxatin
Elspar
Enbrel (PA) (QCD) (SPO)
Entyvio * (PA)
Epirubicin
Epogen * (PA) (QCD) (SPO)
Ethyol
Etopophos
Etoposide
Extavia * (QCD) (SPO)

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\*\* (new to market drug; non-covered while under review) quantity limits apply to members with approved formulary exceptions  
(MBO) medical benefit only  
(PA) prior authorization required  
(PA17) prior authorization required for members who are 17 years of age or older  
(PA30) prior authorization required for members age 30 and older  
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# Specialty Pharmacy

Faslodex  
 Firazyr  
 Firmagon  
 Flebogamma (PA)  
 Floxuridine  
 Fludara  
 Fludarabine phosphate  
 Fluorouracil  
 Forteo (PA) (QCD) (SPO)  
 FU DR  
 Fusilev I.V.  
 Fuzeon (SPO)  
 Gammagard (PA)  
 Gammagard Liquid (PA)  
 GamaSTAN (PA)  
 Gammaked (PA)  
 Gammaplex (PA)  
 Gamunex (PA)  
 Gattex  
 Gazyva  
 Gemcitabine  
 Gemzar  
 Genotropin \* (PA) (SPO)  
 Glatopa (QCD) (SPO)  
 Granix  
 Herceptin  
 Hizentra (PA)  
 Humatrope (PA) (SPO)  
 Humira (PA) (QCD) (SPO)  
 Hycamtin  
 HyQvia (PA)  
 Ibandronate injection/syringe  
 Idamycin PFS  
 Idarubicin  
 Ifex

Ifosfamide  
 Ifosfamide/Mesna  
 Ilaris (PA) (SPO)  
 Increlex (PA) (SPO)  
 Infergen (PA) (QCD) (SPO)  
 Intron A (PA) (SPO)  
 Irinotecan  
 Istodax  
 Kenalog  
 Keytruda  
 Kineret (PA) (SPO)  
 Kynamro  
 Lemtrada \* (SPO)  
 Leucovorin Calcium  
 Leukine (PA)  
 Leuprolide Acetate (SPO)  
 Leustatin  
 Lipodox  
 Lipodox-50  
 Lupaneta Pack  
 Lupron Depot  
 Lupron Depot-Ped  
 Makena (PA)  
 Marqibo  
 Mesna  
 Mesnex  
 Methotrexate  
 Mircera  
 Mitomycin  
 Mitoxantrone  
 Mozobil  
 Mustargen  
 Myalept (PA)  
 Mylotarg  
 Myobloc (PA)

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# Specialty Pharmacy

Naptara

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Navelbine

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Neosar

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Neulasta (QCD)

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Neumega

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Neupogen (QCD)

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Nipent

---

Norditropin \* (PA) (SPO)

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Norditropin Flexpro \* (PA) (SPO)

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Norditropin Nordiflex \* (PA) (SPO)

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Novantrone

---

Nplate

---

Nutropin (PA) (SPO)

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Nutropin AQ (PA) (SPO)

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Nutropin AQ Nuspin (PA) (SPO)

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Octagam (PA)

---

Octreotide injection (SPO)

---

Omnitrope \* (PA) (SPO)

---

Oncaspar

---

Onxol

---

Opdivo (PA)

---

Orencia \* (PA)

---

Otrexup \*

---

Oxaliplatin

---

Paclitaxel

---

Pamidronate

---

Pamidronate disodium

---

Pegasys (QCD) (SPO)

---

Peg-Intron (QCD) (SPO)

---

Photofrin

---

Plegridy \* (QCD)

---

Praluent (PA) (QCD)

---

Privigen (PA)

---

Procrit (PA) (QCD) (SPO)

---

Proleukin (PA)

---

Prolia (PA) (SPO)

---

Rebif (QCD) (SPO)

---

Remicade (PA)

---

Repatha \* (PA) (QCD)

---

Revatio \* (PA)

---

Rituxan (PA)

---

Ruconest

---

Saizen \* (PA) (SPO)

---

Sandostatin (SPO)

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Sandostatin-LAR

---

Serostim (PA) (SPO)

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Signafor

---

Signafor LAR

---

Simponi \* (PA) (QCD) (SPO)

---

Simponi Aria \* (PA)

---

Simulect

---

Somatuline

---

Somavert (SPO)

---

Stelara (PA) (SPO)

---

Sylatron (PA)

---

Sylvant

---

Synagis (PA)

---

Synribo

---

Taltz \* (PA) (QCD)

---

Tarabine

---

Taxol

---

Taxotere

---

Teniposide

---

Tev-Tropin \* (PA) (SPO)

---

TheraCys

---

Thiotepa

---

Thyrogen

---

Toposar

---

Totect

---

Trelstar

---

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# Specialty Pharmacy

Trelstar LA  
 Trelstar Depot  
 Unituxin  
 Valstar  
 Velcade  
 Vimzim  
 VinBLASTine  
 VinCRISTine  
 Vinorelbine  
 Vivitrol  
 Vumon  
 Xeomin (PA)  
 Xgeva (PA) (SPO)  
 Zaltrap  
 Zanosar  
 Zarxio  
 Zinecard  
 Zoladex  
 Zomacton \* (PA) (SPO)  
 Zorbtive (PA) (SPO)

## Oral Medications

8-Mop  
 Adcirca (PA)  
 Adempas  
 Afinitor  
 Alkeran  
 Ampyra (PA)  
 Aubagio  
 Bethkis  
 Bosulif  
 Capecitabine  
 Carbaglu  
 Cerdelga  
 Cometriq  
 Copegus (SPO)

Cotellic  
 Cystagon  
 Cytosan  
 Daklinza \* (PA) (QCD)  
 Daraprim  
 Duopa  
 Epclusa (PA) (QCD)  
 Erivedge  
 Esbriet  
 Etoposide  
 Exjade  
 Farydak (PA)  
 Gilenya (QCD)  
 Gilotrif  
 Gleevec  
 Havroni (PA) (QCD)  
 Hetlioz (PA)  
 Hycamtin  
 Ibrance (PA)  
 Iclusig  
 Imbruvica  
 Incivek (PA)  
 Inlyta  
 Iressa  
 Jadenu  
 Jakafi  
 Kalydeco (PA)  
 Kitabis PAK \*  
 Korlym  
 Kuvan  
 Lenvima (PA)  
 Letairis  
 Lynparza (PA)  
 Mekinist  
 Mesnex

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# Specialty Pharmacy

Moderiba

---

Nexavar

---

Northera \*

---

Odomzo

---

Ofev

---

Oforta

---

Olysio (PA) (QCD)

---

Onsolis \* (PA) (QCD)

---

Opsumit

---

Orenitram

---

Orfadin (SPO)

---

Orkambi (PA) (QCD)

---

Otezla (PA) (QCD)

---

Otezla Starter Pack (PA) (QCD)

---

Pomalyst

---

Procysbi

---

Promacta

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Pulmozyme (SPO)

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Raptiva (PA)

---

Ravicti

---

Rebetol (SPO)

---

Revatio \* (PA)

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Revlimid

---

Ribapak (SPO)

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Ribasphere (SPO)

---

Ribatab

---

Ribavirin (SPO)

---

Rilutek

---

Riluzole

---

Sabril

---

Sildenafil (PA)

---

Sovaldi \* (PA) (QCD)

---

Sprycel

---

Stivarga

---

Sucraid

---

Sutent

---

Tafinlar (PA)

---

Tarceva

---

Tasigna

---

Tecfidera

---

Technivie \* (PA) (QCD)

---

Temodar

---

Temozoloamide

---

Tetrabenazine

---

Thalomid

---

TOBI ampules (SPO)

---

TOBI-Podhaler (SPO)

---

Tobramycin ampules

---

Tracleer

---

Tykerb

---

Tyvaso

---

Venclexta (PA)

---

Viekira PAK \* (PA) (QCD)

---

Votrient

---

Xalkori (PA)

---

Xeljanz (PA) (QCD)

---

Xeljanz XR (PA) (QCD)

---

Xeloda

---

Xenazine

---

Xtandi (ST)

---

Xyrem

---

Zavesca

---

Zelboraf (PA)

---

Zepatier \* (PA) (QCD)

---

Zolinza

---

Zydelig (PA) (QCD)

---

Zykadia (PA)

---

Zytiga

---

**Topical**

Cystaran

---

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# Specialty Pharmacy

Panretin (SPO)

---

Qutenza (QCD)

---

Valchlor

---

Zecuity \*

---

## Fertility Medications

Bravelle \* (SPO)

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Cetrotide (SPO)

---

Clomid

---

Clomiphene

---

Endometrin

---

Follistim AQ \* (SPO)

---

Ganirelix \* (SPO)

---

Gonal F/Gonal F RFF (SPO)

---

Gonal F Rff Rediject (SPO)

---

Human Chorionic Gonadotropin (HCG) (SPO)

---

Leuprolide (SPO)

---

Lupron Depot

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Lupron Depot-Ped

---

Luveris (SPO)

---

Makena (PA)

---

Menopur (SPO)

---

Novarel

---

Ovidrel (SPO)

---

Pregnyl (SPO)

---

Repronex (SPO)

---

Serophene

---

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# Step Therapy

## Step Therapy

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

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This list is up-to-date as of January 1, 2017, and is subject to change at any time. For the most up-to-date list of medications that require step therapy, please visit our website [bluecrossma.com/pharmacy](http://bluecrossma.com/pharmacy), click on **Pharmacy Management Program**, and proceed to **Step Therapy**.

