

Blue Care[®] Elect Preferred (PPO) 80/60 Fact Sheet

Network: Blue Cross and Blue Shield PPO network (includes local BlueCard[®] PPO networks)

Access: Members must use providers in the PPO network to receive in-network level of benefits.
Out-of-network benefits also available.

Acceptable Product Combinations*:

Blue Care Elect Preferred 80/60 may be offered alongside one of our other products as follows:
All Standard HMO Products

Blue Care Elect Preferred has a minimum Massachusetts enrollment requirement of 51%

* Combinations are representative (not exhaustive) acceptable product combinations for 5-50 eligible employee accounts.

BENEFIT DESIGN	MEMBER'S COST IN-NETWORK (AFTER DEDUCTIBLE)	MEMBER'S COST OUT-OF-NETWORK (AFTER DEDUCTIBLE)
Office visits/Routine checkups and well-child visits (age-based schedule)	20% co-insurance	40% co-insurance
Routine GYN exam (one per calendar year)	20% co-insurance	40% co-insurance
Emergency room visits	20% co-insurance	20% co-insurance
X-rays, laboratory tests, and other imaging tests	20% co-insurance	40% co-insurance
Routine vision exams (one exam per calendar year)	\$15 per visit	Not covered
Preventive dental for children under age 12	Not covered	Not covered
Short-term rehabilitation therapy (up to 100 visits per calendar year combined in- and out-of-network)	20% co-insurance	40% co-insurance
Ambulatory day surgery	20% co-insurance	40% co-insurance
Durable medical equipment (up to \$1,500 per calendar year combined in- and out-of-network)	20% co-insurance and charges beyond \$1,500 maximum	40% co-insurance and charges beyond \$1,500 maximum
Chiropractor services	20% co-insurance	40% co-insurance
Inpatient care in a general hospital	20% co-insurance	40% co-insurance
Prescription drug benefit		
At designated retail pharmacies (up to a 30-day supply for each prescription/refill or supply)	\$10 for generic* \$20 for preferred brand-name \$35 for non-preferred	
Through mail-service drug program (up to a 90-day supply for each prescription/refill or supply)	\$10 for generic* \$20 for preferred brand-name \$35 for non-preferred	

* In a few instances, a generic drug or supply may be covered as a non-preferred drug. If you have questions about which copayment applies, ask your pharmacist or call Customer Service.

Deductible: \$500 per member/\$1,000 per family per calendar year combined in- and out-of-network.

Co-insurance maximum: \$3,000 per member/\$6,000 per family per calendar year combined in- and out-of-network.

Lifetime maximum: There is no lifetime benefit maximum on Blue Care Elect Preferred.

This fact sheet provides a brief list of Blue Care Elect Preferred 80/60 benefits. The benefits are fully described in the Subscriber Certificates. Please contact your sales executive for a copy of the certificates.

Blue Care® Elect Preferred (PPO) 80/60 Fact Sheet (continued)

BENEFIT DESIGN	MEMBER'S COST IN-NETWORK (AFTER DEDUCTIBLE)	MEMBER'S COST OUT-OF-NETWORK (AFTER DEDUCTIBLE)
Mental Health and Substance Abuse Treatment		
Biologically based conditions**		
Inpatient admissions in a general hospital or mental hospital	20% co-insurance	40% co-insurance
Outpatient visits	20% co-insurance	40% co-insurance
Non-biologically based mental conditions (includes drug addiction and alcoholism)		
Inpatient admissions in a general hospital	20% co-insurance	40% co-insurance
Inpatient admissions in a mental hospital or substance abuse treatment facility (up to 60 days per calendar year)	20% co-insurance	40% co-insurance
Outpatient visits (up to 24 visits per calendar year)	20% co-insurance	40% co-insurance
Alcoholism treatment (in addition to non-biologically based mental conditions) Inpatient admissions in a general hospital	20% co-insurance	40% co-insurance
Inpatient admissions in a substance abuse treatment facility (up to 30 days per calendar year)	20% co-insurance	40% co-insurance
Outpatient visits (up to 8 visits per calendar year)	20% co-insurance	40% co-insurance

** Treatment for rape-related mental or emotional disorders and treatment for children under age 19 is covered to the same extent as biologically based conditions.

Deductible: \$500 per member/\$1,000 per family per calendar year combined in- and out-of-network.

Co-insurance maximum: \$3,000 per member/\$6,000 per family per calendar year combined in- and out-of-network.

Lifetime maximum: There is no lifetime benefit maximum on Blue Care Elect Preferred.

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