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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 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 on the opposite and back pages 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
- 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 on the opposite and back pages 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 begins on January 1 and ends on December 31 of each year. Your out-of-network 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

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 on the opposite page 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

You must follow the requirements of Utilization Review, including Pre-Admission Review, Pre-Service Approval for certain outpatient services, Concurrent Review and Discharge Planning, and Individual Case Management. For detailed information about Utilization Review, see your benefit description. If you need non-emergency or non-maternity hospitalization, you or someone on your behalf must call the number on your ID card for pre-approval. If you do not notify Blue Cross Blue Shield of Massachusetts and receive pre-approval, your benefits may be reduced or denied.

Dependent Benefits

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

Your Medical Benefits

Covered Services	Your Cost In-Network	Your Cost Out-of-Network
Preventive Care Routine physical exams, including related tests, according to age-based schedule as follows: <ul style="list-style-type: none"> • 10 visits during the first year of life • Three visits during the second year of life (age 1 to age 2) • Two visits for age 2 • One visit per calendar year for age 3 and older 	Nothing	20% coinsurance after deductible
Routine adult physical exams, including related tests (one per calendar year)	Nothing	20% coinsurance after deductible
Routine GYN exams, including related tests (one per calendar year)	Nothing	20% coinsurance after deductible
Routine vision exam (one every 24 months)	Nothing	20% coinsurance after deductible
Family planning services—office visits	Nothing	20% coinsurance after deductible
Hearing Benefits 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 benefit maximum	20% coinsurance after deductible and all charges beyond the benefit maximum
Outpatient Care 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
Specialist and other covered provider visits	\$25 per visit	20% coinsurance after deductible
Mental health and substance abuse treatment	\$10 per visit	20% coinsurance after deductible
Chiropractors' office visits (up to 20 visits per calendar year)	\$15 per visit	20% coinsurance after deductible
Short-term rehabilitation therapy—physical, occupational, and speech (up to 90 visits per calendar year*)	\$15 per visit	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
Prosthetic devices	Nothing	20% coinsurance after deductible
Durable medical equipment—such as wheelchairs, crutches, hospital beds	Nothing	20% coinsurance after deductible
Surgery and related anesthesia, when performed: <ul style="list-style-type: none"> • In an office setting 	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"> • Ambulatory surgical facility, hospital, or surgical day care unit 	All Tiers: \$100 per admission	20% coinsurance after deductible
Diagnostic X-rays, lab tests, and other tests, including MRIs, CT scans, PET scans, and nuclear cardiac imaging tests	Nothing	20% coinsurance after deductible
Inpatient Care (and maternity care) 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, the treatment of autism spectrum disorders, or speech therapy.

** 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

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

** Cost share waived for certain orally-administered anticancer drugs.

*** Cost share waived for birth control.

Get the Most from Your Plan

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

<p>Wellness Participation Program</p> <p>Reimbursement for a membership at a health club or for fitness classes 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>Reimbursement for participation in a qualified weight loss program 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 SM —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.

Interested in receiving information from us via e-mail? Go to 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.



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at <http://www.emiia.org/health-and-dental-insurance> or by calling **1-800-782-3675**.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	\$0 in-network; \$150 member / \$300 family out-of-network. Does not apply to emergency room, emergency transportation, prescription drugs.	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. For medical benefits, \$2,500 member / \$5,000 family; and for prescription drug benefits, \$1,000 member / \$2,000 family.	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, balance-billed 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> .
Does this plan use a <u>network of providers</u> ?	Yes. See www.bluecrossma.com/findadoctor or call 1-800-821-1388 for a list of preferred providers.	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 7. See your policy or plan document for additional information about <u>excluded services</u> .

Questions: Call **1-800-782-3675** or visit us at www.bluecrossma.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.bluecrossma.com/sbcglossary or call **1-800-782-3675** to request a copy.



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** (or provider's charge if it is less than the **allowed amount**) for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000 (and it is less than the provider's charge), your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network enhanced benefits tier **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts. (If you are eligible to elect a Health Reimbursement Account (HRA), Flexible Spending Account (FSA) or you have elected a Health Savings Account (HSA), you may have access to additional funds to help cover certain **out-of-pocket** expenses such as **copayments**, **coinsurance**, **deductibles** and costs related to services not otherwise covered.)

Common Medical Event	Services You May Need	Your cost if you use				Limitations & Exceptions
		Enhanced Benefits Tier	Standard Benefits Tier	Basic Benefits Tier	Out-of-Network	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$10 / visit	\$15 / visit	\$20 / visit	20% coinsurance	Deductible applies first for out-of-network
	Specialist visit	\$25 / visit	\$25 / visit	\$25 / visit	20% coinsurance	Deductible applies first for out-of-network
	Other practitioner office visit	\$15 / chiropractor visit	\$15 / chiropractor visit	\$15 / chiropractor visit	20% coinsurance / chiropractor visit	Deductible applies first for out-of-network; limited to 20 visits per calendar year
	Preventive care/screening/immunization	No charge	No charge	No charge	20% coinsurance	Deductible applies first for out-of-network; limited to age-based schedule and / or frequency
If you have a test	Diagnostic test (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

Common Medical Event	Services You May Need	Your cost if you use				Limitations & Exceptions
		Enhanced Benefits Tier	Standard Benefits Tier	Basic Benefits Tier	Out-of-Network	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bluecrossma.com/medications .	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	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
	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	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
	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
If you have outpatient surgery	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
If you need immediate medical attention	Emergency room services	\$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	20% coinsurance	Deductible applies first for out-of-network

Common Medical Event	Services You May Need	Your cost if you use				Limitations & Exceptions
		Enhanced Benefits Tier	Standard Benefits Tier	Basic Benefits Tier	Out-of-Network	
If you have a hospital stay	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 fee	No charge	No charge	No charge	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$10 / visit	\$10 / visit	\$10 / visit	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required for certain services
	Mental/Behavioral health inpatient services	\$200 / admission	\$200 / admission for mental hospitals or substance abuse facilities (\$400 for general hospitals)	\$200 / admission for mental hospitals or substance abuse facilities (\$400 for general hospitals)	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required
	Substance use disorder outpatient services	\$10 / visit	\$10 / visit	\$10 / visit	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required for certain services
	Substance use disorder inpatient services	\$200 / admission	\$200 / admission for mental hospitals or substance abuse facilities (\$400 for general hospitals)	\$200 / admission for mental hospitals or substance abuse facilities (\$400 for general hospitals)	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required for certain services

Common Medical Event	Services You May Need	Your cost if you use				Limitations & Exceptions
		Enhanced Benefits Tier	Standard Benefits Tier	Basic Benefits Tier	Out-of-Network	
If you are pregnant	Prenatal and postnatal care	No charge	No charge	No charge	20% coinsurance	Deductible applies first for out-of-network
	Delivery and all inpatient services	\$200 / admission and no charge for delivery	\$400 / admission and no charge for delivery	\$400 / admission and no charge for delivery	20% coinsurance	Deductible applies first for out-of-network
If you need help recovering or have other special health needs	Home health care	No charge	No charge	No charge	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required
	Rehabilitation services	\$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)
	Habilitation services	\$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
	Skilled nursing care	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
	Durable medical equipment	No charge	No charge	No charge	20% coinsurance	Deductible applies first for out-of-network
	Hospice service	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	Your cost if you use				Limitations & Exceptions
		Enhanced Benefits Tier	Standard Benefits Tier	Basic Benefits Tier	Out-of-Network	
If your child needs dental or eye care	Eye exam	No charge	No charge	No charge	20% coinsurance	Deductible applies first for out-of-network; limited to one exam every 24 months
	Glasses	Not covered	Not covered	Not covered	Not covered	--- none ---
	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 Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

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

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- 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:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact your plan sponsor. Note: A plan sponsor is usually the member's employer or organization that provides group health coverage to the member. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact the Member Service number listed on your ID card or contact your plan sponsor. Note: A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Assistance

To obtain language assistance, please call the toll-free Member Service number on your ID card.

SPANISH (Español): Para obtener asistencia en español, llame al número gratuito de Servicio de Atención al Miembro que figura en su tarjeta de identificación.

TAGALOG (Tagalog): Kung kailangan ninyo ng tulong sa Tagalog tumawag sa libheng numero ng telepono ng Serbisyo sa Miyembro na nakasulat sa inyong ID card.

CHINESE (中文): 如果您需要中文語言幫助，請撥打會員卡上的客戶服務免費電話號碼

NAVAJO (Dine): Dinek'ehjí shika' a'dowoł ninizingo, kwojí hodiilné t'áá jííkeh béesh bee' hane'jí T'áá doolé'é bina'ishdiłkidgo yeeháká'adooljah éí binumber bee néého'dolzin biniiyé naanitinígíí bikáá' doo.

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 page.*—————

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$6,970
- Patient pays \$570

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$0
Copays	\$420
Coinsurance	\$0
Limits or exclusions	\$150
Total	\$570

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$4,170
- Patient pays \$1,230

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$0
Copays	\$1,150
Coinsurance	\$0
Limits or exclusions	\$80
Total	\$1,230

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from standard benefits tier **providers**. If the patient had received care from other in-network or out-of-network **providers**, costs would have been different.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✘ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✘ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✔ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✔ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-800-782-3675 or visit us at www.bluecrossma.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.bluecrossma.com/sbcglossary or call 1-800-782-3675 to request a copy.

MCC Compliance

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

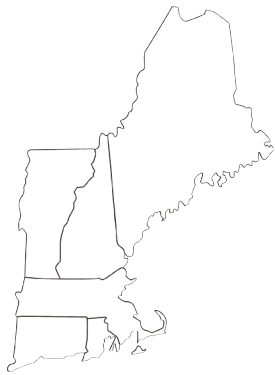


Information About the Plan

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, 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 and search for PPO Blue Options v.5.




Network Blue New England OptionsSM 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 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 Network Blue New England, 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; 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. 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 Care

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 on the opposite page 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
Preventive Care			
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 vision exam (one every 24 months)	Nothing	Nothing	Nothing
Family planning services—office visits	Nothing	Nothing	Nothing
Hearing Benefits			
Routine hearing exams	Nothing	Nothing	Nothing
Hearing aids (up to \$5,000 per ear every 36 months)	All charges beyond the benefit maximum	All charges beyond the benefit maximum	All charges beyond the benefit maximum
Outpatient Care			
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:			
• Your PCP, network nurse practitioner, or nurse midwife (billed by PCP)	\$10 per visit	\$15 per visit	\$20 per visit
• Network nurse practitioner or nurse midwife (not billed by PCP)	\$15 per visit	\$15 per visit	\$15 per visit
• Other network providers	\$25 per visit	\$25 per visit	\$25 per visit
Mental health and substance abuse treatment	\$10 per visit	\$10 per visit	\$10 per visit
Chiropractors' office visits (up to 20 visits per calendar year)	\$15 per visit	\$15 per visit	\$15 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
Home health care and hospice services	Nothing	Nothing	Nothing
Oxygen and equipment for its administration	Nothing	Nothing	Nothing
Prosthetic devices	20% coinsurance	20% coinsurance	20% coinsurance
Durable medical equipment—such as wheelchairs, crutches, and hospital beds	Nothing	Nothing	Nothing
Surgery and related anesthesia, when performed in:			
• An office setting: PCP/Other network providers	\$10 per visit**/\$25 per visit**	\$15 per visit**/\$25 per visit**	\$20 per visit**/\$25 per visit**
• Hospital and other day surgical facility services	\$100 per admission	\$100 per admission	\$100 per admission
Diagnostic X-rays, lab tests, and other tests, including CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	Nothing	Nothing	Nothing
Inpatient Care (and maternity care)			
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 and 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

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

** Cost share waived for certain orally-administered anticancer drugs.

*** Cost share waived for birth control.

Get the Most from Your Plan

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

<p>Wellness Participation Program</p> <p>Reimbursement for a membership at a health club or for fitness classes</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>Reimbursement for participation in a qualified weight loss program</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 SM —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.

Interested in receiving information from us via e-mail? Go to 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.



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at <http://www.emiia.org/health-and-dental-insurance> or by calling **1-800-782-3675**.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$0	See the chart starting on page 2 for your costs for services this plan covers.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. For medical benefits, \$2,500 member / \$5,000 family; and for prescription drug benefits, \$1,000 member / \$2,000 family.	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Does this plan use a <u>network of providers</u> ?	Yes. See www.bluecrossma.com/findadoctor or call 1-800-821-1388 for a list of network providers.	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a <u>specialist</u> ?	Yes.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have the plan's permission before you see the specialist .
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 6. See your policy or plan document for additional information about excluded services .

Questions: Call **1-800-782-3675** or visit us at www.bluecrossma.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.bluecrossma.com/sbcglossary or call **1-800-782-3675** to request a copy.



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** (or provider's charge if it is less than the **allowed amount**) for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000 (and it is less than the provider's charge), your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network enhanced benefits tier **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts. (If you are eligible to elect a Health Reimbursement Account (HRA), Flexible Spending Account (FSA) or you have elected a Health Savings Account (HSA), you may have access to additional funds to help cover certain **out-of-pocket** expenses such as **copayments**, **coinsurance**, **deductibles** and costs related to services not otherwise covered.)

Common Medical Event	Services You May Need	Your cost if you use				Limitations & Exceptions
		Enhanced Benefits Tier	Standard Benefits Tier	Basic Benefits Tier	Out-of-Network	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$10 / visit	\$15 / visit	\$20 / visit	Not covered	--- none ---
	Specialist visit	\$25 / visit	\$25 / visit	\$25 / visit	Not covered	--- none ---
	Other practitioner office visit	\$15 / chiropractor visit	\$15 / chiropractor visit	\$15 / chiropractor visit	Not covered	Limited to 20 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
If you have a test	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

Common Medical Event	Services You May Need	Your cost if you use				Limitations & Exceptions
		Enhanced Benefits Tier	Standard Benefits Tier	Basic Benefits Tier	Out-of-Network	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bluecrossma.com/medications .	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	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
	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	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
	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
If you have outpatient surgery	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
If you need immediate medical attention	Emergency room services	\$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

Common Medical Event	Services You May Need	Your cost if you use				Limitations & Exceptions
		Enhanced Benefits Tier	Standard Benefits Tier	Basic Benefits Tier	Out-of-Network	
If you have a hospital stay	Facility fee (e.g., hospital room)	\$200 / admission	\$400 / admission	\$400 / admission	Not covered	Pre-authorization required
	Physician/surgeon fee	No charge	No charge	No charge	Not covered	Pre-authorization required
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$10 / visit	\$10 / visit	\$10 / visit	Not covered	Pre-authorization required for certain services
	Mental/Behavioral health inpatient services	\$200 / admission	\$200 / admission for mental hospitals or substance abuse facilities (\$400 for general hospitals)	\$200 / admission for mental hospitals or substance abuse facilities (\$400 for general hospitals)	Not covered	Pre-authorization required
	Substance use disorder outpatient services	\$10 / visit	\$10 / visit	\$10 / visit	Not covered	Pre-authorization required for certain services
	Substance use disorder inpatient services	\$200 / admission	\$200 / admission for mental hospitals or substance abuse facilities (\$400 for general hospitals)	\$200 / admission for mental hospitals or substance abuse facilities (\$400 for general hospitals)	Not covered	Pre-authorization required for certain services
If you are pregnant	Prenatal and postnatal care	No charge	No charge	No charge	Not covered	--- none ---
	Delivery and all inpatient services	\$200 / admission and no charge for delivery	\$400 / admission and no charge for delivery	\$400 / admission and no charge for delivery	Not covered	--- none ---

Common Medical Event	Services You May Need	Your cost if you use				Limitations & Exceptions
		Enhanced Benefits Tier	Standard Benefits Tier	Basic Benefits Tier	Out-of-Network	
If you need help recovering or have other special health needs	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 service	No charge	No charge	No charge	Not covered	Pre-authorization required for certain services
If your child needs dental or eye care	Eye exam	No charge	No charge	No charge	Not covered	Limited to one exam every 24 months
	Glasses	Not covered	Not covered	Not covered	Not covered	--- none ---
	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 Does NOT Cover (This isn't a complete list. Check your policy or plan document for 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 (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- 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:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact your plan sponsor. Note: A plan sponsor is usually the member's employer or organization that provides group health coverage to the member. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact the Member Service number listed on your ID card or contact your plan sponsor. Note: A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Assistance

To obtain language assistance, please call the toll-free Member Service number on your ID card.