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# Step Therapy

## Diabetes Management

Alogliptin *
Alogliptin/Metformin *
Alogliptin/Pioglitazone *
ACTOplus Met (QCD)
ACTOplus Met XR (QCD)
Actos (QCD)
Avandamet (QCD)
Avandaryl
Avandia (QCD)
Duetact
Farxiga *
Fortamet *
Glucophage *
Glucophage XR *
Glumetza *
Glyxambi * (QCD)
Invokana (QCD)
Invokamet (QCD)
Invokamet XR (QCD)
Janumet
Janumet XR
Januvia
Jardiance
Jentadueto *
Jentadueto XR *
Kazano *
Kombiglyze XR
Metformin ER *
Nesina *
Onglyza
Oseni *
Pioglitazone (QCD)
Pioglitazone-Glimepiride (QCD)
Pioglitazone-Metformin (QCD)

Prandin *
Prandimet *
Synjardy
Tradjenta *
Trulicity (QCD)
Victoza (QCD)
Xigduo * (QCD)

## Glaucoma

Lumigan
Rescula *
Travatan
Travatan Z
Xalatan

## Osteoporosis Treatment (Oral)

Actonel (QCD)
Atelvia DR * (QCD)
Binosto * (QCD)
Boniva tablets * (QCD)
Fosamax * (QCD)
Fosamax Plus D (QCD)

## Pain Relievers (Cox II Inhibitors)

Capxib *
Celebrex (QCD)
Celecoxib (QCD)
Lidoxib *

## Prostate Treatment

Avodart
Jalyn
Proscar *

## Prostate Cancer - Oral

Xtandi
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## Parkinson's Disease Treatment

Mirapex
Mirapex ER *

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# Step Therapy

Requip \*

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Requip XL \*

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## Overactive Bladder Treatment

Detrol \*

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Detrol LA \*

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Ditropan \*

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Ditropan XL \*

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Enablex \*

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Gelnique \*

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Oxytrol \*

---

Myrbetriq \*

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Sanctura \*

---

Sanctura XR \*

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Toviaz \*

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Vesicare

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## Topical Testosterone

Fortesta \*

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Natesto Nasal \*

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Testim \*

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Testosterone gel (Fortesta Authorized product) \*

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Testosterone gel (Testim Authorized product) \*

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Testosterone gel (Vogelxo Authorized product) \*

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Testosterone CIK Kit \*

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Vogelxo \*

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# Non-Covered Medication

## Non-Covered Medication

Your pharmacy program provides coverage for over 4,000 prescription medications. Most medications on our non-covered list have equally safe, effective, covered alternatives for treating the same medical conditions. If a non-covered medication is approved, it will be covered at the highest tier or cost share. Check with your doctor about appropriate alternatives if you currently take any of these medications.

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

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This list of non-covered medications is up-to-date as of January 1, 2017, and may change from time to time. For the most up-to-date list of medications that are not covered and their covered alternatives, please visit our website, [bluecrossma.com/medications](http://bluecrossma.com/medications) and proceed to the **Medications That Are Not Covered** section.

# Non-Covered Medication

Abilify DiscMelt

Abilify Maintenna

Absorica

Abstral (PA) (QCD)

Acanya

Accolate

Accu-Chek diabetic testing supplies (QCD)

Accucaine

AccuNeb

Accupril

Accuretic

Accutane

Aceon

AcipHex (PA) (QCD)

Acticlate

Actigall

Actiq (PA) (QCD)

Active Injection D

Active-PAC

Activella

Acular (QCD)

Acular LS (QCD)

Acuvail

Aczone

Adalat CC

Adazin

Adderall

Addyi (PA)

Adoxa CK

Adoxa TT

Advanced Allergy Collection Kit

Advocate Redi-Code diabetic testing supplies (QCD)

Adzenys XR (QCD)

Aerobid (QCD)

Aerobid-M (QCD)

Aerospan (QCD)

Airet

Akynzeo (QCD)

Alivycin Antipruritic SG gel

Aleveer

Alodox

Alogliptin (ST)

Alogliptin/Metformin (ST)

Alogliptin/Pioglitazone (ST)

Aloquin

Alora (QCD)

Alrex (QCD)

Alsuma (QCD)

Altabax

Altace

Altoprev (QCD)

Aluvea

Alvesco (QCD)

Ambien (QCD)

Ambien CR (QCD)

Amrix

Amturnide

Anafranil

Analpram Advanced

Analpram-E kit

Angeliq

Antara

Anzemet (QCD)

Apidra

Aplenzin ER (QCD)

Appformin-D

Aptensio XR (QCD)

Aqua Glycolic HC

Aranesp (PA) (QCD) (SP) (SPO)

Arava (QCD)

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# Non-Covered Medication

Arcapta Neohaler (QCD)

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Arixtra (QCD)

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Arnuty Ellipta (QCD)

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Asacol HD

---

Ascensia diabetic testing supplies (QCD)

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Asmanex Twisthaler (QCD)

---

Assure diabetic testing supplies (QCD)

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Astepro (QCD)

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Astero

---

Atacand

---

Atacand HCT

---

Atelvia DR (QCD) (ST)

---

Ativan

---

Atopiclair

---

Atralin

---

Atrapro Dermal Spray

---

Atrapro CP

---

Atrapro Hydrogel

---

Atropen

---

Augmentin XR

---

Aurstat

---

Auryxia

---

Auvi-Q (QCD)

---

Avalide

---

Avapro

---

Avelox

---

Avidoxy

---

Avidoxy DK

---

Avinza (PA) (QCD)

---

Avita

---

Axert (QCD)

---

Axid

---

Azasite

---

Azmacort (QCD)

---

B-D diabetic testing supplies (QCD)

---

Belsomra (QCD)

---

BenzaClin gel

---

BenzaClin kit

---

BenzaClin pump

---

Besivance

---

Betaloan SUIK kit

---

Bevespi AeroSphere (QCD)

---

BG-Star diabetic testing supplies (QCD)

---

Binosto (QCD) (ST)

---

Bionect

---

Boniva syringe (PA) (SP)

---

Boniva tablets (QCD) (ST)

---

Bravelle (SP)

---

Breo Ellipta (QCD)

---

Brevicon

---

Brilinta

---

Brisdelle (QCD)

---

Bromday

---

Brovana

---

Butrans (PA) (QCD)

---

Bystolic

---

Byvalson

---

Caduet (QCD)

---

Calcitriol Topical

---

Cambia

---

Caphosol

---

Capoten

---

Capxib (ST)

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Careone diabetic testing supplies (QCD)

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Caresens N diabetic testing supplies (QCD)

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Cardene

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Cardene SR

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Cardizem CD

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Cardizem LA

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Cardura XL (QCD)

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# Non-Covered Medication

Cataflam

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Ceclor

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Ceclor CD

---

Cedax

---

Celexa (QCD)

---

Cem-Urea

---

Cenestin

---

Centany

---

Centany AT

---

Ceracade Skin Barrier

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Cesamet (QCD)

---

Cetraxel

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Chenodal

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Chibroxin Ocumeter

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Cimzia (PA) (SP) (SPO)

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Cipro-XR

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Cleanse and Treat

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Cleervue-M

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Cleocin T

---

Clever Choice Voice diabetic testing supplies (QCD)

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Clindacin ETZ Kit

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Clindacin PAC

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Clindagel

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Clindamax

---

Clindareach

---

Clindets

---

Clobeta + Plus

---

Clobex

---

Clodan Kit

---

CNL 8 nail kit (QCD)

