MA BAY HEALTH CARE TRUST BENEFIT COMPARISON - effective 7/1/24-6/30/25

Image <		BCBS Network Blue NE	BENE BCBS Blue Choic		effective 7/1/24-6/30/25 BCBS Blue Care Elect Preferred		BCBS Saver		
<table-container> Hand productional control Note <t< th=""><th>BENEFIT</th><th>НМО</th><th></th><th>POS</th><th>Р</th><th>PPO</th><th colspan="3">РРО</th></t<></table-container>	BENEFIT	НМО		POS	Р	PPO	РРО		
International (1997) Note (1997)<	Monthly Promium Rates (includes)		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Out-of-Network		
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CharCon		None	None	\$250	None	\$250	\$4,000	\$4,000	
Add/D110D110D100D107D	Family	None	None	\$500	None	\$500	\$8,000	\$8,000	
Chan Chan	Out-of-Pocket Maximum	\$2,000					1	\$6.950	
Name DescriptionNow	Family				-			-	
add add baseNo <t< td=""><td>Lifetime Maximum</td><td>None</td><td>None</td><td>None</td><td>None</td><td>None</td><td>None</td><td>None</td></t<>	Lifetime Maximum	None	None	None	None	None	None	None	
InstantionNote:ProgrammerP	Individual Family	None	None	None	None	None	None	None	
operation oper	Hospital Services - Inpatient								
Number of the second	Hospital Admission			20% coinsurance after deductible		-	\$0 After Deductible		
Maril Lin In the Stars water of the Sta	Rehabilitation Hospital	No copay	No copay	20% coinsurance after deductible	No copay		\$0 After Deductible		
Independent of the sector o	Benefit Limits	Up to 60 days per calendar year	Un to 60 days per calendar year	Un to 60 days per calendar year	Un to 60 days per calendar year		Un to 60 days per calendar year		
			combined in and out of network	combined in and out of network	combined in and out of network	combined in and out of network	combined in and out of network	combined in and out of network	
No.21 No.21 <t< td=""><td>Skilled Nursing Facility</td><td>No Copay</td><td>No copay</td><td>20% coinsurance after deductible</td><td>No copay</td><td></td><td>\$0 After Deductible</td><td></td></t<>	Skilled Nursing Facility	No Copay	No copay	20% coinsurance after deductible	No copay		\$0 After Deductible		
<table-container> Number Number Decision <thdecision< th=""> <thdecision< th=""> <thd< td=""><td>Benefit Limits</td><td>Up to 100 days per calendar year</td><td></td><td></td><td>Up to 100 days per calendar year</td><td>Up to 100 days per calendar year</td><td></td><td>Up to 100 days per calendar year</td></thd<></thdecision<></thdecision<></table-container>	Benefit Limits	Up to 100 days per calendar year			Up to 100 days per calendar year	Up to 100 days per calendar year		Up to 100 days per calendar year	
<table-container> Number Number Decision <thdecision< th=""> <thdecision< th=""> <thd< td=""><td></td><td>BCBS Network Blue NE</td><td>BCBS Blue Choic</td><td>e Plan 2</td><td>BCBS Blue Car</td><td>e Elect</td><td>BCBS Blue Car</td><td>e Elect</td></thd<></thdecision<></thdecision<></table-container>		BCBS Network Blue NE	BCBS Blue Choic	e Plan 2	BCBS Blue Car	e Elect	BCBS Blue Car	e Elect	
	BENEFIT	НМО	P	YOS	Р	PPO	Р	PO	
Dipole Starger Non-ope analizing Stager Non-ope analizing Stager Series analizes Stager Series Stager	Hospital Services - Outpatient	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Interner formNile corpNile corp	Outpatient Surgery	hospital; \$20 per visit	hospital; \$20 per	20% coinsurance after deductible	hospital; \$20 per		\$0 After Deductible		
Statistics Story Nampy Surger Nampy Nampy <td>Emergency Room</td> <td>\$100 copay</td> <td>\$100 copay</td> <td></td> <td>\$100 copay</td> <td></td> <td></td> <td></td>	Emergency Room	\$100 copay	\$100 copay		\$100 copay				
