



MASSACHUSETTS



# HMO Blue Deductible Plan<sup>SM</sup>

with Hospital Choice Cost Sharing

Plan-Year Deductible: \$2,000/\$4,000

## Summary of Benefits

Effective on anniversary dates on or after January 1, 2012,  
for Individuals and Small Groups

This health plan option includes a tiered network feature called Hospital Choice Cost Sharing. As a member in this plan, you will pay different levels of cost share (such as copayments and/or co-insurance) for certain services depending on the network general hospital you choose to furnish those covered services. For most network general hospitals, you will pay the lowest cost sharing level. However, if you receive certain covered services from any of the network general hospitals listed in this Summary of Benefits, you pay the highest cost sharing level. A network general hospital's cost sharing level may change from time to time. Overall changes to add another network general hospital to the highest cost sharing level will happen no more than once each calendar year. For help in finding a network general hospital (not listed in this Summary of Benefits) for which you pay the lowest cost sharing level, check the most current provider directory for your health plan option or visit the online provider search tool at [www.bluecrossma.com/hospitalchoice](http://www.bluecrossma.com/hospitalchoice). Then click on the Planning Guide link on the left navigation to download a printable network hospital list or access the provider search page.

✓ This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect as of January 1, 2011, as part of the Massachusetts Health Care Reform Law.

# Your Care

## Your Primary Care Provider

When you enroll in HMO Blue, you must choose a primary care provider (PCP) for you and each member of your family.

There are several ways to find a PCP: visit the Blue Cross Blue Shield of Massachusetts website at [www.bluecrossma.com](http://www.bluecrossma.com); consult the Provider Directory; or call our Physician Selection Service at **1-800-821-1388**. If you have trouble choosing a doctor, the Physician Selection Service can help. We can tell you whether a doctor is male or female, the medical school(s) he or she attended, and if any languages other than English are 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 (see *Emergency Care—Wherever You Are* for emergency care services). Your PCP cares about your health, which is why, should you and your PCP decide you need a specialist, you'll be referred to the one your PCP determines is appropriate for treating your specific condition. If you have a specialist to whom you would like to be referred, discuss this with your doctor. Your provider may also work with Blue Cross Blue Shield concerning the Utilization Review Requirements, which are Pre-Admission Review, Concurrent Review and Discharge Planning, Prior Approval for Certain Outpatient Services, and Individual Case Management. Information concerning Utilization Review is detailed in your subscriber certificate.

## Your Cost Share.

This plan has two levels of hospital benefits. You will pay a higher cost share when you receive certain services at or by "higher cost share hospitals," including inpatient admissions, outpatient day surgery, and some other hospital outpatient services. Please see the chart on opposite and back pages for cost share amounts.

Please note: If your PCP refers you to another provider for covered services (such as a specialist), it is important to check whether the provider you are referred to is affiliated with one of the higher cost share hospitals listed below. Your cost will be greater when you receive certain services at or by these hospitals, even if your PCP refers you.

## Higher Cost Share Hospitals.

The Massachusetts hospitals listed below are the hospitals in which your cost share will be higher. Blue Cross Blue Shield will let you know if this list changes.

- Bay State Medical Center
- Berkshire Medical Center
- Brigham and Women's Hospital
- Cape Cod Hospital
- Children's Hospital Medical Center
- Dana-Farber Cancer Institute
- Fairview Hospital
- Harrington Memorial Hospital
- Massachusetts General Hospital
- North Shore Medical Center – Salem Campus

- North Shore Medical Center – Union Campus
- South Shore Hospital
- Sturdy Memorial Hospital
- UMass Memorial Medical Center – Memorial Campus
- UMass Memorial Medical Center – University Campus

## Your Deductible.

**Your deductible is calculated on a plan-year basis.** For some services, you must meet the plan-year deductible before benefits are provided. Your plan year will differ based on whether you are enrolled as a group member or as an individual. If you are not sure when your plan year begins, contact Blue Cross Blue Shield. The deductible is **\$2,000** for each member (or **\$4,000** per family). The following services are not subject to the deductible: emergency room visits, preventive health services, office visits, all mental health services and prescription drugs.

