



MMHG Network Blue New England HMO Rate Saver

Effective: 7/1/2019



http://planinfo.bluecrossma.com/ekit/2019-mmhgnetworkbluenewenglandhmoratesaver-en_US.pdf



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Plan Education

Plan Options

Medical

Network Blue New England HMO Rate Saver

[View Summary](#) [View SBC](#)

Helpful Resources

Plan Info

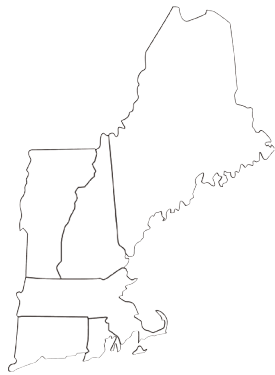
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Network Blue® New England

MMHG HMO Rate Saver



Download the MyBlue Member App—Get instant and secure access to your personal health care information any time you need it. A simple tap connects you to your claims history, your ID card, financial accounts, even your doctor. Download the app from the App Store® or Google Play™.



This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law.

Your Care

Your Primary Care Provider (PCP)

When you enroll in this health plan, you must choose a primary care provider. Be sure to choose a PCP who can accept you and your family members and who participates in the network of providers in New England. For children, you may choose a participating network pediatrician as the PCP.

For a list of participating PCPs or OB/GYN physicians, visit the Blue Cross Blue Shield of Massachusetts website at bluecrossma.com; consult the Provider Directory; or call the Member Service number on your ID card.

If you have trouble choosing a doctor, Member Service can help. They can give you the doctor's gender, the medical school she or he attended, and whether there are languages other than English spoken in the office.

Referrals

Your PCP is the first person you call when you need routine or sick care. If your PCP decides that you need to see a specialist for covered services, your PCP will refer you to an appropriate network specialist, who is likely affiliated with your PCP's hospital or medical group.

You will not need prior authorization or referral to see a HMO Blue New England network provider who specializes in OB/GYN services. Your providers may also work with Blue Cross Blue Shield of Massachusetts regarding referrals and Utilization Review Requirements, including Pre-Admission Review, Concurrent Review and Discharge Planning, Prior Approval for Certain Outpatient Services, and Individual Case Management. For detailed information about Utilization Review, see your benefit description.

Your Out-of-Pocket Maximum

Your out-of-pocket maximum is the most that you could pay during a plan year for copayments and coinsurance for covered services. If you are not sure when your plan year begins, contact Blue Cross Blue Shield of Massachusetts. Your out-of-pocket maximum for medical benefits is **\$2,000** per member (or **\$4,000** per family). Your out-of-pocket maximum for prescription drug benefits is **\$3,000** per member (or **\$6,000** per family).

Emergency Room Services

In an emergency, such as a suspected heart attack, stroke, or poisoning, you should go directly to the nearest medical facility or call **911** (or the local emergency phone number). You pay a copayment per visit for emergency room services. This copayment is waived if you're admitted to the hospital or for an observation stay. See the chart for your cost share.

Telehealth Services

You are covered for certain medical and behavioral health services for conditions that can be treated through video visits from an approved Telehealth provider. These Telehealth services are available by using your computer or mobile device when you prefer not to make an in-person visit for any reason to a doctor or therapist. For a list of Telehealth providers, visit the Blue Cross Blue Shield of Massachusetts website at bluecrossma.com; consult the Provider Directory; or call the Member Service number on your ID card.

Service Area

The plan's service area includes all cities and towns in the Commonwealth of Massachusetts, State of Rhode Island, State of Vermont, State of Connecticut, State of New Hampshire, and State of Maine.

When Outside the Service Area

If you're traveling outside the service area and you need urgent or emergency care, you should go to the nearest appropriate health care facility. You are covered for the urgent or emergency care visit and one follow-up visit while outside the service area. Any additional follow-up care must be arranged by your PCP. See your benefit description for more information.

Dependent Benefits

This plan covers dependents until the end of the calendar month in which they turn age 26, regardless of their financial dependency, student status, or employment status. See your benefit description (and riders, if any) for exact coverage details.

Your Medical Benefits

Covered Services	Your Cost
Preventive Care	
Well-child care visits	Nothing
Routine adult physical exams, including related tests	Nothing
Routine GYN exams, including related lab tests (one per plan year)	Nothing
Routine hearing exams, including routine tests	Nothing
Hearing aids (up to \$2,000 per ear every 36 months for a member age 21 or younger)	All charges beyond the maximum
Routine vision exams (one every 12 months)	Nothing
Family planning services—office visits	Nothing
Outpatient Care	
Emergency room visits	\$100 per visit (waived if admitted or for observation stay)
Office or health center visits, when performed by:	
• Your PCP, OB/GYN physician, nurse practitioner, nurse midwife, physician assistant, or limited services clinic	\$20 per visit
• Other covered providers	\$35 per visit
Chiropractors' office visits	\$35 per visit
Acupuncture visits (up to 12 visits per plan year)	\$35 per visit
Mental health or substance abuse treatment	\$20 per visit
Short-term rehabilitation therapy—physical and occupational (up to 60 visits per plan year*)	\$35 per visit
Speech, hearing, and language disorder treatment—speech therapy	\$35 per visit
Diagnostic X-rays and lab tests	Nothing
CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	
• Hospitals	\$100 per category per service date**
• Other network providers	Nothing
Home health care and hospice services	Nothing
Oxygen and equipment for its administration	Nothing
Durable medical equipment—such as wheelchairs, crutches, hospital beds	20% coinsurance***
Prosthetic devices	Nothing
Surgery and related anesthesia in an office or health center, when performed by:	
• Your PCP, OB/GYN physician, nurse practitioner, nurse midwife, or physician assistant	\$20 per visit [†]
• Other covered providers	\$35 per visit [†]
Surgery in an ambulatory surgical facility, hospital outpatient department, or surgical day care unit	\$150 per admission
Inpatient Care (including maternity care)	
General or chronic disease hospital care (as many days as medically necessary)	\$250 per admission
Mental hospital or substance abuse facility care (as many days as medically necessary)	\$250 per admission
Rehabilitation hospital care (up to 60 days per plan year)	Nothing
Skilled nursing facility care (up to 100 days per plan year)	Nothing

* No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care or for the treatment of autism spectrum disorders.

** When the copayments for CT scans, MRIs, PET scans, and/or nuclear cardiac imaging tests add up to the total of \$375 per member in a calendar year, you pay nothing for these tests for the remainder of that calendar year.

*** Cost share waived for one breast pump per birth.

† Copayment waived for restorative dental services and orthodontic treatment or prosthetic management therapy for members under age 18 to treat conditions of cleft lip and cleft palate.

Prescription Drug Benefits*	Your Cost**
At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill)	\$10 for Tier 1 \$25 for Tier 2 \$45 for Tier 3
Through the designated mail service or designated retail pharmacy (up to a 90-day formulary supply for each prescription or refill)	\$20 for Tier 1*** \$50 for Tier 2 \$90 for Tier 3

* Generally, Tier 1 refers to generic drugs; Tier 2 refers to preferred brand-name drugs; Tier 3 refers to non-preferred drugs.

** Cost share may be waived for certain covered drugs and supplies.

*** Certain generic medications are available through the mail service pharmacy at \$9. For more information, go to bluecrossma.com/mail-service-pharmacy.

Get the Most from Your Plan

Visit us at bluecrossma.com or call 1-800-782-3675 to learn about discounts, savings, resources, and special programs available to you, like those listed below.

Wellness Participation Program	
Fitness Reimbursement: a benefit that rewards participation in qualified fitness programs This fitness benefit applies for fees paid to: a health club with cardiovascular and strength-training equipment; or a fitness studio offering instructor-led group classes for certain cardiovascular and strength-training programs. (See your benefit description for details.)	\$300 per calendar year per policy
Weight Loss Reimbursement: a benefit that rewards participation in a qualified weight loss program This weight loss program benefit applies for fees paid to: hospital-based or non-hospital-based weight loss programs that focus on eating and physical activity habits and behavioral/lifestyle counseling with certified health professionals. (See your benefit description for details.)	\$150 per calendar year per policy
24/7 Nurse Care Line—A 24-hour nurse line to answer your health care questions—call 1-888-247-BLUE (2583)	No additional charge

Questions?

For questions about Blue Cross Blue Shield of Massachusetts, call 1-800-782-3675, or visit us online at bluecrossma.com.

Interested in receiving information from us via e-mail? Go to bluecrossma.com/email to sign up.

Limitations and Exclusions. These pages summarize the benefits of your health care plan. Your benefit description and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the benefit description and riders will govern. Some of the services not covered are: cosmetic surgery; custodial care; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your benefit description and riders. **Note:** Blue Cross and Blue Shield of Massachusetts, Inc. administers claims payment only and does not assume financial risk for claims.

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The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, see [www. .com](http://www.bluecrossma.com). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at bluecrossma.com/sbcglossary or call 1-800-782-3675 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u>?	\$0	See the Common Medical Events chart below for your costs for services this <u>plan</u> covers.
Are there services covered before you meet your <u>deductible</u>?	No.	You will have to meet the <u>deductible</u> before the <u>plan</u> pays for any services.
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u>?	For medical benefits, \$2,000 member / \$4,000 family; and for prescription drug benefits, \$3,000 member / \$6,000 family.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u>?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u>?	Yes. See bluecrossma.com/findadoctor or call the Member Service number on your ID card for a list of network providers.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u>?	Yes.	This <u>plan</u> will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a <u>referral</u> before you see the <u>specialist</u> .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 / visit	Not covered	None
	<u>Specialist</u> visit	\$35 / visit; \$35 / chiropractor visit; \$35 / acupuncture visit	Not covered	Limited to 12 acupuncture visits per plan year
	<u>Preventive care/screening/immunization</u>	No charge	Not covered	GYN exam limited to one exam per plan year. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge	Not covered	Pre-authorization required for certain services
	Imaging (CT/PET scans, MRIs)	\$100 for hospitals; no charge for other providers	Not covered	Copayment applies per category of test / day; pre-authorization required for certain services
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at bluecrossma.com/medications	Generic drugs	\$10 / retail supply or \$20 / designated retail or mail service supply	Not covered	Up to 30-day retail (90-day designated retail or mail service) supply; cost share may be waived for certain covered drugs and supplies; pre-authorization required for certain drugs
	Preferred brand drugs	\$25 / retail supply or \$50 / designated retail or mail service supply	Not covered	
	Non-preferred brand drugs	\$45 / retail supply or \$90 / designated retail or mail service supply	Not covered	
	<u>Specialty drugs</u>	Applicable cost share (generic, preferred, non-preferred)	Not covered	When obtained from a designated specialty pharmacy; pre-authorization required for certain drugs
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$150 / admission	Not covered	Pre-authorization required for certain services
	Physician/surgeon fees	No charge	Not covered	Pre-authorization required for certain services

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you need immediate medical attention	<u>Emergency room care</u>	\$100 / visit	\$100 / visit	Copayment waived if admitted or for observation stay
	<u>Emergency medical transportation</u>	No charge	No charge	None
	<u>Urgent care</u>	\$35 / visit	\$35 / visit	Out-of-network coverage limited to out of service area
If you have a hospital stay	Facility fee (e.g., hospital room)	\$250 / admission	Not covered	Pre-authorization required
	Physician/surgeon fees	No charge	Not covered	Pre-authorization required
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$20 / visit	Not covered	Pre-authorization required for certain services
	Inpatient services	\$250 / admission	Not covered	Pre-authorization required for certain services
If you are pregnant	Office visits	No charge	Not covered	Cost sharing does not apply for preventive services; maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound)
	Childbirth/delivery professional services	No charge	Not covered	
	Childbirth/delivery facility services	\$250 / admission	Not covered	
If you need help recovering or have other special health needs	<u>Home health care</u>	No charge	Not covered	Pre-authorization required
	<u>Rehabilitation services</u>	\$35 / visit	Not covered	Limited to 60 visits per plan year (other than for autism, home health care, and speech therapy); pre-authorization required for certain services
	<u>Habilitation services</u>	\$35 / visit	Not covered	Rehabilitation therapy coverage limits apply; cost share and coverage limits waived for early intervention services for eligible children; pre-authorization required for certain services
	<u>Skilled nursing care</u>	No charge	Not covered	Limited to 100 days per plan year; pre-authorization required
	<u>Durable medical equipment</u>	20% coinsurance	Not covered	Cost share waived for one breast pump per birth
	<u>Hospice services</u>	No charge	Not covered	Pre-authorization required for certain services

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	No charge	Not covered	Limited to one exam every 12 months
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	No charge for members with a cleft palate / cleft lip condition	Not covered	Limited to members under age 18

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none"> Children's glasses Cosmetic surgery Dental care (Adult) 	<ul style="list-style-type: none"> Long-term care Non-emergency care when traveling outside the U.S. 	<ul style="list-style-type: none"> Private-duty nursing
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)		
<ul style="list-style-type: none"> Acupuncture (12 visits per plan year) Bariatric surgery Chiropractic care Hearing aids (\$2,000 per ear every 36 months for members age 21 or younger) 	<ul style="list-style-type: none"> Infertility treatment Routine eye care - adult (one exam every 12 months) Routine foot care (only for patients with systemic circulatory disease) 	<ul style="list-style-type: none"> Weight loss programs (\$150 per calendar year per policy)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform and the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. Your state insurance department might also be able to help. If you are a Massachusetts resident, you can contact the Massachusetts Division of Insurance at 1-877-563-4467 or www.mass.gov/doi. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596. For more information about possibly buying individual coverage through a state exchange, you can contact your state's marketplace, if applicable. If you are a Massachusetts resident, contact the Massachusetts Health Connector by visiting www.mahealthconnector.org. For more information on your rights to continue your employer coverage, contact your plan sponsor. (A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.)

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the Member Service number listed on your ID card or contact your plan sponsor. (A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.)

Does this plan provide Minimum Essential Coverage? [Yes]

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? [Yes]

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Disclaimer: This document contains only a partial description of the benefits, limitations, exclusions and other provisions of this health care plan. It is not a policy. It is a general overview only. It does not provide all the details of this coverage, including benefits, exclusions and policy limitations. In the event there are discrepancies between this document and the policy, the terms and conditions of the policy will govern.

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*—————

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network prenatal care and a hospital delivery)

■ The plan's overall deductible	\$0
■ Delivery fee copay	\$0
■ Facility fee copay	\$250
■ Diagnostic tests copay	\$0

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,713
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In this example, Peg would pay:

Cost Sharing

Deductibles	\$0
Copayments	\$266
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$60
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The total Peg would pay is	\$326
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Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$0
■ Specialist visit copay	\$35
■ Primary care visit copay	\$20
■ Diagnostic tests copay	\$0

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,389
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In this example, Joe would pay:

Cost Sharing

Deductibles	\$0
Copayments	\$1,479
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$55
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The total Joe would pay is	\$1,534
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Jacque's Simple Fracture

(in-network emergency room visit and follow-up care)

■ The plan's overall deductible	\$0
■ Specialist visit copay	\$35
■ Emergency room copay	\$100
■ Ambulance services copay	\$0

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,925
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In this example, Jacquie would pay:

Cost Sharing

Deductibles	\$0
Copayments	\$275
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$0
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The total Jacquie would pay is	\$275
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The plan would be responsible for the other costs of these EXAMPLE covered services.

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MASSACHUSETTS

MCC Compliance



This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law.