SPANISH (Español): Para obtener asistencia en español, llame al número gratuito de Servicio de Atención al Miembro que figura en su tarjeta de identificación.

TAGALOG (Tagalog): Kung kailangan ninyo ng tulong sa Tagalog tumawag sa libheng numero ng telepono ng Serbisyo sa Miyembro na nakasulat sa inyong ID card.

CHINESE (中文): 如果您需要中文語言幫助，請撥打會員卡上的客戶服務免費電話號碼

NAVAJO (Dine): Dinek'ehjí shika' a'dowoł ninizingo, kwojí hodiilné t'áá jííkeh béesh bee' hane'jí T'áá doolé'é bina'ishdiłkidgo yeeháká'adoojah éí binumber bee néého'dolzin biniiyé naanitinígíí bikáá' doo.

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 page.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$6,970
- Patient pays \$570

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$0
Copays	\$420
Coinsurance	\$0
Limits or exclusions	\$150
Total	\$570

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$4,170
- Patient pays \$1,230

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$0
Copays	\$1,150
Coinsurance	\$0
Limits or exclusions	\$80
Total	\$1,230

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from standard benefits tier **providers**. If the patient had received care from other in-network or out-of-network **providers**, costs would have been different.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-800-782-3675 or visit us at www.bluecrossma.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.bluecrossma.com/sbcglossary or call 1-800-782-3675 to request a copy.

MCC Compliance

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



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, 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 and search for HMO Blue New England Options v.5.



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Quick Start Guide

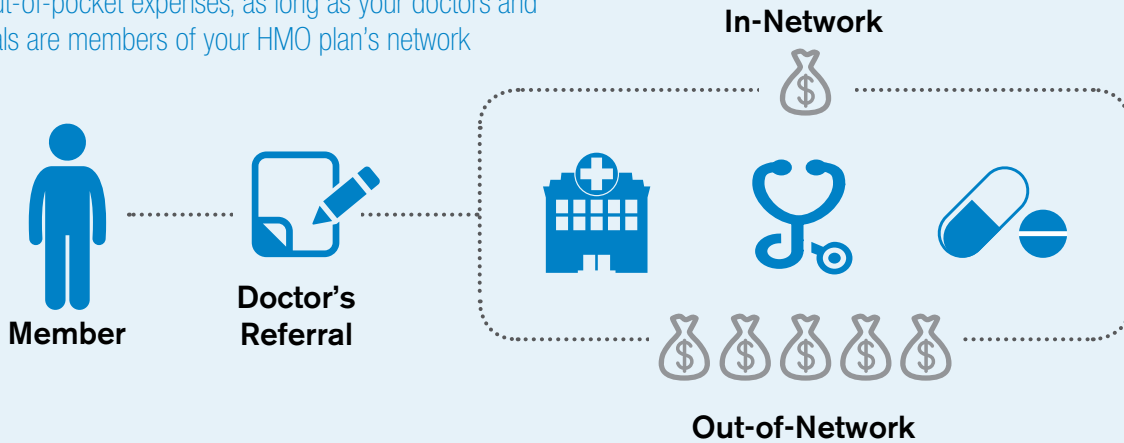


HMO Blue New England OptionsSM v.5

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 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 is 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 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

This 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.

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.

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 Find a Doctor website at bluecrossma.com/findadoctor
- Call our Physician Selection Service at 1-800-821-1388

To Find Other Providers:

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

- Visit our website at 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 been in touch with the specialist's office and has provided the referral, if needed.

Examples of services that do not 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.

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.

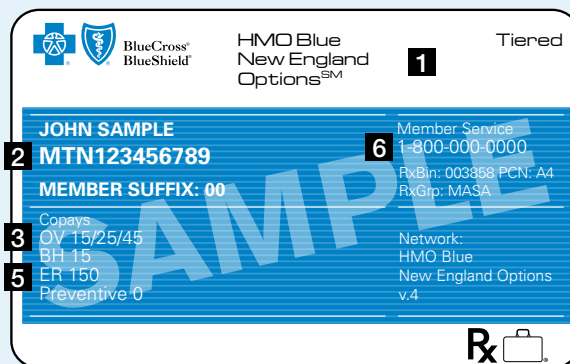
BlueCard® Program

Your Blue Cross 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.

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

Member Central—Your Claims, Programs, and More

Would you like to better understand your plan, manage your health care costs, and embrace a healthier lifestyle? Member Central is your online destination for all this and more. Create an account, and you can log into Member Central at bluecrossma.com/membercentral to view your personal account information, access your claims, and take advantage of member programs and resources.

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.

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, 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 to learn more.

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.

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.

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 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.

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 abuse providers included in these tiers?

A: No. Mental health and substance abuse providers are not 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 did not receive that information, you can also create an account and log in to Member Central at bluecrossma.com/membercentral and select Review My Benefits.

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

A: If your plan includes deductibles, they generally do not apply to care with Enhanced Benefits Tier providers, giving you the lowest copay. Typically you will 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 are admitted through the emergency room, you will 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 will 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.

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 are 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. 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.

For More Information

Online Tutorials

View our engaging online tutorials to quickly and easily understand how your plan works at 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. ET. 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, 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 LineSM 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. ET. You can also request a new ID card by logging into 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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Quick Start Guide

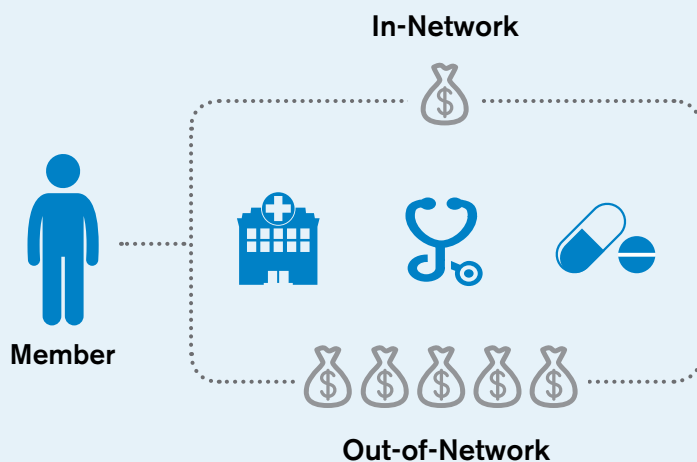


Preferred Blue PPOSM Options v.5

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 www.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
- If you use doctors and hospitals from outside of your PPO network, it may cost more
- You do not need a referral from your primary care provider 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, www.bluecrossma.com/blueoptions.

Before you choose a provider or receive care, it is 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 primary care provider refers you to an Enhanced Benefits Tier preferred hospital, you pay the lowest cost share for both your preferred primary care provider and hospital services.
- Or, if your Enhanced Benefits Tier preferred primary care provider refers you to a Basic Benefits Tier preferred hospital, you pay the lowest cost share for preferred primary care provider services, but the highest cost share for hospital services, except in an emergency.



Enhanced Benefits Tier

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



Standard Benefits Tier

This 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

This includes Massachusetts hospitals that are high cost relative to our benchmark and primary care providers that do not 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 cost share 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 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.

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 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 www.bluecrossma.com/findadoctor
- Call our Physician Selection Service at 1-800-821-1388

To Find Other Providers:

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

- Visit our website at www.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.

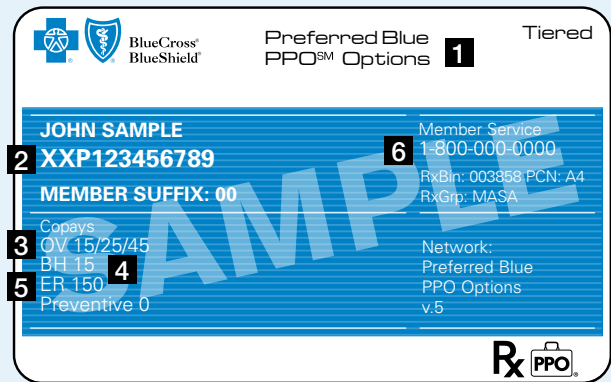
BlueCard® Program

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 <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 cost share 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 cost share amounts.



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

Get the Most from Your Plan



Member Central—Your Claims, Programs, and More

Would you like to better understand your plan, manage your health care costs, and embrace a healthier lifestyle? Member Central is your online destination for all this and more. Create an account, and you can log in to Member Central at www.bluecrossma.com/membercentral to view your personal account information, access your claims, and take advantage of member programs and resources.



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 www.bluecrossma.com/ahealthyme.



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 www.bluecrossma.com/membercentral, or call Member Service at the number on your ID card.



Mobile Services

You are on the go. We are too. Whether you are looking to get connected with us through mobile apps, text messaging programs, mobile websites, or social media, you can now access all of our mobile services in one place. Just visit www.bluecrossma.com/mobile to learn more. Whenever, wherever, it's easy to stay connected with Blue Cross.



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 www.bluecrossma.com/blue365.



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 www.livinghealthybabies.com today.

Frequently Asked Questions

Q: Are preferred specialists included in benefits tiers?

A: No. You'll be responsible for the specialist-level cost share, typically equal to that of a Basic Benefits Tier primary care provider.

There are times when you may pay a lower cost share 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 cost share will be the same as it would be for an Enhanced Benefits Tier preferred provider.

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

A: No. Mental health and substance abuse providers are not currently tiered. The cost share for behavioral health providers is typically equal to that of Enhanced Benefits Tier providers.

Q: How can I tell what the cost share 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 did not receive that information, you can also log in to your account on Member Central at www.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 cost share for emergency room treatment is the same regardless of the hospital tier. If you are admitted through the emergency room, you will be responsible for the Enhanced Benefits Tier hospital cost share, 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 www.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 cost share 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 primary care provider by tier, use the Choose Providers section of our website at www.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.

For More Information

Online Tutorials

View our engaging online tutorials to quickly and easily understand how your plan works at www.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.
ET. TTY: 1-800-522-1254.

Find a Doctor and Medical Facility Alternatives

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

- Visit our website at www.bluecrossma.com/findadoctor
- 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 LineSM 1-888-247-BLUE (2583)

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. ET. You can also request a new ID card by logging in to www.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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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, 2016

About This Guide

This guide is up-to-date as of January 1, 2016, and is subject to change. Keep this guide handy, and use it as a reference whenever you need coverage information about a specific medication. To get the most current coverage information about a specific medication, visit our website at www.bluecrossma.com/medications.

- **Top Covered Medications**—includes many commonly prescribed covered medications and your cost share tier that applies
- **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, www.bluecrossma.com, to the www.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 www.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 2016 formulary changes will not be reflected in this tool until January 1, 2016.
- **Member Central.** Want more detailed information about your health care coverage, claims, or deductibles? You can log on to Member Central by going to our website, www.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 Member Central, 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 www.express-scripts.com. Once there, you'll have access to:
 - Price a Drug
 - Find 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 www.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

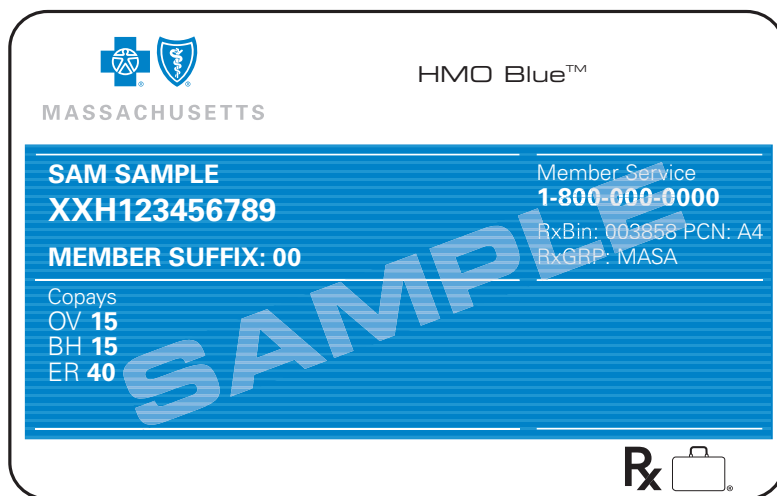
Our pharmacy program formulary is based on a tiered cost share structure. When you fill a prescription, the amount you pay the pharmacy (your prescription cost share) is determined by the tier your medication is on. Medications are placed on tiers according to a variety of factors, including what they are used for, their cost, and whether equivalent or alternative medications are available. The pharmacy will advise you of the amount you owe. Usually, you will pay the least amount of cost share for Tier 1 medications and the most for Tier 3 medications in a three-tier cost share benefit structure. In a four-tier cost share benefit 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.

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 medications that 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.

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.



Top Covered Medications

Top Covered Medications

Our pharmacy formulary includes over 4,000 covered prescription medications. The following sample list includes covered medications most commonly prescribed for our members.

This list is up-to-date as of January 1, 2016, and is subject to change at any time. You can find the most up-to-date formulary information about a specific prescription medication on our website at www.bluecrossma.com/medications.

Please note that this is only a sample of top prescribed medications based on our standard three-tier formulary.

For more information 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.

The following covered medication list is based on our standard formulary. The tier that is assigned to the drug is the tier used in a three-tier cost share benefit structure. For members with a two-tier or four-tier cost share benefit structure, please log on to the Blue Cross and Blue Shield web site at www.bluecrossma.com/medications and use the Medication Lookup feature.