---

Colazal

---

CoLyte

---

Combigan

---

Combunox

---

Contour Next diabetic testing supplies (QCD)

---

Conzip

---

Cool diabetic testing supplies (QCD)

---

Coreg

---

Coreg CR

---

Corlanor

---

Cosopt PF

---

Cozaar

---

Crestor (QCD)

---

CVS Advanced diabetic testing supplies (QCD)

---

Cymbalta (QCD)

---

Daklinza (PA) (QCD) (SP)

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Daliresp

---

Darvocet N-100

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Daypro

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Daytrana

---

DDAVP

---

Delzicol

---

Demulen

---

Depo-Sub Q Provera 104

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Derma-Smoothe/FS

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Dermacin RX Silpak

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Dermasilk RX SDS

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Dermacin RX Surgical Pharmpak

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Dermacin RX ZRM

---

Dermacin Silazone Pharmpak

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Dermacin RX Cinolone-1 CPI

---

Dermacin RX PHN

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Dermacin RX Prizopak

---

Dermapak Plus Kit

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Dermasorb-AF

---

Dermasorb-HC

---

Dermasorb-TA

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Dermasorb-XM

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Dermawerx SDS

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Dermawerx Surgical Plus Pack

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 (MBO) medical benefit only  
 (PA) prior authorization required  
 (PA17) prior authorization required for members who are 17 years of age or older  
 (PA30) prior authorization required for members age 30 and older  
 (QCD) Quality Care Dosing limits apply  
 (SP) medication is part of the speciality pharmacy benefit  
 (SPO) pharmacy benefit only  
 (ST) step therapy required

# Non-Covered Medication

Dermazone  
 DermOtic  
 Desogen  
 Desonil + Plus  
 DesOwen kit  
 Desvenlafaxine ER (QCD)  
 Detrol (ST)  
 Detrol LA (ST)  
 Dexedrine (PA)  
 Dexilant (PA) (QCD)  
 Diclotral  
 Difucid (PA)  
 Dilacor XR  
 Dilaudid  
 Diovan  
 Diovan HCT  
 Dipentum  
 Dispermox  
 Ditropan (ST)  
 Ditropan XL (ST)  
 Divigel  
 Doubledex  
 Duac  
 Duavee  
 Duexis  
 Duragesic (PA) (QCD)  
 Durezol  
 Dyloject  
 Dynabac  
 Dynacin  
 Dynacirc  
 Dynacirc CR  
 Dytan  
 Easy Max diabetic testing supplies (QCD)  
 Easy Step diabetic testing supplies (QCD)

Easy Talk diabetic testing supplies (QCD)  
 Easy Touch diabetic testing supplies (QCD)  
 Easy-Trak diabetic testing supplies (QCD)  
 Edarbi  
 Edarbyclor  
 Edluar (QCD)  
 Effexor  
 Effexor XR (QCD)  
 Elenza  
 Elestrin  
 Eleton  
 Embeda (QCD)  
 Embrace diabetic testing supplies (QCD)  
 Emsam  
 Enablex (ST)  
 Enjuvia  
 Entresto  
 Entyvio (PA) (SP)  
 Epaned  
 EpiCeram  
 Epiduo  
 Epiduo Forte  
 Episil  
 Episnap Convenience Kit  
 Epogen (PA) (SP) (SPO)  
 Equetro  
 Ertaczo  
 Esomeprazole Strontium (QCD) (ST)  
 Estrace  
 Estrasorb (QCD)  
 Estrogel (QCD)  
 Euflexxa (PA) (SPO)  
 Evamist (QCD)  
 Evoclin  
 ExacTech diabetic testing supplies (QCD)

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# Non-Covered Medication

Exalgo (PA) (QCD)  
 Exforge  
 Exforge HCT  
 Extavia  
 Extina  
 Factive  
 Falessa kit  
 Famvir (QCD)  
 Fanapt  
 Farxiga (ST)  
 FazaClo  
 Femtrace  
 Fenoglide  
 Fentora (PA) (QCD)  
 Fertinex (SP)  
 Fetzima (QCD)  
 Fexmid  
 Fibracor  
 Fifty50 diabetic testing supplies (QCD)  
 Finacea Plus  
 Fioricet  
 Fiorinal  
 Fiorinal with Codeine  
 Flagyl  
 Flagyl ER  
 Flagyl IV  
 Flector  
 Flumist  
 Fluoroplex  
 FML Forte  
 Focalin  
 Focalin XR (QCD)  
 Follistim AQ (SP)  
 Fora V12 diabetic testing supplies (QCD)  
 Forfivo XL (QCD)

Fortamet (ST)  
 Fortesta (ST)  
 Fosamax (QCD) (ST)  
 Fragmin (QCD)  
 Freestyle diabetic testing supplies (QCD)  
 Frova (QCD)  
 Ganirelix (SP) (SPO)  
 Garamide  
 Gel-One (PA) (SPO)  
 Gelclair  
 Gelnique (ST)  
 Gelsyn-3 (PA) (SPO)  
 GelX  
 Genotropin (PA) (SP) (SPO)  
 Genestrip diabetic testing supplies (QCD)  
 GE 100 diabetic testing supplies (QCD)  
 Gialax  
 Giazio  
 Glucocard diabetic testing supplies (QCD)  
 Glucometer diabetic testing supplies (QCD)  
 Glucophage  
 Glucophage XR  
 Glumetza  
 Glyxambi (QCD) (ST)  
 Gmate diabetic testing supplies (QCD)  
 GNP diabetic testing supplies (QCD)  
 GoLyteLy  
 Halonate  
 Halotin  
 Healthpro diabetic testing supplies (QCD)  
 Helidac  
 Horizant  
 HPR  
 HPR Plus  
 HPR Plus Hydrogel Kit

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# Non-Covered Medication

Humana True Metrix diabetic testing supplies (QCD)

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Hyalgan (PA) (SPO)

---

Hydrocortisone-Lidocaine kit

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Hylase

---

Hylatopic

---

Hylatopic Plus

---

Hylatopic Plus-Aurstat

---

Hylira

---

Hymovis (PA) (SPO)

---

Hysingla ER (PA) (QCD)

---

Hytrin (QCD)

---

Hyzaar

---

IB-Stat

---

IC400 kit

---

IC800 kit

---

Ilevro

---

Imuran

---

Inderal LA

---

Inderal XL

---

Inflamma K

---

Innohep

---

InnoPran XL

---

Intermezzo (QCD)

---

Intuniv

---

Invega

---

Iquix

---

Irenka DR (QCD)

---

Istalol

---

Jentaduetto (ST)

---

Jentaduetto XR (ST)

---

Jublia

---

Kadian (PA) (QCD)

---

Kapvay

---

Kazano (ST)

---

Keppra XR

---

Keralyt kit

---

Kerydin (QCD)

---

Ketocon + Plus

---

Khedezla (QCD)

---

Kitabis PAK (SP)

---

Klonopin

---

Kro Premium diabetic testing supplies (QCD)

---

Kytril (QCD)

---

Lamictal ODT

---

Lamisil (QCD)

---

Lamisil Granules (QCD)

---

Latuda

---

Lazanda (PA) (QCD)

---

Lemtrada (SP) (SPO)

---

Lescol (QCD)

---

Lescol XL (QCD)

---

Levaquin

---

Levemir (QCD)

---

Levlen

---

Lexapro (QCD)

---

Lexxel

---

Lidodextrapine

---

Lidopril

---

Lidovex

---

Lidovir

---

Lidoxib (ST)

---

Lipitor (QCD)

---

Lipofen

---

Liptruzet (QCD)

---

Livalo (QCD)

---

Livixil PAK

---

Lodine

---

Lodine XL

---

Lofibra

---

Lopressor

---

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# Non-Covered Medication

Loprox Kit  
 Lorabid  
 Lorenza  
 LoSeasonique  
 Lotensin  
 Lotensin HCT  
 Loutrex  
 Lovaza  
 Lovenox (QCD)  
 Lunesta (QCD)  
 Luvox CR (QCD)  
 Luzu  
 Lysteda (QCD)  
 Lytensopril  
 MAC Patch  
 Mavik  
 Maxair Autohaler (QCD)  
 Maxalt (QCD)  
 Maxalt-MLT (QCD)  
 Maxipime  
 MB Hydrogel  
 Medrox Patch  
 Megace ES  
 Menostar (QCD)  
 Mentho-Caine Kit  
 Mesalamine HD  
 Metaglip  
 Metformin ER (ST)  
 Metozolv ODT  
 Metrogel kit  
 Mevacor (QCD)  
 Micardis  
 Micardis HCT  
 Migranow  
 Minastrin Fe Chewable