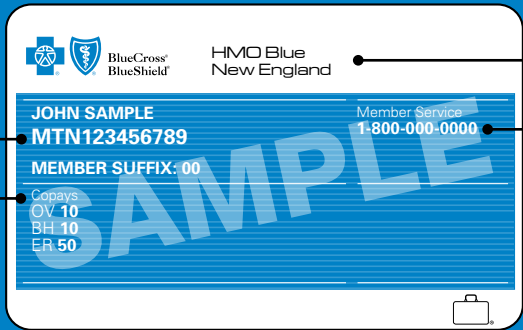
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Important Information About Your Plan

Your health plan lets you get care from providers who participate in the **HMO Blue New England Network**. Under this plan, you're required to choose a primary care provider (PCP) to manage your care and refer you to specialists, if needed. For help finding a provider or hospital, visit myfindadoctor.bluecrossma.com and log in to select the following network: **HMO Blue New England**.

How to Read Your ID Card

Your Blue Cross member ID card contains our Member Service telephone number and your member ID number, and sometimes lists the costs you'll pay for certain health services. You should always carry your ID card with you when you visit the doctor. You can also download the MyBlue App to keep a digital copy of your ID card on your phone.



Your ID Number points to: MTN123456789

Plan Name points to: HMO Blue New England

Call Us points to: Member Service 1-800-000-0000

Copays points to: OV 10, BH 10, ER 50

MEMBER SUFFIX: 00

Legend:
OV: Office visit for primary care provider or specialist
BH: Behavioral health office visit
ER: Emergency room (waived if admitted)

Get Started

Create a MyBlue Account: Discover an easier way to access your health care plan and claims information. Visit myblue.bluecrossma.com to create an account to view detailed plan information, access your financial accounts, and much more.

Download the MyBlue App: Get instant and secure access to your personal health care information any time you need it. A simple tap connects you to your digital ID card, claims history, financial accounts, and more. Download the app from the [App Store](#)® or [Google Play](#)™.



How to Contact Us

General questions about your health plan coverage?

Member Service: Call the number on the front of your member ID card (TTY: **711**) Monday–Friday 8:00 a.m.–6:00 p.m. E.T. Or log in to bluecrossma.com and select **Review My Benefits** to check what your plan covers and your costs.

Health questions if you're hurt or sick? 24/7 Nurse Care Line: 1-888-247-BLUE (2583)

Registered nurses are available at no cost.

Questions about your prescription drug coverage?

Mail Order Pharmacy: 1-800-892-5119 Available 24/7

Order a new Blue Cross member ID card? Lost member ID card?

Call 1-800-253-5210 Monday–Friday, 8:00 a.m.–6:00 p.m. E.T.



How to Get Care

Routine well visits with your PCP are one of the best ways you and your doctor can stay on top of your health. Choose a PCP to help manage your care and refer you to specialists, if needed.

Finding a PCP: Choose a PCP for yourself and every member of your family covered under your plan. You don't all need to see the same PCP. When selecting a PCP, consider the hospital where your PCP has admitting privileges. Visit myfindadoctor.bluecrossma.com to search in your network.

Seeing a Specialist: If you ever need to see a specialist, your PCP must refer you for the care to be covered under your plan. Make sure your PCP has contacted the specialist's office and provided the referral.

Understanding Prior Authorization: We require prior authorization (pre-approval) before we cover certain services, procedures, or drugs. Prior authorization ensures that you get the care that is medically necessary for you and covered by your health plan. Your doctor should submit any requests for prior authorization to us. If you or your doctor don't get prior authorization when it's needed, the care may not be covered and you may be financially responsible. Talk to your doctor to see if prior authorization is needed before you receive any services, procedures, or drugs.

Taking Action in an Emergency: In case of a medical or behavioral health emergency, call **911** or your local emergency number or go directly to the nearest medical facility. Be sure to notify your PCP, if applicable, within 48 hours to coordinate any follow-up care.

Getting Care Worldwide with BlueCard®: Your Blue Cross member ID card is widely recognized and lets you get urgent and emergency care worldwide. If you're traveling within the U.S. or abroad and need emergency medical care, go to the nearest hospital. Once you get care, call **1-800-810-BLUE (2583)** or **1-804-673-1177** for 24/7 assistance.



How to Access Important Resources

We're committed to your health—that's why we offer additional programs, benefits, and discounts beyond traditional health care coverage. Use these tools and resources to monitor your health and overall wellness.

Use Your Telehealth Benefit*: Get care at your convenience. You can see licensed doctors and providers for minor medical and behavioral health care, using live video visits on your favorite device. Download our Well Connection app or visit wellconnection.com.

Get Connected with Message Wire: We can send you important information about your health and wellness, relevant discounts, and plan information directly to your phone. Text **bluecrossma** to **73529**, or call **1-844-779-8813** to join with your Blue Cross member ID number.

Visit ahealthyme®: Learn about your health and set personal goals for a healthy life. You can take a health assessment, sign up for wellness workshops, access health tools and resources, and more. Visit myblue.bluecrossma.com and select **AHealthyMe** from the drop-down menu in the top right corner.

Take Advantage of Discounts: Use Blue365®, a members-only website that offers local health and wellness deals, for discounts on health and fitness products, family events, spa services, and more. Visit myblue.bluecrossma.com, and select **My Plan** and then **Discounts & Savings** from the drop-down menu in the top right corner.

*If your plan includes telehealth benefits.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID Card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

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Mail Order Pharmacy



The Mail Order Pharmacy Saves You Time and Money

You can get 90-day prescriptions for certain maintenance medications delivered right to your door, and for a fraction of the cost, when you order them through the mail order pharmacy. Maintenance medications, also known as long-term medications, are prescribed to treat chronic or ongoing conditions, such as high blood pressure or diabetes.

Advantages of Using the Mail Order Pharmacy

- You'll pay less for a 90-day supply than you would for three 30-day supplies of your maintenance medications
- Medications are shipped to you at no additional cost for standard shipping
- With fewer refills and no trips to the pharmacy, you'll be less likely to miss a dose
- Get your prescriptions on time, every time with automatic refills

How to Order Prescriptions

Express Scripts®, an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts, will deliver your prescriptions straight to your door. To order prescriptions, choose one of the following options. In most cases, Express Scripts will contact your doctor directly to arrange 90-day prescriptions, plus refills.

- Visit Express Scripts at [express-scripts.com /starthd](http://express-scripts.com/starthd), and select **Register**
- Download the Express Scripts mobile app and select **Register**
- Call Express Scripts at 1-800-892-5119 (TTY: 1-800-305-5376)
- Ask your doctor to e-prescribe a new, 90-day prescription to Express Scripts, or fax it to 1-800-837-0959
- Fill out the order form* and mail it to:
Home Delivery Service
PO Box 66566
St Louis, MO 63166-9967

How to Order Refills

- Log in to Express Scripts at express-scripts.com, select the medications to be filled, then click **Add to Cart**
- Call Express Scripts at 1-800-892-5119 (TTY: 1-800-305-5376), 24 hours a day

Have Your Prescriptions Refilled Automatically

Worry Free Fills® are available for qualifying maintenance medications. When enrolled, Express Scripts will calculate when you'll need your prescriptions and deliver them on time. They'll contact you before processing each fill to confirm delivery, and the delivery date. Enroll in Worry Free Fills by choosing one of the following methods:

- Visit Express Scripts at express-scripts.com, and select **Automatic Refills**
- When refilling a prescription, answer yes when asked to enroll in Worry Free Fills
- Call Express Scripts at 1-800-892-5119 (TTY: 1-800-305-5376)

Save up to
33%

When you use the
mail order pharmacy.**

*You can download and print a copy of the mail order form at express-scripts.com.

**Compared to three 30-day prescriptions purchased at a retail pharmacy.

REMINDER: This section must be removed before mailing.



1042

Patient 1 (Cardholder)		Patient 2	
Name: _____ <input type="radio"/> I want non-child resistant caps, when available. Date of Birth (MM/DD/YYYY) [][] / [][] / [][][][]		Name: _____ <input type="radio"/> I want non-child resistant caps, when available. Date of Birth (MM/DD/YYYY) [][] / [][] / [][][][]	
DRUG ALLERGIES	List other Allergies here: _____ <input type="radio"/>	No Known Allergies Acetaminophen/Tylenol® Amoxicillin Aspirin Cephalosporin (i.e., Keflex®, Cephalexin) Codeine Erythromycin, Biaxin®, Zithromax® NSAIDs (i.e., Ibuprofen, Naproxen) Oxycodone (i.e., OxyContin®, Percocet®) Penicillin Sulfa Tetracycline (i.e., Doxycycline, Minocycline)	
	List other Health Conditions here: _____ <input type="radio"/>	No Known Health Conditions Arthritis (715.9) Asthma (493.9) Chronic Bronchitis or Emphysema (496) Depression (311) Diabetes Type I (250.01) Diabetes Type II (250.00) Epilepsy/Seizures (345.9) GERD (530.81) Glaucoma (365.9) High Cholesterol (272.9) Hormone Replacement Therapy (627.9) Hypertension (401.9) Thyroid: Low (244.9)	
OTC	List other OTC that you take on a regular basis: _____ <input type="radio"/>	No Over-the-Counter Medications Acetaminophen/Tylenol® Advil®/Aleve®/Motrin® Aspirin/Excedrin®	
DEVICES	List Medical Devices here: _____ <input type="radio"/>	No Medical Devices Medical Devices (i.e., Glucose Testing Device, Insulin Pump, Nebulizer) and specify brand name and model.	
OTHER	List other Prescription Medications here: _____ <input type="radio"/>	No Other Prescriptions Prescription Medications not filled through Express Scripts Pharmacy.	

FDA approved generic medications will be dispensed when allowed by your doctor, subject to the terms outlined in your plan. I certify that all the information on this form is correct. I permit Express Scripts Inc. to release all information on this form concerning prescription orders to my plan sponsor, administrator or health plan for the purpose of payment, treatment or health care operations.

Signature Required ☒

More than two family members on your plan? On a separate sheet of paper, write the family member(s) name, date of birth, allergies and health conditions along with the name and phone number of their doctor/prescriber.

Please Note: Your order may be filled at any one of our Express Scripts Pharmacies located nationwide.

Express Scripts Medication Mail Order Form

▶ To order online: visit express-scripts.com/starthd, select "Register"

To order by phone: call 1-800-892-5119 (TTY: 1-800-305-5376)

To order using e-prescribe: ask your doctor to e-prescribe your prescription, or fax it to 1-800-837-0959

To order by mail: complete this form using capital letters and black ink, then mail it, along with a 90-day prescription (or the maximum supply allowed) to:

Home Delivery Service

PO Box 66566, St Louis, MO 63166-9967

NOTE: No cost standard shipping is included on all mail orders.



1041

ID Card Number

First Name

MI

Date of Birth (MM/DD/YYYY)

Last Name

Gender ☐ M ☐ F

Some medications cannot be delivered to a PO Box. Provide a street address to allow delivery of your order.

Shipping Address 1

Shipping Address 2

City

State

Zip Code

☐ Check here for rush shipment. Your order, once received and filled, will be shipped overnight for \$21.

Email

Please select one
as your preferred
telephone number

☐

Daytime Phone

☐

Evening Phone

☐

Cell Phone

Doctor/Prescriber Last Name

Doctor/Prescriber Phone Number

First Name

MI

Date of Birth (MM/DD/YYYY)

Last Name

Gender ☐ M ☐ F

Email

Doctor/Prescriber Last Name

Doctor/Prescriber Phone Number

All individuals included in the family will be charged to this credit card.

☐ Apply to this order only

☐ Apply to all orders

Amount Enclosed

☐ Check Card

☐ Credit Card

☐ Check / Money Order

\$

Card #

Exp. Date (MM/YY)

Sign here to authorize card payment ☒

Detach Here

For all orders after 08/01/2011, use this form.
Fold and tear off this piece before putting in the return envelope.

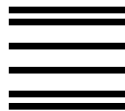
Detach Here

Please note

Please note that all prescriptions requiring a formulary exception will not be processed without prior approval. To prevent any delays, make sure that an approved formulary exception (if applicable) is on file before you place your order.

Thank you for using our mail service
prescription drug program.

MLRBENP



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 3580 ST LOUIS MO

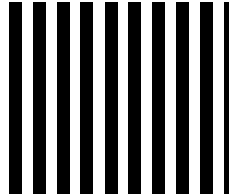
POSTAGE WILL BE PAID BY ADDRESSEE



Home Delivery Service
PO Box 66566
St Louis, MO 63166-9967



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



Did You Remember To...

- Complete all applicable information
- Include your ID number on the mail order form
- Enclose the original prescription, mail order form, and appropriate copayment
- Make checks or money orders payable to "Express Scripts", or include credit card information

Detach
envelope
to mail
prescription
order form



(Tear here)

Detach
envelope
to mail
prescription
order form



(Tear here)

Glue

Fold

Glue

Fold

Pref

Glue

Inside envelope

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Glue

Glue

Inside envelope

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For health plans that include the value-based pharmacy benefit, the following medications are eligible at a reduced cost when purchased through our Mail Service Pharmacy. In addition, if you have a Saver plan, the deductible for these medications is waived when purchased through the Mail Service Pharmacy. Please refer to your benefit materials for more information on your plan's limitations and exclusions. This list is effective as of January 1, 2017, and may be updated as necessary. Find the latest information on specific medications by visiting bluecrossma.com/pharmacy.

Medications Commonly Used in the Treatment of Asthma

Albuterol Inhalation Solution	Flovent/Diskus	Montelukast	Qvar
Aminophylline	Flovent HFA	ProAir/HFA	Theochron
Budesonide nebulizer solution	Ipratropium nebulizer solution	ProAir RespiClick	Theophylline
Cromolyn nebulizer solution	Ipratropium-albuterol	Pulmicort	Zafirlukast

Medications Commonly Used in the Treatment of Diabetes

Acarbose	Glipizide/Metformin HCL	Lantus	Tolazamide
Chlorpropamide	Glyburide	Metformin	Tolbutamide
Glimepiride	Glyburide/Metformin HCL	Metformin ER	
Glipizide	Glyburide-Micro	Nateglinide	
Glipizide ER	Humalog	One Touch Test Strips	
Glipizide XL	Humulin	Symlin	

Medications Commonly Used in the Treatment of Coronary Artery Disease or Cardiovascular Disease Risk Factors

(High Blood Pressure and High Cholesterol)

You pay less for the following medications when purchased through the Mail Service Pharmacy. However, you qualify **ONLY** if you're taking a medication to treat high blood pressure **AND** a medication to treat high cholesterol.

High Blood Pressure			
Amiloride/HCTZ	Bisoprolol/HCTZ	Diltiazem HCL	Enalapril
Amlodipine	Captopril	Diltiazem HCL ER Cap	Enalapril/HCTZ
Amlodipine/Benazepril	Carvedilol	Diltiazem HCL SR Cap	Eplerenone
Atenolol	Chlorthalidone	Diltiazem HCL XR Cap	Felodipine ER
Atenolol/Chlorthalidone	Clonidine	Diltiazem HCL XT Cap	Furosemide
Benazepril	Diltiazem CD	Diltiazem XR Cap	Hydralazine
Benazepril/HCTZ	Diltiazem HCl Tab	Doxazosin	Hydrochlorothiazide

Medications Commonly Used in the Treatment of Coronary Artery Disease or Cardiovascular Disease Risk Factors (continued)

High Blood Pressure (continued)			
Irbesartan	Methazolamide	Nifedipine ER	Triamterene/HCTZ
Irbesartan/HCTZ	Metoprolol	Nifedipine XL	Verapamil
Lisinopril	Metoprolol succinate ER	Propranolol	Verapamil ER
Lisinopril/HCTZ	Nadolol	Ramipril	Valsartan
Losartan Potassium	Nicardipine	Spironolactone	Valsartan/HCTZ
Losartan Potassium/HCTZ	Nifedipine CR	Terazosin	

High Cholesterol			
Atorvastatin	Colestipol	Gemfibrozil	Prevalite
Cholestyramine/Light	Fenofibrate	Pravastatin	Simvastatin

Medications Commonly Used in the Treatment of Depression

If you're taking one of the above medications to treat asthma, diabetes, or both a medication to treat high blood pressure and cholesterol, then you'll will also pay less for the following medications to treat depression when obtained from the Mail Service Pharmacy.