Top Covered Medications

Abilify (ST)	Tier 3	Buprenorphine/Naloxone (PA) (QCD)	Tier 2
Acetaminophen/Codeine	Tier 1	Bupropion	Tier 1
Acyclovir	Tier 1	Bupropion SR (QCD)	Tier 1
Adapalene	Tier 1	Bupropion XL (QCD)	Tier 1
Advair Diskus (ST) (QCD)	Tier 3	Buspirone	Tier 1
Albuterol Sulfate	Tier 1	Butalbital/Acetaminophen/Caffeine	Tier 1
Alendronate (QCD)	Tier 1	Camila	Tier 1
Allopurinol	Tier 1	Carisoprodol	Tier 1
Alprazolam	Tier 1	Cartia XT	Tier 1
Altavera	Tier 1	Carvedilol	Tier 1
Alyacen	Tier 1	Cefadroxil	Tier 1
Amitriptylene	Tier 1	Cefdinir	Tier 1
Amlodipine (QCD)	Tier 1	Cefuroxime	Tier 1
Amlodipine/Benazepril	Tier 1	Celecoxib (ST) (QCD)	Tier 1
Amoxicillin	Tier 1	Cephalexin	Tier 1
Amoxicillin TR/Potassium Calvulanate	Tier 1	Chantix	Tier 2
Amphetamine Salt Combination	Tier 1	Chlorhexidine Gluconate	Tier 1
Amphetamine/Dextroamphetamine ER (QCD)	Tier 2	Chlorthalidne	Tier 1
Anastrozole	Tier 1	Cialis	Tier 3
Androgel	Tier 2	Ciprodex	Tier 2
Apri	Tier 1	Ciprofloxacin	Tier 1
Aripiprazole	Tier 1	Citalopram (QCD)	Tier 1
Armour Thyroid	Tier 3	Clindamycin HCL	Tier 1
Asacol HD	Tier 2	Clindamycin Phosphate	Tier 1
Atenolol	Tier 1	Clindamycin/Benzoyl Peroxide	Tier 1
Atorvastatin (QCD)	Tier 1	Clobetasol	Tier 1
Aviane	Tier 1	Clonazepam	Tier 1
Azelastine Nasal Spray (QCD)	Tier 1	Clonidine	Tier 1
Azithromycin	Tier 1	Clopidogrel	Tier 1
Baclofen	Tier 1	Clotrimazole/Betamethasone	Tier 1
BD Ultra-Fine Pen Needle	Tier 2	Colcrys	Tier 2
Benicar (ST)	Tier 2	Crestor (ST) (QCD)	Tier 2
Benzonatate	Tier 1	Cryselle	Tier 1
Betamethasone	Tier 1	Cyanocobalamin Injection	Tier 1
Budesonide	Tier 1	Cyclobenzaprine	Tier 1

* (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
 (SP) pharmacy benefit only
 (ST) step therapy required

Top Covered Medications

Desogestrel/Ethinyl Estradiol	Tier 1	Fluocinonide	Tier 1
Desonide	Tier 1	Fluoride	Tier 1
Dexamethasone	Tier 1	Fluoxetine (QCD)	Tier 1
Dexmethylphenidate ER (QCD)	Tier 1	Folic Acid	Tier 1
Diazepam	Tier 1	Furosemide	Tier 1
Diclofenac Sodium	Tier 1	Gabapentin	Tier 1
Dicyclomine	Tier 1	Gemfibrozil	Tier 1
Diltiazem ER	Tier 1	Gildess FE	Tier 1
Divalproex Sodium	Tier 1	Glimepiride	Tier 1
Divalproex Sodium ER	Tier 1	Glipizide	Tier 1
Donepezil	Tier 1	Glipizide ER	Tier 1
Dorzolamide/Timolol	Tier 1	Glipizide XL	Tier 1
Doxazosin	Tier 1	Glyburide	Tier 1
Doxycycline Hyclate	Tier 1	Guanfacine	Tier 1
Doxycycline Monohydrate	Tier 1	Guanfacine ER	Tier 1
Dulera (ST) (QCD)	Tier 2	Humalog (QCD)	Tier 2
Duloxetine (QCD)	Tier 1	Humalog Kwikpen (QCD)	Tier 2
Econazole Nitrate	Tier 1	Humira (PA) (QCD)	Tier 2
Enalapril	Tier 1	Hydrochlorothiazide	Tier 1
Enbrel (PA) (QCD)	Tier 2	Hydrocodone/Acetaminophen	Tier 1
Enoxaparin Sodium (QCD)	Tier 1	Hydrocortisone	Tier 1
Enpresse	Tier 1	Hydromorphone (PA)	Tier 1
Epipen (QCD)	Tier 2	Hydroxychloroquine	Tier 1
Epi-Pen Jr (QCD)	Tier 2	Hydroxyzine	Tier 1
Erythromycin	Tier 1	Hydroxyzine Pamoate	Tier 1
Escitalopram (QCD)	Tier 1	Ibuprofen	Tier 1
Esomeprazole (PA) (QCD)	Tier 2	Indomethacin	Tier 1
Estrace Cream	Tier 2	Insulin Syringes	Tier 2
Estradiol	Tier 1	Invokana (ST)	Tier 2
Eszopiclone (QCD)	Tier 1	lophen C NR	Tier 1
Fenofibrate	Tier 1	Irbesartan	Tier 1
Fentanyl (PA) (QCD)	Tier 1	Isosorbide Mononitrate ER	Tier 1
Finasteride	Tier 1	Januvia (ST)	Tier 2
Flovent HFA (QCD)	Tier 2	Junel	Tier 1
Fluconazole	Tier 1	Junel FE	Tier 1

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Top Covered Medications

Kelnor	Tier 1	Methocarbamol	Tier 1
Ketoconazole	Tier 1	Methotrexate	Tier 1
Ketorolac Tromethamine	Tier 1	Methylphenidate	Tier 1
Klor Con	Tier 1	Methylphenidate CD (QCD)	Tier 1
Labetalol	Tier 1	Methylphenidate ER (QCD)	Tier 1
Lamotrigine	Tier 1	Methylprednisolone	Tier 1
Lansoprazole (PA) (QCD)	Tier 2	Metoprolol Succinate	Tier 1
Lantus (QCD)	Tier 2	Metoprolol Tartrate	Tier 1
Lantus Solostar (QCD)	Tier 2	Metronidazole	Tier 1
Latanoprost	Tier 1	Microgestin FE	Tier 1
Levetiracetam	Tier 1	Minastrin FE	Tier 1
Levofloxacin	Tier 1	Minocycline	Tier 1
Levonorgestrel/Ethinyl Estradiol	Tier 1	Mirtazapine	Tier 1
Levothyroxine	Tier 1	Modafinil (PA)	Tier 1
Levoxyl	Tier 1	Mometasone Furoate	Tier 1
Lidocaine Patch (QCD)	Tier 1	Montelukast	Tier 1
Liothyronine	Tier 1	Morphine Sulfate ER (PA) (QCD)	Tier 1
Lisinopril	Tier 1	Multivitamin/Fluoride	Tier 1
Lisinopril HCTZ	Tier 1	Mupirocin	Tier 1
Lithium Carbonate	Tier 1	Nabumetone	Tier 1
Lithium Carbonate ER	Tier 1	Nadolol	Tier 1
Lo Loestrin FE	Tier 3	Naproxen	Tier 1
Lorazepam	Tier 1	Necon	Tier 1
Loryna	Tier 1	Nifedipine ER	Tier 1
Losartan	Tier 1	Nitrofurantoin Mono/Macro	Tier 1
Losartan HCTZ	Tier 1	Nitrostat	Tier 2
Lovastatin	Tier 1	Norethindrone	Tier 1
Ludent Fluoride	Tier 1	Norgestimate/Ethinyl Estradiol	Tier 1
Lutera	Tier 1	Nortrel	Tier 1
Lyrica (PA)	Tier 3	Nortriptyline	Tier 1
Medroxyprogesterone	Tier 1	Nuvaring	Tier 1
Meloxicam (QCD)	Tier 1	Nystatin	Tier 1
Metformin	Tier 1	Ocella	Tier 1
Metformin ER	Tier 1	Ofloxacin	Tier 1
Methimazole	Tier 1	Olanzapine	Tier 1

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Top Covered Medications

Omeprazole (QCD)	Tier 1	Ranitidine	Tier 1
Ondansetron (QCD)	Tier 1	Reclipsen	Tier 1
Ondasetron ODT (QCD)	Tier 1	Restasis (PA) (QCD)	Tier 3
Orsythia	Tier 1	Risperidone	Tier 1
Ortho Tri-Cyclen Lo	Tier 3	Rizatriptan (QCD)	Tier 1
Oxcarbazepine	Tier 1	Ropinirole	Tier 1
Oxybutynin ER	Tier 1	Sertraline (QCD)	Tier 1
Oxycodone	Tier 1	Simvastatin	Tier 1
Oxycodone/Acetaminophen	Tier 1	Sodium Sulfacetamide/Sulfur	Tier 1
OxyContin (PA) (QCD)	Tier 1	Spiriva (QCD)	Tier 2
Pantoprazole (QCD)	Tier 1	Spirolactone	Tier 1
Paroxetine	Tier 1	Sprintec	Tier 1
Paroxetine CR (QCD)	Tier 1	Strattera (PA) (QCD)	Tier 3
Penicillin V Potassium	Tier 1	Suboxone (PA) (QCD)	Tier 2
Phenazopyridine	Tier 1	Sulfamethoxazole/Trimethoprim	Tier 1
Pioglitazone (QCD)	Tier 1	Sumatriptan (QCD)	Tier 1
Polymyxin B Sulfate/Trimethoprim	Tier 1	Symbicort (ST) (QCD)	Tier 2
Potassium Chloride	Tier 1	Synthroid	Tier 3
Pramipexole	Tier 1	Tamoxifen	Tier 1
Pravastatin (QCD)	Tier 1	Tamsulosin	Tier 1
Prednisolone	Tier 1	Temazepam	Tier 1
Prednisolone Sodium Phosphate	Tier 1	Terazosin	Tier 1
Prednisone	Tier 1	Terbinafine	Tier 1
Premarin	Tier 2	Testosterone Cypionate	Tier 1
Prenatal Plus	Tier 1	Timolol	Tier 1
Proair HFA (QCD)	Tier 2	Tizanidine	Tier 1
Progesterone	Tier 1	Tobramycin/Dexamethasone	Tier 1
Promethazine	Tier 1	Topiramate	Tier 1
Propranolol	Tier 1	Tramadol	Tier 1
Propranolol ER	Tier 1	Trazodone	Tier 1
Pulmicort Flexhaler (QCD)	Tier 2	Tretinoin (PA)	Tier 1
Quetiapine	Tier 1	Triamcinolone	Tier 1
Quinapril	Tier 1	Tri-Linyah	Tier 1
QVAR (QCD)	Tier 2	Trinaterene HCTZ	Tier 1
Ramipril	Tier 1	Trinessa	Tier 1

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 (SPC) pharmacy benefit only
 (ST) step therapy required

Top Covered Medications

Tri-Previfem	Tier 1
Tri-Sprintec	Tier 1
Vagifem	Tier 2
Valacyclovir	Tier 1
Valsartan	Tier 1
Valsartan HCTZ	Tier 1
Venlafaxine	Tier 1
Venlafaxine ER (QCD)	Tier 1
Verapamil ER	Tier 1
Viagra	Tier 3
Viorele	Tier 1
Vitamin D2	Tier 1
Voltaren Solution	Tier 2
Warfarin	Tier 1
Xarelto	Tier 2
Zetia (ST) (QCD)	Tier 3
Zolmitriptan (QCD)	Tier 1
Zolmitriptan ODT (QCD)	Tier 1
Zolpidem (QCD)	Tier 1
Zolpidem ER (QCD)	Tier 1

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Over-the-Counter Medications

Over-the-Counter Medications

For non-grandfathered health plans under the Affordable Care Act, 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, 2016, and is subject to change at any time.

- **Generic Aspirin (81mg)** is covered for females of all ages and males age 45–79.
- **Generic Folic Acid** is covered for females up to age 50.
- **Generic Iron** is covered for infants up to 12 months old.
- **Generic Smoking Cessation** is covered for up to two 90-day supplies per calendar year.
- **Generic Vitamin D** is covered for females of child bearing age and males age 65 and older.
- **Generic women's 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 www.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, 2016, 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 (ST)
 Advair HFA (ST)
 Advicor (ST)
 Aerobid *
 Aerobid-M *
 Aerospan *
 Akynzeo *
 Alendronate Sodium
 Alora *
 Alosetron
 Alrex *
 Alsuma *
 Altoprev (ST)
 Alupent inhaler
 Alvesco *
 Ambien *
 Ambien CR *
 Amerge
 Amitiza
 Amlodipine
 Amlodipine-Atorvastatin
 Ampyra (PA) (SP)
 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 *
 Beconase AQ *
 Belsomra *
 Belviq (PA)
 Betaseron (SP) (SPO)
 Binosto * (PA)
 Boniva tablets * (ST)
 Breo Ellipta * (ST)
 Brintellix *
 Brisdelle *
 Budeprion SR
 Budeprion XL
 Budesonide (nebulas)
 Budesonide (nasal spray)
 Bunavail (PA)

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Quality Care Dosing

Buprenorphine (PA)
 Buprenorphine-Naloxone (PA)
 Buprenex (PA)
 Bupropion SR
 Bupropion XL
 Butorphanol NS
 Butrans *
 Bydureon
 Byetta
 Cabergoline
 Caduet * (ST)
 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 (ST)
 Crolom ophthalmic
 Cromolyn ophthalmic

Cymbalta
 Daklinza ** (PA) (SP)
 Desvenlafaxine ER *
 Dexilant * (PA)
 Dexmethylphenidate ER
 Dexmethylphenidate XR
 Dextroamphetamine/Amphetamine ER
 Diflucan (150 mg only)
 Dihydroergotamine (nasal spray)
 Doxazosin
 Dulera (ST)
 Duloxetine
 Duloxetine DR
 Duragesic * (PA)
 Dymista *
 Edluar *
 Effexor XR *
 Embeda *
 Emend
 Enbrel (PA) (SP) (SPO)
 Enoxaparin
 Epinephrine injection
 Epi-Pen Auto-Injector
 Epogen * (PA) (SP) (SPO)
 Escitalopram
 Esomeprazole (PA)
 Esomeprazole Strontium * (PA) (QCD)
 Estraderm
 Estradiol patch
 Estrasorb *
 Estrogel *
 Eszopiclone
 Evamist *
 Evzio
 Exalgo *

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 (ST) step therapy required

Quality Care Dosing

Extavia (SP) (SPO)
 Fanciclovir
 Famvir *
 Farydak (PA)
 Farxiga * (ST)
 Fentanyl oral/mucosal (PA)
 Fentanyl patch (PA)
 Fentora * (PA)
 Fetzima *
 Flovent/HFA
 Fluconazole (150 mg only)
 Flunisolide
 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 *
 Fulyzaq (PA)
 Gatifloxacin
 Gilenya (SP)
 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
 Incruse Ellipta * (ST)
 Infergen (PA) (SP) (SPO)
 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)
 Leflunomide
 Lescol * (ST)
 Lescol XL * (ST)
 Lexapro
 Lidocaine Patch