Minocin  
 Minocin Combo Pack  
 Mirapex ER (ST)  
 Mobic (QCD)  
 Momexin  
 Monodox  
 Monopril  
 Monopril HCT  
 Monovisc (PA) (SPO)  
 Morgidox Kit  
 MoviPrep  
 Moxatag  
 Moxeza (QCD)  
 Myoxin  
 Myrbetriq  
 Namzaric  
 Naprelan  
 Naprelan CR  
 Napropak Cool Kit  
 Naprosyn  
 Naprosyn EC  
 Nascobal  
 Natazia  
 Natesto Nasal (ST)  
 Neo-Synalar Kit  
 Neosalus  
 Neosalus CP  
 Nesina (ST)  
 Neuac Kit  
 Neumaxin  
 Neupro  
 Neurontin  
 Nevanac  
 Nexiclon XR  
 Nexium (PA) (QCD)

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# Non-Covered Medication

Niravam

---

Norditropin (PA) (SP) (SPO)

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Norinyl

---

Noroxin

---

Nor-Q-D

---

Northera (SP)

---

Norvasc (QCD)

---

Novacort

---

Nova Max diabetic testing supplies (QCD)

---

Novolin Insulin products

---

Novolog Insulin products

---

Noxipak

---

NuCort

---

Nucynta

---

Nucynta ER (PA) (QCD)

---

NuLytely

---

NutriaRx Pak

---

NutriDox

---

Nuvessa

---

Nuvigil (PA)

---

Nyata Kit

---

Ocudox kit

---

Oleptro ER

---

Olux

---

Olysio (PA) (QCD) (SP)

---

Omnicef

---

Omnitrope (PA) (SP) (SPO)

---

Onexton

---

Onmel (QCD)

---

Onsolis (PA) (QCD)

---

Onzetra Xsail (QCD)

---

Opana

---

Opana ER (PA) (QCD)

---

Optase

---

Optium diabetic testing supplies (QCD)

---

Oracea

---

Oramorph SR (PA) (QCD)

---

Orapred ODT

---

Oravig

---

Orencia (PA) (SP)

---

Oroxin

---

Ortho-Prefest

---

Orthovisc (PA) (SPO)

---

Oseni (ST)

---

Osphena

---

Otrexup (SP)

---

Ovcon

---

Oxaydo

---

Oxecta

---

Oxytrol (ST)

---

Pain Relief Patch

---

Pamelor

---

Pamine FQ

---

Pancreaze

---

Paptase

---

Patanase (QCD)

---

Paxil (QCD)

---

Paxil CR (QCD)

---

PCE

---

PCE Dispertab

---

Pediaderm AF

---

Pediaderm HC

---

Pediaderm TA

---

PediPak

---

Penlac (QCD)

---

Pennsaid (QCD)

---

Pepcid

---

Percocet

---

Pertzye

---

Pexeva (QCD)

---

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# Non-Covered Medication

Pharmacist Choice diabetic testing supplies (QCD)

---

Picato

---

Plaquenil

---

Plegridy (QCD) (SP)

---

PR-Cream

---

Pram-HCA

---

Pramcort

---

Pramosone E

---

PrandiMet (ST)

---

Pravachol (QCD)

---

Precision QID diabetic supplies (QCD)

---

Precision X-Tra diabetic supplies (QCD)

---

Premium diabetic testing supplies (QCD)

---

Prepopik

---

Presera

---

Prestalia

---

Prestige diabetic testing supplies (QCD)

---

Prevacid (PA) (QCD)

---

Prevacid NapraPAC

---

PrevPac

---

Prilosec (PA) (QCD)

---

Prinivil

---

Prinzide

---

Pristiq (QCD)

---

Procentra (PA)

---

Procort

---

Prodigy diabetic testing supplies (QCD)

---

Prolensa

---

Promiseb

---

Promiseb Light

---

Proquin XR

---

Protonix (PA) (QCD)

---

Proventil HFA (QCD)

---

Proventil inhaler (QCD)

---

Proventil

---

Proventil Repetab

---

Provenza

---

Prozac (QCD)

---

Prozac Weekly (QCD)

---

Purinethol

---

Pylera

---

Qbrexlis

---

Quartette

---

Quillichew ER

---

Quillivant XR

---

Quixin

---

RadiaPlex Rx

---

Radigel

---

Raniclor

---

Rapaflo

---

Rasuvio

---

Rayos

---

Reciphexamine

---

Recothrom

---

Relafen

---

Relion diabetic testing supplies (QCD)

---

Relpax (QCD)

---

Relyyks

---

Relyt

---

Remeron (QCD)

---

Remeron Soltab (QCD)

---

Renovo

---

Repatha (PA) (QCD) (SP)

---

Requip (ST)

---

Requip XL (ST)

---

Rescula (ST)

---

Restoril

---

Retin-A Micro (PA30)

---

Rexulti (QCD)

---

Rinnovi

---

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# Non-Covered Medication

Risperdal M-Tab

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Ritalin

---

Ritalin LA (QCD)

---

Ritalin SR

---

Rosadan

---

Rosanil

---

Rybix ODT

---

Rynatan

---

Rytary ER

---

Rythmol

---

Ryzolt

---

Saizen (PA) (SP) (SPO)

---

Salicylic Acid-Ceramide kit

---

Salkera

---

Salvax

---

Salvax Duo

---

Salvax Duo Plus

---

SanadermRx Skin Repair

---

Sanctura (ST)

---

Sanctura XR (ST)

---

Sancuso (QCD)

---

Saphris

---

Sarafem (QCD)

---

Savaysa

---

Scalacort

---

Scar

---

Seasonique

---

Seebri Neohaler (QCD)

---

Senophylline

---

Sernivo

---

Silazone-II

---

Silenor (QCD)

---

Silvera

---

Silvrstat

---

Simbrinza

---

Simcor (QCD)

---

Simponi (PA) (QCD) (SP)

---

Simponi Aria (PA) (SP)

---

Sinelee

---

Sinemet

---

Sitavig

---

Skelid

---

Sklice

---

Smart Sense diabetic testing supplies (QCD)

---

SmartRx Gaba-V

---

SmartRx GabaKit

---

Sof-Tact diabetic supplies (QCD)

---

Solaice

---

Solaraze

---

Solodyn

---

Soltamox

---

Solus V2 diabetic testing supplies (QCD)

---

Soma

---

Sonata (QCD)

---

Soolantra

---

Sovaldi (PA) (QCD) (SP)

---

Spectracef

---

Sporanox (QCD)

---

Spritam

---

Sprix

---

Stavzor

---

Striant

---

Subsys (PA) (QCD)

---

Suclear

---

Sular

---

Sumadan

---

Sumavel Dosepro (QCD)

---

Sumaxin

---

Sumaxin CP

---

Sumaxin TS

---

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# Non-Covered Medication

Supartz (PA) (SPO)

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Suprep

---

Sure Result Tak Pack

---

Synalar Combo-Pack

---

Synalar TS

---

Synvexia TC

---

Synvisc (PA) (SPO)

---

Synvisc-One (PA) (SPO)

---

Tagamet

---

Taltz (PA) (QCD) (SP)

---

Targadox

---

Taytulla

---

Technivie (PA) (QCD) (SP)

---

Tekamlo

---

Tekturna

---

Tekturna HCT

---

Tenormin

---

Tequin

---

Terbinex (QCD)

---

Tersi

---

Test N'Go diabetic testing supplies (QCD)

---

Testim (ST)

---

Testone Kit

---

Testosterone gel (Fortesta Authorized product) (ST)

---

Testosterone gel (Testim Authorized product) (ST)

---

Testosterone gel (Vogelxo Authorized product) (ST)

---

Testosterone CIK Kit (ST)

---

Tetrix

---

Teveten (ST)

---

Teveten HCT (ST)

---

Tev-Tropin (PA) (SP) (SPO)

---

Therapentin

---

Theraproxen

---

Tiamate

---

Tiazac

---

Tindamax

---

Tirosint

---

Tivorbex (QCD)

---

TL-Triseb

---

TobraDex ST

---

Tofranil

---

Tolak

---

Tornalate

---

Toujeo Solostar (QCD)

---

Toviaz (ST)

---

Tradjenta (ST)

---

Tranxene T-Tab

---

Tresiba (QCD)

---

Tretin-X (PA)