Ange of Value and AlerenceNormal <th< td=""><td>Ambulance Service</td><td></td><td></td><td>No copay for accident or emergency; 20% coinsurance after</td><td></td><td>No copay for accident or emergency; 20% coinsurance after</td><td></td><td></td></th<>	Ambulance Service			No copay for accident or emergency; 20% coinsurance after		No copay for accident or emergency; 20% coinsurance after			
Image: Control of the section of the secti	Diamontia V Davi and Lak Samian	Ne cost	No cost		Ne cost		¢0 After Debustille	200/ sain surger a frag	
number of the formation in the formation in the formatin the formatin the formation in the formation in the formation	Diagnostic X-Ray and Lab Service	No cost	No cost		No cost		\$0 After Deductible		
Intervalue Interv	HTR: MRI, CT scan, PET scan, and nuclear cardiac imaging tests	a free-standing		20% coinsurance after deductible			\$0 After Deductible		
Name Name [Long remained ge contained by the difference of the section	Primary Care Physician Office Preventative Visit Copay	No copay	No copay	Care(thru age 5): 20% coinsurance	No copay		No copay	-	
Image of the section of th	Annual Visit Limits	year ; Well-child care according to	year ; Well-child care according	1 Exam per member per calendar year ; Well-child care according to	year ; Well-child care according	year ; Well-child care according to	year ; Well-child care according	1 Exam per member per calendar year ; Well-child care according to age-based schedule (thru age 18)	
Control Difference Differenc Differenc<	Primary Care Physician Office Medical Visit Copay	\$20 copay	- /		,		- /		
Network production is Real Class Table rep Site rep	Specialist Care Physician Office	\$20 copay	\$20 copay	20% coinsurance after	\$20 copay	20% coinsurance after	\$40 Copay After Deductible	20% coinsurance after	
Near Three Point Three Point To SD roopsSD roops	Services provided in a Retail Clinic -	\$20 copay	\$20 copay	20% coinsurance after	\$20 copay	20% coinsurance after	\$40 Copay After Deductible	20% coinsurance after	
Name of Val Lonis Up to Ø days pre valadary set (with) Up to Ø days pre valadary set (vith)	Physical Therapy	\$20 copay	\$20 copay		\$20 copay		\$40 Copay After Deductible		
owning with any problem owning with any of mean wit	Ammal Minit Limite				Up to 60 down non color don your		Up to 60 down non color den soon		
Decayation Through No	Annual visit Linnis	(combined with occupational therapy	combined with out of network services (combined with	combined with out of network services (combined with	combined with out of network services (combined with	combined with out of network services (combined with	combined with out of network services (combined with	combined with out of network services (combined with	
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combined with pixple line with pixple line with out of nervork with with and of nervork with with with and of nervork with with with with with with with with	Occupational Therapy Annual Visit Limits			deductible		deductible		deductible	
BKNET BLOB Streams filter SN BLCB Blue Chair Place 1 SN BLCB Blue Chair Place SNN BKNET HMO POS PO PO Instance of the SNN second state		(combined with physical therapy	combined with out of network services (combined with physical	services (combined with physical	combined with out of network services (combined with	combined with out of network services (combined with	combined with out of network services (combined with	combined with out of network services (combined with	
Instruction		BCBS Network Blue NE							
Usepide level to evel to deprese to use and the service - outpatient of the service - outpatient -	BENEFIT							-	
number informationnumber informationnumb	Hospital Services - Outpatient (continued)	III-ACCIVITI K OILY	Infretwork		Infretwork		III-IVERWORK		