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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
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Quality Care Dosing

Lidoderm
 Linzess
 Lipitor * (ST)
 Liptruzet **
 Livalo * (ST)
 Lotronex
 Lovastatin
 Lovenox *
 Lunesta
 Luvox CR *
 Lysteda *
 Maxair Autohaler *
 Maxalt *
 Maxalt-MLT *
 Meloxicam
 Menostar *
 Metadate CD
 Methylphenidate CD
 Methylphenidate ER
 Mevacor * (ST)
 Migranal
 Minivelle
 Mirtazapine
 Mirtazapine Rapid Dissolve
 Mobic *
 Morphine Sulfate ER (PA)
 Movantik
 Moxeza *
 MS Contin (PA)
 Naratriptan
 Nasonex *
 NebuPent
 Neulasta (SP)
 Neupogen (SP)
 Nexium * (PA)

Norvasc *
 Olanzapine-Fluoxetine
 Olopatadine Nasal
 Omeprazole
 Omeprazole-Sod. Bicarbonate * (PA)
 Omnaris *
 Omontys (PA) (SP)
 Ondansetron
 Ondansetron ODT
 Onmel *
 Onsolis * (PA)
 Opana ER * (PA)
 Oralair (PA)
 Oramorph SR * (PA)
 Otezla (PA)
 Oxycodone ER (PA)
 OxyContin (PA)
 Oxymorphone ER (PA)
 Pantoprazole
 Paroxetine
 Paroxetine CR
 Patanase *
 Paxil *
 Paxil CR *
 Pediaprox-4
 Pegasys (SP) (SPO)
 PEG-Intron (SP) (SPO)
 Penlac *
 Pexeva *
 Pioglitazone (ST)
 Pioglitazone-Glimepiride (ST)
 Pioglitazone-Metformin (ST)
 Plegridy * (SP)
 Praluent ** (SP)
 Pravachol * (ST)

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Quality Care Dosing

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
 QNASL *
 Qualaquin
 Qutenza (SP)
 QVAR
 Rabeprazole (PA)
 Ragwitek (PA)
 Rapaflox
 Rebif (SP) (SPO)
 Relpax *
 Remeron *
 Remeron Soltab *
 Repatha ** (SP)
 Restasis (PA)
 Rhinocort Aqua *
 Risedronate
 Ritalin LA *
 Rizatriptan
 Rozerem
 Sancuso *
 Sarafem *
 Saxenda (PA)

Selferma
 Serevent Diskus
 Sertraline
 Silenor *
 Simcor * (ST)
 Simponi (PA) (SP) (SPO)
 Simvastatin
 Sonata
 Spiriva
 Sporanox *
 Stiolto Respimat
 Strattera (PA17)
 Striverdi Respimat
 Suboxone (PA)
 Subsys * (PA)
 Subutex (PA)
 Sumatriptan
 Sumavel Dosepro *
 Symbicort (ST)
 Symbyax
 Synjardy **
 Tanzeum
 Technivie ** (PA) (SP)
 Terazolin
 Terbinafine
 Terbinex *
 Tivorbex *
 Toujeo Solostar *
 Tranexamic Acid
 Treximet *
 Trulicity (ST)
 Tudorza
 Valacyclovir
 Valtrex
 Venlafaxine ER capsule

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Quality Care Dosing

Venlafaxine ER tablet
 Ventolin HFA *
 Veramyst *
 Victoza (ST)
 Viekira PAK * (PA) (SP)
 Vigamox *
 Viibryd *
 Vivelle
 Vivelle-Dot
 Vytorin * (ST)
 Vyvanse *
 Wellbutrin SR *
 Wellbutrin XL *
 Xartemis XR * (PA)
 Xifaxan
 Xigduo * (ST)
 Xopenex HFA *
 Zaleplon
 Zarxio
 Zegerid * (PA)
 Zetia (ST)
 Zetonna *
 Zocor * (ST)
 Zofran *
 Zofran ODT *
 Zohydro ER * (PA)
 Zolmitriptan
 Zolmitriptan ODT
 Zoloft *
 Zolpidem
 Zolpidem ER
 Zolpimist *
 Zomig *
 Zomig ZMT *
 Zubsolv **

Zuplenz *
 Zydelig (SP)
 Zymar *
 Zymaxid *

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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, www.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 page 22 for a list of medications that require step therapy.

This list of medications that require prior authorization is up-to-date as of January 1, 2016, and may change from time to time.

Prior Authorization

Abstral * (QCD)
 AcipHex * (QCD)
 Actemra (SP)
 Acthar (SP)
 Actiq * (QCD)
 Adcirca (SP)
 Amevive (MBO)
 Amphetamines (e.g Amphetamine, Methamphetamine, Liquadd, Procentra)
 Ampyra (QCD) (SP)
 Aralast (MBO)
 Aralast NP (MBO)
 Aranesp * (QCD) (SP) (SPO)
 Avinza * (QCD)
 Belviq
 Binosto *
 Boniva syringe * (SP)
 Botox (SP)
 Bunavail (QCD)
 Buprenorphine (QCD)
 Buprenorphine-Naloxone (QCD)
 Buprenex
 Butrans * (QCD)
 Ceredase (MBO)
 Cerezyme (MBO)
 Cimzia (SP) (SPO)
 Cinryze (MBO)
 Contrave (QCD)
 Cosentyx *
 Daklinza ** (QCD) (SP)
 Desoxyn (PA17)
 Dexilant * (QCD)
 Dextroamphetamines (e.g. Dexedrine) (PA17)
 Difucid *
 Diskets

Dolophine
 Duragesic * (QCD)
 Dysport
 Egrifta (SP)
 Elidel
 Embeda * (QCD)
 Enbrel (QCD) (SP) (SPO)
 Enteral formula
 Entyvio (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)
 Gel-One * (SPO)
 Genotropin * (SP) (SPO)
 Geref
 Grastek (QCD)
 Harvoni (QCD)
 Hetlioz (QCD)
 Humatrope (SP) (SPO)
 Humira (QCD) (SP) (SPO)
 Hyalgan * (SPO)
 Hysingla ER * (QCD)

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Prior Authorization

Ibandronate injection/syringe

Ibrance (QCD) (SP)

Ilaris (SP) (SPO)

Increlix

Incivek (SP) (SPO)

Interferons (alpha, gamma)

Iplex

IV Immunoglobulin (MBO)

Kadian * (QCD)

Kalydeco

Kineret (SP) (SPO)

Lansoprazole (QCD)

Lazanda * (QCD)

Lenvima (SP)

Leukine (SP)

Lucentis (MBO)

Lynparza (SP)

Lyrica

Macugen (MBO)

Makena (SP)

Mekinist

Methadone

Methadose

Modafinil

Monovisc * (SPO)

Morphine Sulfate CR (QCD)

Morphine Sulfate ER (QCD)

MS Contin (QCD)

Myalept (SP)

Nexium * (QCD)

Norditropin * (SP) (SPO)

Nucynta ER *

Nutritional Supplements

Nutropin * (SP) (SPO)

Nuvigil * (PA17)

Olysio (SP)

Omeprazole-Sod. Bicarbonate * (QCD)

Omnitrope (SP) (SPO)

Omontys (SP) (SPO)

Onsolis * (QCD)

Opana ER * (QCD)

Opdivo (SP)

Oralair (QCD)

Oramorph SR * (QCD)

Orencia (SP)

Orthovisc * (SPO)

Otezla (QCD) (SP)

Oxycodone ER (QCD)

Oxycontin (QCD)

Oxymorphone ER (QCD)

Preservative-Free Morphine (MBO)

Prevacid * (QCD)

Prilosec * (QCD)

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)

Respiratory SyncytialVirus IG/Synagis (SP)

Restasis (QCD)

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Prior Authorization

Revatio * (SP)
 Rituxan (SP)
 Saizen * (SP) (SPO)
 Saxenda (QCD)
 Serostim
 Sildenafil (SP)
 Simponi (QCD) (SP) (SPO)
 Sovaldi (SP)
 Stelara * (SP) (SPO)
 Strattera (PA17) (QCD)
 Suboxone (QCD)
 Subsys * (QCD)
 Supartz * (SPO)
 Synvisc * (SPO)
 Synvisc One * (SPO)
 Tafenlar (PA) (SP)
 Technivie ** (QCD) (SP)
 Tev-Tropin * (SP) (SPO)
 Topical Retinoic Acid Derivatives (e.g. Retin-A) (PA30)
 TPN (total parenteral nutrition) (MBO)
 Tysabri (MBO)
 Vectibix (MBO)
 Victrelis (SP)
 Viekira PAK * (QCD)
 Xalkori (SP)
 Xartemis XR * (QCD)
 Xeljanz * (SP)
 Xenazine
 Xeomin
 Xgeva (SP) (SPO)
 Xiaflex (MBO)
 Xolair (MBO)
 Zegerid * (QCD)
 Zelboraf (SP)
 Zohydro ER * (QCD)

Zomactin * (SP) (SPO)
 Zometa (MBO)
 Zorbtive (SPO)
 Zubsolv (QCD)
 Zydelig (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.

This list is up-to-date as of January 1, 2016. You can find the latest information about your medications and look up pharmacy contact information by visiting www.bluecrossma.com/pharmacy.

Network Pharmacy Information

AcariaHealth
1-866-892-1202
www.acariahealth.com

Accredo Health Group, Inc. /CuraScript
1-877-988-0058
www.accredo.com

CVS Caremark, Inc.
1-866-846-3096
www.caremark.com

OncoMed, the Oncology Pharmacy
1-877-662-6633
www.oncomed.net

Walgreens Specialty Pharmacy
1-800-649-2872 / Fax: 866-935-0719
www.walgreens.com/specialty

Network Pharmacy Information for Medications Most Commonly Used for Fertility

BriovaRx
1-800-850-9122
www.briovarx.com

Freedom Fertility Pharmacy
1-866-297-9452
www.freedomfertility.com

Metro Drugs
1-888-258-0106
www.metrodrugs.com

Village Fertility Pharmacy
1-877-334-1610
www.villagefertilitypharmacy.com

Walgreens
1-800-424-9002
www.walgreens.com/pharmacy/specialpharmacy.jsp

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
Blinicyto
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
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)
Ethylol
Etopophos
Etoposide
Extavia * (QCD) (SPO)
Faslodex

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Specialty Pharmacy

Firazyr
 Firmagon
 Flebogamma (PA)
 Floxuridine
 Fludara
 Fludarabine phosphate
 Fluorouracil
 Forteo (PA) (QCD) (SPO)
 FUDR
 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
 Mitomycin
 Mitoxantrone
 Mozobil
 Mustargen
 Myalept (PA)
 Mylotarg
 Myobloc (PA)
 Naptara
 Navelbine

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Specialty Pharmacy

Neosar

Neulasta (QCD)

Neumega

Neupogen (QCD)

Nipent

Norditropin * (PA) (SPO)

Norditropin Flexpro * (PA) (SPO)

Norditropin Nordiflex * (PA) (SPO)

Novantrone

Nplate

Nutropin (PA) (SPO)

Nutropin AQ (PA) (SPO)

Nutropin AQ Nuspin (PA) (SPO)

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 ** (QCD)

Privigen (PA)

Procrit (PA) (QCD) (SPO)

Proleukin (PA)

Prolia (PA) (SPO)

Rebif (QCD) (SPO)

Remicade (PA)

Repatha ** (QCD)

Revatio * (PA)

Rituxan (PA)

Ruconest

Saizen * (PA) (SPO)

Sandostatin (SPO)

Sandostatin-LAR

Serostim (PA) (SPO)

Signafor

Signafor LAR

Simponi (PA) (QCD) (SPO)

Simponi Aria (PA)

Simulect

Somatuline

Somavert (SPO)

Stelara * (PA) (SPO)

Sylatron (PA)

Sylvant

Synagis (PA)

Synribo

Tarabine

Taxol

Taxotere

Teniposide

Tev-Tropin * (PA) (SPO)

TheraCys

Thiotepa

Thyrogen

Toposar

Totect

Trelstar

Trelstar LA

Trelstar Depot

Valstar

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Specialty Pharmacy

Velcade
 Vimzim
 VinBLASTine
 VinCRISTine
 Vinorelbine
 Vivitrol
 Vumon
 Xeomin (PA)
 Xgeva (PA) (SPO)
 Zaltrap
 Zanosar
 Zinecard
 Zoladex
 Zomacton * (PA) (SPO)
 Zorbtive (PA) (SPO)

Oral Medications

8-Mop
 Adcirca (PA)
 Adempas
 Afinitor
 Alkeran
 Ampyra (PA) (QCD)
 Aubagio
 Bethkis
 Bosulif
 Capecitabine
 Carbaglu
 Cerdelga **
 Cometriq
 Copegus (SPO)
 Cystagon
 Cytosan
 Daklinza ** (PA) (QCD)
 Daraprim
 Duopa

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
 Moderiba
 Nexavar
 Northera *
 Ofev
 Oforta
 Olysio (PA)
 Onsolis * (PA) (QCD)

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Specialty Pharmacy

Opsumit
 Orenitram
 Orfadin (SPO)
 Orkambi **
 Otezla (PA) (QCD)
 Otezla Starter Pack (PA)
 Pomalyst
 Procysbi
 Promacta
 Pulmozyme (SPO)
 Raptiva (PA)
 Ravicti
 Rebetal (SPO)
 Revatio * (PA)
 Revlimid
 Ribapak (SPO)
 Ribasphere (SPO)
 Ribatab
 Ribavirin (SPO)
 Rilutek
 Riluzole
 Sabril
 Sildenafil (PA)
 Sovaldi (PA)
 Sprycel
 Stivarga
 Sucraid
 Sutent
 Tafenlar (PA)
 Tarceva
 Tassigna
 Tecfidera
 Technivie ** (PA) (QCD)
 Temodar
 Temozoloamide

Tetrabenazine
 Thalomid
 TOBI ampules (SPO)
 TOBI-Podhaler (SPO)
 Tobramycin ampules
 Tracleer
 Tykerb
 Tyvaso
 Viekira PAK * (PA) (QCD)
 Victrelis (PA)
 Votrient
 Xalkori (PA)
 Xeljanz *
 Xeloda
 Xenazine
 Xtandi (ST)
 Xyrem
 Zavesca
 Zelboraf (PA)
 Zolinza
 Zydelig (QCD)
 Zykadia (PA)
 Zytiga
Topical
 Cystaran
 Panretin (SPO)
 Qutenza (QCD)
 Valchlor
 Zecuity *
Fertility Medications
 Bravelle * (SPO)
 Cetrotide (SPO)
 Clomid
 Clomiphene
 Endometrin

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Specialty Pharmacy

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

Lupron Depot-Ped

Luveris (SPO)

Menopur (SPO)

Novarel

Ovidrel (SPO)

Pregnyl (SPO)

Repronex (SPO)

Serophene

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(PA30) prior authorization required for members age 30 and older
(QCD) Quality Care Dosing limits apply
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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.