---

Treximet (QCD)

---

Trezix

---

Tricor

---

Triglide

---

Tri-Levlen

---

Trilipix

---

Trinalin

---

Trintellix (QCD)

---

Tri-Norinyl

---

TriOxin

---

Tritec

---

Tropazone

---

True Metrix diabetic supplies (QCD)

---

TrueTest diabetic supplies (QCD)

---

TrueTrack diabetic supplies (QCD)

---

Twynsta

---

Ultracet

---

Ultram

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Ultram ER

---

Ultrasal ER

---

Ultravate PAC

---

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# Non-Covered Medication

Ultravate X

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Ultressa

---

Unistrip 1 diabetic testing supplies (QCD)

---

Up & Up diabetic testing supplies (QCD)

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Uramaxin

---

Urea kit

---

Utibron NeoHaler (QCD)

---

Valium

---

Valturna

---

Vanos

---

Vantin

---

Vascepa

---

Vaseretic

---

Vasolex

---

Vasotec

---

Vectical

---

Vectrin

---

Velma

---

Velphoro

---

Veltassa

---

Veltin (PA30)

---

Ventolin HFA (QCD)

---

Veregen

---

Vexa

---

Vexol

---

Viberzi

---

Viekira (PA) (QCD) (SP)

---

Viekira PAK (PA) (QCD) (SP)

---

Vigamox (QCD)

---

Viiibryd (QCD)

---

Vimovo

---

Virasal

---

Vivlodex

---

Vogelxo (ST)

---

Voltaren

---

Voltaren XR

---

Vopac MDS

---

Vraylar

---

Vusion

---

Vytorin (QCD)

---

Vyvanse (QCD)

---

Wavesense diabetic testing supplies (QCD)

---

Welchol

---

Wellbutrin

---

Wellbutrin SR (QCD)

---

Wellbutrin XL (QCD)

---

Whytederm Surgipak

---

Whytederm Trilasil Pack

---

Xanax

---

Xanax XR

---

X-Clair

---

Xartemis XR (PA) (QCD)

---

Xenaderm

---

Xerese

---

Xibrom

---

Xifaxan

---

Xigduo (QCD) (ST)

---

Xilapak

---

Xolegel

---

Xolox

---

Xopenex HFA (QCD)

---

Xopenex nebulas

---

Xtampza ER (PA) (QCD)

---

Xyralid

---

Yosprala (PA) (QCD)

---

Z-Pram

---

Zanaflex

---

Zantac

---

Zebeta

---

Zecuity (SP)

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\* (non-covered medication) Quality Care Dosing limits apply for members with approved formulary exceptions  
 \*\* (new to market drug; non-covered while under review) quantity limits apply to members with approved formulary exceptions  
 (MBO) medical benefit only  
 (PA) prior authorization required  
 (PA17) prior authorization required for members who are 17 years of age or older  
 (PA30) prior authorization required for members age 30 and older  
 (QCD) Quality Care Dosing limits apply  
 (SP) medication is part of the specialty pharmacy benefit  
 (SPO) pharmacy benefit only  
 (ST) step therapy required

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Zembrace Symtouch (QCD)
Zenievea
Zepatier (PA) (QCD) (SP)
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Ziana
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Zipsor
Zithromax
Zmax
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Zofran (QCD)
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Zohydro ER (PA) (QCD)
Zoloft (QCD)
Zolpimist (QCD)
Zomacton (PA) (SPO)
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Zomig ZMT (QCD)
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Zyflo
Zyflo CR
Zymar (QCD)
Zymaxid
Zypram
Zyprexa IM
Zyprexa Relprevv
Zytopic

\* (non-covered medication) Quality Care Dosing limits apply for members with approved formulary exceptions  
\*\* (new to market drug; non-covered while under review) quantity limits apply to members with approved formulary exceptions  
(MBO) medical benefit only  
(PA) prior authorization required  
(PA17) prior authorization required for members who are 17 years of age or older  
(PA30) prior authorization required for members age 30 and older  
(QCD) Quality Care Dosing limits apply  
(SP) medication is part of the specialty pharmacy benefit  
(SPO) pharmacy benefit only  
(ST) step therapy required



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# New Medication Approval Process

## **New Medication Approval Process**

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

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





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# ahealthyme<sup>®</sup>

Everything to live a healthier life

If you want to know more about your health and how to make it better, ahealthyme is a great place to start. With just a few clicks, we'll show you just what you need to live a healthier life. From a health assessment to wellness workshops and interactive tools, ahealthyme is your personal online resource.

## With ahealthyme, managing your health can be as easy as 1, 2, 3:

### 1. Start with your health assessment

Taking your health assessment is easy and rewarding. Simply answer questions about eight areas of your health. When done, we'll give you a detailed look at your health today and recommend tools and programs that will help improve it based on your answers.

### 2. Take a wellness workshop

Our self-paced wellness workshops are a fun way to be smart about your health. You'll gain insight on health topics that relate to you and get closer to your wellness goal.

#### Learn about:

- Healthy eating
- Quitting smoking
- Stress management
- Physical fitness
- Much more

### 3. Stay motivated and stick to your goals

Maintaining good eating and exercise habits can help keep you on track. With ahealthyme, you can record and track your activities on any computer or smartphone and see how you're doing in real time.

## Get Started Now

Go to [www.ahealthyme.com/login](http://www.ahealthyme.com/login) and sign up to begin your journey to healthier living.



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# Blue Care line<sup>SM</sup>

We're here for you 24/7

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



## We're here for you 24/7

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

## Know your options

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

## We'll call you

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

## Confidentiality

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

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# Fitness Reimbursement



Your Blue Cross Blue Shield of Massachusetts health plan can save you up to \$150<sup>1</sup> annually for participating in a qualified fitness program.

## 3 Easy Steps to Getting Reimbursed<sup>2</sup>



### 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.

### A qualified fitness program is:

A full-service health club with a variety of exercise equipment, including:

- Cardiovascular equipment like treadmills and bikes
- Strength-training equipment like free weights and weight machines

### What is a qualified expense?

- Membership fees
- Fitness class fees

### What doesn't qualify?

You can't receive the fitness reimbursement for expenses for personal training, lessons, coaching, equipment, clothing, or any of the programs below:

- Exercise studios such as martial arts or yoga centers
- Gymnastics, tennis, aerobic, or pool-only facilities
- Country clubs or social clubs
- Sports teams or leagues

### Important information:

- You can claim this maximum fitness reimbursement for fees paid by any combination of members enrolled under the same Blue Cross health plan.
- Keep copies of your proof of payment in case we request it from you. Proof of payment includes:
  - » Itemized, dated, paid receipts
  - » Bank or credit card statements
  - » Paycheck stubs, if your payments are automatically deducted from your paycheck
- Proof of payment should include the name of the fitness program, and the individual amounts charged with date paid.
- The dollar amount you receive may be considered taxable income. Consult your tax advisor about how to treat this reimbursement on your taxes.

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

1. Most plans offer a \$150 fitness reimbursement, but your employer may have elected a different amount. Please refer to your plan information to confirm.
2. Before starting, check to see if your plan includes the fitness reimbursement. Blue Cross will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment.



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# Fitness Reimbursement Request<sup>1</sup>

PLEASE PRINT ALL INFORMATION CLEARLY IN BLACK INK

To verify this reimbursement is offered within your plan, please log on to MyBlue® at [bluecrossma.com/myblue](http://bluecrossma.com/myblue) or call the Member Service number on your ID card. You have until March 31 of the following year to submit this form.

## Subscriber Information (Policyholder)

Identification Number on Your 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			

## Member and Claim Information

Member's Last Name	First Name	Middle Initial	Date of Birth: MM/DD/YY
Mailing Address—Number and Street (if different from subscriber's)		City	State Zip Code
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. My monthly membership fee is \$ _____. <input type="checkbox"/> Fitness class fees. My fee per class is \$ _____.			Health Plan Year

1. Blue Cross Blue Shield of Massachusetts will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment.

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

I authorize the release of any information to Blue Cross Blue Shield of Massachusetts about my qualified fitness program. 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 certify that I regularly use the qualified program for which I am requesting reimbursement. I understand that Blue Cross may require additional evidence of program participation and proof of payment before reimbursement is provided.

Subscriber's or Member's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Questions?

To verify this fitness reimbursement is offered within your plan or for further information, please log onto the MyBlue website at [bluecrossma.com/myblue](http://bluecrossma.com/myblue) or call the Member Service number on the front of your ID card.

