



MASSACHUSETTS

You have options

Avoid Costly (and Time-Consuming) Trips to the ER

To go to the ER or not to go to the ER? It's a decision you need to make when you're sick or injured, and your doctor isn't available. If you want to save time and money, and you're not experiencing a life-threatening medical issue, there are other options available.

As your health plan, we're here to help you make wise choices when it comes to getting the care you need. That's why we offer you access to quicker, more affordable, and convenient treatment options for non-urgent and urgent care. Remember, these options are for injuries or illnesses that need immediate attention, but are not life threatening.

No-Cost Option

Blue Care LineSM—Speak with a nurse 24 hours a day, 7 days a week, at 1-888-247-BLUE (2583). Just explain your symptoms and the nurse will help you decide whether you should see the doctor, go to the emergency room, or care for yourself at home.

Low-Cost Option for Minor Concerns

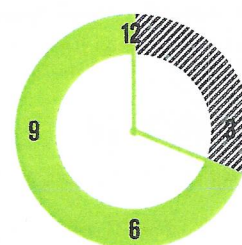
CVS MinuteClinic[®]—These limited-services clinics offer non-urgent medical care without an appointment or a referral. Convenient and efficient, MinuteClinics provide treatment for colds, ear infections, and a variety of other simple medical concerns. The copayment is usually the same as what you would pay for services at your doctor. They are open 7 days a week, with evening hours available.

Moderate-Cost Option for Non-Life-Threatening Issues

Urgent Care Centers—These centers treat unforeseen conditions that are not life-threatening, but may cause serious medical problems if not treated quickly. And the cost is less than going to an emergency room. They are often open 7 days a week, even after hours.

High-Cost Option for Life-Threatening Issues

Emergency Room—If you experience severe symptoms that place your health or the health of another (including an unborn child) in serious jeopardy, go to the nearest medical facility or call 911 immediately.



Did you know that the average wait time for an ER visit is 4 hours or more?¹

SAVE **80%**

A study found that members who get treatment for an acute illness, or an illness that starts quickly and only lasts a short time, at a limited-service clinic or urgent care center, instead of an ER, can reduce their out-of-pocket cost by up to 80%.²

1. 2010 Emergency Department Pulse Report: Patient Perspectives on American Health Care, Press Ganey, July 22, 2010.

2. RAND Corporation; Comparing Costs and Quality of Care at Retail Clinics with That of Other Medical Settings for 3 Common Illnesses; Published In: Annals of Internal Medicine, v. 151, no. 5, Sept. 1, 2009, p. 321-328, W-109.

For more information, visit www.bluecrossma.com/findadoctor, or call Member Service at the number on the front of your ID card.

Examples to Help You Decide the Right Place to Get Care:

When to call the Blue Care Line:	When to go to a CVS MinuteClinic (or limited-services clinic):	When to go to an urgent care center: ³	When to go to the ER:
<ul style="list-style-type: none"> • Fever • Dizziness • Cuts • General discomfort 	<ul style="list-style-type: none"> • Flu • Earaches • Pink eye • Sore throat 	<ul style="list-style-type: none"> • Sprains • Minor burns or injuries • Short-term (acute) illness • Broken bones 	<ul style="list-style-type: none"> • Suspected heart attack • Stroke • Poisoning • Loss of consciousness

3. If a MinuteClinic is not available in your community, urgent care centers can treat all of the same conditions. For more information, visit www.bluecrossma.com/findadoctor.