This list is up-to-date as of January 1, 2016, 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 www.bluecrossma.com/pharmacy, click on **Pharmacy Management Program**, and proceed to **Step Therapy**.

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Step Therapy

Atypical Antipsychotic Medications

Abilify
Abilify DiscMelt *
Abilify Maintenna *
Clozaril
Fanapt *
FazaClo *
Geodon
Haldol
Haldol Decanoate
Invega *
Invega Sustenna
Invega Trinza
Latuda *
Loxitane
Rexulti **
Risperdal
Risperdal Consta
Risperdal M-Tab *
Saphris *
Seroquel
Seroquel XR
Symbyax (QCD)
Zyprexa
Zyprexa IM *
Zyprexa Relprevv *
Zyprexa Zydis

Asthma Management

Accolate *
Advair Diskus (QCD)
Advair HFA (QCD)
Anoro Ellipta (QCD)
Breo Ellipta * (QCD)
Dulera (QCD)
Incruse Ellipta * (QCD)

Singulair
Stiolto Respimat (QCD)
Symbicort (QCD)
Zafirlukast
Zyflo *
Zyflo CR *

Cholesterol Treatment

Advicor (QCD)
Altoprev * (QCD)
Caduet * (QCD)
Crestor (QCD)
Juxtapid
Kynamro (SP)
Lescol * (QCD)
Lescol XL * (QCD)
Lipitor * (QCD)
Liptruzet * (QCD)
Livalo * (QCD)
Mevacor * (QCD)
Pravachol * (QCD)
Simcor * (QCD)
Vytorin * (QCD)
Zetia (QCD)
Zocor * (QCD)

Diabetes Management

ACTOplus Met (QCD)
ACTOplus Met XR (QCD)
Actos (QCD)
Avandamet (QCD)
Avandaryl
Avandia (QCD)
Duetact
Farxiga *
Fortamet *
Glucophage *

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Step Therapy

Glucophage XR *

Glumetza *

Glyxambi * (QCD)

Invokana (QCD)

Invokamet (QCD)

Janumet

Janumet XR

Januvia

Jardiance

Jentadueto *

Kazano *

Kombiglyze XR

Nesina *

Onglyza

Oseni *

Pioglitazone (QCD)

Pioglitazone-Glimepiride (QCD)

Pioglitazone-Metformin (QCD)

Prandin *

Prandimet *

Tradjenta *

Trulicity (QCD)

Victoza (QCD)

Xigduo * (QCD)

Glaucoma

Lumigan

Rescula *

Travatan

Travatan Z

Xalatan

Heart/Blood Modifiers/Circulation

Amturnide *

Atacand *

Atacand HCT *

Avalide

Avapro

Azor

Benicar

Benicar HCT

Cozaar *

Diovan

Diovan HCT

Edarbi *

Edarbyclor *

Exforge

Exforge-HCT

Hyzaar *

Micardis *

Micardis HCT *

Tekamlo *

Tekturna *

Tekturna HCT *

Teveten *

Teveten HCT *

Tribenzor

Twynsta *

Valturna *

Osteoporosis Treatment (Oral)

Actonel (QCD)

Atelvia DR * (QCD)

Binosto * (QCD)

Boniva tablets * (QCD)

Fosamax * (QCD)

Fosamax Plus D (QCD)

Pain Relievers (Cox II Inhibitors)

Celebrex (QCD)

Celecoxib (QCD)

Prostate Treatment

Avodart

Jalyn

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Step Therapy

Proscar *

Prostate Cancer - Oral

Xtandi

Parkinson's Disease Treatment

Mirapex

Mirapex ER *

Requip *

Requip XL *

Overactive Bladder Treatment

Detrol *

Detrol LA *

Ditropan *

Ditropan XL *

Enablex *

Gelnique *

Oxytrol *

Myrbetriq *

Sanctura *

Sanctura XR *

Toviaz *

Vesicare

Topical Testosterone

Fortesta *

Natesto Nasal *

Testim *

Testosterone gel (Fortesta Authorized product) *

Testosterone gel (Testim Authorized product) *

Testosterone gel (Vogelxo Authorized product) *

Testosterone CIK Kit *

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 drug 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.

This list of non-covered medications is up-to-date as of January 1, 2016, 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, www.bluecrossma.com/medications and proceed to the **Medications that are not Covered** section.

Non-Covered Medication

Abilify DiscMelt (ST)
 Abilify Maintenna (ST)
 Absorica
 Abstral (PA) (QCD)
 Acanya
 Accolate (ST)
 Accu-Chek diabetic testing supplies (QCD)
 AccuNeb
 Accupril
 Accuretic
 Accutane
 Aceon
 AcipHex (PA) (QCD)
 Acticlate
 Actigall
 Actiq (PA) (QCD)
 Activella
 Acular (QCD)
 Acular LS (QCD)
 Acuvail
 Aczone
 Adalat CC
 Adazin
 Adderall
 Adoxa CK
 Adoxa TT
 Advanced Allergy Collection Kit
 Advocate Redi-Code diabetic testing supplies (QCD)
 Aerobid (QCD)
 Aerobid-M (QCD)
 Aerospan (QCD)
 Afrezza
 Airet
 Akynzeo (QCD)
 Alivycin Antipruritic SG gel

Aleveer
 Alodox
 Aloquin
 Alora (QCD)
 Alrex (QCD)
 Alsuma (QCD)
 Altabax
 Altace
 Altoprev (QCD) (ST)
 Aluvea
 Alvesco (QCD)
 Ambien (QCD)
 Ambien CR (QCD)
 Amrix
 Amturnide (ST)
 Anafranil
 Analpram Advanced
 Analpram-E kit
 Angeliq
 Antara
 Anzemet (QCD)
 Apidra
 Aplenzen ER (QCD)
 Appformin-D
 Aptensio XR (QCD)
 Aqua Glycolic HC
 Aranesp (PA) (QCD) (SP) (SPO)
 Arava (QCD)
 Arcapta Neohaler (QCD)
 Arixtra (QCD)
 Arnuity Ellipta (QCD)
 Ascensia diabetic testing supplies (QCD)
 Asmanex Twisthaler (QCD)
 Assure diabetic testing supplies (QCD)
 Astepro (QCD)

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Non-Covered Medication

Atacand (ST)
 Atacand HCT (ST)
 Atelvia DR (QCD) (ST)
 Ativan
 Atopiclair
 Atralin
 Atrapro Dermal Spray
 Atrapro CP
 Atrapro Hydrogel
 Atropen
 Augmentin XR
 Aurstat
 Auryxia
 Auvi-Q (QCD)
 Avelox
 Avidoxy
 Avidoxy DK
 Avinza (PA) (QCD)
 Avita
 Axert (QCD)
 Axid
 Azasite
 Azmacort (QCD)
 B-D diabetic testing supplies (QCD)
 Beconase AQ (QCD)
 Belsomra (QCD)
 BenzaClin kit
 Besivance
 BG-Star diabetic testing supplies (QCD)
 Binosto (QCD) (ST)
 Bionect
 Boniva syringe (PA) (SP)
 Boniva tablets (QCD) (ST)
 Bravelle (SP)
 Breo Ellipta (QCD) (ST)

Brevicon
 Brilinta
 Brintellix (QCD)
 Brisdelle (QCD)
 Bromday
 Brovana
 Butrans (PA) (QCD)
 Bystolic
 Caduet (QCD)
 Calcitriol Topical
 Cambia
 Caphosol
 Capoten
 Careone diabetic testing supplies (QCD)
 Caresens N diabetic testing supplies (QCD)
 Cardene
 Cardene SR
 Cardizem CD
 Cardizem LA
 Cardura XL (QCD)
 Cataflam
 Ceclor
 Ceclor CD
 Cedax
 Celexa (QCD)
 Cem-Urea
 Cenestin
 Centany
 Centany AT
 Cesamet (QCD)
 Cetraxel
 Chenodal
 Chibroxin Ocumeter
 Cipro-XR
 Cleanse and Treat

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Non-Covered Medication

Cleervue-M
 Cleocin T
 Clever Choice Voice diabetic testing supplies (QCD)
 Clindacin ETZ Kit
 Clindacin PAC
 Clindagel
 Clindamax
 Clindareach
 Clindets
 Clobeta + Plus
 Clobex
 Clodan Kit
 CNL 8 nail kit (QCD)
 Colazal
 CoLyte
 Combigan
 Combunox
 Contour Next diabetic testing supplies (QCD)
 Conzip
 Coreg
 Coreg CR
 Corlanor
 Cosentyx (PA) (QCD)
 Cosopt PF
 Cozaar (ST)
 CVS Advanced diabetic testing supplies (QCD)
 Cymbalta (QCD)
 Daliresp
 Darvocet N-100
 Daypro
 Daytrana
 DDAVP
 Demulen
 Depo-Sub Q Provera 104
 Derma-Smoothe/FS

Dermacin RX Silpak
 Dernasilk RX SDS
 Dermacin RX Surgical Pharmpak
 Dermapak Plus
 Dermasorb-AF
 Dermasorb-HC
 Dermasorb-TA
 Dermasorb-XM
 DermOtic
 Desogen
 Desonil + Plus
 DesOwen kit
 Desvenlafaxine ER (QCD)
 Detrol (ST)
 Detrol LA (ST)
 Dexedrine (PA)
 Dexilant (PA) (QCD)
 Difucid (PA)
 Dilacor XR
 Dilaudid
 Dipentum
 Dispermox
 Ditropan (ST)
 Ditropan XL (ST)
 Divigel
 Duavee
 Duexis
 Duragesic (PA) (QCD)
 Durezol
 Dyloject
 Dymista (QCD)
 Dynabac
 Dynacin
 Dynacirc
 Dynacirc CR

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Non-Covered Medication

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 (ST)

Edarbiclor (ST)

Edluar (QCD)

Effexor

Effexor XR (QCD)

Elenza

Elestrin

Eletone

Embeda (QCD)

Embrace diabetic testing supplies (QCD)

Emsam

Enablex (ST)

Enjuvia

Epaned

EpiCeram

Epiduo

Epiduo Forte

Episil

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)

Exalgo (PA) (QCD)

Extavia

Extina

Factive

Falessa kit

Famvir (QCD)

Fanapt (ST)

Farxiga (ST)

FazaClo (ST)

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

Flonase (QCD)

Fluoroplex

FML Forte

Focalin

Focalin XR (QCD)

Follistim AQ (SP)

Fora V12 diabetic testing supplies (QCD)

Forfivo XL (QCD)

Fortamet (ST)

Fortesta (ST)

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Non-Covered Medication

Fosamax (QCD) (ST)
 Fragmin (QCD)
 Freestyle diabetic testing supplies (QCD)
 Fresh Kote
 Frova (QCD)
 Ganirelix (SP) (SPO)
 Garamide
 Gel-One (PA) (SPO)
 Gelclair
 Gelnique (ST)
 GelX
 Genotropin (PA) (SP) (SPO)
 GE 100 diabetic testing supplies (QCD)
 Giazio
 Glucocard diabetic testing supplies (QCD)
 Glucometer diabetic testing supplies (QCD)
 Glucophage
 Glucophage XR
 Glumetza
 Glyxambi (QCD) (ST)
 Gmate diabetic testing supplies (QCD)
 GoLyteLy
 Halonate
 Halotin
 Healthpro diabetic testing supplies (QCD)
 Helidac
 Horizant
 HPR
 HPR Plus
 HPR Plus Hydrogel Kit
 Hyalgan (PA) (SPO)
 Hydrocortisone-Lidocaine kit
 Hylase
 Hylatopic
 Hylatopic Plus

Hylatopic Plus-Aurstat
 Hylira
 Hysingla ER (PA) (QCD)
 Hytrin (QCD)
 Hyzaar (ST)
 IB-Stat
 IC400 kit
 IC800 kit
 Ilevro
 Imuran
 Incruse Ellipta (QCD) (ST)
 Inderal LA
 Inderal XL
 Innohep
 InnoPran XL
 Intermezzo (QCD)
 Intuniv
 Invega (ST)
 Iquix
 Irenka DR (QCD)
 Istalol
 Jentadueto (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)

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Non-Covered Medication

Lamictal ODT
 Lamisil (QCD)
 Lamisil Granules (QCD)
 Latuda (ST)
 Lazanda (PA) (QCD)
 Lemtrada (SP) (SPO)
 Lescol (QCD) (ST)
 Lescol XL (QCD) (ST)
 Levaquin
 Levemir (QCD)
 Levlén
 Lexapro (QCD)
 Lexxel
 Lialda
 Lidodextrapine
 Lidovex
 Lidovir
 Lipitor (QCD) (ST)
 Lipofen
 Liptruzet (QCD) (ST)
 Livalo (QCD) (ST)
 Livixil PAK
 Lodine
 Lodine XL
 Lofibra
 Lopressor
 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)
 Metaglip
 Metozolv ODT
 Metrogel kit
 Mevacor (QCD) (ST)
 Micardis (ST)
 Micardis HCT (ST)
 Minocin
 Minocin Combo Pack
 Mirapex ER (ST)
 Mobic (QCD)
 Momexin
 Monodox
 Monopril
 Monopril HCT
 Monovisc (PA) (SPO)
 Morgidox
 MoviPrep
 Moxatag
 Moxeza (QCD)
 Myoxin
 Myrbetriq

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Non-Covered Medication

Namzaric
 Naprelan
 Naprelan CR
 Naprosyn
 Naprosyn EC
 Nasarel (QCD)
 Nasonex (QCD)
 Natazia
 Natesto Nasal (ST)
 Neo-Synalar Kit
 Neosalus
 Neosalus CP
 Nesina (ST)
 Neuac Kit
 Neumaxin
 Neupro
 Neurontin
 Nevanac
 Nexiclon XR
 Nexium (PA) (QCD)
 Niravam
 Norditropin (PA) (SP) (SPO)
 Norinyl
 Noroxin
 Nor-Q-D
 Northera (SP)
 Norvasc (QCD)
 Novacort
 Nova Max diabetic testing supplies (QCD)
 Novolin Insulin products
 Novolog Insulin products
 NuCort
 Nucynta
 Nucynta ER (PA)
 NuLytely

NutriDox
 Nuvessa
 Nuvigil (PA)
 Ocudox kit
 Oleptro ER
 Olux
 Omeprazole-Sod. Bicarbonate (PA) (QCD)
 Omnaris (QCD)
 Omnicef
 Omnitrope (PA) (SP) (SPO)
 Onexton
 Onmel (QCD)
 Onsolis (PA) (QCD)
 Opana
 Opana ER (PA) (QCD)
 Optase
 Oracea
 Oramorph SR (PA) (QCD)
 Orapred ODT
 Oravig
 Oroxin
 Ortho-Prefest
 Orthovisc (PA) (SPO)
 Oseni (ST)
 Osphena
 Otrexup (SP)
 Ovcon
 Oxecta
 Oxytrol (ST)
 Pain Relief Patch
 Pamelor
 Pamine FQ
 Pancreaze
 Paptase
 Patanase (QCD)