### Complete this form and mail it to:

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

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

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

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

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



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# Weight-Loss Reimbursement



Your Blue Cross Blue Shield of Massachusetts health plan can save you up to \$150<sup>1</sup> annually when you participate in a qualified weight-loss program.

## 3 Easy Steps to Getting Reimbursed<sup>2</sup>



### 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 with proof of payment to the address listed.

### A qualified weight-loss program is:

- Weight Watchers®, an independent company, with in-person meetings
- Hospital-based weight-loss programs

### What is a qualified expense?

- Participation fees

### What doesn't qualify?

- Weight Watchers Online
- Fees paid for individual nutrition-counseling sessions, food, books, videos, or scales

### Important Information

- You can claim this maximum weight loss reimbursement for fees paid by any combination of members enrolled under the same Blue Cross health plan.
- Keep copies of all your submitted paperwork and proof of payment in case we request it from you. Proof of payment includes the following:
  - » Itemized, dated, paid receipts
  - » Weight Watchers paperwork
- Paperwork and proof of payment should include the name of the family member enrolled in the program and the individual amounts charged with date paid.
- The dollar amount you receive may be considered taxable income. Consult your tax advisor about how to treat this reimbursement

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

1. Most plans offer a \$150 reimbursement, but your employer may have elected a different amount. Please refer to your plan information to confirm.

2. Before starting, check to see if your plan includes the weight-loss reimbursement. Blue Cross will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment.



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# Weight-Loss Reimbursement Request<sup>1</sup>

PLEASE PRINT ALL INFORMATION CLEARLY IN BLACK INK

To verify this reimbursement is offered within your plan, please log on to MyBlue<sup>®</sup> at [bluecrossma.com/myblue](http://bluecrossma.com/myblue) or call the Member Service number on your ID card. You have until March 31 of the following year to submit this form.

## Subscriber Information (Policyholder)

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

## Member and Claim Information

Member's Last Name	First Name	Middle Initial	Date of Birth: MM/DD/YY
Mailing Address—Number and Street (if different from subscriber's)		City	State
Zip Code			
Gender <small>(color in the entire box)</small>	Claim is for (choose one and color in the entire box):		
<input type="checkbox"/> Male	<input type="checkbox"/> Subscriber (policyholder)	<input type="checkbox"/> Ex-Spouse	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Female	<input type="checkbox"/> Spouse (of policyholder)	<input type="checkbox"/> Dependent (up to age 26)	

## Class or Program Information Required

Attach 8.5" x 11" photocopies of paid receipts from your qualified weight-loss program. Receipts must show Blue Cross Blue Shield of Massachusetts member's name, name or logo of program, amount paid per session(s), and date(s) paid. For qualified Weight Watchers programs, a photocopy of your program Membership Book showing this information is required.

Name, Address, and Phone Number of Qualified Weight-Loss Program	Health Plan Year
Total dollars requested: \$ _____	
My monthly program participation fee is \$ _____	

<sup>1</sup>Blue Cross Blue Shield of Massachusetts will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment.

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

I authorize the release of any information to Blue Cross Blue Shield of Massachusetts about my qualified weight-loss program. 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 certify that I am regularly using the qualified program for which I am requesting reimbursement. I understand that Blue Cross may require additional evidence of program participation and proof of payment before reimbursement is provided.

Subscriber's or Member's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Questions?

To verify this reimbursement is offered within your plan or for further information, please log onto the MyBlue website at [bluecrossma.com/myblue](http://bluecrossma.com/myblue) or call the Member Service number on the front of your ID card.

## Complete this form and mail it to:

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

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

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

ATENÇÃO: 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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# 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<sup>®</sup> and Blue Cross Blue Shield Global<sup>®</sup> 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<sup>®</sup> 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<sup>®</sup> 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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MASSACHUSETTS

# Our Commitment to Confidentiality

This Notice describes how medical 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 *personal* or *medical* information we need to carry out our business.

- Examples of *personal* information are name, address, date of birth, and social security number. Most often, you and your employer supply this information to enroll you in a plan.
- Examples of *medical* information are diagnoses, treatments, and names of providers who treat you. Most often, your providers supply this information.

## Use and Disclosure of Information

We are required by law to protect the confidentiality of your personal and medical information and to notify you in case of a breach affecting your personal or medical information. We will supply your information to you upon your request or to help you understand treatment options and other benefits available to you.

We also may use and disclose your information without your written authorization for the following purposes, and as otherwise permitted or required by law:

- **Treatment**—to help providers manage or coordinate your health care and related services. For example, to refer you to another provider or remind you of appointments.
- **Payment**—to obtain payment for your coverage, provide you with health benefits, and assist another health plan or provider in its payment activities. For example, to manage enrollment records, make coverage determinations, administer claims, or coordinate benefits with other coverage you may have.
- **Health Care Operations**—to operate our business, including accreditation, credentialing, customer service, disease management, and fraud-prevention activities. For example, to do business planning, arrange for medical review, and conduct quality assessment and improvement activities.
- **Legal Compliance**—to comply with applicable law. For example, to respond to regulatory authorities responsible for oversight of government benefit programs or our operations; to parties or courts in the course of judicial or administrative proceedings; to law enforcement officials during an investigation; or as necessary to comply with workers' compensation laws.
- **Research and Public Health**—for medical research studies in accordance with laws for the protection of human research subjects, and to report to public health authorities and otherwise prevent or lessen a serious and imminent threat to health or safety. For example, for the purpose of preventing or controlling disease, injury, or disability.
- **To an Account (such as an employer) or Party It Designates**—for administration of its health plan. For example, to a self-insured account for claim review and audits. We will disclose your information only to designated individuals. That, along with contract obligations, 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 to intended purposes. We use physical, electronic, and procedural safeguards to protect your privacy. Even when allowed, uses and disclosures are limited to the minimum amount reasonably necessary for the intended task.



## Your Privacy Rights

You have the following rights with respect to your personal and medical information. To exercise any of these rights, contact us using the information listed at the end of this notice.

- **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 we collect about you.** We will provide access to this information within 30 days of receiving a written request. We may charge a reasonable fee for copying and mailing records. You may also ask your providers for access to your records.
- **You have the right to receive an accounting of disclosures.** Your request must be in writing. 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 a disclosure of your information in response to a subpoena.
- **You have the right to ask us to correct or amend information you believe to be incorrect.** Your request to correct, amend, or delete information should be in writing. We will notify you if we make an adjustment as a result of your request. If we do not make an adjustment, we will send you a letter explaining why within 30 days. In this case, you may ask us to make your request part of your records, or ask the commissioner of insurance to review our decision. We may also provide notice of your requested changes to others who received this information in the past two years.
- **You have the right to designate someone to receive information and interact with us on your behalf.** Your personal representative has the same rights concerning your information as you. Your designation and any subsequent revocation must be in writing, and a form for this purpose is available on our website or by calling Member Service.
- **You have the right to ask that we restrict or refuse to disclose personally identifiable information, and that we direct communications to you by alternative means or to alternative locations.** While we may not always be able to agree, we will make reasonable efforts to accommodate requests. 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 standard 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.**

## Special Notes Regarding Disclosure

Special protections apply to information about certain medical conditions. For example, with very few exceptions allowed by law, we will not disclose any information regarding HIV or AIDS to any party without your written permission. We will not disclose mental health treatment records to you without first receiving approval from your treating provider or another equally qualified mental health professional. Also, we are prohibited from using or disclosing genetic information for underwriting purposes.

Except as provided in this notice, we will not use or disclose your personal or medical information without your written authorization. A form for this purpose is available on our website or by calling Member Service.

Specifically, we must have your written authorization to use or disclose your information for:

- Marketing purposes;
- The sale of PHI;
- Most use and disclosures of psychotherapy notes.

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.

## About This Notice

This notice is effective September 23, 2013. We are required by law to provide this notice to you and to abide by it while it is in effect. We reserve the right to change this notice. Any changes will apply to all personal and medical information that we maintain, regardless of when it was created or received. Before we make any material changes in our privacy practices, we will post a new notice on our website. We will provide information about the changes to our privacy practices and how to obtain a new notice in our next annual mailing to members who are then covered by one of our health plans.

If you have any questions, contact Member Service. We're here to help. Please call the Member Service toll-free number on the front of your ID card or visit our website at [www.bluecrossma.com](http://www.bluecrossma.com).

## Coverage for Mastectomy-Related Services

Did you know that your 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
- Prostheses 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 physician. 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, just call the Member Service number on your Blue Cross Blue Shield ID card.

