

## HMO Blue® New England Fact Sheet (“Value Plus” Rider Option)

**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 Product Combinations\*:

HMO Blue New England may be offered alongside one of our other products as follows:

Blue Choice New England \$10 Copay Plan

Blue Choice New England 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 every 24 months)	\$15 per visit
Preventive dental for children under age 12	Not covered
Short-term rehabilitation therapy (up to 60 visits per calendar year)	\$15 per visit
Ambulatory day surgery	\$150 per admission
Durable medical equipment (up to \$750 per calendar year)	Charges beyond \$750 maximum
Chiropractor services	\$15 per visit
Inpatient care in a general hospital	\$250 per admission
<b>Prescription drug benefit</b>	
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 New England.

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

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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	\$250 per admission
Outpatient visits	\$15 per visit
<b>Non-biologically based mental conditions (includes drug addiction and alcoholism)</b>	
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
<b>Alcoholism treatment (in addition to non-biologically based mental conditions)</b>	
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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