Acquancture Office Visit new 100p \$20 copay \$20 copay 20% coinsurance after deductible Up to 12 Visits Per Calendar Year 20% coinsurance after deductible 20% coinsurance a	Chiropractic Office Visit	\$20 copay	Not covered		\$20 copay		\$40 Copay After Deductible		
Annual Visit LimitsIndeductibledeductibledeductibledeductibledeductibleAnnual Visit LimitsUp to 12 Visits PC Calendar Year.Up to 12 Visits PC Calendar YearUp to 12	Annual Visit Limits Acupuncture Office Visit (new 7/1/20)	\$20 copav	\$20 copav	20% coinsurance after	\$20 copav	20% coinsurance after	\$40 Copay After Deductible	20% coinsurance after	
Mental Health Services Image: Constraint of a copary per	-			deductible		deductible		deductible	
In-patient treatment \$250 copay - max of 4 copays per member per year \$250 copay - max of 4 copays per member per year \$250 copay - max of 4 copays per member per year \$250 copay - max of 4 copays per member per year \$20% coinsurance after deductible \$20% coi	Annual visit Liffills		Op to 12 visits Per Cal	unuar i Cal	Op to 12 visits Per Cal	unual 1 Cal	Op to 12 visits Per Cal	unual I Cal	
Annual Visit LimitsNoneNoneNoneNoneNoneNoneNoneAnnual Visit LimitsNoneNoneNoneNoneNoneNoneNoneNoneDur-patient tratment\$20 copay 20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductibleAnnual Visit LimitsNoneNoneNoneNoneNoneNoneNonePatramez StevesNoneNoneNoneNoneNoneNoneFier 1\$10S10S10\$10\$10\$10\$20 After Deductible\$20 After DeductibleFier 2\$25\$25\$25\$25\$25 After Deductible\$20 After DeductibleFier 3\$45 After 2\$20 After Deductible\$90 After Deductible\$90 After DeductibleFier 1\$20\$20\$20\$20\$20 After Deductible\$90 After DeductibleFier 2\$50\$25\$25 After Deductible\$90 After Deductible\$90 After DeductibleFier 3\$90 After Stevense\$90 After Deductible\$90 After Deductible\$90 After DeductibleFier 4\$200\$20\$20\$20 After Deductible\$90 After DeductibleFier 3\$90 After Stevense\$90 After Deductible\$90 After Deductible\$90 After DeductibleFier 4\$90 After Stevense\$90 After Deductible\$90 After Deductible\$90 After DeductibleFier 5 </td <td>Mental Health Services In-patient treatment</td> <td></td> <td></td> <td>i 20% coinsurance after deductible</td> <td></td> <td></td> <td>\$0 After Deductible</td> <td></td>	Mental Health Services In-patient treatment			i 20% coinsurance after deductible			\$0 After Deductible		
Annu Nit LinitsNoneIOneIOneIOneIOneIOneIIOneIII	Annual Visit Limits		None			None		None	
Annual Visit Limits None	Out-patient treatment	\$20 copay	\$20 copay		\$20 copay		\$0 After Deductible		
Retail Copay (up to 30 day supply) Formulary Only In Network Pharmacy Only / Formulary Only In Network Pharmacy Only / Formulary Only S10 After Deductible \$20 After Deductible Tier 1 \$10 \$10 \$10 \$10 \$10 After Deductible \$20 After Deductible Tier 2 \$25 \$25 After Deductible \$50 After Deductible \$50 After Deductible Tier 3 \$45 \$45 \$45 \$45 After Deductible \$90 After Deductible Mail order Copay (up to 90 day supply) Formulary Only In Network Pharmacy Only / Formulary Only In Network Pharmacy Only / Formulary Only In Network Pharmacy Only / Formulary Only Tier 1 \$20 \$20 \$20 \$20 After Deductible \$90 After Deductible Tier 1 \$20 \$20 \$20 \$20 After Deductible \$20 After Deductible Tier 2 \$50 \$20 \$20 After Deductible \$20 After Deductible \$20 After Deductible Sinar 90 (new 7n.20) \$90 \$90 \$90 \$90 \$90 \$90 \$90 \$90 \$90 Sinar 90 (new 7n.20) \$90 \$90 \$90 \$90 \$90 \$90 \$90 \$90 <td>Annual Visit Limits</td> <td>None</td> <td>None</td> <td></td> <td>None</td> <td></td> <td>None</td> <td></td>	Annual Visit Limits	None	None		None		None		
Tier 1 \$10 <t< td=""><td>Pharmacy Services</td><td>Formular</td><td>In Network Discourse 0.1</td><td>/Formulary Only</td><td>In Network Discussion O</td><td>/Formulary Only</td><td></td><td></td></t<>	Pharmacy Services	Formular	In Network Discourse 0.1	/Formulary Only	In Network Discussion O	/Formulary Only			