## Your Out-of-Pocket Maximum.

When the money you pay for the deductible, 20 percent co-insurance, and copayments that are more than **\$100** per visit (if any) equals **\$5,000** for a member in a plan year (or **\$10,000** per family), benefits for that member (or that family) will be provided in full for those covered services, based on the allowed charge, for the rest of that plan year. The money you pay for prescription drug benefits is not included in calculating the out-of-pocket maximum. You will still have to pay any costs that are not included in calculating the out-of-pocket maximum.

## Emergency Care—Wherever You Are.

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 **\$150** copayment per visit for emergency room services. This copayment is waived if you are admitted to the hospital or for an observation stay.

## HMO Blue Service Area.

The plan's service area includes all cities and towns in the Commonwealth of Massachusetts.

## When Outside the HMO Blue Service Area.

If you're traveling outside the service area and you need urgent or emergency care, 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. Please see your subscriber certificate for more information.

## Dependent Benefits.

This plan covers dependents up to age 26, regardless of the dependent's financial dependency, student status, or employment status. Please see your subscriber certificate (and riders, if any) for exact coverage details.

# Your Medical Benefits

Covered Services	Your Cost
<b>Outpatient Care</b> <b>(These services are not subject to the plan-year deductible)</b> Emergency room visits	\$150 per visit (waived if admitted or for observation stay)
Well-child care visits	Nothing
Routine adult physical exams, including related tests	Nothing
Routine GYN exams, including related lab tests (one per calendar year)	Nothing
Routine hearing exams	Nothing
Routine vision exams (one every 24 months)	Nothing
Family planning services—office visits	Nothing
Office visits <ul style="list-style-type: none"> <li>• When performed by your PCP, OB/GYN, network nurse practitioner, or nurse midwife</li> <li>• When performed by other network providers</li> </ul>	\$20 per visit \$35 per visit
Chiropractor services (up to 12 visits per calendar year for members age 16 and older)	\$35 per visit
Surgery in an office setting <ul style="list-style-type: none"> <li>• When performed by your PCP or OB/GYN</li> <li>• When performed by other network providers</li> </ul>	\$20 per visit \$35 per visit
<b>Other Outpatient Care</b> <b>(These services are subject to the plan-year deductible)</b> Plan-year deductible	\$2,000 per member \$4,000 per family
Short-term rehabilitation therapy—physical and occupational (up to 60 visits per calendar year*) <ul style="list-style-type: none"> <li>• When performed in other hospitals or by other network providers</li> <li>• When performed at or by higher cost share hospitals</li> </ul>	\$35 per visit after deductible \$70 per visit after deductible
Speech, hearing, and language disorder treatment—speech therapy <ul style="list-style-type: none"> <li>• When performed in other hospitals or by other network providers</li> <li>• When performed at or by higher cost share hospitals</li> </ul>	\$35 per visit after deductible \$70 per visit after deductible
Ambulatory surgical facility, hospital outpatient department, or surgical day care unit <ul style="list-style-type: none"> <li>• When performed in other hospitals or by other network providers</li> <li>• When performed in higher cost share hospitals</li> </ul>	Nothing after deductible \$1,000 after deductible
Diagnostic X-rays and other imaging tests <ul style="list-style-type: none"> <li>• When performed in other hospitals or by other network providers</li> <li>• When performed at or by higher cost share hospitals</li> </ul>	Nothing after deductible \$100 per service date after deductible
Diagnostic lab tests <ul style="list-style-type: none"> <li>• When performed in other hospitals or by other network providers</li> <li>• When performed at or by higher cost share hospitals</li> </ul>	Nothing after deductible \$35 per service date after deductible
CT scans, MRIs, PET scans, and nuclear cardiac imaging tests <ul style="list-style-type: none"> <li>• When performed in other hospitals or by other network providers</li> <li>• When performed at or by higher cost share hospitals</li> </ul>	Nothing after deductible \$450 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	20% co-insurance after deductible
Prosthetic devices	20% co-insurance after deductible
<b>Inpatient Care (including maternity care)</b> <ul style="list-style-type: none"> <li>• In other general hospitals (as many days as medically necessary)</li> <li>• In higher cost share hospitals (as many days as medically necessary)</li> </ul>	Nothing after deductible \$1,000 per admission after deductible
Chronic disease hospital care (as many days as medically necessary)	Nothing after deductible
Rehabilitation hospital care (up to 60 days per calendar year)	Nothing after deductible
Skilled nursing facility care (up to 100 days per calendar year)	Nothing after deductible

