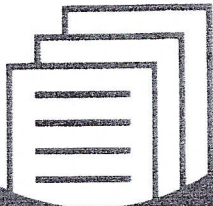




SUMMARY OF BENEFITS



Network Blue[®] Select \$300 Deductible

Plan-Year Deductible: \$300/\$900

This health plan includes a limited provider network called HMO Blue Select. It provides access to a network that is smaller than the Blue Cross Blue Shield of Massachusetts HMO Blue provider network. In this plan, members have access to network benefits only from the providers in the HMO Blue Select network. For help in finding which providers are included in the HMO Blue Select network, check the most current provider directory for your health plan option or visit the online provider search tool at www.bluecrossma.com/findadoctor and search for HMO Blue Select.



PLEASE NOTE:
THIS PLAN DOES NOT COVER THE
RELIANT PHYSICIANS



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

Your Primary Care Provider (PCP)

When you enroll in this health plan, you must choose a primary care provider. Be sure to choose a PCP who can accept you and your family members and who participates in the HMO Blue Select network of providers in Massachusetts. 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

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 within the HMO Blue Select network, who is likely affiliated with your PCP's hospital or medical group. You will not need prior authorization or referral to see an HMO Blue Select 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 Deductible

Your deductible is the amount of money you pay out-of-pocket each plan year before you can receive coverage for most benefits under this plan. If you are not sure when your plan year begins, contact Blue Cross Blue Shield of Massachusetts. Your deductible is **\$300** per member (or **\$900** per family).

Your Out-of-Pocket Maximum

Your out-of-pocket maximum is the most that you could pay during a plan 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). Your out-of-pocket maximum for prescription drug benefits is **\$1,000** per member (or **\$2,000** per family).

Emergency Room Services

In an emergency, such as a suspected heart attack, stroke, or poisoning, you should go directly to the nearest medical facility or call **911** (or the local emergency phone number). After meeting your deductible, you pay a copayment per visit for emergency room services. This copayment is waived if you're admitted to the hospital or for an observation stay. See the chart for your cost share.

Telehealth Services

You are covered for certain medical and behavioral health services for conditions that can be treated through video visits from an approved Telehealth provider. These Telehealth services are available by using your computer or mobile device when you prefer not to make an in-person visit for any reason to a doctor or therapist. For a list of Telehealth providers, 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.

Service Area

The plan's service area includes all Massachusetts counties except Dukes, Barnstable and Nantucket.

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
Preventive Care	
Well-child care visits	Nothing, no deductible
Routine adult physical exams, including related tests	Nothing, no deductible
Routine GYN exams, including related lab tests (one per calendar year)	Nothing, no deductible
Routine hearing exams, including routine tests	Nothing, no deductible
Hearing aids (up to \$5,000 per ear every 36 months)	All charges beyond the maximum, no deductible
Routine vision exams (one every 24 months)	Nothing, no deductible
Family planning services—office visits	Nothing, no deductible
Outpatient Care	
Emergency room visits	\$100 per visit after deductible (copayment waived if admitted or for observation stay)
Office visits, when performed by:	
• Your PCP, OB/GYN physician, network nurse practitioner or nurse midwife	\$20 per visit, no deductible
• Other network providers	\$60 per visit, no deductible
Chiropractors' office visits (up to 20 visits per calendar year)	\$20 per visit, no deductible
Mental health and substance abuse treatment	\$20 per visit, no deductible
Short-term rehabilitation therapy—physical and occupational (up to 30 visits per calendar year for each type of therapy*)	\$20 per visit, no deductible
Speech, hearing, and language disorder treatment—speech therapy	\$20 per visit, no deductible
Diagnostic X-rays and lab tests, excluding CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	Nothing after deductible
CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	\$100 per category per service date after deductible
Home health care and hospice services	Nothing after deductible
Oxygen and equipment for its administration	Nothing after deductible
Durable medical equipment—such as wheelchairs, crutches, hospital beds	Nothing after deductible**
Prosthetic devices	Nothing after deductible
Surgery and related anesthesia in an office, when performed by:	
• Your PCP or OB/GYN physician	\$20 per visit***, no deductible
• Other network providers	\$60 per visit***, no deductible
Surgery in an ambulatory surgical facility, hospital outpatient department, or surgical day care unit	\$250 per admission after deductible
Inpatient Care (including maternity care)	
General hospital care (as many days as medically necessary)	\$275 per admission after deductible†
Chronic disease hospital care (as many days as medically necessary)	Nothing after deductible
Mental hospital or substance abuse facility care (as many days as medically necessary)	\$275 per admission, no deductible
Rehabilitation hospital care (as many days as medically necessary)	Nothing after deductible
Skilled nursing facility care (up to 45 days per calendar year)	20% coinsurance after deductible

* No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care or for the treatment of autism spectrum disorders.