Tier 3 \$45 \$45 After Deductible \$90 After Deductible Mail order Copay (up to 90 day supply) Formulary Only In Network Pharmacy Only / Formulary Only Formulary Only In Network Pharmacy Only / Formulary Only In Network Pharmacy Only In Network Pharmacy Only In Network Pharmacy Only / Formulary Only In Network Pharmacy Only In Network Pharma	Retail Copay (up to 30 day supply) Tier 1				\$10				
Mail order Copay (up to 90 day supply) Formulary Only In Network Pharmacy Only / Formulary Only In Network Pharmacy Only / Formulary Only Tie 1 \$20 \$20 \$20 \$20 Alt - Deductible Tie 2 \$50 \$20 Alt - Deductible \$20 Alt - Deductible Tie 3 \$90 \$90 \$90 Alt supply of certain meds through Order opays \$90 - day supply of certain meds through Order opays \$90 - day supply of certain meds through Order opays \$90 - day supply of certain meds through Order opays \$90 - day supply of certain meds through Order opays \$90 - day supply of certain meds through Order opays \$90 - day supply of certain meds through Copays \$90 - day supply of certain meds through Copays \$90 - day supply of certain meds through Copays \$90 - day supply of certain meds through Copays \$90 - day supply of certain meds through CVS Pharmacy at Mail Order Opays \$90 - day supply of certain meds through CVS Pharmacy at Mail Order Opays \$90 - day supply of certain meds through COS Pharmacy at Mail Order Opays \$90 - day supply of certain meds through CVS Pharmacy at Mail Order Opays \$90 - day supply of certain meds through CVS Pharmacy at Mail Order Opays \$90 - day supply of certain meds through CVS Pharmacy at Mail Order Opays \$90 - day supply of certain meds through CVS Pharmacy at Mail Order Opays \$90 - day supply of certain meds through CVS Pharmacy at Mail Order Opays \$90 - day supply of certain meds through CVS Pharmacy at Mail Order Opays \$90 - day suppl	Tier 2	\$25							
Tier 1 \$20 \$20 \$20 After Deductible Tier 2 \$50 \$50 \$20 After Deductible Tier 3 \$50 \$50 After Deductible Tier 3 \$90 \$90 \$90 \$90 \$90 \$90 \$90 \$90 \$90 \$90 \$90 \$90 \$135 After Deductible Smart90 (new 7/1/20) \$90-day supply of certain meds through CVS Pharmacy at Mail Order Copays \$90-day supply of certain meds through CVS Pharmacy at Mail Order Copays \$90-day supply of certain meds through CVS Pharmacy at Mail Order Copays \$90-day supply of certain meds through CVS Pharmacy at Mail Order Copays \$90-day supply of certain meds through CVS Pharmacy at Mail Order Copays \$90-day supply of certain meds through CVS Pharmacy at Mail Order Copays \$90-day supply of certain meds through CVS Pharmacy at Mail Order Copays \$90-day supply of certain meds through CVS Pharmacy at Mail Order Copays \$90-day supply of certain meds through CVS Pharmacy at Mail Order Copays \$90-day supply of certain meds through CVS Pharmacy at Mail Order Copays \$90-day supply of certain meds through CVS Pharmacy at Mail Order Copays \$90-day supply of certain meds through CVS Pharmacy at Mail Order Copays \$90-day supply of certain meds through CVS Pharmacy at Mail Order Copays \$90-day supply of certain meds through CVS Pharmacy at Mail Order Copays \$90-day	Tier 3 Mail order Copay (up to 90 day supply)				In Network Pharmacy Only / Formulary Only		In Network Pharmacy Only / Formulary Only		
Fire 3 90	Tier 1	\$20	5	\$20	\$20		\$20 After Deductible		