Citalopram	Fluoxetine	Paroxetine-CR	Sertraline
Escitalopram	Fluvoxamine	Paroxetine HCL	

Medications Commonly Used When Quitting Tobacco

You pay nothing for the following medications. They're available at retail pharmacies in addition to the Mail Service Pharmacy.

Buproban	Commit	Nicotine ²	Nicotrol
Bupropion HCL ER ¹	Nicoderm CQ	Nicotine Gum ²	Nicotrol NS
Bupropion HCL SR ¹	Nicorelief	Nicotine Lozenge ²	NTS
Chantix	Nicorette	Nicotine Patch ²	

1. Generics of Zyban only.

2. Also includes various store brands.

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Maintenance Medication List

Below is a list of maintenance medications (also known as long-term medications) for our health plans with pharmacy benefits.

The medications on this list are part of our Select Home Delivery, Exclusive Home Delivery and Smart90[®] programs. Depending on your benefits, these programs either encourage or require you to fill these medications at 90-day supplies at a designated retail pharmacy or through mail order using the Express Scripts PharmacySM. For information specific to your plan, please refer to your benefit materials or call Member Service at the number on your ID card.

This list is up-to-date as of **June 1, 2018** and may be updated as necessary. To find more current medication information, use our medication look-up tool on MyBlue at bluecrossma.com/medications.

Please note: Your doctor may need to request a formulary exception for any drugs listed as non-covered.

ACE INHIBITORS		ANGIOTENSIN II RECEPTOR BLOCKERS & RENIN INHIBITOR
ACCUPRIL*	MEDROLOAN SUIK*	ATACAND*
ALTACE*	P-CARE D40G*	ATACAND HCT*
BENAZEPRIL HCL	P-CARE D80G*	AVALIDE*
CAPTAPRIL	P-CARE K40G*	AVAPRO*
ENALAPRIL MALEATE	P-CARE K80G*	BENICAR*
EPANED*	POD-CARE 100CG*	BENICAR HCT*
FOSINOPRIL SODIUM	POD-CARE 100KG*	CANDESARTAN CILEXETIL
LISINOPRIL	TRILOAN II SUIK*	CANDESARTAN-HYDROCHLOROTHIAZID
LOTENSIN*	TRILOAN SUIK*	COZAAR*
MOEXIPRIL HCL	ZILRETTA	DIOVAN*
PERINDOPRIL ERBUMINE	ADRENERGIC ANTAGONISTS & RELATED DRUGS	DIOVAN HCT*
PRINIVIL*	CARDURA	EDARBI*
QBRELIS*	CARDURA XL*	EDARBYCLOR*
QUINAPRIL HCL	CATAPRES	EPROSARTAN MESYLATE
RAMIPRIL	CATAPRES-TTS 1	HYZAAR*
TRANDOLAPRIL	CATAPRES-TTS 2	IRBESARTAN
VASOTEC*	CATAPRES-TTS 3	IRBESARTAN-HYDROCHLOROTHIAZIDE
ZESTRIL*	CLONIDINE	LOSARTAN POTASSIUM
ADRENAL HORMONES	CLONIDINE HCL	LOSARTAN-HYDROCHLOROTHIAZIDE
BETALAN SUIK*	DOXAZOSIN MESYLATE	MICARDIS*
CORTEF	GUANFACINE HCL	MICARDIS HCT*
DMT SUIK*	METHYLDOPA	OLMESARTAN MEDOXOMIL
EMFLAZA	MINIPRESS	OLMESARTAN-HYDROCHLOROTHIAZIDE
FLUDROCORTISONE ACETATE	PRAZOSIN HCL	
HYDROCORTISONE	TERAZOSIN HCL	
MEDROLOAN II SUIK*		

* Non-Covered Medication

**ANGIOTENSIN II RECEPTOR
BLOCKERS & RENIN INHIBITOR
(continued)**

TEKTURNA*

TEKTURNA HCT*

TELMISARTAN

TELMISARTAN-
HYDROCHLOROTHIAZID

VALSARTAN

VALSARTAN-HYDROCHLOROTHIAZIDE

ANTIARRHYTHMIC AGENTS

AMIODARONE HCL

BETAPACE

BETAPACE AF

DISOPYRAMIDE PHOSPHATE

FLECAINIDE ACETATE

MEXILETINE HCL

MULTAQ

NORPACE

NORPACE CR

PACERONE

PROPAFENONE HCL

PROPAFENONE HCL ER

QUINIDINE GLUCONATE

QUINIDINE SULFATE

RYTHMOL SR

SORINE

SOTALOL

SOTALOL AF

SOTYLIZE

ANTIBIOTICS

NEOMYCIN-BACITRACIN-POLYMYXIN

NEO-POLYCIN

**ANTICHOLINERGICS &
ANTISPASMODICS**

DARIFENACIN ER

DETROL*

DETROL LA*

DITROPAN XL*

ENABLEX*

FLAVOXATE HCL

GELNIQUE*

MYRBETRIQ

OXYBUTYNIN CHLORIDE

OXYBUTYNIN CHLORIDE ER

OXYTROL*

TOLTERODINE TARTRATE

TOLTERODINE TARTRATE ER

TOVIAZ*

TROSPIMUM CHLORIDE

TROSPIMUM CHLORIDE ER

VESICARE

ANTICOAGULANTS

PRADAXA

ANTIMALARIALS

HYDROXYCHLOROQUINE SULFATE

PLAQUENIL*

PRIMAQUINE

ANTIPARKINSONISM AGENTS

AZILECT

CARBIDOPA

CARBIDOPA-LEVODOPA

CARBIDOPA-LEVODOPA ER

CARBIDOPA-LEVODOPA-
ENTACAPONE

COMTAN

DUOPA

ELDEPRYL

ENTACAPONE

GOCOVRI*

LODOSYN

MIRAPEX

MIRAPEX ER*

NEUPRO*

PRAMIPEXOLE DIHYDROCHLORIDE

PRAMIPEXOLE ER

RASAGILINE MESYLATE

REQUIP*

REQUIP XL*

ROPINIROLE ER

ROPINIROLE HCL

RYTARY*

SELEGILINE HCL

SINEMET 10-100

SINEMET 25-100*

SINEMET 25-250

SINEMET CR

STALEVO 100

STALEVO 125

STALEVO 150

STALEVO 200

STALEVO 50

STALEVO 75

TASMAR

TOLCAPONE

XADAGO*

ZELAPAR*

ANTIPLATELET DRUGS

AGGRENOX

ASPIRIN-DIPYRIDAMOLE ER

BRILINTA*

CILOSTAZOL

CLOPIDOGREL

DIPYRIDAMOLE

DURLAZA

EFFIENT

PLAVIX

PRASUGREL HCL

YOSPRALA*

ZONTIVITY*

METHIMAZOLE

PROPYLTHIOURACIL

SSKI

TAPAZOLE

ANXIOLYTICS

BUSPIRONE HCL

**BENIGN PROSTATIC HYPERPLASIA
(BPH) THERAPY**

ALFUZOSIN HCL ER

AVODART

DUTASTERIDE

DUTASTERIDE-TAMSULOSIN

FINASTERIDE

FLOMAX

JALYN

PROSCAR

RAPAFLO*

TAMSULOSIN HCL

UROXATRAL

BETA AGONISTS INHALERS

ARCAPTA NEOHALER*

BROVANA*

PERFOROMIST

SEREVENT DISKUS

STRIVERDI RESPIMAT

BETA AGONISTS ORAL	BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES	NISOLDIPINE
ALBUTEROL SULFATE		NORVASC*
METAPROTERENOL SULFATE	ACCU-CHEK AVIVA PLUS*	PROCARDIA
TERBUTALINE SULFATE	ACCU-CHEK COMPACT PLUS STRIPS*	PROCARDIA XL
BETA BLOCKERS	ACCU-CHEK GUIDE TEST STRIP*	SULAR*
ACEBUTOLOL HCL	ACCU-CHEK SMARTVIEW*	CALCIUM CHANNEL BLOCKERS/ NON-DIHYDROPYRIDINES
ATENOLOL	ACCUTREND GLUCOSE*	CALAN
BETAXOLOL HCL	ADVOCATE TEST STRIP*	CALAN SR
BISOPROLOL FUMARATE	BREEZE 2*	CARDIZEM
BYSTOLIC*	CLEVER CHOICE TALK*	CARDIZEM CD*
CARVEDILOL	CONTOUR*	CARDIZEM LA*
CARVEDILOL ER	CONTOUR NEXT*	CARTIA XT
COREG*	EASY TOUCH TEST STRIP	DILTIAZEM 12HR ER
COREG CR*	EMBRACE*	DILTIAZEM 24HR CD
CORGARD	EMBRACE EVO*	DILTIAZEM 24HR ER
INDERAL LA*	EMBRACE PRO*	DILTIAZEM ER
INDERAL XL*	FORA V10-V12-D10-D20*	DILTIAZEM HCL
INNOPRAN XL*	FREESTYLE INSULINX*	DILT-XR
LABETALOL HCL	FREESTYLE INSULINX TEST STRIPS*	MATZIM LA
LEVATOL	FREESTYLE LITE STRIPS*	TAZTIA XT
LOPRESSOR*	FREESTYLE LITE TEST STRIPS*	TIAZAC*
METOPROLOL SUCCINATE	FREESTYLE PRECISION NEO*	VERAPAMIL ER
METOPROLOL TARTRATE	FREESTYLE TEST STRIPS*	VERAPAMIL ER PM
NADOLOL	IGLUCOSE TEST STRIP*	VERAPAMIL HCL
PINDOLOL	INFINITY VOICE TEST STRIP	VERAPAMIL SR
PROPRANOLOL HCL	ONETOUCH ULTRA BLUE TEST STRP	VERELAN
PROPRANOLOL HCL ER	ONETOUCH VERIO	VERELAN PM
TENORMIN*	OPTIUM*	CARDIAC GLYCOSIDES
TOPROL XL	OPTIUM EZ*	DIGITEK
BETAGAN	PRECISION PCX*	DIGOX
BETIMOL	PRECISION PCX PLUS*	DIGOXIN
BETOPTIC S	PRECISION POINT OF CARE*	LANOXIN
CARTEOLOL HCL	PRECISION Q-I-D*	CHOLINESTERASE INHIBITOR MIOTICS
ISTALOL*	PRECISION XTRA*	PHOSPHOLINE IODIDE
LEVOBUNOLOL HCL	PREMIER TEST STRIP	CYCLOPLEGIC MYDRIATICS
METIPRANOLOL	UNISTRIP1*	ATROPINE SULFATE
TIMOLOL MALEATE	VERASENS TEST STRIP	ATROPINE SULFATE-0.9% NACL
TIMOPTIC	CALCIUM CHANNEL BLOCKERS/ DIHYDROPYRIDINES	CYCLOGYL
TIMOPTIC OCUDOSE	ADALAT CC*	CYCLOPENTOLATE HCL
TIMOPTIC-XE	AFEDITAB CR	HOMATROPAIRE
BILE ACIDS	AMLODIPINE BESYLATE	HOMATROPINE HYDROBROMIDE
ACTIGALL*	FELODIPINE ER	MYDRIACYL
URSO	ISRADIPINE	TROPICAMIDE
URSO FORTE	NICARDIPINE HCL	TROPICAMIDE-CYCLOPENTOLATE-PE
URSODIOL	NIFEDIPINE	
	NIFEDIPINE ER	

* Non-Covered Medication

DIRECT ACTING MIOTICS	PROBENECID-COLCHICINE	EASY TOUCH INSULIN SAFETY
ISOPTO CARPINE	ULORIC	EASY TOUCH INSULIN SYRINGE
PILOCARPINE HCL	ZURAMPIC*	EASY TOUCH LUER LOCK INSULIN
ESTROGEN COMBINATIONS	ZYLOPRIM	EASY TOUCH PEN NEEDLE
ACTIVELLA*	H2 ANTAGONISTS	EASY TOUCH SHEATHLOCK INSULIN
AMABELZ	NIZATIDINE	EASY TOUCH UNI-SLIP
ANGELIQ*	INHALED CORTICOSTEROIDS	EASY-TOUCH INSULIN SYRINGE
CLIMARA PRO	AEROSPAN*	ECLIPSE NEEDLE
COMBIPATCH	ALVESCO*	ECLIPSE SYRINGE
ESTRADIOL-NORETHINDRONE ACETAT	ARMONAIR RESPICLICK*	EXEL HUBER
FEMHRT	ARNUITY ELLIPTA	EXEL HUBER NEEDLE
FYAVOLV	ASMANEX*	EXEL HYPODERMIC NEEDLE
JEVANTIQUE LO	ASMANEX HFA*	EXEL MTI DRAWING NEEDLE
JINTELI	BUDESONIDE	FILTER ASPIRATOR NEEDLE
LOPREEZA	FLOVENT DISKUS	FILTER NEEDLE
MIMVEY	FLOVENT HFA	FLOW-EZE
MIMVEY LO	PULMICORT	FREESTYLE PRECISION
NORETHINDRON-ETHINYL ESTRADIOL	PULMICORT FLEXHALER	HEALTHY ACCENTS UNIFINE PENTIP
PREFEST*	QVAR	HYPODERMIC NEEDLE
PREMPHASE	QVAR REDIHALER	INCONTROL PEN NEEDLE
PREMPRO	INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU	INSULIN CARTRIDGE
ESTROGENS	1ST TIER UNIFINE PENTIPS	INSULIN PEN NEEDLE
ALORA*	1ST TIER UNIFINE PENTIPS PLUS	INSULIN SYRINGE
CLIMARA	ADVOCATE PEN NEEDLE	INSULIN SYRINGE U-500
DIVIGEL*	ADVOCATE PEN NEEDLES	INSUPEN
ELESTRIN*	ADVOCATE SYRINGES	INTEGRA NEEDLE
ESTRACE	ASSURE ID INSULIN SAFETY	INTEGRA PRECISIONGLIDE NEEDLE
ESTRADIOL	AUTOSHIELD DUO PEN NEEDLE	LITE TOUCH
ESTRING	BD ULTRA-FINE PEN NEEDLE	LITETOUCH INSULIN SYRINGE
ESTROGEL*	BLUNT NEEDLE	LUER-LOK SYRINGE
ESTROPIPATE	CAREFINE PEN NEEDLE	MAGELLAN INSULIN SAFETY SYRNG
FEMRING*	CARETOUCH PEN NEEDLE	MAGELLAN INSULIN SYRINGE
MENEST	CLICKFINE	MAXI-COMFORT
MENOSTAR*	COMFORT EZ	MINI ULTRA-THIN II
MINIVELLE	DROPLET PEN NEEDLE	MINIMED RESERVOIR
PREMARIN	EASY COMFORT INSULIN SYRINGE	MONOJECT
VAGIFEM	EASY COMFORT PEN NEEDLES	MONOJECT BLOOD COLLECTION
VIVELLE-DOT	EASY TOUCH	MONOJECT FILTER NEEDLE
YUVAFEM	EASY TOUCH FLIPLOCK INSULIN	MONOJECT INSULIN SAFETY SYRNG
GLUCOSE ELEVATING AGENTS	EASY TOUCH FLIPLOCK NEEDLE	MONOJECT INSULIN SYRINGE
PROGLYCEM	EASY TOUCH FLIPLOCK NEEDLES	MONOJECT MAGELLAN
GOUT THERAPY	EASY TOUCH FLIPLOCK SYRINGES	NEEDLE
ALLOPURINOL	EASY TOUCH FLURINGE FLIPLOCK	NEEDLES
DUZALLO*	EASY TOUCH FLURINGE SHEATHLOCK	NOKOR ADMIX NEEDLE
PROBENECID	EASY TOUCH HYPODERMIC NEEDLE	NOKOR NEEDLE
		NOVOFINE