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MASSACHUSETTS

# Your Primary Care Provider



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

## Referrals

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

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

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

## Choose the Right PCP

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

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

- Internal medicine
- Family medicine
- Pediatrics

## How to Update Your PCP

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

## Explore Your PCP Options

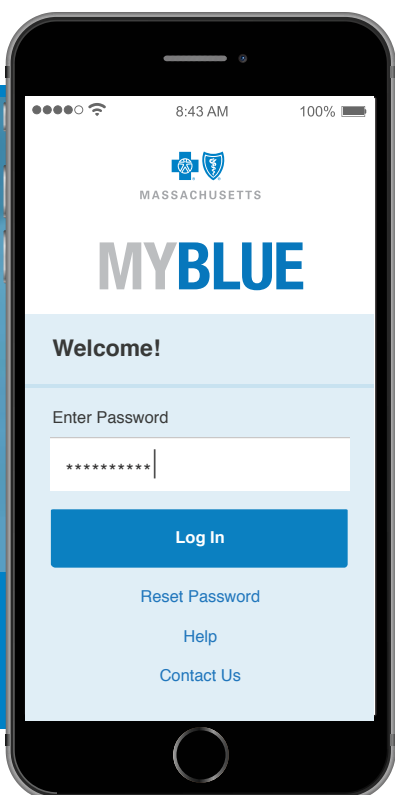
For the most up-to-date listings, visit **[www.bluecrossma.com/findadoctor](http://www.bluecrossma.com/findadoctor)**. Using the Find a Doctor tool, you can find a PCP based on:

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

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MASSACHUSETTS



# Meet the MYBLUE Member App

## Simple, Secure, Convenient

### Get Health Care Information Quickly and Easily

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

### Personalized health care, right at their fingertips:



Use the interactive ID card to direct-dial important numbers, or email a PDF version to a doctor.



Get access to recent claims history and see copayment amounts.



Review recent doctor visits, including date, specialty, and contact information.



See prescriptions history, including dosage and who prescribed it.



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



View dependents under age 18, and keep track of their information.

Available On

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

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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 are a Blue Cross member.

## 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
ProtectMyID®	<ul style="list-style-type: none"> <li>• Daily credit monitoring services</li> <li>• Alerts</li> <li>• Credit report checks in Experian's consumer credit database</li> <li>• Identity theft insurance</li> <li>• U.S.-based fraud resolution team support</li> </ul>	You and dependents over 18	Visit the Experian ProtectMyID website at <a href="http://www.protectmyid.com/bcbsma">www.protectmyid.com/bcbsma</a> and follow the enrollment steps for each person you wish to sign up. You will need engagement code: PC97753.
FamilySecure™	<ul style="list-style-type: none"> <li>• Monthly credit monitoring</li> <li>• Credit file misuse alerts</li> <li>• Comprehensive fraud resolution support</li> </ul>	Dependents under 18	Visit the Experian FamilySecure website at <a href="http://www.familysecure.com/bcbsma">www.familysecure.com/bcbsma</a> and follow the enrollment steps for each dependent you wish to sign up. You will need engagement code: PC97754.

Note: To complete the enrollment process, you'll need your Blue Cross member ID card and the social security number for each individual you want to sign up.

Members in the following plans are not eligible for this service:

- FEP
- Medicare Advantage and BlueMedicare RX (PDP)

## Questions for Experian?

If you have question about the Experian products or the enrollment process, please contact Experian directly. Depending on your selected product, visit the ProtectMyID website at [www.protectmyid.com/bcbsma](http://www.protectmyid.com/bcbsma) or the FamilySecure website at [www.familysecure.com/bcbsma](http://www.familysecure.com/bcbsma). Or, you can call Experian at **1-866-926-9803**.

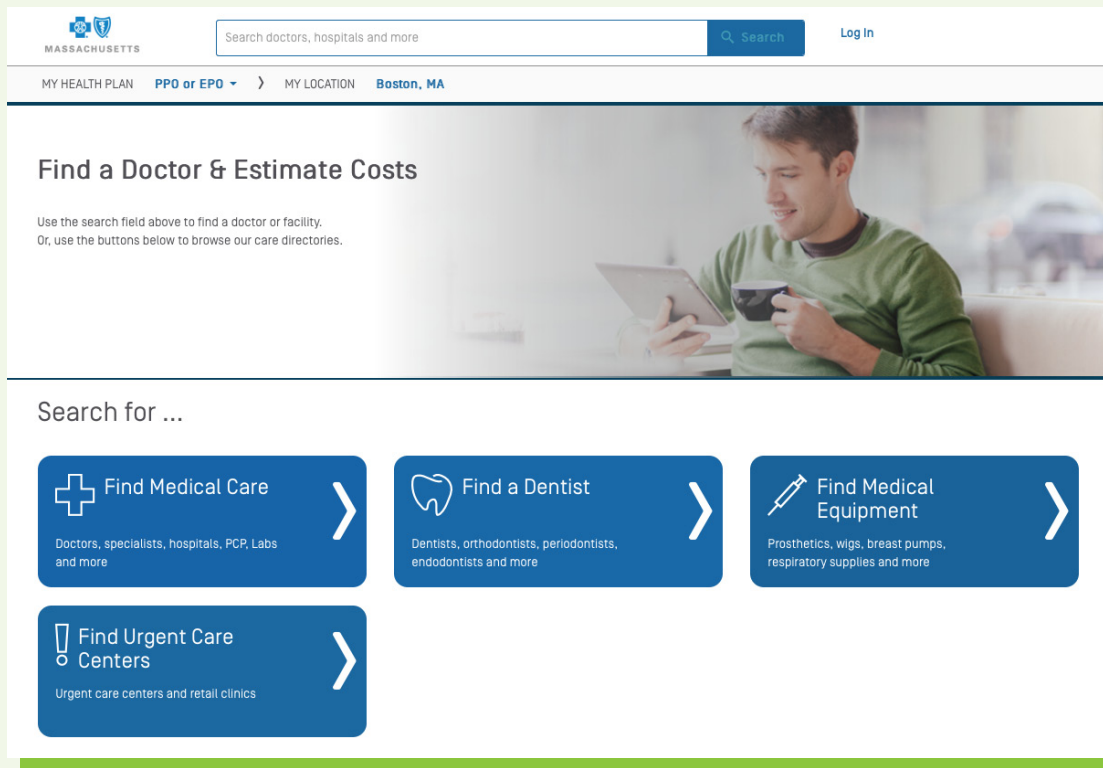
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# Find the Care You Need with One Simple Tool!

DOCTORS | DENTISTS | HOSPITALS | OTHER HEALTH CARE PROVIDERS

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



New and improved!



**FIND A DOCTOR  
& ESTIMATE COSTS**

# Log in for Best Results

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

Don't have an account? Create one at [bluecrossma.com/findadoctor](http://bluecrossma.com/findadoctor).

## 1 How to Search for Doctors and Hospitals

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

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

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

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

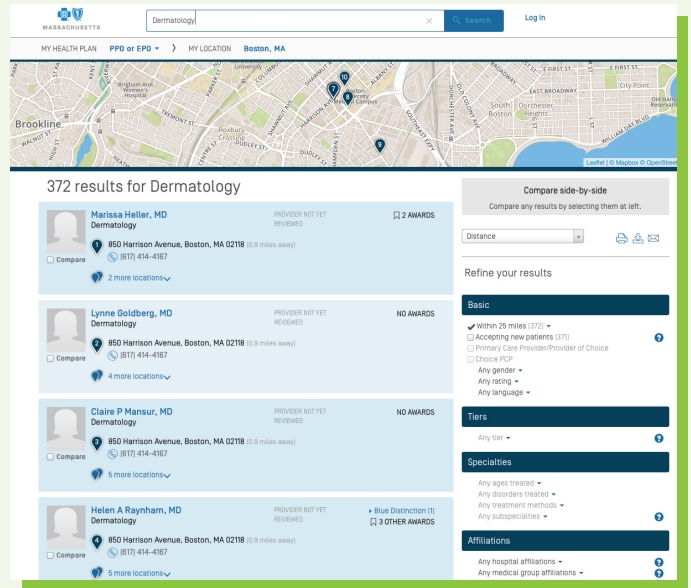
Change your location here. You even have the option to search nationwide!