Smart90 (new 71/20) 90-day supply of certain meds through CVS Pharmacy at Mail Order Copays 90-day supply of certain meds through CVS Pharmacy at Mail Order Copays 90-day supply of certain meds through CVS Pharmacy at Mail Order Copays 90-day supply of certain meds through CVS Pharmacy at Mail Order Copays 90-day supply of certain meds through CVS Pharmacy at Mail Order Copays 90-day supply of certain meds through CVS Pharmacy at Mail Order Copays 90-day supply of certain meds through CVS Pharmacy at Mail Order Copays 90-day supply of certain meds through CVS Pharmacy at Mail Order Copays 90-day supply of certain meds through CVS Pharmacy at Mail Order Copays 90-day supply of certain meds through CVS Pharmacy at Mail Order Copays 90-day supply of certain meds through CVS Pharmacy at Mail Order Copays 90-day supply of certain meds through CVS Pharmacy at Mail Order Copays 90-day supply of certain meds through CVS Pharmacy at Mail Order Copays 90-day supply of certain meds through CVS Pharmacy at Mail Order Copays 90-day supply of certain meds through CVS Pharmacy at Mail Order Copays 90-day supply of certain meds through CVS Pharmacy at Mail Order Copays 90-day supply of certain meds through CVS Pharmacy at Mail Order Copays 90-day supply of certain meds through CVS Pharmacy at Mail Order Copays 90-day supply of certain meds through CVS Pharmacy at Mail Order Copays 90-day supply of certain meds through CVS Pharmacy at Mail Order Copays 90-day supply of certain meds through CVS Pharmacy at Mail Order Copays 90-day supply of certain meds through CVS Pharmacy at Mail Order Copays 90-day supply of certain through CVS Pharmacy at Mail Order Copays	Tier 2 Tier 3				\$90				
Vision Care I <th< td=""><td>Smart90 (new 7/1/20)</td><td>90-day supply of certain meds through CVS Pharmacy at Mail</td><td>90-day supply of certain meds three</td><td></td><td>90-day supply of certain meds three</td><td></td><td colspan="2">90-day supply of certain meds through CVS Pharmacy at Mail Order</td></th<>	Smart90 (new 7/1/20)	90-day supply of certain meds through CVS Pharmacy at Mail	90-day supply of certain meds three		90-day supply of certain meds three		90-day supply of certain meds through CVS Pharmacy at Mail Order		
deductible	Vision Care			:		•		:	
Frequency One visit every 24 months One per calendar year Not covered One Exam every 24 months	Vision Exam - Preventative	\$0 copay	\$0 copay	Not covered	\$0 copay	20% coins. after deductible	\$0 copay	-	
	Frequency	One visit every 24 months	One per calendar year	Not covered	One Exam every 24	4 months	One Exam every 24	months	

Coverage for reproductive services (including birth control and abortion services)	Yes (No benefits for Voluntary Termination of Pregnancy)	Yes (No benefits for Voluntary Termination of Pregnancy)		Yes (No benefits for Voluntary Termination of Pregnancy)		Yes (No benefits for Voluntary Termination of Pregnancy)	
Hearing Aid Benefit	\$2,000 Per Ear every 36 months (all ages)	\$2,000 Per Ear every 36 months (all ages)	20% coinsurance after deductible all charges beyond maximum	\$2,000 Per Ear every 36 months (all ages)	20% coinsurance after deductible all charges beyond maximum	\$2,000 Per Ear every 36 months (all ages)	20% coinsurance after deductible and all charges over max
Fitness Benefit	\$150 reimbursement gym	\$150 reimbursement gym	\$150 reimbursement gym	\$150 reimbursement gym	\$150 reimbursement gym	\$150 reimbursement gym	\$150 reimbursement gym
Weight Loss Program		1	-	1	1	-	\$150 reimbursement per year, per individual/family

These pages summarize benefits of the plan(s). The Subscriber Certificate(s) & applicable riders define the terms & conditions of these benefits in greater detail. Should any questions arise, the certificate(s) & riders will govern.

Note - Effective July 1, 2012: Extended coverage for adult dependents of an individual covered under the plan up to the age of 26 regardless of their tax filing status, marital status, employment status, or financial dependency on their parent.