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Non-Covered Medication

Paxil (QCD)
 Paxil CR (QCD)
 PCE
 PCE Dispertab
 Pediderm AF
 Pediderm HC
 Pediderm TA
 Penlac (QCD)
 Pennsaid
 Pepcid
 Percocet
 Pertzye
 Pexeva (QCD)
 Phoslyra
 Picato
 Plaquenil
 Plegridy (QCD) (SP)
 PR-Cream
 Pram-HCA
 Pramcort
 Pramoxone E
 PrandiMet (ST)
 Pravachol (QCD) (ST)
 Precision QID diabetic supplies (QCD)
 Precision X-Tra diabetic 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
 QNASL (QCD)
 Quartette
 Quillivant XR
 Quixin
 RadiaPlex Rx
 Radigel
 Raniclor
 Rapaflo
 Rasuvio
 Rayos
 Reciphexamine
 Recothrom
 Relafen
 Relion diabetic testing supplies (QCD)
 Relpax (QCD)
 Relyyks
 Relyyt

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Non-Covered Medication

Remeron (QCD)
 Remeron Soltab (QCD)
 Renovo
 Requip (ST)
 Requip XL (ST)
 Rescula (ST)
 Restoril
 Retin-A Micro (PA30)
 Rhinocort Aqua (QCD)
 Rinnovi
 Risperdal M-Tab (ST)
 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
 Sanctura (ST)
 Sanctura XR (ST)
 Sancuso (QCD)
 Saphris (ST)
 Sarafem (QCD)
 Savaysa
 Scalacort
 Scar

Seasonique
 Senophylline
 Silenor (QCD)
 Silvera
 Silvrstat
 Simbrinza
 Simcor (QCD) (ST)
 Sinelee
 Sinemet
 Sitavig
 Skelid
 Sklice
 Smart Sense diabetic testing supplies (QCD)
 Sof-Tact diabetic supplies (QCD)
 Solaice
 Solaraze
 Solodyn
 Soltamox
 Solus V2 diabetic testing supplies (QCD)
 Soma
 Sonata (QCD)
 Soolantra
 Spectracef
 Sporanox (QCD)
 Sprix
 Stavzor
 Stelara (PA) (SPO)
 Striant
 Subsys (PA) (QCD)
 Sular
 Sumadan
 Sumavel Dosepro (QCD)
 Sumaxin
 Sumaxin CP
 Sumaxin TS

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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 specialty pharmacy benefit
 (SPO) pharmacy benefit only
 (ST) step therapy required

Non-Covered Medication

Supartz (PA) (SPO)
 Suprep
 Synalar Combo-Pack
 Synalar TS
 Synvexia TC
 Synvisc (PA) (SPO)
 Synvisc-One (PA) (SPO)
 Tagamet
 Tekamlo (ST)
 Tekturna (ST)
 Tekturna HCT (ST)
 Tenormin
 Tequin
 Terbinex (QCD)
 Tersil
 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)
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 Therapentin
 Theraproxen
 Tiamate
 Tiazac
 Tindamax
 Tirosint
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 TL-Triseb
 Tobradex ST

Tofranil
 Tornalate
 Toujeo Solostar (QCD)
 Toviaz (ST)
 Tradjenta (ST)
 Tranxene T-Tab
 Tretin-X (PA)
 Treximet (QCD)
 Trezix
 Tricor
 Triglide
 Tri-Levlen
 Trilipix
 Trinalin
 Tri-Norinyl
 TriOxin
 Tritec
 Tropazone
 True Metrix diabetic supplies (QCD)
 TrueTest diabetic supplies (QCD)
 TrueTrack diabetic supplies (QCD)
 Twynsta (ST)
 Ultracet
 Ultram/ER
 Ultrasal ER
 Ultravate PAC
 Ultravate X
 Ultressa
 Unistrip 1 diabetic testing supplies (QCD)
 Up & Up diabetic testing supplies (QCD)
 Uramaxin
 Urea kit
 Valium
 Valturna (ST)
 Vanos

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Non-Covered Medication

Vantin

Vascepa

Vaseretic

Vasolex

Vasotec

Vectical

Vectrin

Velma

Velphoro

Veltin (PA30)

Ventolin HFA (QCD)

Veramyst (QCD)

Veregen

Vexa

Vexol

Viekira PAK (PA) (SP)

Vigamox (QCD)

Viiibryd (QCD)

Vimovo

Virasal

Vogelxo (ST)

Voltaren

Voltaren XR

Vusion

Vytorin (QCD) (ST)

Vyvance (QCD)

Wavesense diabetic testing supplies (QCD)

Welchol

Wellbutrin

Wellbutrin SR (QCD)

Wellbutrin XL (QCD)

Xanax

Xanax XR

X-Clair

Xartemis XR (PA) (QCD)

Xeljanz (SP)

Xenaderm

Xerese

Xibrom

Xifaxan

Xigduo (QCD) (ST)

Xolegel

Xolox

Xopenex HFA (QCD)

Xopenex nebules

Xyralid

Z-Pram

Zanaflex

Zantac

Zebeta

Zecuity (SP)

Zegerid (PA) (QCD)

Zelapar

Zenieve

Zestril

Zetonna (QCD)

Ziana

Zinotic

Zinotic ES

Zipsor

Zithromax

Zmax

Zocor (QCD) (ST)

Zofran (QCD)

Zofran ODT (QCD)

Zohydro ER (PA) (QCD)

Zoloft (QCD)

Zolpimist (QCD)

Zomacton (PA) (SPO)

Zomig (QCD)

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Non-Covered Medication

Zomig ZMT (QCD)

Zontivity

Zovirax

Zuplenz (QCD)

Zyflo (ST)

Zyflo CR (ST)

Zymar (QCD)

Zymaxid

Zypram

Zyprexa IM (ST)

Zyprexa Relprevv (ST)

Zytopic

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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.



MASSACHUSETTS



MASSACHUSETTS

Value-Based Benefit Medications

For health plans that include the value-based pharmacy benefit, the following medications are eligible for reduced member cost sharing when purchased through the **Express Scripts Mail Service Pharmacy**. In addition, for members on Saver plans, the deductible is also waived for these same medications 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, 2016, and may be updated from time to time. Find the latest information on specific medications by visiting www.bluecrossma.com/pharmacy.

Medications Commonly Used in the Treatment of Asthma

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

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 obtained from the Mail Service Pharmacy. You qualify **ONLY** if you are 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	Valsartan
Lisinopril/HCTZ	Nadolol	Ramipril	Valsartan/HCTZ
Losartan Potassium	Nicardipine	Spironolactone	
Losartan Potassium/HCTZ	Nifedipine CR	Terazosin	

High Cholesterol			
Atorvastatin	Colestipol	Gemfibrozil	Simvastatin
Cholestyramine	Fenofibrate	Pravastatin	

Medications Commonly Used in the Treatment of Depression

If you are taking one of the above medications to treat asthma, diabetes or both a medication to treat high blood pressure and cholesterol, then, you 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 for Smoking Cessation

You pay nothing for the following medications. Smoking cessation medications are available at retail pharmacies in addition to the **Mail Service Pharmacy**.

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

1. Generics of Zyban only
2. Also includes various store brands



MASSACHUSETTS

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 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 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). 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.



MASSACHUSETTS



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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147610M 32-7040

Express Scripts Pharmacy Prescription Order Form

▶ To order online: sign in at www.StartHomeDelivery.com and follow the prompts. ◀

To order by mail: complete this form and ask your doctor to write your prescription for a 90-day supply or the maximum days supply allowed by your plan.

- Use ALL CAPITAL LETTERS in BLACK INK. Fill in the ovals (●).
- Remember to mail your prescription with this completed form. Your medication will arrive within two weeks from the date we receive your first order.

NOTE: Standard shipping is FREE for online and mail orders.



1041

PATIENT 1 (CARDHOLDER)

ID Card Number

First Name

MI

Date of Birth (MM/DD/YYYY)

/ /

Last Name

Gender M F

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

Shipping Address 1

Shipping Address 2

City

State

Zip Code

-

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

Email

Please select one as your preferred telephone number

Daytime Phone

Evening Phone

Cell Phone

()

()

()

Doctor/Prescriber Last Name

Doctor/Prescriber Phone Number

() -

PATIENT 2

First Name

MI

Date of Birth (MM/DD/YYYY)

/ /

Last Name

Gender M F

Email

Doctor/Prescriber Last Name

Doctor/Prescriber Phone Number

() -

PAYMENT

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

Apply to this order only

Apply to all orders

Amount Enclosed

Check Card

Credit Card

Check / Money Order

\$.

Card #

Exp. Date (MM/YY)

/

Sign here to authorize card payment

Detach Here

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

Detach Here



1042

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.

DRUG ALLERGIES	List other Allergies here:	<input type="radio"/>	No Known Allergies	<input type="radio"/>	List other Allergies here:
		<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"/>		
HEALTH CONDITIONS	List other Health Conditions here:	<input type="radio"/>	No Known Health Conditions	<input type="radio"/>	List other Health Conditions here:
		<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"/>		
OTC	List other OTC that you take on a regular basis:	<input type="radio"/>	No Over-the-Counter Medications	<input type="radio"/>	List other OTC that you take on a regular basis:
		<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"/>	
DEVICES	List Medical Devices here:	<input type="radio"/>	No Medical Devices	<input type="radio"/>	List Medical Devices here:
			Medical Devices (i.e., Glucose Testing Device, Insulin Pump, Nebulizer) and specify brand name and model.		
OTHER	List other Prescription Medications here:	<input type="radio"/>	No Other Prescriptions	<input type="radio"/>	List other Prescription Medications here:
			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



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

POSTAGE WILL BE PAID BY ADDRESSEE

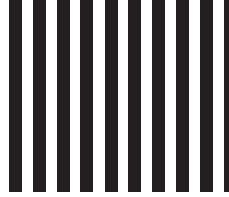


EXPRESS SCRIPTS®

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)

Pref

Glue

Fold

Glue

Pref

Inside envelope

Glue

Fold

Glue

Glue

Inside envelope

Save with our \$9 for 90 Generics Program

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

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

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

The Details

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

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

How to Get Started:

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

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

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



For more information

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

www.express-scripts.com/starthd

or call

877-509-5883.



MASSACHUSETTS

Fitness Reimbursement

Wellness Participation Program



Your Blue Cross Blue Shield of Massachusetts health plan can save you up to \$150¹ annually in qualified health club membership fees or for fitness classes taken at a qualified health club.

3 Easy Steps to Getting Reimbursed²

1. 
Choose
 Start by picking a qualified health club.

2. 
Complete
 Once you pay for the program, fill out the attached form.

3. 
Mail
 Send the completed form to the address listed at the bottom.

Important Information

- The reimbursement is for each individual (or family) health plan and can only be submitted once each calendar year.
- Keep copies of all your paperwork and proof of payment in case you are denied reimbursement.
 Proof of payment includes the following:
 - Itemized, dated, paid receipts from your health club
 - Bank or credit card statements
 - Paycheck stubs if your club fees are automatically deducted from that account
- Receipts or statements should include the name of the family member enrolled in the club and the individual charges for a full reimbursement of health club fees or fitness classes.
- The dollar amount you receive may be considered taxable income. Consult your tax advisor about how to treat this reimbursement on your taxes.

A qualified health club 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

To receive the fitness reimbursement for a qualified pay-as-you-go health club, get paid receipts from the club for your records.

What doesn't qualify?

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

- Martial arts or yoga centers
- Gymnastics, tennis, aerobic, or pool-only facilities
- Country clubs or social clubs
- Sports teams or leagues

Be sure to talk with your doctor before starting an 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 Wellness Participation program. Blue Cross will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment.

Fitness Reimbursement Form³

To verify this reimbursement is within your plan, log in to Member Central at www.bluecrossma.com/membercentral or call Member Service at the number on your ID card. Submit this form once per calendar year, no later than March 31 of the following year.

PLEASE PRINT ALL INFORMATION CLEARLY

Subscriber Information (Policyholder)

Identification Number (including first 3 letters) 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: Mo. Day Yr.

Mailing Address—Number and Street (if different from subscriber's) City State Zip Code

Gender

- Male
 Female

Claim is for (check one):

- Subscriber (policyholder) Ex-Spouse Other (specify) _____
 Spouse (of policyholder) Dependent (up to age 26)

Name, Address, and Phone Number of Qualified Health Club

I am due \$ _____ for the following reimbursement (check one):

- Membership at a qualified health club. My monthly fee is \$ _____.
 Fitness classes at a qualified health club.
My fee per class is \$ _____.

Health Plan Year

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 health club membership. I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services. I understand that Blue Cross may require additional evidence of health club membership and proof of payment for my membership before reimbursement is provided.

Subscriber's or

Member's Signature: _____ Date: _____

Questions?

To verify this reimbursement is within your plan or for further information, please log in to the Member Central website at www.bluecrossma.com/membercentral or call Member Service at the number on the front of your ID card.

Please complete and mail this form to:

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

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

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147578M 55-0773 (4/15)





MASSACHUSETTS

Weight Loss Reimbursement

Wellness Participation Program



Your Blue Cross Blue Shield of Massachusetts health plan can save you up to \$150¹ annually in qualified Weight Watchers[®] and hospital-based weight-loss programs.

3 Easy Steps to Getting Reimbursed²



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 and proof of payment to the address listed at the bottom.

Important Information

- The reimbursement is for each individual (or family) health plan and can only be submitted once each calendar year.
- Keep copies of all your paperwork and proof of payment in case you are denied reimbursement. Proof of payment includes the following:
 - Paid receipts from qualified program
 - Weight Watchers Membership Book
- Receipts, statement, or Weight Watchers Membership Book should include the name of the family member enrolled in the program, the amount paid per session(s), and the date(s) 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 weight-loss program.

A qualified weight-loss program is:

- Weight Watchers meetings
- Weight Watchers At Work
- A hospital-based weight-loss program

What doesn't qualify?

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

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 Wellness Participation program. Blue Cross will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment.

Weight-Loss Reimbursement Form³

To verify this reimbursement is within your plan, log in to Member Central at www.bluecrossma.com/membercentral or call Member Service at the number on your ID card. Submit this form when you have paid receipts from a qualified weight-loss program, once per calendar year, no later than March 31 of the following year.

PLEASE PRINT ALL INFORMATION CLEARLY

Subscriber Information (Policyholder)

Identification Number (including first 3 letters) 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: Mo. Day Yr.

Mailing Address—Number and Street (if different from subscriber's) City State Zip Code

Gender

- Male
 Female

Claim is for (check one):

- Subscriber (policyholder) Ex-Spouse Other (specify) _____
 Spouse (of policyholder) 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 and Address of Class or Program

Health Plan Year

Total Amount Submitted: \$ _____

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

I authorize the release of any information to Blue Cross and Blue Shield of Massachusetts about my 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.