How to Find the Care You Need

- To find a doctor near you, visit www.bluecrossma.com/findadoctor
- To speak with a registered nurse, call the Blue Care Line at 1-888-247-BLUE (2583)

To find urgent care centers or CVS MinuteClinics in Massachusetts:	<ul style="list-style-type: none"> • Visit www.bluecrossma.com/findadoctor • Select Find a Hospital/Facility • Select Detailed Search by Network and Location • Select Clinics, Limited Services to search for MinuteClinics⁴ • Select Urgent Care Center to search for urgent care centers⁴
To find CVS MinuteClinics or other limited service clinics nationally: ⁵	<ul style="list-style-type: none"> • Visit http://provider.bcbs.com • Enter the first three letters from your ID card • Enter your location • Select Retail Health/Walk-in Doctor under provider type • Search results⁴
To find urgent care centers nationally: ⁵	<ul style="list-style-type: none"> • Visit http://provider.bcbs.com • Enter the first three letters from your ID card • Select Specialty • Enter your location • Enter urgent care center for the specialty • Search results⁴

Make sure to check Find a Doctor regularly as new MinuteClinics, limited-service clinics, and urgent care centers are always being added.

4. Verify that your health plan covers care at the location you choose.
5. Members who wish to receive covered services at a limited-services clinic or an urgent care center outside Massachusetts may do so only if the Blue Cross Blue Shield plan in that state has a contract with the clinic or facility.
6. Urgent Care Association of America: www.ucaoa.org/resources_stats.php.

Advantages of Urgent Care Centers

- Shorter wait times
- Nearby locations
- Lower costs
- No appointment or referral needed

57%

of patients wait 15 minutes or less to be seen at urgent care centers, and about 80% of all visits are 60 minutes or less.⁶



Save with our \$9 for 90 Generics Program

Blue Cross Blue Shield of Massachusetts members will save money using our \$9 for 90 Generics Program, which offers many generic drug prescriptions at discounted prices for home delivery. Express Scripts, our pharmacy benefits manager, coordinates the home delivery of many of your employees' Tier 1 generic drugs with no cost standard shipping. There is no charge to the account to administer this program and the \$9 copayment is applied to members prescription annual out-of-pocket cost.

In addition to the significant savings on many generic prescription drugs, employees 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

- + No additional cost to the account
- + Offers the member a better deal as compared to the \$4 generic programs offered at Target, Walmart, and other retail pharmacies. \$9 for 90 days translates to \$3 for each 30 day supply.
- + Is available to all your Blue Cross Blue Shield of Massachusetts members
- + Provides a more complete history of members with chronic conditions to better allow our medical management tools, nurses and pharmacists to provide assistance
- + Has an easy enrollment process in which members sign up either online or by phone
- + Gives members a 90-day supply of certain generics sent directly to their home
- + Lets members save, on average, 29% in comparison to standard retail pharmacies²

Patient adherence to medications is up to 8% higher with the Express Scripts PharmacySM compared to retail.¹

For more information

If employees have questions, or would like to enroll in home delivery, they can visit www.starthomedelivery.com or call 877-509-5883.

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.



MASSACHUSETTS

Weight Loss Benefit

If you have a Blue Cross Blue Shield of Massachusetts health plan, we've got a healthy incentive for you.

As a subscriber to Blue Cross Blue Shield of Massachusetts, your Weight Loss Benefit can save you or your family up to \$150¹ per calendar year in qualified weight loss program fees. You can claim your Weight Loss Benefit **after** you've paid for your program.

What types of programs qualify?

Traditional Weight Watchers® meetings, the Weight Watchers At Work program, and hospital-based weight loss programs qualify for the Weight Loss Benefit.

The Weight Watchers Online and Weight Watchers At Home programs do not qualify for the benefit, nor do fees paid for any other weight loss programs. Fees paid for individual nutrition counseling sessions, food, books, videos, scales, or other items not included as part of the fee for the course or class do not qualify.

What do I need to do?

First, check to ensure that your coverage includes the Weight Loss Benefit. If you have any questions, call the Member Service number on the front of your ID card.

Second, enroll in a qualified weight loss program. You must pay for the course or program first, and may then submit a claim for the benefit.

Simply send us:

- **The Weight Loss Benefit Form**, answering all questions. (Please note that the \$150¹ is per individual or family membership. Submit only once per calendar year, filed by March 31 of the following year.)