* Non-Covered Medication

**INSULIN SYRINGES/MISCELLANEOUS
DURABLE MEDICAL EQU (continued)**

NOVOFINE 32
NOVOFINE AUTOCOVER
NOVOFINE PLUS
NOVOTWIST
PARADIGM
PEN NEEDLE
PEN NEEDLES
PENTIPS
PHASEAL PROTECTOR
POLY HUB NEEDLE
PRECISIONGLIDE
PRO COMFORT PEN NEEDLE
PRODIGY INSULIN SYRINGE
REGULAR BEVEL NEEDLES
RELION PEN NEEDLES
SAFESNAP INSULIN SYRINGE
SAFETYGLIDE INSULIN SYRINGE
SAFETYGLIDE NEEDLE
SAFETYGLIDE SYRINGE
SHORT BEVEL NEEDLES
SPECIALTY USE NEEDLES
SURE COMFORT
SURE COMFORT INSULIN SYRINGE
SURE-FINE PEN NEEDLES
SURE-JECT INSULIN SYRINGE
TECHLITE PEN NEEDLE
TERUMO INSULIN SYRINGE
TERUMO SURGUARD2
THIN WALL NEEDLES
THINPRO INSULIN SYRINGE
TOPCARE CLICKFINE
TOPCARE ULTRA COMFORT
TRANSFER NEEDLE
TRUEPLUS INSULIN SYRINGE
TRUEPLUS PEN NEEDLE
ULTICARE
ULTICARE INSULIN SYRINGE
ULTICARE PEN NEEDLE
ULTILET INSULIN SYRINGE
ULTILET PEN NEEDLE
ULTRA COMFORT
ULTRA-THIN II
UNIFINE PENTIPS

UNIFINE PENTIPS PLUS

VANISHPOINT

YALE NEEDLE

YALE NEEDLES

INSULIN THERAPY

ADMELOG*

ADMELOG SOLOSTAR*

AFREZZA

APIDRA*

APIDRA SOLOSTAR*

BASAGLAR KWIKPEN U-100*

FIASP*

FIASP FLEXTOUCH*

HUMALOG

HUMALOG JUNIOR KWIKPEN

HUMALOG KWIKPEN U-100

HUMALOG KWIKPEN U-200

HUMALOG MIX 50-50

HUMALOG MIX 50-50 KWIKPEN

HUMALOG MIX 75-25

HUMALOG MIX 75-25 KWIKPEN

HUMULIN 70/30 KWIKPEN

HUMULIN 70-30

HUMULIN N

HUMULIN N KWIKPEN

HUMULIN R

HUMULIN R U-500

HUMULIN R U-500 KWIKPEN

LANTUS

LANTUS SOLOSTAR

LEVEMIR*

LEVEMIR FLEXTOUCH*

NOVOLIN 70-30*

NOVOLIN N*

NOVOLIN R*

NOVOLOG*

NOVOLOG FLEXPEN*

NOVOLOG MIX 70-30*

NOVOLOG MIX 70-30 FLEXPEN*

SOLIQUA 100-33*

TOUJEO SOLOSTAR

TRESIBA FLEXTOUCH U-100*

TRESIBA FLEXTOUCH U-200*

XULTOPHY 100-3.6*

**LIPID/CHOLESTEROL LOWERING
AGENTS**

ALTOPREV*

AMLODIPINE-ATORVASTATIN

ANTARA*

ATORVASTATIN CALCIUM

CADUET*

CHOLESTYRAMINE

CHOLESTYRAMINE LIGHT

COLESTID

COLESTIPOL HCL

CRESTOR*

EZETIMIBE

EZETIMIBE-SIMVASTATIN

FENOFIBRATE

FENOFIBRIC ACID

FENOGLIDE*

FIBRICOR*

FLOLIPID*

FLUVASTATIN ER

FLUVASTATIN SODIUM

GEMFIBROZIL

LESCOL*

LESCOL XL*

LIPITOR*

LIPOFEN*

LIVALO*

LOPID

LOVASTATIN

LOVAZA*

NIACIN ER

NIASPAN

OMEGA-3 ACID ETHYL ESTERS

PRAVACHOL*

PRAVASTATIN SODIUM

PREVALITE

QUESTRAN

QUESTRAN LIGHT

ROSUVASTATIN CALCIUM

SIMVASTATIN

TRICOR*

TRIGLIDE*

TRIKLO

TRILIPIX*

VASCEPA*

LIPID/CHOLESTEROL LOWERING AGENTS (continued)
VYTORIN*
WELCHOL*
ZETIA*
ZOCOR*
ZYPITAMAG
LONG ACTING NITRATES
DILATRATE-SR
ISOCHRON
ISORDIL
ISORDIL TITRADOSE
ISOSORBIDE DINITRATE
ISOSORBIDE DINITRATE ER
ISOSORBIDE MONONITRATE
ISOSORBIDE MONONITRATE ER
MINITRAN
NITRO-BID
NITRO-DUR
NITROGLYCERIN
NITROGLYCERIN PATCH
NITRO-TIME
MAO INHIBITORS
EMSAM*
MARPLAN
NARDIL
PARNATE
PHENELZINE SULFATE
TRANLYCYPROMINE SULFATE
MISCELLANEOUS AGENTS
AGRYLIN
ANAGRELIDE HCL
CABERGOLINE
CALCITONIN-SALMON
CALCITRIOL
CARNITOR
CARNITOR SF
CEVIMELINE HCL
CLINPRO 5000
DDAVP*
DENTA 5000 PLUS
DENTAGEL
DESMOPRESSIN ACETATE
DOXERCALCIFEROL
ETIDRONATE DISODIUM
EVOXAC

FLUORIDEX
FLUORIDEX DAILY DEFENSE
HECTOROL
LEVOCARNITINE
NOCTIVA*
PARICALCITOL
PREVIDENT
PREVIDENT 5000
PREVIDENT 5000 ENAMEL PROTECT
PREVIDENT 5000 PLUS
PREVIDENT 5000 SENSITIVE
RAYALDEE*
ROCALTROL
SF
SF 5000 PLUS
STIMATE
VASOPRESSIN-0.9% NACL
VASOPRESSIN-D5W
VASOSTRICT
ZEMPLAR
MISCELLANEOUS ANTIDEPRESSANTS
APLENZIN*
BUPROPION HCL
BUPROPION HCL SR
BUPROPION XL
CYMBALTA*
DESVENLAFAXINE ER*
DESVENLAFAXINE FUMARATE ER
DESVENLAFAXINE SUCCINATE ER
DULOXETINE HCL
EFFEXOR XR*
FETZIMA*
FORFIVO XL*
KHEDEZLA*
NEFAZODONE HCL
PRISTIQ*
VENLAFAXINE HCL
VENLAFAXINE HCL ER
WELLBUTRIN SR*
WELLBUTRIN XL*
MISCELLANEOUS ANTIINFECTIVES
DAPSONE
MISCELLANEOUS ANTIVIRALS
AMANTADINE

MISCELLANEOUS CARDIOVASCULAR AGENTS
CORLANOR*
ENTRESTO*
RANEXA
MISCELLANEOUS COAGULATION AGENTS
PENTOXIFYLLINE
MISCELLANEOUS GASTROINTESTINAL AGENTS
APRISO
ASACOL HD*
AZULFIDINE
DELZICOL*
DIPENTUM*
KRISTALOSE
LIALDA
MESALAMINE*
PENTASA
SULFASALAZINE
SULFASALAZINE DR
MISCELLANEOUS NEUROLOGICAL THERAPY
ARICEPT
DONEPEZIL HCL
DONEPEZIL HCL ODT
EXELON
GALANTAMINE ER
GALANTAMINE HBR
GALANTAMINE HYDROBROMIDE
MEMANTINE HCL
MEMANTINE HCL ER
NAMENDA
NAMENDA XR
RAZADYNE
RAZADYNE ER
RIVASTIGMINE
MISCELLANEOUS OPHTHALMOLOGICS
LIDOCAINE-PHENYLEPHRINE-BSS
LIDOCAINE-PHENYLEPHRINE-WATER
RESTASIS
RESTASIS MULTIDOSE
XIIDRA

* Non-Covered Medication

**MISCELLANEOUS
PSYCHOTHERAPEUTIC AGENTS**

ERGOLOID MESYLATES

**MISCELLANEOUS PULMONARY
AGENTS**

ACCOLATE*

ADEMPAS

ADVAIR DISKUS

ADVAIR HFA

AIRDUO RESPICLIK*

ANORO ELLIPTA

ATROVENT HFA

BEVESPI AEROSPHERE*

BREO ELLIPTA*

CROMOLYN SODIUM

DULERA

FLUTICASONE-SALMETEROL

INCRUSE ELLIPTA

IPRATROPIUM BROMIDE

LETAIRIS

LONHALA MAGNAIR REFILL*

LONHALA MAGNAIR STARTER*

MONTELUKAST SODIUM

OPSUMIT

SEEBRI NEOHALER*

SINGULAIR*

SPIRIVA

SPIRIVA RESPIMAT

STIOLTO RESPIMAT

SYMBICORT

TRACLEER

TRELEGY ELLIPTA*

TUDORZA PRESSAIR

UTIBRON NEOHALER*

ZAFIRLUKAST

ZILEUTON ER

ZYFLO*

ZYFLO CR*

**MISCELLANEOUS
RHEUMATOLOGICAL AGENTS**

CUPRIMINE

DEPEN

RIDAURA

SAVELLA

MISCELLANEOUS UROLOGICALS

POTASSIUM CITRATE ER

STENDRA

UROCIT-K

**MONOPHASIC /BIPHASIC /TRIPHASIC
AGENTS**

BEYAZ

BREVICON*

CYCLESSA

DROSPIRENONE-ETH ESTRAD-
LEVOMEF

ESTROSTEP FE

FAYOSIM

LEVONORG-ETH ESTRAD ETH
ESTRAD

LO LOESTRIN FE

LOESTRIN

LOESTRIN FE

LOSEASONIQUE*

MELODETTA 24 FE

MIBELAS 24 FE

MICROGESTIN 24 FE

MINASTRIN 24 FE*

MIRCETTE

NATAZIA*

NORETHIN-ETH ESTRAD-FERROUS FUM

ORTHO TRI-CYCLEN

ORTHO TRI-CYCLEN LO

ORTHO-CYCLEN

ORTHO-NOVUM

QUARTETTE*

RAJANI

RIVELSA

SAFYRAL

SEASONIQUE*

TAYTULLA*

TRI-NORINYL*

TYDEMY

YASMIN 28

YAZ

**MUSCLE RELAXANTS &
ANTISPASMODIC AGENTS**

BACLOFEN

DANTRIUM

DANTROLENE SODIUM

MYASTHENIA GRAVIS

MESTINON

PYRIDOSTIGMINE BROMIDE

PYRIDOSTIGMINE BROMIDE ER

**NON-INSULIN HYPOGLYCEMIC
AGENTS**

ACARBOSE

ACTOPLUS MET

ACTOPLUS MET XR

ACTOS

ADLYXIN*

ALOGLIPTIN*

ALOGLIPTIN-METFORMIN*

ALOGLIPTIN-PIOGLITAZONE*

AMARYL

AVANDAMET

AVANDIA

BYDUREON

BYDUREON BCISE

BYDUREON PEN

BYETTA

CHLORPROPAMIDE

CYCLOSET

DM2*

DUETACT

FARXIGA*

FORTAMET*

GLIMEPIRIDE

GLIPIZIDE

GLIPIZIDE ER

GLIPIZIDE XL

GLIPIZIDE-METFORMIN

GLUCOPHAGE*

GLUCOPHAGE XR*

GLUCOTROL

GLUCOTROL XL

GLUCOVANCE

GLUMETZA*

GLYBURIDE

GLYBURIDE MICRONIZED

GLYBURIDE-METFORMIN HCL

GLYNASE

GLYSET

GLYXAMBI*

INVOKAMET

INVOKAMET XR

INVOKANA

JANUMET

JANUMET XR

JANUVIA

JARDIANCE

NON-INSULIN HYPOGLYCEMIC AGENTS (continued)

JENTADUETO*
JENTADUETO XR*
KAZANO*
KOMBIGLYZE XR
METFORMIN HCL
METFORMIN HCL ER*
MIGLITOL
NATEGLINIDE
NESINA*
ONGLYZA
OSENI*
OZEMPIC
PIOGLITAZONE HCL
PIOGLITAZONE-GLIMEPIRIDE
PIOGLITAZONE-METFORMIN
PRANDIN
PRECOSE
QTERN*
REPAGLINIDE
REPAGLINIDE-METFORMIN HCL
RIOMET
SEGLUROMET
STARLIX
STEGLATRO
STEGLUJAN
SYMLINPEN 120
SYMLINPEN 60
SYNJARDY
SYNJARDY XR
TANZEUM*
TOLAZAMIDE
TOLBUTAMIDE
TRADJENTA*
TRULICITY
VICTOZA 2-PAK
VICTOZA 3-PAK
XIGDUO XR*

NSAIDS

ANAPROX DS
ARTHROTEC 50
ARTHROTEC 75
DAYPRO*
DICLO GEL*
DICLO GEL-XRYLIX SHEET*

DICLOFENAC SODIUM
DICLOFENAC SODIUM ER
DICLOFENAC SODIUM-MISOPROSTOL
DICLOPR*
DICLOTRAL*
DICLOZOR*
DITHOL
DUEXIS*
EC-NAPROSYN*
ETODOLAC
ETODOLAC ER
FELDENE
FENOPROFEN CALCIUM
FENORTHO
FLURBIPROFEN
FROTEK
IBU
INFLAMMA-K*
KETOPROFEN
LEXIXRYL*
LODINE*
MECLOFENAMATE SODIUM
MELOXICAM
MOBIC*
NABUMETONE
NALFON
NAPRELAN*
NAPROSYN*
NAPROXEN
NAPROXEN SODIUM CR
NAPROXEN SODIUM DS
NAPROXEN SODIUM ER
NUDICLO*
OXAPROZIN
PENNSAID*
PIROXICAM
PROFENO
SULINDAC
TIVORBEX*
TOLMETIN SODIUM
TORONOVA II SUIK*
TORONOVA SUIK*
VIMOVO*
VIVLODEX*
VOLTAREN
VOLTAREN-XR*