** Cost share waived for one breast pump per birth.

*** 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**
At designated retail pharmacies*** (up to a 30-day formulary supply for each prescription or refill)	No deductible \$10 for Tier 1 \$30 for Tier 2 \$65 for Tier 3
Through the designated mail service pharmacy (up to a 90-day formulary supply for each prescription or refill)	No deductible \$25 for Tier 1† \$75 for Tier 2 \$165 for Tier 3

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

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

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

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

Get the Most from Your Plan

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

Wellness Participation Program 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.)	\$150 per calendar year per policy
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.)	\$150 per calendar year per policy
Blue Care Line®—A 24-hour nurse line to answer your health care questions—call 1-888-247-BLUE (2583)	No additional charge

Questions?

For questions about Blue Cross Blue Shield of Massachusetts, call 1-800-782-3675, or visit us online at www.bluecrossma.com. 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.





MASSACHUSETTS

INTRODUCING HMO BLUE SELECT

Great Coverage, Even Greater Savings.

This health plan is a limited provider network plan, and includes a limited provider network called HMO Blue Select. It provides access to a network that is smaller than the Blue Cross Blue Shield of Massachusetts HMO Blue provider network. **Under this plan, members have access to network benefits from only the providers in the HMO Blue Select network.** For help in finding which providers are included in the HMO Blue Select network, check the most current provider directory for your health plan option or visit the online provider search tool at www.bluecrossma.com/findadoctor and select "HMO Blue Select."



HMO BLUE SELECT WHAT IS IT?

A lower-cost, limited-network plan design, providing comprehensive care from the brand you trust.

HMO BLUE SELECT HOW DOES IT WORK?

HMO Blue Select works like a traditional HMO, but with a limited set of network providers that deliver savings to both you and your employees.

This HMO Blue Select network includes doctors, facilities, and specialty hospitals that are recognized for providing lower-cost care. With HMO Blue Select, members still require referrals to access specialists and are also required to sign up for a primary care provider. To get the most out of their plan, members should use the more cost-effective providers in the HMO Blue Select network, except in an emergency when they should access the closest medical facility.

HMO BLUE SELECT HOW YOU SAVE

Getting the most value out of your plan is simple—your employees access care at lower-cost providers who are in the HMO Blue Select network. The savings will be reflected in lower health care costs for you.

KEY FEATURES

Members have access to a local provider network of cost-effective doctors and hospitals they recognize and trust.

Hospitals are aligned with provider networks to improve network use.

Predominantly, HMO Blue Select providers are contracted in our results-based accountability model.

You gain the flexibility to lower benefit costs without having to increase employee cost-sharing responsibility.

In the case of emergencies, members have national access to the closest medical facility without network restrictions.

Same great service from the brand you trust.

YOUR ADVANTAGES

A Limited Network with Great Value

HMO Blue Select features a smaller but very attractive provider network with recognized Massachusetts doctors and hospitals, as well as specialty pediatric, eye, ear, and cancer hospitals, keeping employer and employee affordability in mind.

A Seamless, Low-Cost Experience

HMO Blue Select offers a full range of network services by tailoring the network to include doctors and the hospitals they typically refer to ensure an end-to-end, low-cost advantage.

Results-Driven Provider Relationships

We're focused on results, and are supporting and motivating providers to deliver care that works better.

Same Employee Cost Sharing with Lower Costs

HMO Blue Select offers employees noticeably lower health care costs when compared to a similar full HMO network plan without increasing their cost sharing. As a result, accounts can keep the same benefit plans and pay less in costs.

In Emergencies, Access Nationwide

HMO Blue Select allows members to access providers nationwide for emergency and urgent care whether they're traveling or on vacation.

