

## HMO Blue® Value (\$250 Prescription Drug Option) Fact Sheet

**Network:** Massachusetts HMO Blue Network

**Access:** PCP Selection Required

**Acceptable Plan Combinations\*:**

HMO Blue Value may be offered alongside one of our other plans as follows: Blue Choice® \$10 Copay Option; Blue Choice “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 per calendar year)	\$25 per visit
Preventive dental for children under age 12	Not covered
Short-term rehabilitation therapy (up to 60 consecutive days per condition)	\$25 per visit
Ambulatory day surgery	\$250 per admission
Durable medical equipment (up to \$750 per calendar year)	Charges beyond \$750 maximum
Chiropractor services	Not covered
Inpatient care	\$500 per admission
<b>Prescription Drug Benefit</b>	
At designated retail pharmacies (up to a 30-day supply for each prescription/refill or supply)	<b>\$250 deductible per calendar year, then:</b> \$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.

**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.

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

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

## HMO Blue® Value (\$250 Prescription Drug Option) Fact Sheet (continued)

BENEFIT DESIGN	MEMBER'S COST
<b>Mental Health and Substance Abuse Treatment</b>	
<b>Biologically-based conditions*</b>	
Inpatient admissions in a general hospital or mental hospital	\$500 per admission
Outpatient visits	\$25 per visit
<b>Non-biologically-based mental conditions (includes drug addiction and alcoholism)</b>	
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
<b>Alcoholism treatment (in addition to non-biologically-based mental conditions)</b>	
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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