

## Blue Care® Elect Preferred (PPO) 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\*:**

All Standard HMO Products

Access Blue

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	MEMBER'S COST OUT-OF-NETWORK (AFTER DEDUCTIBLE)
Office visits/Routine checkups and well-child visits (age-based schedule)	\$15 per visit	20% co-insurance
Emergency room visits (waived for observation stay or if admitted)	\$50 per visit	\$50 per visit
X-rays, laboratory tests, and other imaging tests	No charge	20% 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)	\$15 per visit	20% co-insurance
Ambulatory day surgery	No charge	20% co-insurance
Durable medical equipment (up to \$1,500 per calendar year combined in- and out-of-network)	Charges beyond \$1,500 maximum	20% co-insurance and charges beyond \$1,500 maximum
Prosthetic devices	No charge	20% co-insurance
Chiropractor services	\$15 per visit	20% co-insurance
Inpatient care in a general hospital	No charge	20% co-insurance
<b>Prescription drug benefit</b>		
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:** \$250 per member/\$500 per family per calendar year for out-of-network benefits.

**Co-insurance maximum:** \$1,000 per member/\$2,000 per family calendar year co-insurance maximum for out-of-network benefits.

**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 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) Fact Sheet (continued)

BENEFIT DESIGN	MEMBER'S COST IN-NETWORK	MEMBER'S COST OUT-OF-NETWORK (AFTER DEDUCTIBLE)
<b>Mental Health and Substance Abuse Treatment</b>		
<b>Biologically based conditions**</b>		
Inpatient admissions in a general hospital or mental hospital	No charge	20% co-insurance
Outpatient visits	\$15 per visit	20% co-insurance
<b>Non-biologically based mental conditions (includes drug addiction and alcoholism)</b>		
Inpatient admissions in a general hospital	No charge	20% co-insurance
Inpatient admissions in a mental hospital or substance abuse treatment facility (up to 60 days per calendar year)	No charge	20% co-insurance
Outpatient visits (up to 24 visits per calendar year)	\$15 per visit	20% co-insurance
<b>Alcoholism treatment (in addition to non-biologically based mental conditions)</b>		
Inpatient admissions in a general hospital	No charge	20% co-insurance
Inpatient admissions in a substance abuse treatment facility (up to 30 days per calendar year)	No charge	20% co-insurance
Outpatient visits (up to 8 visits per calendar year)	\$15 per visit	20% 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:** \$250 per member/\$500 per family calendar-year deductible for out-of-network benefits.

**Co-insurance maximum:** \$1,000 per member/\$2,000 per family calendar year co-insurance maximum for out-of-network benefits.

**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 benefits. The benefits are fully described in the Subscriber Certificates. Please contact your sales executive for a copy of the certificates.