VOPAC MDS*
XRYLIX*
ZORVOLEX*
NSAIDS- SPECIFIC COX-II INHIBITORS
CELEBREX
CELECOXIB
ORAL DRUGS FOR GLAUCOMA
ACETAZOLAMIDE
METHAZOLAMIDE
NEPTAZANE
OSTEOPOROSIS THERAPY
ACTONEL
ALENDRONATE SODIUM
ATELVIA*
BINOSTO*
BONIVA*
FOSAMAX*
FOSAMAX PLUS D
IBANDRONATE SODIUM
RISEDRONATE SODIUM
RISEDRONATE SODIUM DR
OTHER ANTIHYPERTENSIVE COMBINATIONS
ACCURETIC*
AMLODIPINE BESYLATE-BENAZEPRIL
AMLODIPINE-OLMESARTAN
AMLODIPINE-VALSARTAN
AMLODIPINE-VALSARTAN-HCTZ
ATENOLOL-CHLORTHALIDONE
AZOR*
BENAZEPRIL-HYDROCHLOROTHIAZIDE
BISOPROLOL-HYDROCHLOROTHIAZIDE
BYVALSON*
CAPTOPRIL-HYDROCHLOROTHIAZIDE
CLOPRES
CORZIDE
DUTOPROL
ENALAPRIL-HYDROCHLOROTHIAZIDE
EXFORGE*
EXFORGE HCT*
FOSINOPRIL-HYDROCHLOROTHIAZIDE
LISINOPRIL-HYDROCHLOROTHIAZIDE
LOPRESSOR HCT
LOTENSIN HCT*

* Non-Covered Medication

OTHER ANTIHYPERTENSIVE COMBINATIONS (continued)	
LOTREL	
METHYLDOPA-HYDROCHLOROTHIAZIDE	
METOPROLOL SUCCINATE ER-HCTZ	
METOPROLOL-HYDROCHLOROTHIAZIDE	
MOEXIPRIL-HYDROCHLOROTHIAZIDE	
NADOLOL-BENDROFLUMETHIAZIDE	
OLMESARTAN-AMLODIPINE-HCTZ	
PRESTALIA*	
PROPRANOLOL-HYDROCHLOROTHIAZID	
QUINAPRIL-HYDROCHLOROTHIAZIDE	
TARKA	
TELMISARTAN-AMLODIPINE	
TENORETIC 100	
TENORETIC 50	
TRANDOLAPRIL-VERAPAMIL ER	
TRIBENZOR*	
TWYNST*	
VASERETIC*	
ZESTORETIC	
ZIAC	
OTHER GLAUCOMA DRUGS	
AZOPT	
BIMATOPROST	
COMBIGAN*	
COSOPT	
COSOPT PF*	
DORZOLAMIDE HCL	
DORZOLAMIDE-TIMOLOL	
LATANOPROST	
LUMIGAN	
SIMBRINZA*	
TRAVATAN Z	
TRUSOPT	
VYZULTA*	
XALATAN	
ZIOPATAN*	
OTHER ULCER THERAPY	
CARAFATE	
SUCRALFATE	
POTASSIUM	
EFFER-K	
K EFFERVESCENT	
KLOR-CON	

KLOR-CON 10	
KLOR-CON 8	
KLOR-CON M10	
KLOR-CON M15	
KLOR-CON M20	
KLOR-CON SPRINKLE	
KLOR-CON-EF	
K-TAB ER	
POTABA	
POTASSIUM BICARBONATE	
POTASSIUM CHLORIDE	
PROGESTINS	
AYGESTIN	
MEDROXYPROGESTERONE ACETATE	
NORETHINDRONE ACETATE	
ORTHO MICRONOR	
PROGESTERONE	
PROMETRIUM	
PROVERA	
PROSTAGLANDINS	
CYTOTEC	
MISOPROSTOL	
SALICYLATES	
DIFLUNISAL	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS	
BRISDELLE*	
CELEXA*	
CITALOPRAM HBR	
ESCITALOPRAM OXALATE	
FLUOXETINE DR	
FLUOXETINE HCL	
FLUVOXAMINE MALEATE	
FLUVOXAMINE MALEATE ER	
LEXAPRO*	
PAROXETINE CR	
PAROXETINE ER	
PAROXETINE HCL	
PAROXETINE MESYLATE	
PAXIL*	
PAXIL CR*	
PEXEVA*	
PROZAC*	
SARAFEM*	
SERTRALINE HCL	
VIIBRYD*	
ZOLOFT*	

SPECIALIZED OB/GYN DRUGS	
ISOXSUPRINE HCL	
SYMPATHOMIMETICS	
ALPHAGAN P	
APRACLOPIDINE HCL	
BRIMONIDINE TARTRATE	
IOPIDINE	
THIAZIDE & RELATED DIURETICS	
ALDACTAZIDE	
ALDACTONE	
AMILORIDE HCL	
AMILORIDE-HYDROCHLOROTHIAZIDE	
BUMETANIDE	
CAROSPIR	
CHLOROTHIAZIDE	
CHLORTHALIDONE	
DEMADEX	
DIURIL	
DYAZIDE	
DYRENIUM	
EDECRIN	
EPLERENONE	
ETHACRYNIC ACID	
FUROSEMIDE	
HYDROCHLOROTHIAZIDE	
INDAPAMIDE	
INSPIRA	
LASIX	
MAXZIDE	
MAXZIDE-25 MG	
METHYCLOTHIAZIDE	
METOLAZONE	
MICROZIDE	
SPIRONOLACTONE	
SPIRONOLACTONE-HCTZ	
TORSEMIDE	
TRIAMTERENE-HCTZ	
TRIAMTERENE-HYDROCHLOROTHIAZID	
THYROID HORMONES	
ARMOUR THYROID	
CYTOMEL	
LEVO-T	
LEVOTHYROXINE SODIUM	
LEVOXYL	
LIOTHYRONINE SODIUM	
NATURE-THROID	

* Non-Covered Medication

THYROID HORMONES	VITAMINS & HEMATINICS
NP THYROID	ESCAVITE D
SYNTHROID	ESCAVITE LQ
THYROID	FLORIVA
THYROLAR-1	FLORIVA PLUS
THYROLAR-1/2	FLUORABON
THYROLAR-1/4	FLUOR-A-DAY
THYROLAR-2	FLUORIDE
THYROLAR-3	FLUORITAB
TIROSINT*	FLURA-DROPS
UNITHROID	LUDENT FLUORIDE
WESTHROID	NASCOBAL*
WP THYROID	NICOMIDE
VASOCONSTRICTOR DECONGESTANTS	QUFLORA
CYCLOMYDRIL	QUFLORA FE
VASODILATORS	SODIUM FLUORIDE
BIDIL	XANTHINES
HYDRALAZINE HCL	ELIXOPHYLLIN
MINOXIDIL	THEO-24
ORENITRAM ER	THEOCHRON
UPTRAVI	THEOPHYLLINE
	THEOPHYLLINE ANHYDROUS

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\$9 Generic Medications List

Blue Cross Blue Shield of Massachusetts offers our members 90-day supplies of certain generic medications for just \$9 when the prescription is filled through the Express Scripts Mail Service Pharmacy. The following list includes those medications that are available for \$9. Normal prescription guidelines apply, which in some cases results in prescription supplies for fewer than 90 days. This list is up-to-date as of January 2018. You can find the latest information about your medications by visiting bluecrossma.com/medications.

If your copayment for a 90-day supply through the mail pharmacy is less than \$9, you will pay the lesser amount. \$9 price is based only on quantities stated below. The price of the medication may differ if the quantity purchased is different. The \$9 price is subject to change, so you should always confirm your cost prior to filling a prescription.

To price drugs, log in to MyBlue at bluecrossma.com/myblue and select Review My Pharmacy Benefits under the Manage Your Plan section. Next, click the Express Scripts Account link.

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
ANESTHETICS			
LIDOCAINE HCL	20MG/ML	SOLUTION	300
ANTIARTHRITICS			
ALLOPURINOL	100MG	TABLET	90
ALLOPURINOL	300MG	TABLET	90
MELOXICAM	7.5MG	TABLET	90
MELOXICAM	15MG	TABLET	90
INDOMETHACIN	25MG	CAPSULE	180
IBUPROFEN	400MG	TABLET	270
IBUPROFEN	600MG	TABLET	180
IBUPROFEN	800MG	TABLET	180
NAPROXEN	250MG	TABLET	180
NAPROXEN	375MG	TABLET	180
NAPROXEN	500MG	TABLET	180
DICLOFENAC SODIUM	50MG	TABLET DR	180
DICLOFENAC SODIUM	75MG	TABLET DR	180
NAPROXEN SODIUM	275MG	TABLET	180
NAPROXEN SODIUM	220MG	TABLET	180
ANTIASTHMATICS			
ALBUTEROL SULFATE	2MG/5ML	SYRUP	1440
ALBUTEROL SULFATE	0.83MG/ML	SOLUTION	225
IPRATROPIUM BROMIDE	0.2MG/ML	SOLUTION	225

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
ANTIBIOTICS			
NEO/POLYMYX B SULF/ DEXAMETH	3.5-10K-.1	OINT.(GM)	4
POLYMYXIN B SULFATE/TMP	10K U-0.1%	DROPS	30
SULFACETAMIDE SODIUM	0.1	DROPS	15
ERYTHROMYCIN BASE	5MG/G	OINT.(GM)	4
GENTAMICIN SULFATE	0.003	DROPS	15
PENICILLIN V POTASSIUM	250MG/5ML	SUSP RECON	300
PENICILLIN V POTASSIUM	250MG/5ML	SUSP RECON	300
PENICILLIN V POTASSIUM	250MG	TABLET	84
AMOXICILLIN TRIHYDRATE	250MG	CAPSULE	90
AMOXICILLIN TRIHYDRATE	500MG	CAPSULE	90
AMOXICILLIN TRIHYDRATE	125MG/5ML	SUSP RECON	240
AMOXICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON	300
AMOXICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON	300
AMOXICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON	300
CEPHALEXIN MONOHYDRATE	250MG	CAPSULE	84
CEPHALEXIN MONOHYDRATE	500MG	CAPSULE	90
ISONIAZID	300MG	TABLET	90
METRONIDAZOLE	250MG	TABLET	84
METRONIDAZOLE	500MG	TABLET	42
CIPROFLOXACIN HCL	250MG	TABLET	42
CIPROFLOXACIN HCL	500MG	TABLET	60
AMOXICILLIN	500 MG	TABLET	90
SULFAMETHOXAZOLE/ TRIMETHOPRIM	400-80MG	TABLET	84
SULFAMETHOXAZOLE/ TRIMETHOPRIM	800-160MG	TABLET	60
AMOXICILLIN TRIHYDRATE	400MG/5ML	SUSP RECON	150
AMOXICILLIN TRIHYDRATE	200MG/5ML	SUSP RECON	150
ANTICOAGULANTS			
WARFARIN SODIUM	10MG	TABLET	90
WARFARIN SODIUM	2MG	TABLET	90
WARFARIN SODIUM	1MG	TABLET	90
WARFARIN SODIUM	5MG	TABLET	90
WARFARIN SODIUM	2.5MG	TABLET	90
WARFARIN SODIUM	7.5MG	TABLET	90
WARFARIN SODIUM	3MG	TABLET	90

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
WARFARIN SODIUM	4MG	TABLET	90
WARFARIN SODIUM	6MG	TABLET	90
ANTIFUNGALS			
FLUCONAZOLE	150MG	TABLET	3
TERBINAFINE	250MG	TABLET	90
ANTIHISTAMINES			
HYDROXYZINE PAMOATE	25MG	CAPSULE	90
PROMETHAZINE HCL	6.25MG/5ML	SYRUP	540
PROMETHAZINE HCL	12.5MG	TABLET	90
PROMETHAZINE HCL	25MG	TABLET	90
PROMETHAZINE HCL	50MG	TABLET	90
ANTIHYPERGLYCEMICS			
GLYBURIDE	1.25MG	TABLET	90
GLYBURIDE	2.5MG	TABLET	90
GLYBURIDE	5MG	TABLET	90
GLYBURIDE,MICRONIZED	1.5MG	TABLET	90
GLYBURIDE,MICRONIZED	3MG	TABLET	90
GLYBURIDE,MICRONIZED	6MG	TABLET	90
GLIMEPIRIDE	1MG	TABLET	90
GLIMEPIRIDE	2MG	TABLET	90
GLIMEPIRIDE	4MG	TABLET	90
METFORMIN HCL	500MG	TABLET	180
METFORMIN HCL	850MG	TABLET	180
GLIPIZIDE	5MG	TABLET	90
GLIPIZIDE	10MG	TABLET	180
GLIPIZIDE	5MG	TAB OSM 24	90
METFORMIN HCL	1000MG	TABLET	180
METFORMIN HCL	500MG	TAB.SR 24H	180
GLYBURIDE/METFORMIN HCL	5MG-500MG	TABLET	180
ANTINEOPLASTICS			
MEGESTROL ACETATE	20MG	TABLET	180
ANTIPARKINSON DRUGS			
TRIHENYDROXYPHENIDYL HCL	2MG	TABLET	180
BENZTROPINE MESYLATE	0.5MG	TABLET	180
BENZTROPINE MESYLATE	1MG	TABLET	90
BENZTROPINE MESYLATE	2MG	TABLET	90
ANTIVIRALS			
ACYCLOVIR	200MG	CAPSULE	90

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
CARDIAC DRUGS			
ISOSORBIDE MONONITRATE	10MG	TABLET	180
DILTIAZEM HCL	120MG	CAP.SR 24H	90
VERAPAMIL HCL	120MG	TABLET	180
VERAPAMIL HCL	80MG	TABLET	180
DILTIAZEM HCL	30MG	TABLET	180
DILTIAZEM HCL	60MG	TABLET	180
AMIODARONE HCL	200MG	TABLET	90
VERAPAMIL HCL	240MG	TABLET SA	90
VERAPAMIL HCL	180MG	TABLET SA	90
VERAPAMIL HCL	120MG	TABLET SA	180
ISOSORBIDE MONONITRATE	60MG	TAB.SR 24H	90
ISOSORBIDE MONONITRATE	30MG	TAB.SR 24H	90
CARDIOVASCULAR			
ENALAPRIL MALEATE	5MG	TABLET	90
ENALAPRIL MALEATE	10MG	TABLET	90
ENALAPRIL MALEATE	20MG	TABLET	90
ENALAPRIL MALEATE	2.5MG	TABLET	90
HYDRALAZINE HCL	10MG	TABLET	180
HYDRALAZINE HCL	100MG	TABLET	270
HYDRALAZINE HCL	25MG	TABLET	90
HYDRALAZINE HCL	50MG	TABLET	270
PRAZOSIN HCL	1MG	CAPSULE	90
CLONIDINE HCL	0.1MG	TABLET	180
CLONIDINE HCL	0.2MG	TABLET	180
CLONIDINE HCL	0.3MG	TABLET	90
METHYLDOPA	250MG	TABLET	180
METHYLDOPA	500MG	TABLET	180
CARVEDILOL	25MG	TABLET	180
CARVEDILOL	12.5MG	TABLET	180
CARVEDILOL	3.125MG	TABLET	180
CARVEDILOL	6.25MG	TABLET	180
LABETALOL HCL	300MG	TABLET	180
LABETALOL HCL	200MG	TABLET	180
LABETALOL HCL	100MG	TABLET	180
METOPROLOL TARTRATE	25MG	TABLET	180
PROPRANOLOL HCL	10MG	TABLET	180
METOPROLOL TARTRATE	100MG	TABLET	180