- **8.5" x 11" photocopies of paid receipts** from the qualified program in which you enroll. Receipts must show the Blue Cross Blue Shield of Massachusetts member's name, name/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.
- **Finally, mail both the form and copies of your paid receipts** to the address at the bottom of the Weight Loss Benefit Form. If you have any questions, please call the Member Service number on your ID card.

Note: Please keep your original receipts before sending copies with your claim. Services denied for payment will be noted on your claim summary. We do not return any receipts or claim forms.

Be sure to check with your physician before starting any weight loss program.

1. Your employer may have elected a different benefit dollar amount. Please refer to your benefits summary or contact Member Service to confirm your benefit dollar amount. Please be aware that the dollar amount you receive may be considered taxable income. Consult your tax advisor regarding the tax treatment of this reimbursement.

Weight Loss Benefit Form

PLEASE PRINT ALL INFORMATION CLEARLY

DO NOT WRITE IN THIS SPACE
OFFICE USE ONLY

Subscriber Information (Person in whose name coverage is held)

Identification Number (including alpha prefix)	Subscriber's Last Name	First Name	Middle Initial
Address—Number and Street		City	State
			Zip Code
Employer's Name			

Member Information

Member's Last Name	First Name	Middle Initial	Date of Birth: Mo.	Day	Yr.
Mailing Address (if different from subscriber's) Number and Street		City	State	Zip Code	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Claimant is (check one): <input type="checkbox"/> Subscriber (coverage holder) <input type="checkbox"/> Spouse (of coverage holder)		<input type="checkbox"/> Child (age 18 or younger) <input type="checkbox"/> Handicapped Dependent (age 19 or older) <input type="checkbox"/> Student (age 19 or older) <input type="checkbox"/> Stepchild <input type="checkbox"/> Other (specify) _____		

When to Submit this Form:

- After you have collected up to \$150¹ in paid receipts from your qualified weight loss program.
- Once per calendar year, filed by March 31 of the following year.

Class/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/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/Program	Benefit Year ²
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1. Your employer may have elected a different benefit dollar amount. Please refer to your benefits summary or contact Member Service to confirm your benefit dollar amount. Please be aware that the dollar amount you receive may be considered taxable income. Consult your tax advisor regarding the tax treatment of this reimbursement.
2. A 12-month period beginning January 1 and ending December 31.

Total Number of Receipt Copies Attached: _____ 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, Inc., 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/Member's Signature: _____ Date: _____

**Please print 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

Questions?

To verify this benefit is within your plan or for further information, call the Member Service number on the front of your ID card.



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Find a Doctor and
Estimate Costs

Pharmacy Lookup

Contact Us

Blue365®

Health Care Apps

Visit: <http://planinfo.bluecrossma.com/customblue/2017/miiatownofmillbury>

Plan details: (click to view documents)

	Plan documents		Online Resources
Network Blue NE	Summary	SBC	Learn more about plan features
Network Blue Select	Summary	SBC	Learn more about plan features
Blue Care Elect Preferred	Summary	SBC	Learn more about plan features

Learn more about:

Plan Options



Wellness



Resources



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

HCCS HMO Blue NE Quick Start 55-0100	Download
Quick Start - Value Based Benefits	Download
Mail Service Pharmacy Brochure & Form	Download
Value-Based Drug List	Download
Select Home Delivery List	Download
\$9 Generic Medications List	Download
2017 HCCS Hospital List	Download
2017 Pharmacy Formulary	Download
Emergency Room Alternatives	Download
Telehealth Brochure	Download
3-Tier Pharmacy Program	Download
\$9 Generics Program Fact Sheet	Download
Nurse Hotline	Download
Fitness Participation Program	Download
Weight Loss Participation Program	Download
Blue Card Program Brochure	Download
Commitment To Confidentiality	Download
How To Choose A PCP	Download
MyBlue Member App	Download
Using Find a Doctor	Download



Fitness Benefit



If you have a Blue Cross Blue Shield of Massachusetts health plan, we've got a healthy incentive for you.