Subscriber's or

Member's Signature: _____ Date: _____

Questions?

To verify this reimbursement is within your plan or for further information, please log in to the Member Central website at www.bluecrossma.com/membercentral or call Member Service at the number on the front of your ID card.

Please complete and mail this form (including copies of paid receipts) to:

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

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





MASSACHUSETTS

Blue Care lineSM

We're here for you 24/7

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



We're here for you 24/7

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

Know your options

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

We'll call you

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

Confidentiality

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



MASSACHUSETTS

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.

- **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.4SM, HMO Blue New England Options v.4SM and Preferred Blue PPO Options v.4SM. 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 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	Standard		
Holy Family Hospital at Merrimack Valley	Haverhill	MA	Standard		
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 [®] 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	Standard		
New England Baptist [®] 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

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Cost

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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 ¹	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

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

Cost

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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.



You have options

Quicker, Less Expensive Alternatives to the ER

You should always go to the nearest emergency room in a life-threatening situation. But in other cases, even for urgent injuries, you have other options that can save you time and money.

First, Talk to Your Primary Care Provider

Unless it's a true emergency, it's always best to call your doctor's office first, even if it's after hours. They may want to see you or suggest alternatives to the emergency room. If the doctor's office is closed, there may be recorded after-hours care instructions or the option to speak with an on-call nurse or doctor who can provide unique advice based upon your medical history and assistance in following up with your doctor. After you call your doctor, in the absence of severe symptoms, consider the options below:

Option	What It Is	What They Can Help You With	Hours	Relative Cost	How to Find One
Blue Care LineSM	Speak with a nurse by phone. Explain your symptoms, and the nurse will help you decide what to do next.	Assessment for the treatment of: <ul style="list-style-type: none"> • Fever • Dizziness • Cuts • General discomfort 	24/7	No cost	Call the Blue Care Line at 1-888-247-BLUE (2583)
Limited Services Clinics¹	Clinics located within your local pharmacy that treat simple medical concerns	<ul style="list-style-type: none"> • Flu-like symptoms • Earaches • Pinkeye • Sore throat 	Days, evenings, weekends	\$\$	In Massachusetts: Go to https://findadoctor.bluecrossma.com/ <ul style="list-style-type: none"> • Select Medical Facility • Click on the Specialty tab • Select Clinics, Limited Services or Urgent Care Center
Urgent Care Centers²	Local clinics that treat conditions that aren't life-threatening but should be treated right away	Symptoms treated at limited services clinics, plus: <ul style="list-style-type: none"> • Sprains • Minor burns or injuries • Short-term (acute) illness • Broken bones 	Days, evenings, weekends	\$\$\$	Outside Massachusetts: Visit https://findadoctor.bluecrossma.com/ <ul style="list-style-type: none"> • Follow steps above • Enter location
Emergency Room	Full hospital service for severe symptoms that could seriously jeopardize your health or the health of another (including an unborn child)	<ul style="list-style-type: none"> • Possible heart attack • Stroke • Poisoning • Loss of consciousness 	24/7	\$\$\$\$\$\$	Call 911 or go to your nearest hospital

Notes About Limited Services Clinics and Urgent Care Centers:

- If your doctor's office does not offer urgent care as part of their practice, make sure to check Find a Doctor regularly, as new limited services clinics and urgent care centers are always being added. If you're logged in to Member Central, your network will display automatically. If you're using our public Find a Doctor site, be sure to verify the name of your plan, found on your Blue Cross ID card, and click the Which Network Should I Choose? link for additional help.
- Verify that your health plan covers care at the location you choose.
- If you're outside of Massachusetts, call Member Service at the number on the front of your Blue Cross ID card to confirm if the clinic is in our network or if you need a referral.

1. Example: CVS Minute Clinic[®]

2. Examples: CareWell[®] Urgent Care, Doctors Express[®] and Health Express

CareWell Urgent Care is an urgent care center accredited by the Urgent Care Association of America



MASSACHUSETTS

Welcome to Your New Summary of Health Plan Payments

Formerly Explanation of Benefits or Claims Summary

Below is a sample of the new Summary of Health Plan Payments. Using feedback from members like you, we created a simpler and easier-to-understand statement that shows how we process your claims and if you owe any balances.

This is not a bill. Your doctor or hospital will bill you for any outstanding balances. If you have any questions, please call Member Service at the number on the front of your ID card. You can also view your claims information online at www.bluecrossma.com/membercentral.

SAMPLE

Read the descriptions below for details about each section .

A Your individual deductible (if you have one) is the amount you pay toward certain covered medical services each year before we start to pay. Your family deductible (if you have one) is the amount you pay before we start paying expenses for the other members on your plan and includes the amount you've paid toward your individual deductible.

Note: You do not have to pay toward your deductible for certain services, for example, preventive care.

B This section shows how the adjusted amount charged was calculated.

C This shows how we processed your claim, so you can see the amount your health care provider(s) charged, the amount we covered, and the amount that's your responsibility.

D You'll find the meaning of any unfamiliar terms here.

E Your most current claim information can be found on Member Central at www.bluecrossma.com/membercentral.

SUMMARY OF HEALTH PLAN PAYMENTS FOR JOHN DOE

MASSACHUSETTS

What is this?
This summary shows the amount covered by Blue Cross for the claim(s) below, and the amount that is your financial responsibility. This is not a bill, your health care provider(s) will bill you directly for the amount not covered.

Summary Date: 11/14/12

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

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

Adjusted amount charged		
Amount your provider charged	Blue Cross discount	Adjusted amount
\$6,280.35	-\$1,340.35	\$4,940.00

GLOSSARY	
Blue Cross discount Your savings from the discounted rate Blue Cross negotiated with your health care provider.	
Copayments A fixed dollar amount, typically collected at your medical appointment, at a doctor's office or other medical facility.	
Deductible The amount you pay for specific services each plan year before Blue Cross starts paying.	
Co-insurance The amount you pay for specific health care services, calculated as a percent.	
Out-of-pocket maximum The most you'll pay each plan year for health care services, typically this includes copayments, co-insurance, and deductible amounts.	
Health care provider A doctor, hospital, health care professional, or health care facility.	

PAYMENT OVERVIEW											
Adjusted amount charged The amount charged by your health care provider(s) based on Blue Cross' contract rates. \$4,940.00											
Amount covered Benefits provided by Blue Cross for your medical services. -\$3,590.00											
Your financial responsibility	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Copayments</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>Deductible</td><td style="text-align: right;">\$1,000.00</td></tr> <tr><td>Co-insurance</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>Not Covered</td><td style="text-align: right;">\$350.00</td></tr> <tr><td colspan="2" style="text-align: right;">\$1,350.00</td></tr> </table>	Copayments	\$0.00	Deductible	\$1,000.00	Co-insurance	\$0.00	Not Covered	\$350.00	\$1,350.00	
Copayments	\$0.00										
Deductible	\$1,000.00										
Co-insurance	\$0.00										
Not Covered	\$350.00										
\$1,350.00											

E View up-to-date information about your health plan. Go to bluecrossma.com/membercentral.

Keep for your records
Page 2 of 4

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

FRONT

HEALTH PLAN PAYMENT BREAKDOWN

F							G	H					I	
Service date	Service type	Amount charged			Other insurance	Amount covered	Your financial responsibility	Your financial responsibility calculation					See notes	
		Amount your provider charged	Blue Cross discount	Adjusted amount				Copayments	Deductible	Co-insurance	Not covered (see notes)	Total cost		
Dr. Josephine Smith, ABC Hospital Patient Name: John Doe Claim #: 11111111111111														
10/12/12	Routine Services	\$400.00	-\$180.00	\$220.00	\$0.00	-\$220.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
10/12/12	X-Ray	\$180.35	-\$60.35	\$120.00	\$0.00	\$0.00	\$120.00	\$0.00	\$120.00	\$0.00	\$0.00	\$120.00		
10/12/12	Lab	\$350.00	-\$120.00	\$230.00	\$0.00	\$0.00	\$230.00	\$0.00	\$230.00	\$0.00	\$0.00	\$230.00		
10/12/12	Room & board	\$5,000.00	-\$980.00	\$4,020.00	\$0.00	-\$3,370.00	\$650.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00		
Subtotal		\$5,930.35	-\$1,340.35	\$4,590.00	\$0.00	-\$3,590.00	\$1,000.00	\$0.00	\$1,000.00	\$0.00	\$0.00	\$1,000.00		
Dr. Jake Giovanni, ABC Hospital Patient Name: John Doe Claim #: 222222222222														
11/01/12	Lab	\$350.00	\$0.00	\$350.00	\$0.00	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	\$350.00	A	
Subtotal		\$350.00	\$0.00	\$350.00	\$0.00	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	\$350.00		
Grand total		\$6,280.35	-\$1,340.35	\$4,940.00	\$0.00	-\$3,590.00	\$1,350.00	\$0.00	\$1,000.00	\$0.00	\$350.00	\$1,350.00		

J This doctor or medical facility will bill you this amount.

To see the amount you've paid toward your deductible and out-of-pocket maximum, log in to Member Central at www.bluecrossma.com/membercentral.

HAVE QUESTIONS?

Call the number on your ID card.

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

For TTY, call 1-800-522-1254

BACK

F This section shows recently submitted claim information for your medical services, including dates of services, health care providers, charges, and payment details.

G The amount of each claim that's your responsibility.

H Shows how we calculated your financial responsibility per service. The amount depends on whether the service is covered by your plan, if you have met your deductible, and if you have a copayment or co-insurance.

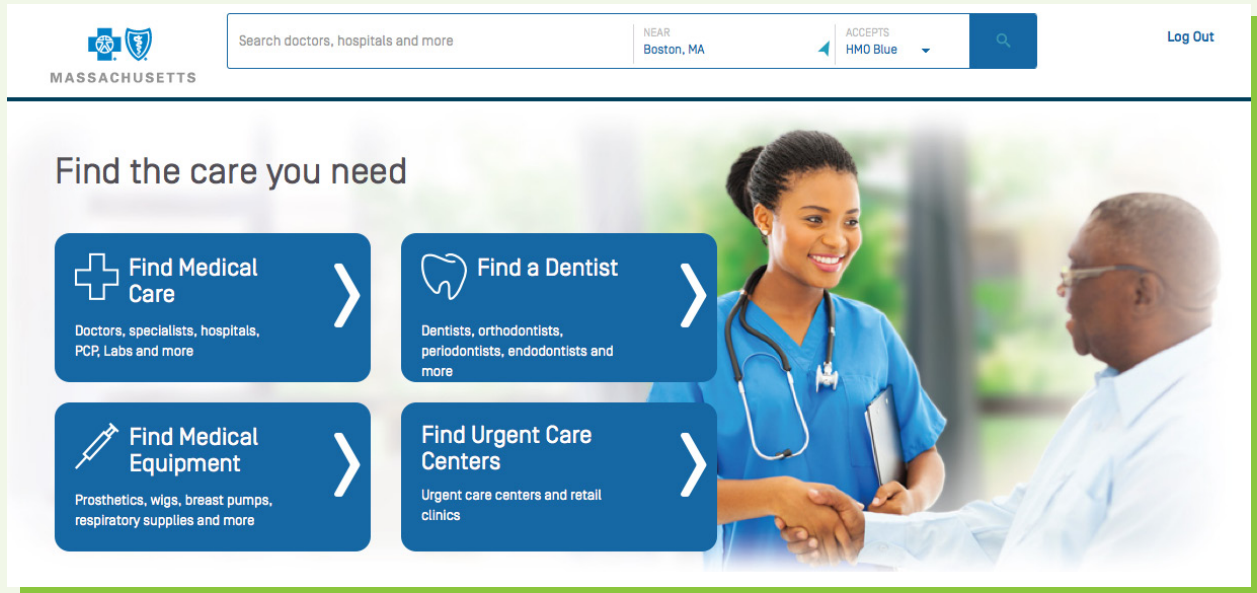
I You may find additional information on how we processed your claim(s) here.

J This is the amount you owe toward this claim after we've covered our share. Your health care provider may bill you for this amount. If you have an additional health insurance plan that covers these services, this doesn't apply to you.

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.



Log in for Best Results

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

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

1 How to Search for Doctors and Hospitals

The screenshot shows the search interface for Blue Cross of Massachusetts. The search bar contains 'internal medicine'. Below the search bar, a dropdown menu lists various search results under 'SPECIALTIES' and 'FACILITIES'. The 'SPECIALTIES' section includes 'Internal Medicine - Physician - Professional', 'Internal Medicine - Nurse Practitioner - Professional', and 'Internal Medicine - Physician Assistant - Professional'. The 'FACILITIES' section includes 'Search for: internal medicine', 'Brookline Associates in Internal Medicine', 'Internal Medicine Associates PC', 'South Shore Internal Medicine Associates', 'Internal Medicine Health Associates PC', 'Internal Medicine and Preventative Care', 'Greater Boston Internal Medicine PC', 'Internal Medicine Physicians of the North Shore LLC', 'Associates in Internal Medicine', and 'Bedford Lexington Internal Medicine'. The location is set to 'NEAR Boston, MA' and the insurance plan is 'ACCEPTS HMO Blue'.

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, and the results will auto-populate based on your current location.

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

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

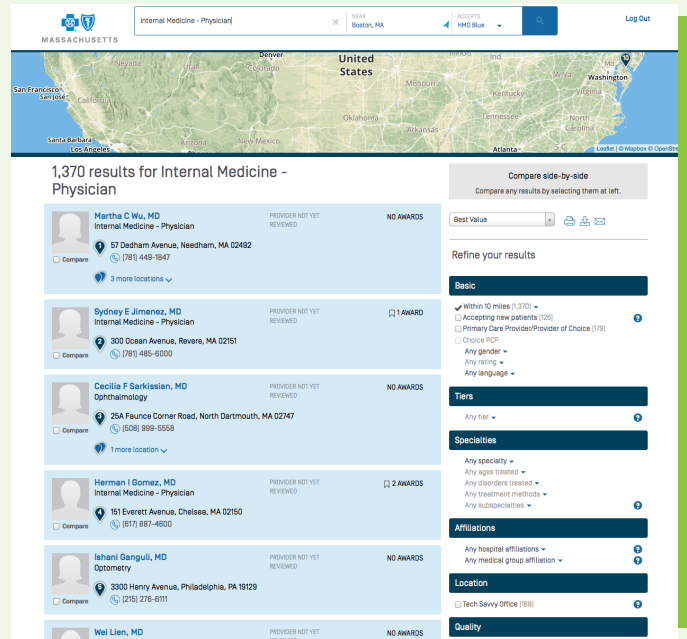
The screenshot shows the homepage of the Blue Cross of Massachusetts search interface. The search bar contains 'Search doctors, hospitals and more'. The location is set to 'NEAR Boston, MA' and the insurance plan is 'ACCEPTS HMO Blue'. Below the search bar, there are four search options: 'Find Medical 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). A woman in blue scrubs is visible on the right side of the page.

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.