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
METOPROLOL TARTRATE	50MG	TABLET	180
ATENOLOL	100MG	TABLET	90
ATENOLOL	50MG	TABLET	90
ATENOLOL	25MG	TABLET	90
QUINAPRIL HCL	10MG	TABLET	90
QUINAPRIL HCL	20MG	TABLET	90
QUINAPRIL HCL	5MG	TABLET	90
QUINAPRIL HCL	40MG	TABLET	90
GUANFACINE HCL	1MG	TABLET	90
GUANFACINE HCL	2MG	TABLET	90
BENAZEPRIL/ HYDROCHLOROTHIAZIDE	5-6.25MG	TABLET	90
BENAZEPRIL/ HYDROCHLOROTHIAZIDE	10-12.5MG	TABLET	90
BENAZEPRIL/ HYDROCHLOROTHIAZIDE	20-12.5MG	TABLET	90
BENAZEPRIL/ HYDROCHLOROTHIAZIDE	20-25MG	TABLET	90
DOXAZOSIN MESYLATE	1MG	TABLET	90
DOXAZOSIN MESYLATE	2MG	TABLET	90
DOXAZOSIN MESYLATE	4MG	TABLET	90
DOXAZOSIN MESYLATE	8MG	TABLET	90
SOTALOL HCL	80MG	TABLET	90
SOTALOL HCL	240MG	TABLET	180
BISOPROL/ HYDROCHLOROTHIAZIDE	2.5-6.25MG	TABLET	90
BISOPROL/ HYDROCHLOROTHIAZIDE	5-6.25MG	TABLET	90
BISOPROL/ HYDROCHLOROTHIAZIDE	10-6.25MG	TABLET	90
LOVASTATIN	20MG	TABLET	90
LOVASTATIN	40MG	TABLET	90
LOVASTATIN	10MG	TABLET	90
TERAZOSIN HCL	1MG	CAPSULE	90
TERAZOSIN HCL	2MG	CAPSULE	90
TERAZOSIN HCL	5MG	CAPSULE	90
TERAZOSIN HCL	10MG	CAPSULE	90
LISINOPRIL	5MG	TABLET	90
LISINOPRIL	10MG	TABLET	90
LISINOPRIL	20MG	TABLET	90

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
LISINOPRIL	40MG	TABLET	90
LISINOPRIL	2.5MG	TABLET	90
LISINOPRIL	30MG	TABLET	90
RAMIPRIL	1.25MG	CAPSULE	90
RAMIPRIL	2.5MG	CAPSULE	90
RAMIPRIL	5MG	CAPSULE	90
RAMIPRIL	10MG	CAPSULE	90
BENAZEPRIL HCL	5MG	TABLET	90
BENAZEPRIL HCL	10MG	TABLET	90
BENAZEPRIL HCL	20MG	TABLET	90
BENAZEPRIL HCL	40MG	TABLET	90
PRAVASTATIN SODIUM	10MG	TABLET	90
PRAVASTATIN SODIUM	20MG	TABLET	90
PRAVASTATIN SODIUM	40MG	TABLET	90
ENALAPRIL/ HYDROCHLOROTHIAZIDE	5-12.5MG	TABLET	90
BISOPROLOL FUMARATE	10MG	TABLET	90
BISOPROLOL FUMARATE	5MG	TABLET	90
ATENOLOL/CHLORTHALIDONE	50MG-25MG	TABLET	90
ATENOLOL/CHLORTHALIDONE	100-25MG	TABLET	90
LISINOPRIL/ HYDROCHLOROTHIAZIDE	20-12.5MG	TABLET	90
LISINOPRIL/ HYDROCHLOROTHIAZIDE	20-25MG	TABLET	90
LISINOPRIL/ HYDROCHLOROTHIAZIDE	10-12.5MG	TABLET	90
CNS DRUGS			
PRIMIDONE	250MG	TABLET	180
PRIMIDONE	50MG	TABLET	180
CONTRACEPTIVES			
NORGESTIMATE-ETHINYL ESTRADIOL	7DAYSX3 28	TABLET	84
LEVONORGESTREL-ETH ESTRA	0.15-0.03	TABLET	84
COUGH/COLD PREPARATIONS			
D-METHORPHAN HB/ PROMETH HCL	15-6.25/5	SYRUP	360
BENZONATATE	100MG	CAPSULE	42

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
DIURETICS			
INDAPAMIDE	2.5MG	TABLET	90
INDAPAMIDE	1.25MG	TABLET	90
TORSEMIDE	5MG	TABLET	90
TORSEMIDE	10MG	TABLET	90
TORSEMIDE	20MG	TABLET	90
TORSEMIDE	100MG	TABLET	90
SPIRONOLACTONE	25MG	TABLET	90
CHLOROTHIAZIDE	250 MG	TABLET	90
HYDROCHLOROTHIAZIDE	12.5MG	CAPSULE	90
HYDROCHLOROTHIAZIDE	25MG	TABLET	90
HYDROCHLOROTHIAZIDE	50MG	TABLET	90
FUROSEMIDE	20MG	TABLET	90
FUROSEMIDE	40MG	TABLET	90
FUROSEMIDE	80MG	TABLET	90
AMILORIDE/ HYDROCHLOROTHIAZIDE	5MG-50MG	TABLET	90
TRIAMTERENE/ HYDROCHLOROTHIAZID	37.5-25MG	CAPSULE	90
TRIAMTERENE/ HYDROCHLOROTHIAZID	75-50MG	TABLET	90
TRIAMTERENE/ HYDROCHLOROTHIAZID	37.5-25MG	TABLET	90
EENT PREPS			
TIMOLOL MALEATE	0.0025	DROPS	15
TIMOLOL MALEATE	0.0025	DROPS	15
TIMOLOL MALEATE	0.0025	DROPS	15
TIMOLOL MALEATE	0.005	DROPS	15
TIMOLOL MALEATE	0.005	DROPS	15
TIMOLOL MALEATE	0.005	DROPS	15
LEVOBUNOLOL HCL	0.005	DROPS	15
LEVOBUNOLOL HCL	0.005	DROPS	15
LEVOBUNOLOL HCL	0.005	DROPS	15
ELECT/CALORIC/H2O			
POTASSIUM CHLORIDE	10MEQ	TAB PRT SR	90

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
GASTROINTESTINAL			
METOCLOPRAMIDE HCL	5MG/5ML	SOLUTION	180
LACTULOSE	10G/15ML	SOLUTION	960
RANITIDINE HCL	300MG	TABLET	90
PROCHLORPERAZINE MALEATE	10MG	TABLET	90
MECLIZINE HCL	12.5MG	TABLET	180
DICYCLOMINE HCL	10MG	CAPSULE	270
DICYCLOMINE HCL	20MG	TABLET	180
METOCLOPRAMIDE HCL	10MG	TABLET	180
METOCLOPRAMIDE HCL	5MG	TABLET	180
FAMOTIDINE	40MG	TABLET	90
HORMONES			
ESTRADIOL	1MG	TABLET	90
ESTRADIOL	2MG	TABLET	90
ESTRADIOL	0.5MG	TABLET	90
MEDROXYPROGESTERONE ACET	10MG	TABLET	42
MEDROXYPROGESTERONE ACET	2.5MG	TABLET	90
MEDROXYPROGESTERONE ACET	5MG	TABLET	90
PREDNISONE	1MG	TABLET	90
PREDNISONE	10MG	TABLET	90
PREDNISONE	2.5MG	TABLET	90
PREDNISONE	20MG	TABLET	90
PREDNISONE	5MG	TABLET	90
DEXAMETHASONE	0.5MG	TABLET	90
DEXAMETHASONE	0.75MG	TABLET	90
DEXAMETHASONE	4MG	TABLET	18
METHYLPREDNISOLONE	4MG	TAB DS PK	63
MUSCLE RELAXANTS			
CYCLOBENZAPRINE HCL	5MG	TABLET	90
TIZANIDINE HCL	2MG	TABLET	180
TIZANIDINE HCL	4MG	TABLET	180
ORPHENADRINE CITRATE	100MG	TABLET SA	90
BACLOFEN	10MG	TABLET	180
CYCLOBENZAPRINE HCL	10MG	TABLET	90

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
PSYCHOTHERAPEUTIC DRUGS			
CLORAZEPATE DIPOTASSIUM	15MG	TABLET	90
CLORAZEPATE DIPOTASSIUM	3.75MG	TABLET	180
CLORAZEPATE DIPOTASSIUM	7.5MG	TABLET	90
FLUPHENAZINE HCL	1MG	TABLET	180
FLUPHENAZINE HCL	10MG	TABLET	90
FLUPHENAZINE HCL	2.5MG	TABLET	90
TRIFLUOPERAZINE HCL	1MG	TABLET	90
TRIFLUOPERAZINE HCL	10MG	TABLET	90
TRIFLUOPERAZINE HCL	2MG	TABLET	90
TRIFLUOPERAZINE HCL	5MG	TABLET	90
THIORIDAZINE HCL	25MG	TABLET	180
THIORIDAZINE HCL	50MG	TABLET	90
HALOPERIDOL	0.5MG	TABLET	90
HALOPERIDOL	1MG	TABLET	90
HALOPERIDOL	2MG	TABLET	90
HALOPERIDOL	5MG	TABLET	90
LITHIUM CARBONATE	300MG	CAPSULE	270
CITALOPRAM HYDROBROMIDE	20MG	TABLET	90
CITALOPRAM HYDROBROMIDE	40MG	TABLET	90
CITALOPRAM HYDROBROMIDE	10MG	TABLET	90
FLUOXETINE HCL	10MG	CAPSULE	90
FLUOXETINE HCL	20MG	CAPSULE	90
FLUOXETINE HCL	40MG	CAPSULE	90
PAROXETINE HCL	10MG	TABLET	90
PAROXETINE HCL	20MG	TABLET	90
PAROXETINE HCL	30MG	TABLET	90
PAROXETINE HCL	40MG	TABLET	90
SERTRALINE HCL	25MG	TABLET	90
TRAZODONE HCL	50MG	TABLET	90
TRAZODONE HCL	100MG	TABLET	90
TRAZODONE HCL	150MG	TABLET	90
NORTRIPTYLINE HCL	10MG	CAPSULE	90
NORTRIPTYLINE HCL	25MG	CAPSULE	90
IMIPRAMINE HCL	10MG	TABLET	90
IMIPRAMINE HCL	25MG	TABLET	90
IMIPRAMINE HCL	50MG	TABLET	90
DOXEPIN HCL	10MG	CAPSULE	90
DOXEPIN HCL	25MG	CAPSULE	90

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
MIRTAZAPINE	15MG	TABLET	90
MIRTAZAPINE	30MG	TABLET	90
MIRTAZAPINE	45MG	TABLET	90
BUSPIRONE HCL	5MG	TABLET	180
BUSPIRONE HCL	10MG	TABLET	180
BUSPIRONE HCL	15MG	TABLET	180
SEDATIVE/HYPNOTICS			
FLURAZEPAM HCL	15MG	CAPSULE	90
SKIN PREPS			
HYDROCORTISONE	0.01	CREAM(GM)	90
HYDROCORTISONE	0.025	CREAM(GM)	90
TRIAMCINOLONE ACETONIDE	0.005	CREAM(GM)	45
THYROID PREPS			
LEVOTHYROXINE SODIUM	112MCG	TABLET	90
LEVOTHYROXINE SODIUM	25MCG	TABLET	90
LEVOTHYROXINE SODIUM	50MCG	TABLET	90
LEVOTHYROXINE SODIUM	100MCG	TABLET	90
LEVOTHYROXINE SODIUM	75MCG	TABLET	90
LEVOTHYROXINE SODIUM	200MCG	TABLET	90
LEVOTHYROXINE SODIUM	125MCG	TABLET	90
LEVOTHYROXINE SODIUM	150MCG	TABLET	90
LEVOTHYROXINE SODIUM	175MCG	TABLET	90
LEVOTHYROXINE SODIUM	88MCG	TABLET	90
LEVOTHYROXINE SODIUM	137MCG	TABLET	90
UNCLASSIFIED DRUG PRODUCTS			
ALENDRONATE SODIUM	35MG	TABLET	12
OXYBUTYNIN CHLORIDE	5MG	TABLET	180
ALENDRONATE SODIUM	10MG	TABLET	90
ALENDRONATE SODIUM	5MG	TABLET	90
CHLORHEXIDINE GLUCONATE	0.0012	MOUTHWASH	1419
ALENDRONATE SODIUM	70MG	TABLET	12
VITAMINS			
FOLIC ACID	1MG	TABLET	90

1. The \$9 or less price applies to a 90-day supply of each generic drug. Cost may vary based on prescription quantity or day supply. A processing fee may apply. The coverage and prices of certain medications are also subject to the specific terms of your plan. In applicable states, sales tax may be added to the cost of your prescriptions. Medications and pricing are subject to change without notice. Drug list is valid until Dec. 31, 2018. Changes are made available to your Plan Sponsor. Pre-packaged drugs are only available for \$9 in the package sizes specified on the list. Cost of standard shipping is included as part of your prescription benefit plan.

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You Have Quicker, Less Expensive Choices for Quality Care

You should always go to the nearest emergency room in a life-threatening situation. However, for other situations, including urgent care, you have options that can save you time and money.

Consider using one of the following emergency room alternatives next time you're sick or injured:

Care Options	Description	Types of Services They Can Provide			Hours	Relative Cost	How to Find One
Blue Care® Line	Explain your symptoms to a nurse over the phone, and they'll help you decide what to do next.	Assessment for the treatment of: <ul style="list-style-type: none">• Fever• Dizziness• Cuts• General discomfort			24/7	No cost	Call the Blue Care Line at 1-888-247-BLUE (2583)
Well Connection	Live video visits with licensed doctors on your favorite device.	<ul style="list-style-type: none">• Back pain• Bronchitis• Cough• Diarrhea	<ul style="list-style-type: none">• Fever• Rashes• Respiratory infections• Sinus infections	<ul style="list-style-type: none">• Sore throat• Skin conditions• Urinary tract infections	24/7 for medical care	\$\$	Download the Well Connection app, or visit wellconnection.com .
		Well Connection doctors and providers can also treat behavioral health conditions by appointment.					
Limited Services Clinics¹	Clinics located within your local pharmacy that treat simple medical concerns.	<ul style="list-style-type: none">• Cold & flu• Bronchitis• Sinus & respiratory infections• Sore throat	<ul style="list-style-type: none">• Diarrhea• Gout• Strep throat• Urinary tract infections	<ul style="list-style-type: none">• Pinkeye• Hypertension• Migraines• Pneumonia	Days, evenings, weekends	\$\$	Visit Find a Doctor at findadoctor.bluecrossma.com/ 1. Select Urgent Care Centers 2. Refine your results by choosing Limited Services Clinics or Urgent Care Center under Specialties Results are determined by your selected location and providers that participate in your network.
Urgent Care Centers²	Local clinics that treat conditions that aren't life-threatening but require immediate treatment.	<ul style="list-style-type: none">• Broken bones• Digital X-rays• Drug tests• EKG test	<ul style="list-style-type: none">• Lab tests• Minor burns or injuries• PPD/TB skin tests• Pregnancy test• Short-term (acute) illness	<ul style="list-style-type: none">• Splints• Stitches• Sports & school physicals• Shots & vaccines	Days, evenings, weekends	\$\$\$	
		Plus, symptoms treated at limited services clinics					

Care Options	Description	Types of Services They Can Provide	Hours	Relative Cost	How to Find One
Emergency Room	Full hospital service for severe symptoms that could seriously jeopardize your health or the health of another (including an unborn child).	<ul style="list-style-type: none"> • Possible heart attack • Stroke • Poisoning • Loss of consciousness 	24/7	\$\$\$\$\$\$	<ul style="list-style-type: none"> • Call 911 or go to your nearest hospital

Talk to Your Primary Care Provider

Unless it's a true emergency, it's always best to call your doctor's office first, even after hours. They may want to see you or suggest alternatives to the emergency room. If the doctor's office is closed, there may be recorded after-hours care instructions or the option to speak with an on-call nurse or doctor who can provide advice based upon your medical history.