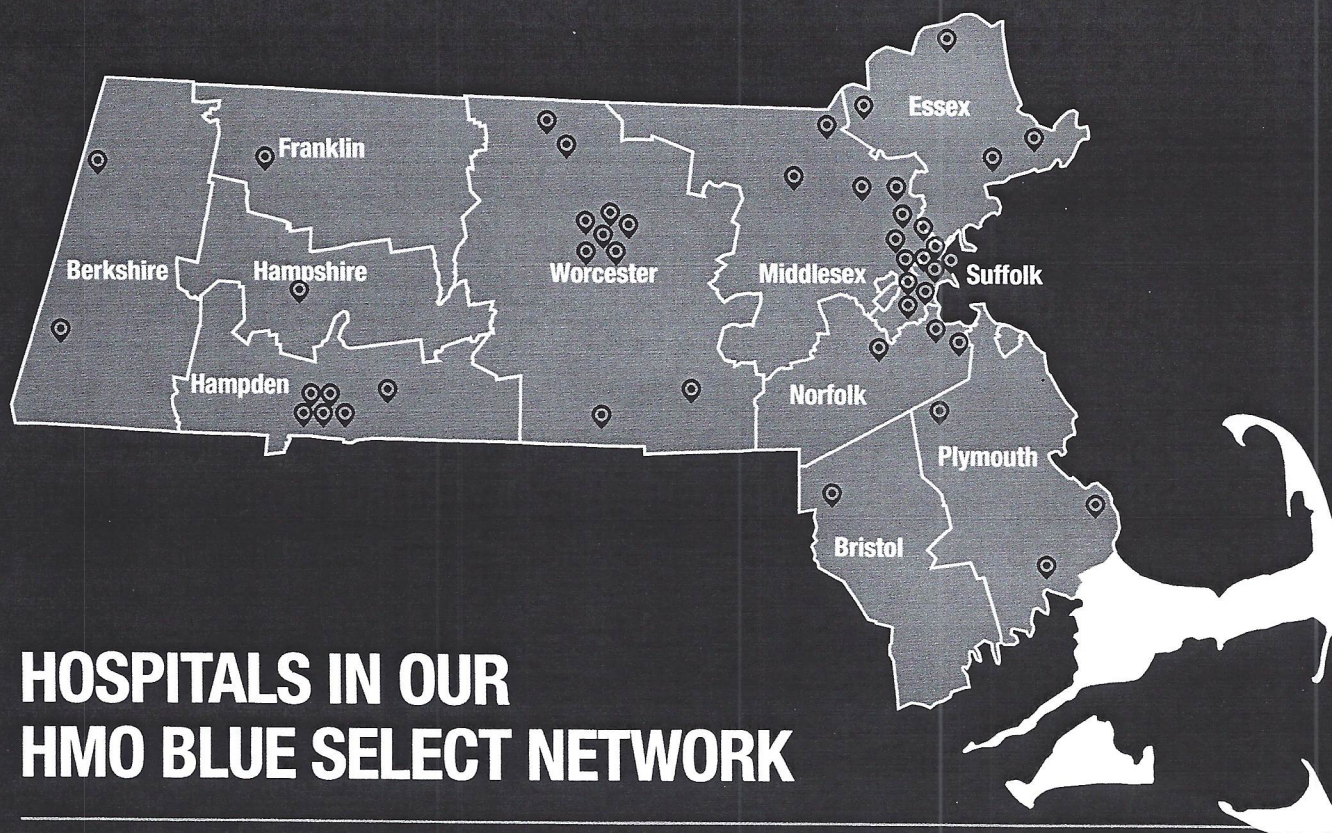
Lower Cost. Excellent Service. Trusted Brand.

You and your employees will have peace of mind knowing that you'll receive the same high level of service and support that you've come to trust from Blue Cross.

ACCESS TO CARE ACROSS THE COMMONWEALTH

With the HMO Blue Select network, employees enjoy peace of mind knowing they can use any of the network hospitals on the map below.

These hospitals have been carefully selected based on their location and cost.



HOSPITALS IN OUR HMO BLUE SELECT NETWORK

Berkshire

- Berkshire Medical Center
- Fairview Hospital

Bristol

- Sturdy Memorial

Essex

- Addison Gilbert Hospital
- Anna Jaques Hospital
- Beverly Hospital
- Lawrence General Hospital

Franklin

- Baystate Franklin Medical Center

Hampshire

- Cooley Dickinson Hospital

Hampden

- Baystate Medical Center
- Baystate Wing Hospital
- The Shriner's Hospital for Children—Springfield
- Mercy Medical Center
- Holyoke Medical Center
- Noble Hospital

Middlesex

- Cambridge Health Alliance Cambridge Campus
- Cambridge Health Alliance Somerville Campus
- Cambridge Medical Center
- Lahey Hospital and Medical Center
- Lowell General Hospital (includes the campus formerly known as Saints Medical Center)
- Marlborough Hospital
- Winchester Hospital

Norfolk

- Beth Israel Deaconess Medical Center—Milton
- Beth Israel Deaconess Hospital—Needham
- South Shore Hospital

Plymouth

- Beth Israel Deaconess Medical Center—Plymouth
- Signature Healthcare Brockton Hospital
- Southcoast Hospitals Group Tobey Hospital

Suffolk

- Beth Israel Medical Center
- Boston Children's Hospital
- Boston Medical Center
- Cambridge Health Alliance Whidden Campus
- Dana-Farber Cancer Institute
- New England Baptist Hospital
- Massachusetts Eye and Ear Infirmary
- The Shriner's Hospital for Children—Boston

Worcester

- Athol Memorial Hospital
- Clinton Hospital
- Harrington Memorial Hospital
- HealthAlliance Hospitals Burbank Campus
- HealthAlliance Hospitals Leominster Campus
- Heywood Hospital
- Milford Regional Medical Center
- UMass Memorial Medical Center - Memorial
- UMass Memorial Medical Center - University
- Saint Vincent Hospital



MASSACHUSETTS

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