

HMO Blue® \$1,000 Option Fact Sheet

Network: Massachusetts HMO Blue Network

Access: PCP Selection Required

Acceptable Plan Combinations*:

HMO Blue \$1,000 Option may be offered alongside the Blue Care® Elect (PPO) High Deductible Options.

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

BENEFIT DESIGN	MEMBER'S COST
Office visits / Routine checkups / Well-child visits	\$20 per visit
Emergency room visits (waived for observation stay or if admitted)	\$100 per visit
X-rays, laboratory tests, and other imaging tests	No charge (after deductible)
Routine vision exam (one exam every 24 months)	\$20 per visit
Preventive dental for children under age 12	Not covered
Short-term rehabilitation (up to 60 consecutive days per condition)	\$20 per visit (after deductible)
Ambulatory day surgery	No charge (after deductible); \$20 per visit (no deductible) for office surgery
Durable medical equipment (up to \$750 per calendar year)	No charge (after deductible) and charges beyond \$750 maximum
Chiropractor services	Not covered
Inpatient care	No charge (after deductible)
Prescription drug benefit (overall deductible does not apply) At designated retail pharmacies: (up to a 30-day supply for each prescription/refill or supply)	The first \$100 of covered charges per calendar year, then: \$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)	\$20 for generic* \$40 for preferred brand-name \$70 for non-preferred

* In a few instances, a generic drug or supply may be covered with a copayment other than the lowest copayment level.

Deductible: \$1,000 per member / \$2,500 per family calendar-year deductible for some benefits. There is a separate \$100 calendar-year prescription drug deductible for drugs purchased at designated retail pharmacies.

Please note: There is no lifetime benefit maximum on this HMO Blue option.

This fact sheet provides a brief list of HMO Blue \$1,000 option benefits. The benefits are fully described in the Subscriber Certificate. Please contact your sales executive for a copy of the certificate.

HMO Blue® \$1,000 Option Fact Sheet (continued)

BENEFIT DESIGN	MEMBER'S COST
Mental Health and Substance Abuse Treatment	
Biologically-based conditions**	
Inpatient admissions in a general hospital or mental hospital	No charge
Outpatient visits	\$20 per visit
Non-biologically-based mental conditions (includes drug addiction and alcoholism)	
Inpatient admissions in a general hospital	No charge
Inpatient admissions in a mental hospital or substance abuse treatment facility (up to 60 days per calendar year)	No charge
Outpatient visits (up to 24 visits per calendar year)	\$20 per visit
Alcoholism treatment (in addition to non-biologically-based mental conditions)	
Inpatient admissions in a general hospital	No charge
Inpatient admissions in a substance abuse treatment facility (up to 30 days per calendar year)	No charge
Outpatient visits (up to 8 visits per calendar year)***	\$20 per visit

**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.

*** The value of these visits is at least \$500 in each calendar year.

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