

HMO Blue® “Value Plus” Fact Sheet

Network: Massachusetts HMO Blue Network

Access: PCP Selection Required

Acceptable Product Combinations*:

HMO Blue “Value Plus” may be offered alongside one of our other products as follows:

Blue Choice \$10 Copay Plan; Blue Choice Value Plus; Blue Care Elect Preferred; CMM

* 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	\$15 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 per calendar year)	\$15 per visit
Preventive dental for children under age 12	Not covered
Short-term rehabilitation therapy (up to 60 consecutive days per condition)	\$15 per visit
Ambulatory day surgery	\$150 per admission
Durable medical equipment (up to \$750 per calendar year)	Charges beyond \$750 maximum
Chiropractor services	Not covered
Inpatient care in a general hospital	\$250 per admission
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.

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

HMO Blue “Value Plus” has an out-of-pocket maximum of \$1,000 per member/\$2,000 per family per calendar year for inpatient, ambulatory day surgery, and emergency room copayments.

This fact sheet provides a brief list of standard HMO Blue “Value Plus” benefits. Benefits are fully described in the Subscriber Certificate. Please contact your sales executive for a copy of the certificate.

HMO Blue® “Value Plus” 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	\$250 per admission
Outpatient visits	\$15 per visit
Non-biologically based mental conditions (includes drug addiction and alcoholism)	
Inpatient admissions in a general hospital	\$250 per admission
Inpatient admissions in a mental hospital or substance abuse treatment facility (up to 60 days per calendar year)	\$250 per admission
Outpatient visits (up to 24 visits per calendar year)	\$15 per visit
Alcoholism treatment (in addition to non-biologically based mental conditions)	
Inpatient admissions in a general hospital	\$250 per admission
Inpatient admissions in a substance abuse treatment facility (up to 30 days per calendar year)	\$250 per admission
Outpatient visits (up to 8 visits per calendar year)	\$15 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.

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