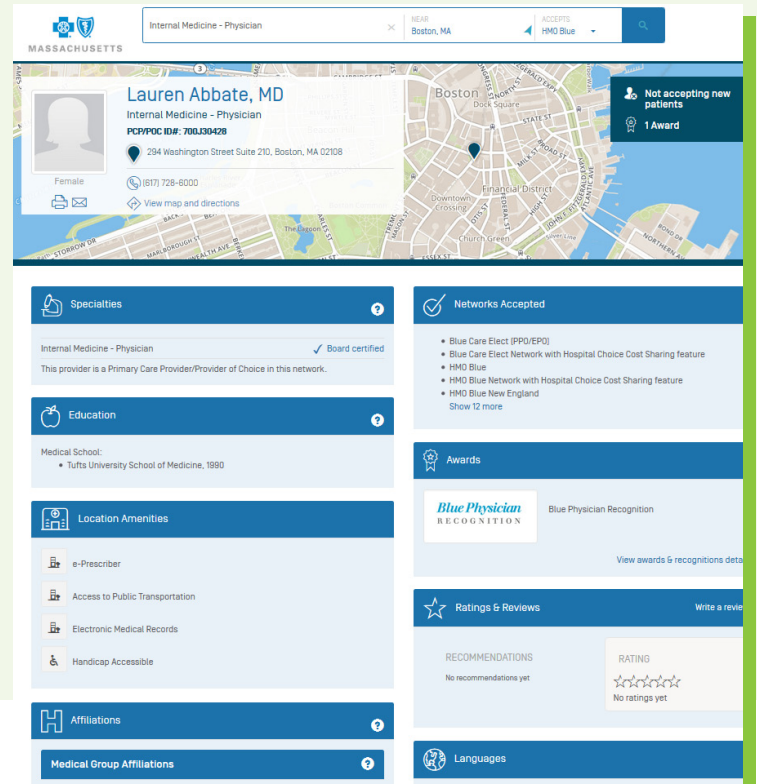
- Narrow your results by specialty, gender, quality, languages, and more.
- Compare up to ten doctors.
- Click a provider's name for more information, including patient reviews of doctors, directions, and quality ratings.
- You also have the ability to create a PDF and email the results.
- And more!



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 which hospitals are designated [Blue Distinction Centers](#)—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.



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"> • Daily credit monitoring services • Alerts • Credit report checks in Experian's consumer credit database • Identity theft insurance • U.S.-based fraud resolution team support 	You and dependents over 18	Visit the Experian ProtectMyID website at www.protectmyid.com/bcbsma 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"> • Monthly credit monitoring • Credit file misuse alerts • Comprehensive fraud resolution support 	Dependents under 18	Visit the Experian FamilySecure website at www.familysecure.com/bcbsma 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 or the FamilySecure website at www.familysecure.com/bcbsma. Or, you can call Experian at **1-866-926-9803**.

Glossary of Health Coverage and Medical Terms

- This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)
- **Bold blue** text indicates a term defined in this Glossary.
- See page 4 for an example showing how **deductibles**, **co-insurance** and **out-of-pocket limits** work together in a real life situation.

Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your **provider** charges more than the allowed amount, you may have to pay the difference. (See **Balance Billing**.)

Appeal

A request for your health insurer or **plan** to review a decision or a **grievance** again.

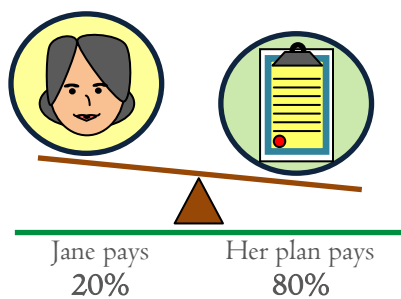
Balance Billing

When a **provider** bills you for the difference between the provider's charge and the **allowed amount**. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A **preferred provider** may **not** balance bill you for covered services.

Co-insurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the **allowed amount** for the service.

You pay co-insurance **plus** any **deductibles** you owe. For example, if the **health insurance** or **plan's** allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.



(See page 4 for a detailed example.)

Complications of Pregnancy

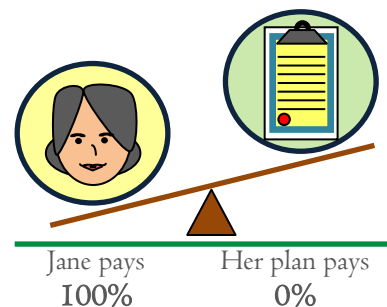
Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section aren't complications of pregnancy.

Co-payment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible

The amount you owe for health care services your **health insurance** or **plan** covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.



(See page 4 for a detailed example.)

Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care **provider** for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

Emergency Medical Condition

An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Medical Transportation

Ambulance services for an **emergency medical condition**.

Emergency Room Care

Emergency services you get in an emergency room.

Emergency Services

Evaluation of an **emergency medical condition** and treatment to keep the condition from getting worse.

Excluded Services

Health care services that your **health insurance** or **plan** doesn't pay for or cover.

Grievance

A complaint that you communicate to your health insurer or **plan**.

Habilitation Services

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance

A contract that requires your health insurer to pay some or all of your health care costs in exchange for a **premium**.

Home Health Care

Health care services a person receives at home.

Hospice Services

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.

In-network Co-insurance

The percent (for example, 20%) you pay of the **allowed amount** for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network co-insurance usually costs you less than **out-of-network co-insurance**.

In-network Co-payment

A fixed amount (for example, \$15) you pay for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network co-payments usually are less than **out-of-network co-payments**.

Medically Necessary

Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Network

The facilities, **providers** and suppliers your health insurer or **plan** has contracted with to provide health care services.

Non-Preferred Provider

A **provider** who doesn't have a contract with your health insurer or **plan** to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your **health insurance** or plan, or if your health insurance or plan has a "tiered" **network** and you must pay extra to see some providers.

Out-of-network Co-insurance

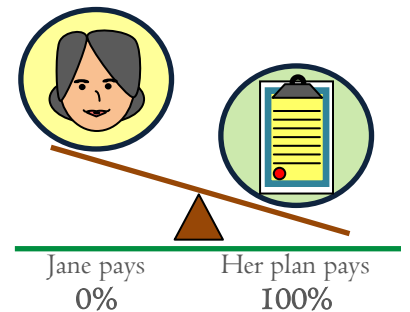
The percent (for example, 40%) you pay of the **allowed amount** for covered health care services to providers who do **not** contract with your **health insurance** or **plan**. Out-of-network co-insurance usually costs you more than **in-network co-insurance**.

Out-of-network Co-payment

A fixed amount (for example, \$30) you pay for covered health care services from providers who do **not** contract with your **health insurance** or **plan**. Out-of-network co-payments usually are more than **in-network co-payments**.

Out-of-Pocket Limit

The most you pay during a policy period (usually a year) before your **health insurance** or **plan** begins to pay 100% of the **allowed amount**. This limit never includes your **premium**, **balance-billed** charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your **co-payments**, **deductibles**, **co-insurance** payments, out-of-network payments or other expenses toward this limit.



Physician Services

Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

Plan

A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

Preauthorization

A decision by your health insurer or **plan** that a health care service, treatment plan, **prescription drug** or **durable medical equipment** is **medically necessary**. Sometimes called prior authorization, prior approval or precertification. Your **health insurance** or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Preferred Provider

A **provider** who has a contract with your health insurer or **plan** to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your **health insurance** or plan has a "tiered" **network** and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

Premium

The amount that must be paid for your **health insurance** or **plan**. You and/or your employer usually pay it monthly, quarterly or yearly.

Prescription Drug Coverage

Health insurance or **plan** that helps pay for **prescription drugs** and medications.

Prescription Drugs

Drugs and medications that by law require a prescription.

Primary Care Physician

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary Care Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

Reconstructive Surgery

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries or medical conditions.

Rehabilitation Services

Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Skilled Nursing Care

Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

Specialist

A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a **provider** who has more training in a specific area of health care.

UCR (Usual, Customary and Reasonable)

The amount paid for a medical service in a geographic area based on what **providers** in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the **allowed amount**.

Urgent Care

Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require **emergency room care**.

How You and Your Insurer Share Costs - Example

Jane's Plan Deductible: \$1,500

Co-insurance: 20%

Out-of-Pocket Limit: \$5,000

January 1st
Beginning of Coverage
Period

December 31st
End of Coverage Period



Jane hasn't reached her \$1,500 deductible yet

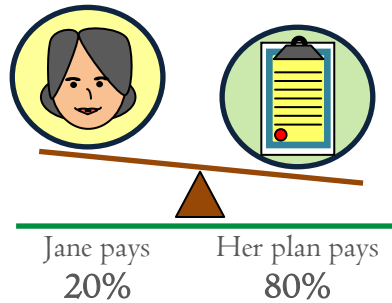
Her plan doesn't pay any of the costs.

Office visit costs: \$125

Jane pays: \$125

Her plan pays: \$0

more costs



Jane reaches her \$1,500 deductible, co-insurance begins

Jane has seen a doctor several times and paid \$1,500 in total. Her plan pays some of the costs for her next visit.

Office visit costs: \$75

Jane pays: 20% of \$75 = \$15

Her plan pays: 80% of \$75 = \$60

more costs



Jane reaches her \$5,000 out-of-pocket limit

Jane has seen the doctor often and paid \$5,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.

Office visit costs: \$200

Jane pays: \$0

Her plan pays: \$200



BlueCross®
BlueShield®

BlueCard®

Worldwide Access to High-Quality Health Care



Your health is important no matter where you are in the world. That's why Blue Cross Blue Shield created BlueCard and BlueCard Worldwide. When you travel or live outside your plan's service area, these programs ensure that you continue to have access to the best care on the planet.

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



Peace of Mind in Your Pocket

Tear out this page and put it in your travel kit. This way, you'll be prepared to get care when you need it.

TEAR HERE

Urgent Care

1. Call **1-800-810-BLUE (2583)** for a list of BlueCard, BlueCard PPO, and BlueCard Worldwide participating providers. You can also visit www.bcbs.com for a complete list of BlueCard doctors and hospitals.
2. Show your member ID card when you visit the doctor or hospital.
3. If you are admitted or if you have questions about your coverage, call Member Service at the number on the front of your ID card.
4. Always carry your Blue Cross Blue Shield of Massachusetts ID card. It's your worldwide passport to good health.

FOLD HERE

Emergency Care

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


Internationally Blue

The BlueCard and BlueCard Worldwide programs give you plenty of choices at home and around the world. In the United States alone, more than 85 percent of all doctors and hospitals participate in the BlueCard program. So whether you're going abroad or find yourself in another state, be sure to carry your member ID card. That way you can relax, knowing you can get the care you need no matter where life takes you.

Getting Care in the United States

When you need care outside your plan's service area, just call **1-800-810-BLUE (2583)** or visit **www.bcbs.com**. There you can search for participating doctors and hospitals near you. Once you find the right doctor, show your ID card to the participating provider you've chosen.

There's no paperwork. You don't have to submit claims or pay for services up front. You just pay any copayments, co-insurance, or deductible—same as always. Participating hospitals and doctors submit claims for you. However, if you received services from a non-participating provider, you may need to pay for the services up front (costs may be higher) 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. This means that when you travel or live in another Blue Cross Blue Shield plan area and use a BlueCard PPO doctor or hospital, you'll be given the highest benefit and save the most money.

Getting Care Around the World

The BlueCard Worldwide network lets you get doctor and hospital care from participating providers around the world. If you need to locate a doctor or hospital, or need medical assistance, call the BlueCard Worldwide 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. Of course, if it's an emergency, go to the nearest hospital immediately. You can also visit **www.bcbs.com** for a complete list of BlueCard Worldwide doctors and hospitals.

For Inpatient Services

Call the BlueCard Worldwide Service Center at **1-800-810-BLUE (2583)**, or call collect at **1-804-673-1177**, when you need inpatient care. In most cases, you won't need to pay up front for inpatient care at participating BlueCard Worldwide hospitals, except for the out-of-pocket expenses you normally pay (i.e., deductible, copayment, and co-insurance). The hospital should submit the claim on your behalf. In addition to contacting the BlueCard Worldwide Service Center, call Member Service at the number on your ID card for precertification or preauthorization.

For Outpatient Services

For outpatient hospital or doctor visits, show your ID card, pay the hospital or doctor, and fill out a BlueCard Worldwide International Claim form for reimbursement. You can get the claim form by calling **1-800-810-BLUE (2583)** or by visiting **www.bcbs.com/bluecardworldwide**.

You are only responsible for any copayments, co-insurance, or deductible. You still have the benefits described in your plan's benefit package for non-participating doctors and hospitals outside the United States, but you'll find it easier to use a BlueCard Worldwide network provider.

Your Member Responsibilities

When you receive care, in most cases, the participating provider will file the claim for you. If your doctor or hospital needs information about eligibility or your coverage, have them call **1-800-676-BLUE (2583)**.

As a Blue Cross Blue Shield of Massachusetts member, you're still responsible for any deductible, co-insurance, copayments, or non-covered services. If your health plan has co-insurance, this is the amount that you will pay for most covered services—usually 20 percent. Plans typically base your co-insurance on either the provider's charge or the contractual amount, whichever is less. The contractual amount can be calculated in the following ways:

- Actual discounts that reflect the final negotiated claim price
- Estimated discounts that factor in settlements or other non-claim transactions with health care providers
- Average discounts that reflect a uniform savings rate

A couple of other factors may affect the amount you'll save. Plans that use estimated or average pricing methods may adjust their prices in the future to correct over- or under-estimation of past prices. Some plans are required by state law to use other claim calculation methods that don't fully reflect your entire savings amount.

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): _____



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.

Coverage for Mastectomy-Related Services

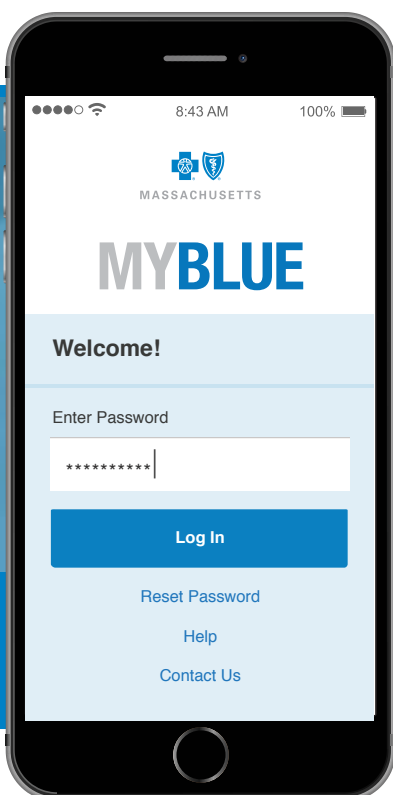
Did you know that your plan provides benefits for many mastectomy-related services? This is the case even if you were not covered by Blue Cross Blue Shield of Massachusetts at the time of the mastectomy. It's required by the Women's Health and Cancer Rights Act of 1998. If you are covered for a mastectomy 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.



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.