

HMO Blue® New England “Value” Fact Sheet

Network: New England HMO Networks
(Network includes: Blue Cross and Blue Shield of Massachusetts, Inc., Anthem Blue Cross and Blue Shield of Connecticut, Blue Cross and Blue Shield of Maine, Anthem Blue Cross and Blue Shield of New Hampshire, Blue Cross and Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont.)

Access: PCP Selection Required

Acceptable Plan Combinations*:

HMO Blue New England “Value” may be offered alongside one of our other plans as follows: Blue Choice® New England \$10 Copay Option; Blue Choice® New England “Value Plus”; Blue Care® Elect Preferred (PPO); CMM

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

BENEFIT DESIGN	MEMBER'S COST
Office visits / Routine checkups / Well-child visits	\$25 per visit
Emergency room visits (waived for observation stay or if admitted)	\$50 per visit
X-rays, laboratory tests, and other imaging tests	No charge
Routine vision exams (one exam every 24 months)	\$25 per visit
Preventive dental for children under age 12	Not covered
Short-term rehabilitation therapy (up to 60 visits per calendar year)	\$25 per visit
Ambulatory day surgery	\$250 per admission
Durable medical equipment (up to \$750 per calendar year)	Charges beyond \$750 maximum
Chiropractor services	\$25 per visit
Inpatient care	\$500 per admission
Prescription Drug Benefit	
At designated retail pharmacies (up to a 30-day supply for each prescription/refill or supply)	\$250 deductible 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: There is a \$250 calendar-year prescription drug deductible for drugs purchased at designated retail pharmacies.

Please note: There is no lifetime benefit maximum on HMO Blue New England “Value.”

This fact sheet provides a brief list of HMO Blue New England “Value” benefits. The benefits are fully described in the Subscriber Certificate and riders. Please contact your sales executive for a copy of the certificate and applicable riders.

HMO Blue® New England “Value” 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	\$500 per admission
Outpatient visits	\$25 per visit
Non-biologically-based mental conditions (includes drug addiction and alcoholism)	
Inpatient admissions in a general hospital	\$500 per admission
Inpatient admissions in a mental hospital or substance abuse treatment facility (up to 60 days per calendar year)	\$500 per admission
Outpatient visits (up to 24 visits per calendar year)	\$25 per visit
Alcoholism treatment (in addition to non-biologically-based mental conditions)	
Inpatient admissions in a general hospital	\$500 per admission
Inpatient admissions in a substance abuse treatment facility (up to 30 days per calendar year)	\$500 per admission
Outpatient visits (up to 8 visits per calendar year)**	\$25 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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