

HMO Blue® Preferences \$350 Option Fact Sheet

Network: Massachusetts HMO Blue Network

Access: PCP Selection Required

Acceptable Product Combinations*:

HMO Blue Preferences \$350 Option may be offered alongside one of our other products as follows:

Blue Choice® \$10 Copay Option; Blue Choice “Value Plus”; Access Blue; Blue Care® Elect Preferred (PPO); CMM

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

BENEFIT DESIGN	MEMBER'S COST
Routine checkups/Well-child visits	\$10 per visit
Office visits to member's PCP, OB/GYN, nurse practitioner, or midwife	\$10 per visit
Office visits to all other network providers	\$20 per visit
Emergency room visits (waived for observation stay or if admitted)	\$75 per visit
X-rays, laboratory tests, and other imaging tests	No charge
Routine vision exams (one exam per calendar year)	\$20 per visit
Preventive dental for children under age 12	Not covered
Short-term rehabilitation therapy (up to 60 consecutive days per condition)	\$20 per visit
Ambulatory day surgery in a selected hospital	\$250 per admission
Ambulatory day surgery in all other network hospitals	No charge
Durable medical equipment (up to \$750 per calendar year)	Charges beyond \$750 maximum
Chiropractor services	Not covered
Inpatient care in a selected hospital	\$350 per admission*
Inpatient care in all other network hospitals	No charge

* No charge for members under age 19.

The hospitals listed below are selected hospitals. Members generally pay a higher copayment for inpatient admissions and outpatient day surgery services furnished at selected hospitals. However, certain covered services furnished by selected hospitals will be subject to the lower copayment. Please see the Subscriber Certificate for a full description of these services.

- Beth Israel Deaconess Medical Center
- Boston Medical Center
- Brigham and Women's Hospital
- Children's Hospital
- Dana Farber Cancer Institute
- Lahey Clinic
- Massachusetts General Hospital
- New England Baptist Hospital
- New England Medical Center

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

Out-of-Pocket maximum: \$2,000 per person and \$4,000 per family in a calendar year. Copayments for hospital admissions, ambulatory day surgery, and emergency room services are applied to this maximum.

This fact sheet provides a brief list of HMO Blue Preferences \$350 Option benefits. The benefits are fully described in the Subscriber Certificate. Please contact your sales executive for a copy of the certificate.

HMO Blue® Preferences \$350 Option Fact Sheet (continued)

BENEFIT DESIGN	MEMBER'S COST
Prescription Drug Benefit At designated retail pharmacies (up to a 30-day supply for each prescription/refill or supply)	After the first \$100 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
Mental Health and Substance Abuse Treatment Biologically-based conditions** Inpatient admissions in a general hospital or mental hospital	No charge
Outpatient visits	\$10 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)	\$10 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)***	\$10 per visit

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

**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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