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

## 2 Using the Results Page

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

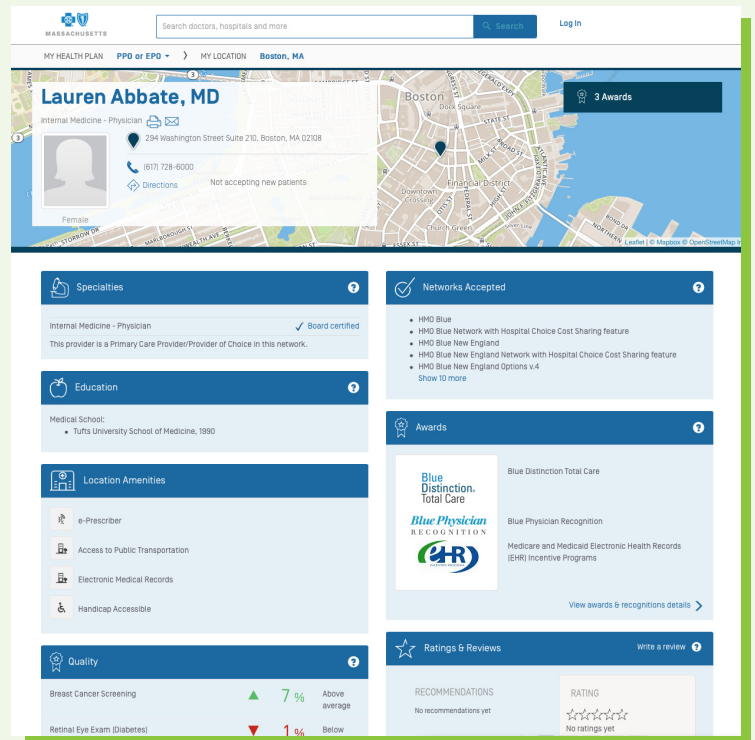
- Narrow your results by specialty, gender, quality, languages, and more.
- Compare up to ten doctors.
- Click a provider's name for more information, including patient reviews of doctors, directions, and quality ratings.
- You also have the ability to create a PDF and email the results.
- And more!



## 3 Provider's Detail Page What to Look For

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

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



# Get Quality of Care Ratings

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

## Doctors:

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

## Hospitals:

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

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

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

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

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

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

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

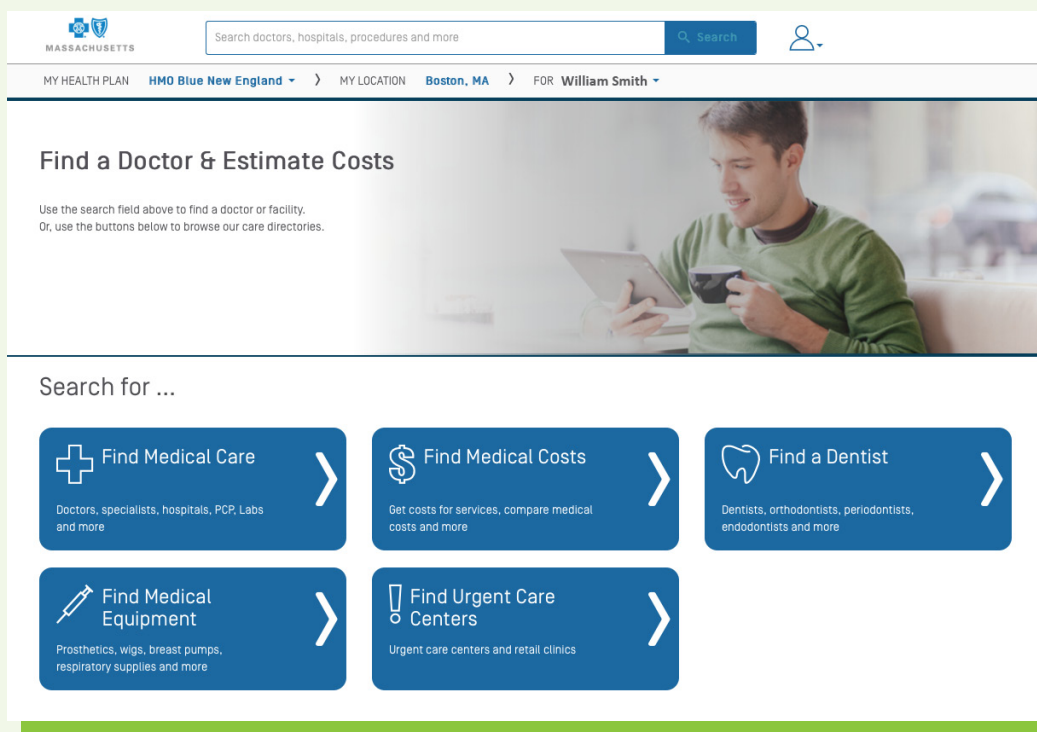
Portuguese/Português: ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).



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## Shop and Compare Costs for over 1,600 Procedures

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



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

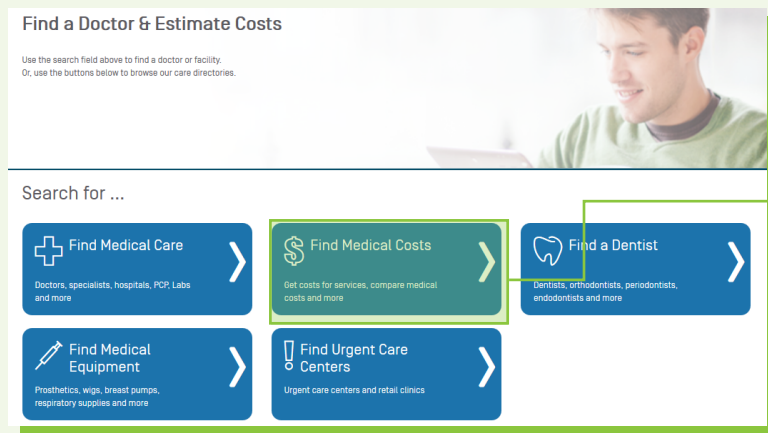


# Log in to Begin

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

## 1 How to Search for Cost Estimates

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

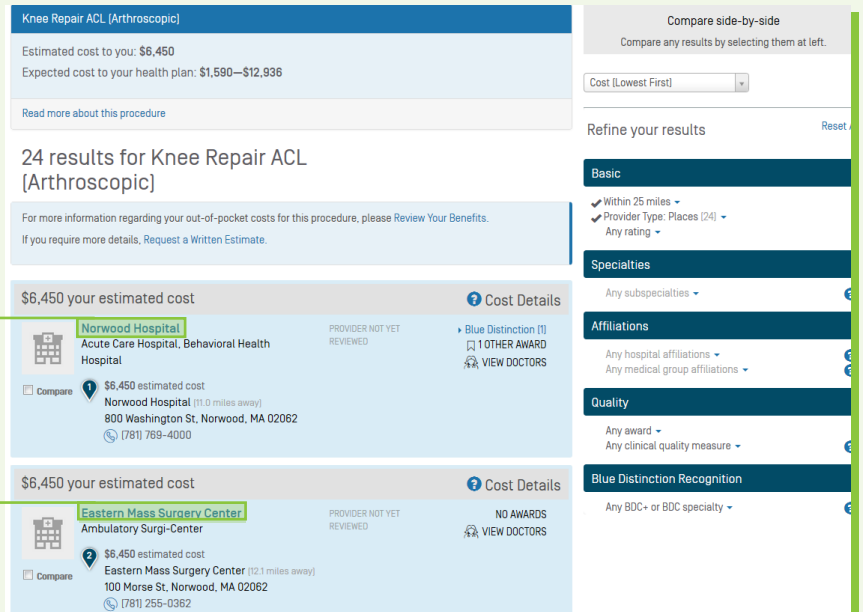


You can also **click**  
**Find Medical Costs**  
for a guided search.

## 2 Using the Results Page

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

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



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



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

**Your Cost Estimate**

Cost Estimate for Knee Repair ACL [Arthroscopic]

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

See breakdown of your cost >

**Ratings & Reviews**

RECOMMENDATIONS  
No recommendations yet

Overall Rating  
No ratings yet

**Awards**

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

**Blue Distinction. Center+ Knee/Hip**

View awards & recognitions d

### 3 Provider Details— What You Can Expect

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

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

### 4 Cost Breakdown Page

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

**Cost Estimate for Knee Repair ACL [Arthroscopic]**

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

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

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

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

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

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

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

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

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

## Shop, Compare, Save

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



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

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

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

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



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MASSACHUSETTS

# 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](mailto: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](http://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](http://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'áájíik'e bee níká'a'doowołgo éí ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíjij' béeesh bee hodíílnih (TTY: 711).