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

# Your Medical Benefits (continued)

Covered Services	Your Cost
<b>Mental Health and Substance Abuse Treatment</b> Biologically based conditions* <ul style="list-style-type: none"> <li>Inpatient admissions in other general hospitals</li> <li>Inpatient admissions in higher cost share hospitals</li> <li>Inpatient admissions in a mental hospital or substance abuse facility</li> <li>Outpatient visits</li> </ul>	Nothing \$1,000 per admission Nothing \$20 per visit
Non-biologically based mental conditions <ul style="list-style-type: none"> <li>Inpatient admissions in other general hospitals</li> <li>Inpatient admissions in higher cost share hospitals</li> <li>Inpatient admissions in a mental hospital (up to 60 days per calendar year)</li> <li>Outpatient visits (up to 24 visits per calendar year)</li> </ul>	Nothing \$1,000 per admission Nothing \$20 per visit \$15 per visit
<b>Prescription Drug Benefits†</b> <b>(These services are not subject to the plan-year deductible)</b> At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill)	No deductible \$15 for Tier 1 \$30 for Tier 2 \$50 for Tier 3
Through the designated mail service pharmacy (up to a 90-day formulary supply for each prescription or refill)	No deductible \$30 for Tier 1 \$60 for Tier 2 \$150 for Tier 3

\*Treatment of rape-related mental or emotional disorders for victims of a rape or victims of an assault with intent to rape and treatment for children under age 19, are covered to the same extent as biologically based conditions.

† Your plan provides coverage of certain maintenance medications through an Exclusive Home Delivery Program. This program helps you get maintenance medications in a reliable, convenient way while keeping your plan's costs down. A maintenance medication is a prescription drug that treats an ongoing condition such as diabetes or high blood pressure. Under your Exclusive Home Delivery Program, you can get up to a 1-month supply of a maintenance medication two times from a local participating pharmacy during a 180-day period. After that, your plan will cover the medication only if you order it from the Express Scripts Mail-Service Pharmacy.

## Get the Most from Your Plan.

Visit us at [www.bluecrossma.com/membercentral](http://www.bluecrossma.com/membercentral) or call **1-800-262-BLUE (2583)** to learn about discounts, savings, resources, and special programs like those listed below that are available to you.

A Fitness Benefit toward membership at a health club (see your subscriber certificate for details)	\$150 per year, per individual/family
Reimbursement for a Blue Cross Blue Shield of Massachusetts designated weight loss program	\$150 per year, per individual/family
Blue Care Line <sup>SM</sup> —A 24-hour nurse line to answer your health care questions—call <b>1-888-247-BLUE (2583)</b>	No additional charge

## Questions? Call 1-800-262-BLUE (2583).


For questions about Blue Cross Blue Shield of Massachusetts, visit the website at [www.bluecrossma.com](http://www.bluecrossma.com).

Interested in receiving information from Blue Cross Blue Shield of Massachusetts via e-mail?

Go to [www.bluecrossma.com/email](http://www.bluecrossma.com/email) to sign up.

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





## Limited, Regional and Tiered Network Plans: Choosing the Health Plan That's Right for You

### Health Insurance & Provider Networks

Massachusetts health insurers now offer lower-cost health insurance plan options with limited, regional and tiered networks. This guide can help you get the information you need to understand these options and make an informed decision.