Using Limited Service Clinics and Urgent Care Centers

To check if your health plan covers service from your location of choice, or to see if you need a referral, call the Member Service number on the front of your card. Use our Find a Doctor tool at bluecrossma.com/findadoctor to find limited service clinics and urgent care centers that participate in your network.

*Call the Member Service number on the front of your ID card to see if Well Connection is included in your benefits. Please note that doctors and providers can't write prescriptions for controlled substances while delivering care online.

1. Example: CVS Minute Clinic®

2. Examples: CareWell® Urgent Care, Doctors Express,® and Health Express

Well Connection—Care at Your Convenience

You can see licensed doctors and providers for minor medical and behavioral health care using live video visits on your favorite device. All you need is an internet connection and a webcam. They have an average of 15 years of experience and can look up your medical history, diagnose and treat your symptoms, and prescribe medication, if necessary.*

Download the app or visit wellconnection.com to get started.



Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID Card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).



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Getting Sick Isn't Convenient. Well Connection Is.

You can see licensed doctors and providers for minor medical and behavioral health care using live video visits on your favorite device.



Real Doctors. Real Doctor Visits.

Licensed doctors and providers in the Well Connection network have an average of 15 years of experience. They can look up your medical history, diagnose and treat your symptoms, and prescribe medication,* if necessary.



4.8 out of 5

Doctor and provider
rating from our members¹

How It Works

1. Download the Well Connection app, or visit wellconnection.com
2. Create an account and log in
3. Choose the type of service: medical or behavioral
4. Pick an available provider

Benefits of Well Connection



Medical
24/7



Behavioral Health
by Appointment



Secure
and Confidential



Low Cost

Download the app or visit wellconnection.com.



*Some medications, such as controlled substances, cannot be prescribed online.

1. Source: American Well. AmWell TeleHealth Report, February 2018. Patient Satisfaction Survey Data, compiled December 2017-February 2018.

Health Care for the Digital Age

You and your family members can visit doctors and providers anytime, anywhere in the United States, at home, work, or on vacation, weekends and holidays included. All you need is an internet connection and a smartphone, tablet, or computer with a webcam.

Types of Covered Services

Urgent Care

- | | | |
|--|---|--|
| <ul style="list-style-type: none">• Cold & flu• Bronchitis• Sinus & respiratory infections• Sore throat | <ul style="list-style-type: none">• Diarrhea• Gout• Strep throat• Urinary tract infections | <ul style="list-style-type: none">• Pinkeye• Hypertension• Migraines• Pneumonia |
|--|---|--|

Behavioral Health

- | | | |
|---|---|--|
| <ul style="list-style-type: none">• Depression & anxiety• Sleep disorders• Substance use disorder | <ul style="list-style-type: none">• Trauma• Child behavior• Bereavement | <ul style="list-style-type: none">• Couples therapy• Stress• Divorce |
|---|---|--|

Can I Have Live Video Visits with My Doctor?

If your local doctor is in the Blue Cross Blue Shield of Massachusetts network and offers covered services using live video visits through another service other than Well Connection, you'll still be covered by your plan.* To find a local doctor who offers live video visits, go to **Find a Doctor & Estimate Costs** at bluecrossma.com/findadoctor and select **Tech Savvy Office** under **Refine Your Results**.

Find Out If You're Covered and What It Costs

Not all plans include coverage for live video visits. To find out if you're covered, or to see how much it costs, call Member Service at the number on the front of your ID card.

*If your plan includes telehealth benefits.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID Card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).



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3 Steps to Understanding Your Benefits

Step 1—List your current medications

Writing down which medications and the dosages you are taking is the first step to understanding your costs. It also enables you to discuss coverage options with your doctor.

Medication Name	Tier (Copay Level)	Pharmacy Program	Covered Alternative (if applicable)

Step 2—See how your prescriptions are covered

Visit www.bluecrossma.com/medications to find out which tier your medications fall under and whether any Pharmacy Management Program might apply.

Choose the 3-tier option and enter your medication name. You'll see the tier it belongs to as well as any covered alternatives.

Click on the drug name to see if any programs, such as Quality Care Dosing, prior authorization or step therapy, are associated with your medication. Please note that Fertility and Specialty Drugs must be dispensed via one of the pharmacies listed in the Blue Cross Blue Shield of Massachusetts exclusive specialty and fertility pharmacy network.

For additional questions, please contact Member Services at the number on the front of your ID card.

Step 3—Talk to your doctor

If you have medications that are not covered or are subject to a pharmacy management program, such as prior authorization, that requires special approval, talk to your doctor before refilling those prescriptions. It will make getting the prescriptions quicker and easier.




Medication	Tier (Copay Level)	Covered Alternative	Prior Auth	QCB
REVAZOLIN 1500	Tier 1	REVAZOLIN 1500, REVAZOLIN 1500, REVAZOLIN 1500	Yes	Yes
REVAZOLIN 1500	Tier 1	REVAZOLIN 1500, REVAZOLIN 1500, REVAZOLIN 1500	Yes	Yes
REVAZOLIN 1500	Tier 1	REVAZOLIN 1500, REVAZOLIN 1500, REVAZOLIN 1500	Yes	Yes

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Save with our \$9 for 90 Generics Program

Our \$9 for 90 Generics Program will save you time and money by offering many generic drug prescriptions at discounted prices for direct-to-home delivery.

Express Scripts, our pharmacy benefits manager, coordinates the home delivery of many generic drugs with no cost standard shipping. Additionally, the \$9 copayment is applied to your annual out-of-pocket cost—helping you to further maximize the value of our program.

In addition to the significant savings on many generic prescription drugs, you enjoy the convenience of home delivery and a 90-day supply of generic drugs. This is a better option than the 30-day supply dispensed by retail pharmacies, which require in-store pick-up.

The Details

- + Is available to you as a Blue Cross Blue Shield of Massachusetts member
- + Has an easy enrollment process in which you sign up either online or by phone
- + Gives you a 90-day supply of generics sent directly to your home through the Express Scripts Mail Service Pharmacy
- + Saves you more money than the \$4 generics retail benefit offered by Target and Walmart

You can save, on average, 29% in comparison to standard retail pharmacies.²

How to Get Started:

Log in to Member Central and select Pharmacy Coverage under the “Using My Plan” tab. Then, select Mail Service Pharmacy from the navigation bar on the left. To see the list of available generic drugs, click on the link **View a list of \$9 generic medications**.

1. Source: “Is Compliance Really Better in Home Delivery? Evidence Across Three Chronic Therapy Classes”; Express Scripts Study; September 2008.”
2. Average percentage savings figure based on analysis of actual January–March 2012 claims for clients with a retail pharmacy and mail pharmacy benefit, excluding Medicare clients and clients participating in mandatory mail programs. Savings may vary based on your plan design.

Express Scripts’ services are being provided on behalf of Blue Cross Blue Shield of Massachusetts.



For more information

If you have questions, or would like to enroll in home delivery, they can visit

www.express-scripts.com/starthd

or call

877-509-5883.

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ahealthyme[®]

Everything to live a healthier life

If you want to know more about your health and how to make it better, ahealthyme is a great place to start. With just a few clicks, we'll show you just what you need to live a healthier life. From a health assessment to wellness workshops and interactive tools, ahealthyme is your personal online resource.

With ahealthyme, managing your health can be as easy as 1, 2, 3:

1. Start with your health assessment

Taking your health assessment is easy and rewarding. Simply answer questions about eight areas of your health. When done, we'll give you a detailed look at your health today and recommend tools and programs that will help improve it based on your answers.

2. Take a wellness workshop

Our self-paced wellness workshops are a fun way to be smart about your health. You'll gain insight on health topics that relate to you and get closer to your wellness goal.

Learn about:

- Healthy eating
- Quitting smoking
- Stress management
- Physical fitness
- Much more

3. Stay motivated and stick to your goals

Maintaining good eating and exercise habits can help keep you on track. With ahealthyme, you can record and track your activities on any computer or smartphone and see how you're doing in real time.

Get Started Now

Go to www.ahealthyme.com/login and sign up to begin your journey to healthier living.



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Blue Care lineSM

We're here for you 24/7

Call **1-888-247-BLUE (2583)**
for the Blue Care Line.



We're here for you 24/7

Have a question about your health? You can talk to a professionally trained, registered nurse 24 hours a day, seven days a week. They're ready when you are—even at 4 a.m.

Know your options

Calling the Blue Care Line is a quick way to find out if you need to see a doctor, go to an emergency room, or if you're able to treat it yourself at home.

We'll call you

Depending on your type of illness or injury, the registered nurse will call and follow up to see how you're responding to the self-treatment.

Confidentiality

Your information is kept in accordance with our policy on confidentiality.

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Fitness Reimbursement



Your Blue Cross Blue Shield of Massachusetts health plan can save you up to \$150¹ annually for participating in a qualified fitness program.

3 Easy Steps to Getting Reimbursed²



1. Choose

Start by picking a qualified fitness program.



2. Complete

Once you pay for the program, fill out the attached form.



3. Mail

Send the completed form to the address listed.

A qualified fitness program is:

A full-service health club with a variety of exercise equipment, including:

- Cardiovascular equipment like treadmills and bikes
- Strength-training equipment like free weights and weight machines

What is a qualified expense?

- Membership fees
- Fitness class fees

What doesn't qualify?

You can't receive the fitness reimbursement for expenses for personal training, lessons, coaching, equipment, clothing, or any of the programs below:

- Exercise studios such as martial arts or yoga centers
- Gymnastics, tennis, aerobic, or pool-only facilities
- Country clubs or social clubs
- Sports teams or leagues

Important information:

- You can claim this maximum fitness reimbursement for fees paid by any combination of members enrolled under the same Blue Cross health plan.
- Keep copies of your proof of payment in case we request it from you. Proof of payment includes:
 - » Itemized, dated, paid receipts
 - » Bank or credit card statements
 - » Paycheck stubs, if your payments are automatically deducted from your paycheck
- Proof of payment should include the name of the fitness program, and the individual amounts charged with date paid.
- The dollar amount you receive may be considered taxable income. Consult your tax advisor about how to treat this reimbursement on your taxes.

Be sure to check with your doctor before starting any exercise program.

1. Most plans offer a \$150 fitness reimbursement, but your employer may have elected a different amount. Please refer to your plan information to confirm.
2. Before starting, check to see if your plan includes the fitness reimbursement. Blue Cross will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment.



MASSACHUSETTS

Fitness Reimbursement Request¹

PLEASE PRINT ALL INFORMATION CLEARLY IN BLACK INK

To verify this reimbursement is offered within your plan, please log on to MyBlue® at bluecrossma.com/myblue or call the Member Service number on your ID card. You have until March 31 of the following year to submit this form.

Subscriber Information (Policyholder)

Identification Number on Your ID Card (including first 3 characters)	Subscriber's Last Name	First Name	Middle Initial
Address—Number and Street		City	State
			Zip Code
Employer's Name			

Member and Claim Information

Member's Last Name	First Name	Middle Initial	Date of Birth: MM/DD/YY
Mailing Address—Number and Street (if different from subscriber's)		City	State
			Zip Code
Gender (color in the entire box) <input type="checkbox"/> Male <input type="checkbox"/> Female	Claim is for (choose one and color in the entire box): <input type="checkbox"/> Subscriber (policyholder) <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Spouse (of policyholder) <input type="checkbox"/> Dependent (up to age 26)		
Name, Address, and Phone Number of Qualified Fitness Program			
Total dollars requested: \$_____ for (choose one and color in the entire box): <input type="checkbox"/> Membership fees. My monthly membership fee is \$_____. <input type="checkbox"/> Fitness class fees. My fee per class is \$_____.			Health Plan Year

1. Blue Cross Blue Shield of Massachusetts will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment.

Certification and Authorization (This form must be signed and dated below.)

I authorize the release of any information to Blue Cross Blue Shield of Massachusetts about my qualified fitness program. I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services. I certify that I regularly use the qualified program for which I am requesting reimbursement. I understand that Blue Cross may require additional evidence of program participation and proof of payment before reimbursement is provided.

Subscriber's or
Member's Signature: _____ Date: ____/____/____

Questions?

To verify this fitness reimbursement is offered within your plan or for further information, please log onto the MyBlue website at bluecrossma.com/myblue or call the Member Service number on the front of your ID card.

Complete this form and mail it to:

Blue Cross Blue Shield of Massachusetts
Local Claims Department
PO Box 986030
Boston, MA 02298

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID Card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

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Weight-Loss Reimbursement



Your Blue Cross Blue Shield of Massachusetts health plan can save you up to \$150¹ annually when you participate in a qualified weight-loss program.

3 Easy Steps to Getting Reimbursed²



1. Choose

Start by picking a qualified weight-loss program.



2. Complete

Once you pay for the program, fill out the attached form.



3. Mail

Send the completed form with proof of payment to the address listed.

A qualified weight-loss program is:

- Weight Watchers®, an independent company, with in-person meetings
- Hospital-based weight-loss programs

What is a qualified expense?

- Participation fees

What doesn't qualify?

- Weight Watchers Online
- Fees paid for individual nutrition-counseling sessions, food, books, videos, or scales

Important Information

- You can claim this maximum weight loss reimbursement for fees paid by any combination of members enrolled under the same Blue Cross health plan.
- Keep copies of all your submitted paperwork and proof of payment in case we request it from you. Proof of payment includes the following:
 - » Itemized, dated, paid receipts
 - » Weight Watchers paperwork
- Paperwork and proof of payment should include the name of the family member enrolled in the program and the individual amounts charged with date paid.
- The dollar amount you receive may be considered taxable income. Consult your tax advisor about how to treat this reimbursement

Be sure to check with your doctor before starting any weight-loss program.

1. Most plans offer a \$150 reimbursement, but your employer may have elected a different amount. Please refer to your plan information to confirm.

2. Before starting, check to see if your plan includes the weight-loss reimbursement. Blue Cross will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment.



MASSACHUSETTS

Weight-Loss Reimbursement Request¹

PLEASE PRINT ALL INFORMATION CLEARLY IN BLACK INK

To verify this reimbursement is offered within your plan, please log on to MyBlue[®] at bluecrossma.com/myblue or call the Member Service number on your ID card. You have until March 31 of the following year to submit this form.

Subscriber Information (Policyholder)

Identification Number on Your ID Card (including first 3 characters)	Subscriber's Last Name	First Name	Middle Initial	
Address—Number and Street		City	State	Zip Code
Employer's Name				

Member and Claim Information

Member's Last Name	First Name	Middle Initial	Date of Birth: MM/DD/YY	
Mailing Address—Number and Street (if different from subscriber's)		City	State	Zip Code
Gender (color in the entire box) <input type="checkbox"/> Male <input type="checkbox"/> Female	Claim is for (choose one and color in the entire box): <input type="checkbox"/> Subscriber (policyholder) <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Spouse (of policyholder) <input type="checkbox"/> Dependent (up to age 26)			

Class or Program Information Required

Attach 8.5" x 11" photocopies of paid receipts from your qualified weight-loss program. Receipts must show Blue Cross Blue Shield of Massachusetts member's name, name or logo of program, amount paid per session(s), and date(s) paid. For qualified Weight Watchers programs, a photocopy of your program Membership Book showing this information is required.

Name, Address, and Phone Number of Qualified Weight-Loss Program	Health Plan Year
Total dollars requested: \$ _____	
My monthly program participation fee is \$ _____	

1. Blue Cross Blue Shield of Massachusetts will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment.

Certification and Authorization (This form must be signed and dated below.)