As a subscriber to Blue Cross Blue Shield of Massachusetts, your Fitness Benefit can save you or your family up to \$150 per calendar year in qualified health club membership fees. You can claim your Fitness Benefit after you've belonged to your health club and been a Blue Cross Blue Shield of Massachusetts member for a full four months (in a calendar year).

What types of health clubs qualify?

When selecting a health club, you'll need to pick one with a variety of cardiovascular and strength-training exercise equipment, such as a traditional health club. To receive the Fitness Benefit for a qualified health club that doesn't require monthly or annual fees for aerobic or fitness activities, just make sure to get full documentation from the club.

Please note that martial arts centers; gymnastics facilities; country clubs; tennis, aerobic, or pool-only facilities; social clubs; and sports teams or leagues do **not** qualify. You cannot receive the Fitness Benefit for any aerobic/fitness activity fees (including those paid for personal training, lessons, coaching, exercise equipment, or clothing) paid to a non-qualified health club.

What do I need to do?

First, check to be sure that your coverage includes the Fitness Benefit. Second, you'll need to have been a member of your health club and Blue Cross Blue Shield of Massachusetts for a full four months (in a calendar year).

Simply send us:

- The Fitness Benefit Form, answering all questions (please note that the \$150 is per individual or family membership. Submit only once per calendar year, filed by March 31 of the following year).
- A copy of your health club agreement or contract that includes the name and address of the health club and the membership or class dates.

- 8½" x 11" photocopies of dated, paid receipts, or your bank or credit card statements, or paycheck stub if your club fees are automatically deducted from those accounts. Receipts or statements should include the name of the family member enrolled in the club and the individual charges for a full four months of health club membership or class fees.
- Finally, mail the form and copies of your health club contract and paid receipts or statements to the address at the bottom of the attached claim form. If you have any questions, please call the Member Service number on your ID card.

Note: We encourage you to keep copies of all the paperwork you send us. Any services denied for payment will be noted on your Claim Summary. We do not return any receipts or contract copies, even if they are denied for payment.

Be sure to check with your physician before starting an exercise program.

Fitness Benefit Form

DO NOT WRITE IN THIS SPACE
OFFICE USE ONLY

PLEASE PRINT ALL INFORMATION CLEARLY

SUBSCRIBER INFORMATION (Person in whose name coverage is held)

Identification Number (including alpha prefix)	Subscriber's Last Name	First Name	Middle Initial
Address—Number and Street		City	State
			Zip Code
Employer's Name			

MEMBER INFORMATION

Member's Last Name	First Name	Middle Initial	Date of Birth: Mo.	Day	Yr.
Mailing Address (if different from subscriber's)		City	State	Zip Code	
Number and Street					
Gender	Claimant is (check one):				
<input type="checkbox"/> Male	<input type="checkbox"/> Subscriber (coverage holder)	<input type="checkbox"/> Child (age 19 or younger)	<input type="checkbox"/> Student (age 19 or older)		
<input type="checkbox"/> Female	<input type="checkbox"/> Spouse (of coverage holder)	<input type="checkbox"/> Handicapped Dependent (age 19 or older)	<input type="checkbox"/> Stepchild		
			<input type="checkbox"/> Other (specify) _____		

WHEN TO SUBMIT THIS FORM:

- After you have been a member of a health club and Blue Cross Blue Shield of Massachusetts for a full four months in a calendar year.
- Once per calendar year, filed by March 31 of the following year.

HEALTH CLUB INFORMATION REQUIRED:

Attach 8½" x 11" photocopies of dated, paid health club receipts, and your health club agreement/contract.

Name and Address of Health Club

TOTAL NUMBER OF RECEIPT COPIES ATTACHED: _____ 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, Inc., 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.

Subscriber's/Member's Signature: _____ Date: _____

Please print, fold, 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

QUESTIONS?

To verify this benefit is within your plan or for further information, call the Member Service number on the front of your ID card.



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