Many insurers have different health plans with different provider networks. A doctor or hospital may be in the provider network of one plan but not in another, *even though the same insurer sells both health plans.*

The provider network determines the doctors and hospitals the health plan will cover for non-emergency care. Some health plans will not cover services you receive from providers that are outside the network without approval, while others will have you pay higher out-of-pocket costs if you go out of network. Your choice of health plan and provider network will determine your premium and out-of-pocket costs. You may be able to save money on your premium if you choose a network with more limits on the doctors and hospitals that are covered.

It is important for you to know the provider network for any plan you are considering. Insurers have brand names for their plans and networks. Make sure you know the brand names so that you can find out if your provider is part of that specific plan. You can find the provider directory on the health insurer's website or you can ask for a paper copy of the directory. Also, use the directory to make sure that the particular location used by your provider is included in the network. Be sure to call the insurance carrier if you have any questions about whether a provider is in a network.

State law now requires insurers to label any limited network as:

- Limited Provider Network
- Regional Provider Network
- Tiered Provider Network

Remember, once you buy a health plan, **you cannot switch plans until it is up for renewal**, so think about your options and health care needs carefully.

### Why Choose a Health Plan with a Limited Network?

Buying a product with some type of limited network allows you to have similar coverage and quality care at a cost that is lower than that of other plans offered by the same insurer.

### What Does a Network's Size have to do with Cost?

Limited networks can lower health insurance premiums. They allow insurers to reduce costs by limiting the group of health care providers to those that offer quality care at lower costs compared to higher-cost providers.



**A provider or health care facility may leave a network or might be assigned to a different tier in a tiered provider network. Find out how often and when the network changes - and how you can check a provider's status.**

## Types of Provider Networks

You should know that all network plans licensed in Massachusetts have a full range of quality health services and providers. Choosing a limited network does not mean that you will have to settle for lower quality care. Insurers may offer plans that use a combination of the network designs described below, and it is important for you to read your plan description to learn the rules of each network.

**General Provider Network Plans** give you the widest choice of providers. This may be a good option for you if you are willing to pay more for a wider choice of providers.

**Limited Provider Network Plans** have a network that is smaller than the insurer's general network, but cost less. This may be a good option for you if the limited network includes the providers that you plan to use and you do not need the option to visit providers outside the network.

**Regional Provider Network Plans** have a network that is limited to a specific geographic region, and usually cost less than a general network. This may be a good option for you if you live or work in a region that the network covers and you do not need the option of visiting providers in other areas.

**Tiered Provider Network Plans** assign providers to different levels (tiers) based on the insurer's decision of the relative value of the provider's cost and quality. Your share of the cost will depend on the provider's tier. With this plan, you can save money by choosing providers in a lower-cost tier.

Choosing the Right Network: Key Questions to Ask	General Network	Limited Network	Regional Network	Tiered Network
Are the providers and facilities that you use listed in the insurer's network directory? <i>-The insurer will have a directory that lists the providers in each of its networks. Check to see that the hospital, primary care provider and specialists you want to see or might be referred to your provider are specifically listed for the services you use at the locations you want.</i>	√	√	√	√
Are you willing to change providers or facilities in order to pay a lower premium? <i>-If you are able to switch to providers that are in a limited network you may be able to get lower premiums. Remember that if you want to see a provider that is not listed in the network, you may need to pay higher out-of-pocket costs or you may not have coverage at all for those providers.</i>		√	√	√
Are you willing to limit yourself to providers and facilities near your home or work? <i>-If you don't need the option of traveling to hospitals in another area for your care, you may be able to get lower premiums. Remember that care at an out-of-network provider or hospital may not be covered, or you may need to pay more for your share.</i>		√	√	
Are you willing to choose a plan in which you pay more or less out of pocket depending on the tier to which your provider is assigned? <i>- Do you want a broad network, and are you willing to pay a larger share of the expense for some hospitals and doctors? Remember, this could end up being more than what you may save in premium.</i>				√

## Important Things to Remember

Know the brand name of the network plan you choose – and be sure the providers you want are in that network plan.

Understand the ways your share of the costs can vary – co-payments, co-insurance or deductibles can be higher or lower depending on the provider and the tier the provider is in.