I authorize the release of any information to Blue Cross Blue Shield of Massachusetts about my qualified weight-loss program. I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services. I certify that I am regularly using the qualified program for which I am requesting reimbursement. I understand that Blue Cross may require additional evidence of program participation and proof of payment before reimbursement is provided.

Subscriber's or

Member's Signature: _____ Date: ____/____/____

Questions?

To verify this reimbursement is offered within your plan or for further information, please log onto the MyBlue website at bluecrossma.com/myblue or call the Member Service number on the front of your ID card.

Complete this form and mail it to:

Blue Cross Blue Shield of Massachusetts
Local Claims Department
PO Box 986030
Boston, MA 02298

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ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID Card (TTY: 711).

ATENÇÃO: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

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Get money back each year for participating in a qualified fitness program.¹

Qualified for Fitness Reimbursement:

Blue Cross will reimburse your membership fees for **up to three consecutive months** (of one individual or family membership) or, alternatively, fees for **up to 10 fitness classes** at:

- A full service health club with cardiovascular and strength-training equipment like treadmills, bikes, weight machines, and free weights
- **Starting in 2019**—A fitness studio with instructor-led group classes such as yoga, Pilates, Zumba™, kickboxing, indoor cycling/spinning, and other exercise programs. Note: Reimbursement requests for the new 2019 programs must be submitted **after** your 2019 health benefits become effective.

Not Qualified for Fitness Reimbursement:

- One-time initiation or termination fees
- Fees paid for gymnastics, tennis, pool-only facilities, martial arts schools, instructional dance studios, country clubs or social clubs, sports teams or leagues
- Personal trainer sessions
- Fitness equipment or clothing

Get Reimbursed in Three Easy Steps¹



1. Choose

Start by picking a qualified fitness program.



2. Complete

Once you pay for the program, fill out the attached form.



3. Mail

Send the completed form to the address listed.

Important information:

- Fitness reimbursement can be granted for any single member or combination of members enrolled under the same Blue Cross health plan. Blue Cross will make a reimbursement decision within 30 days of receiving a complete request.
- Reimbursement requests must be submitted by March 31 of the following year.
- Keep copies of proof of payment in case we request it from you. Proof of payment includes:
 - » Receipts (cash/check/credit/electronic) for membership or class fees clearly documenting your name, the fitness program name, and individual amounts charged with date paid.
 - » Your fitness program membership or participation agreement clearly documenting your name and date signed.
- Reimbursement may be considered taxable income, so consult a tax advisor.

Be sure to check with your doctor before starting any exercise program.

¹ To verify this reimbursement is offered for your plan, or for more information, log on to MyBlue at bluecrossma.com/myblue or call the Member Service number on your ID card. Most plans offer the reimbursement shown, but refer to your plan information for specific details.



MASSACHUSETTS

Fitness Reimbursement Request

PLEASE PRINT ALL INFORMATION CLEARLY

To verify this reimbursement is offered within your plan, or for more information, please log on to MyBlue at bluecrossma.com/myblue or call the Member Service number on your ID card. All fitness reimbursement requests must be submitted by March 31 of the following year.

Subscriber Information (Policyholder)

Identification Number on Subscriber ID Card (including first three characters)	Subscriber's Last Name	First Name	Middle Initial
Address—Number and Street		City	State
Zip Code			
Employer's Name			

Claim Information

Member's Last Name	First Name	Middle Initial	Date of Birth: MM/DD/YY
Gender (color in the entire box): <input type="checkbox"/> Male <input type="checkbox"/> Female	Claim is for (choose one and color in the entire box): <input type="checkbox"/> Subscriber (policyholder) <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Spouse (of policyholder) <input type="checkbox"/> Dependent (up to age 26)		
Name, Address, and Phone Number of Qualified Fitness Program			
Total dollars requested: \$ _____ for (choose one and color in the entire box): <input type="checkbox"/> Membership fees. Monthly membership fee: \$ _____ <input type="checkbox"/> Fitness class fees. Fee per class: \$ _____			Calendar Year

Blue Cross Blue Shield of Massachusetts will make a reimbursement decision within 30 calendar days of receiving a completed request form. Reimbursement is sent to the member's address on file with Blue Cross. Reimbursement may be considered taxable income, so consult your tax advisor.

Certification and Authorization (This form must be signed and dated below.)

I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services. I understand that Blue Cross Blue Shield of Massachusetts may require proof of payment for a reimbursement decision. I authorize the release of any information about my qualified fitness program to Blue Cross Blue Shield of Massachusetts.

Subscriber's or
Member's Signature: _____ Date: ____/____/____

Complete this form and mail it to:

Blue Cross Blue Shield of Massachusetts
Local Claims Department
PO Box 986030
Boston, MA 02298

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID Card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

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55-0821 (09/18)

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Weight-Loss Reimbursement

Your reward for health



Get money back each year for participating in a qualified weight loss program.

Qualified for Weight-Loss Reimbursement:

Blue Cross will reimburse you for **up to three months of participation fees** for:

- Hospital-based programs and Weight Watchers® in-person
- **Starting in 2019**—Weight Watchers online and other non-hospital programs (in-person or online) that combine healthy eating, exercise, and coaching sessions with certified health professionals such as nutritionists, registered dietitians, or exercise physiologists. Note: Reimbursement requests for the new 2019 programs must be submitted **after** your 2019 health benefits become effective.

Not Qualified for Weight-Loss Reimbursement:

- One-time initiation or termination fees
- Food, supplements, books, scales, or exercise equipment
- Individual nutrition counseling sessions, doctor/nurse visits, lab tests or other services that are covered benefits under your medical plan

Get Reimbursed in Three Easy Steps¹



1. Choose

Start by picking a qualified weight-loss program.



2. Complete

Once you pay for the program, fill out the attached form.



3. Mail

Send the completed form to the address listed.

Important Information:

- Weight-loss reimbursement can be granted for any single member or combination of members enrolled under the same Blue Cross health plan. Blue Cross will make a reimbursement decision within 30 days of receiving a complete request.
- Reimbursement requests must be submitted by March 31 of the following year.
- Keep copies of proof of payment in case we request it from you. Proof of payment includes:
 - » Receipts (cash/check/credit/electronic) for participation fees clearly documenting your name, the weight-loss program name, and individual amounts charged with date paid.
 - » Your weight-loss program membership or participation agreement clearly documenting your name and date of enrollment/participation.
- Your reimbursement may be considered taxable income, so consult a tax advisor.

Be sure to check with your doctor before starting any weight-loss program.

1. To verify this reimbursement is offered for your plan, or for more information, log on to MyBlue at bluecrossma.com/myblue or call the Member Service number on your ID card. Most plans offer the reimbursement shown, but refer to your plan information for specific details.



MASSACHUSETTS

Weight-Loss Reimbursement Request

PLEASE PRINT ALL INFORMATION CLEARLY

To verify this reimbursement is offered within your plan, or for more information, please log on to MyBlue at bluecrossma.com/myblue or call the Member Service number on your ID card. All weight-loss reimbursement requests must be submitted by March 31 of the following year.

Subscriber Information (Policyholder)

Identification Number on Subscriber ID Card (including first three characters)	Subscriber's Last Name	First Name	Middle Initial
Address—Number and Street		City	State
			Zip Code
Employer's Name			

Claim Information

Member's Last Name	First Name	Middle Initial	Date of Birth: MM/DD/YY
Gender (color in the entire box): <input type="checkbox"/> Male <input type="checkbox"/> Female	Claim is for (choose one and color in the entire box): <input type="checkbox"/> Subscriber (policyholder) <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Spouse (of policyholder) <input type="checkbox"/> Dependent (up to age 26)		
Name, Address, and Phone Number of Qualified Weight-Loss Program			
Total dollars requested: \$ _____			Calendar Year
Monthly program participation fee: \$ _____			

Blue Cross Blue Shield of Massachusetts will make a reimbursement decision within 30 calendar days of receiving a completed request form. Reimbursement is sent to the member's address on file with Blue Cross. Reimbursement may be considered taxable income, so consult your tax advisor.

Certification and Authorization (This form must be signed and dated below.)

I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services. I understand that Blue Cross Blue Shield of Massachusetts may require proof of payment for a reimbursement decision. I authorize the release of any information about my qualified weight-loss program to Blue Cross Blue Shield of Massachusetts.

Subscriber's or
Member's Signature: _____ Date: ____/____/____

Complete this form and mail it to:

Blue Cross Blue Shield of Massachusetts
Local Claims Department
PO Box 986030
Boston, MA 02298

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID Card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

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Worldwide Coverage

For Foreign and Domestic Travelers



Get quality health care no matter where you are in the world.

Whether you're traveling within the United States or abroad, BlueCard® and Blue Cross Blue Shield Global® Core make sure you have access to top doctors and hospitals and concierge-level service.



Take this reference card with you when you travel.

When you need care, you'll be prepared.

TEAR HERE

Urgent Care

1. Call **1-800-810-BLUE (2583)**, or visit **bcbs.com** to find nearby doctors and hospitals anywhere in the world that participate in the Blue Cross Blue Shield network.
2. Show your member ID card when you get care.
3. If you're admitted, or if you have questions about your coverage, call Member Service at the number on the front of your ID card.

Your Passport to Good Health

Always carry your Blue Cross Blue Shield of Massachusetts ID card.

FOLD HERE

Emergency Care

For emergency services, call the local emergency number or go to the nearest hospital immediately.

Call **1-800-810-BLUE (2583)**


for a list of participating doctors and hospitals, or to obtain an international claim form.

Getting Care in the United States

More than 85 percent of all doctors and hospitals in the United States participate in the BlueCard program. If you need care outside your plan's service area, call **1-800-810-BLUE (2583)**, or visit **bcbs.com** to find a doctor near you. Be sure to show your ID card before you receive service.

When you get service:

- There's no paperwork
- Participating doctors and hospitals submit claims for you
- All you pay is the copayment, co-insurance, or deductible
- If you receive care from a non-participating doctor or hospital, you may need to pay for the services up front and submit a claim for reimbursement

BlueCard PPO Members Only: If you see this symbol, , on your ID card, you're a BlueCard PPO member. To save the most money when getting service, use a participating BlueCard PPO doctor or hospital.

In Case of Emergency

For emergency services, call the local emergency number or go to the nearest hospital immediately.

Getting Care Outside the United States

The Blue Cross Blue Shield Global® Core network gives you access to doctors and hospitals around the world. If you need care, call the Service Center at **1-800-810-BLUE (2583)**, or call collect at **1-804-673-1177**, 24 hours a day, 7 days a week. An assistance coordinator, along with a medical professional, will arrange a doctor's appointment or hospitalization if necessary. You can also visit **bcbsglobalcore.com**.

TEAR HERE



An Association of Independent Blue Cross and Blue Shield Plans

FOLD HERE

Primary Care Provider's Name: _____

Doctor's Phone: _____

Doctor's Hospital Affiliation: _____

Your Blue Cross Blue Shield Member ID: _____

Member Service Phone Number (from your ID card): _____

For Inpatient Services:

- Call the Service Center at **1-800-810-BLUE (2583)**, or Member Service at the number on your ID card, for precertification or preauthorization
- In most cases, all you pay is the copayment, co-insurance, or deductible
- The hospital should submit the claim on your behalf

For Outpatient Services:

- Show your ID card
- Pay the doctor or hospital
- Fill out a Blue Cross Blue Shield Global® Core International Claim form for reimbursement (Call **1-800-810-BLUE (2583)** or visit **bcbsglobalcore.com** for the form)
- You're only responsible for copayments, co-insurance, or deductible when seeing in-network doctors and hospitals
- You'll pay more when seeing out-of-network doctors and hospitals

Doctors and Hospitals

In most cases, participating doctors and hospitals will file the claim for you. If they need information about eligibility or your coverage, have them call **1-800-676-BLUE (2583)**.

Your Member Responsibilities

As a Blue Cross Blue Shield of Massachusetts member, you're still responsible for any copayments, co-insurance, deductible, or non-covered services. For out-of-country services, Blue Cross Blue Shield of Massachusetts payments will be based on the provider's charge.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID Card (TTY: **711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).

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OUR COMMITMENT TO CONFIDENTIALITY (NOTICE OF PRIVACY PRACTICES) AND WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL AND DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Commitment

We respect your right to privacy. We will not disclose personally identifiable information about you without your permission, unless the disclosure is necessary to provide our services to you or is otherwise in accordance with the law.

Collection of Information

We collect only the information about you that we need to operate our business. We collect information from other parties, such as your health care providers and employers. Examples of the information we collect are (i) medical and dental information from providers when they submit claims for services and (ii) personal information such as name, address, and date of birth, which is most often supplied by you or your employer when you enroll in a plan.

Use and Disclosure of Information

We are required by law to protect the confidentiality of information about you and to notify you in case of a breach affecting

your information. We may use and disclose information about you without your written authorization for the following purposes, to the extent otherwise permitted or required by law:

- **You or Your Representatives**—to you or your “personal representative” upon request or to help you (or your personal representative) understand treatment options, benefits, or the rights available to you. Your “personal representative” is a person who has **legal authority** to make health-related decisions on your behalf, such as a person with a health-care power of attorney. Your request must be in writing. Please complete the **Documentation of Legal Representative Status for Members** form available on our website. You also may designate a family member or friend to receive information and interact with us on your behalf. Your designation and any subsequent revocation must be in writing. Please complete the **Member's Designation of an Authorized Representative** form on our website. You may also call Member Service for a copy of these forms.

- **Treatment**—to help health care providers manage or coordinate your health care and related services. For example, we may use and disclose information about you to inform providers of medications you take or to remind you of appointments.
- **Payment**—to obtain payment for your coverage, pay claims for your health benefits, or help another health plan or health care provider in its payment activities. For example, we may use or disclose information about you to make coverage determinations, administer claims, or coordinate benefits with other coverage you may have.
- **Health Care Operations**—to perform other activities necessary for the operation of our business, including customer service, disease management, and determining how to improve the quality of care. For example, we may use or disclose information about you to respond to your call to customer service, arrange for medical review of your claims, or conduct quality assessment and improvement activities.
- **Legal Compliance**—to comply with applicable law. For example, we may be required to use or disclose information about you to respond to regulatory authorities responsible for oversight of government benefit programs or our business operations; to parties or courts in the course of judicial or administrative proceedings; or pursuant to workers' compensation laws.
- **Government Agencies**—under limited circumstances established by law, to public health authorities, coroners or medical examiners, law enforcement, or other government officials
- **Research**—for health-related research studies that meet legal standards for protection of the individuals involved in the studies and their personal information. We may also create a database of our members' information that does not include individual identifiers and use the database for research or other purposes, provided that the information cannot be traced back to specific members.
- **To Your Employer (or other plan sponsor), if applicable**, for administration of its health plan. This applies only if you receive coverage through an employer-sponsored plan (or plan sponsored by your union or other entity). For example, we may disclose information about you to your employer (or other plan sponsor) to confirm enrollment in the plan or (if the employer or other plan sponsor is self-insured) for claim review and audits. We will disclose your information only to designated individuals. That, along with legal prohibitions on use of your personal information for discriminatory purposes, helps protect your information from unauthorized use.

To carry out these purposes, we share information with entities that perform functions for us subject to contracts that limit use and disclosure for intended purposes. We use physical, electronic, and procedural safeguards to protect your privacy. Even when allowed, we limit uses and disclosures of your information to the minimum amount reasonably necessary for the intended task.

The Health Insurance Portability and Accountability Act (HIPAA) generally does not override other laws that give people greater privacy protections. As a result, we

must comply with any state or federal privacy laws that require us to provide you with more privacy protections. For example, federal law provides special protections for substance use disorder information; Massachusetts state law restricts the disclosure of HIV and AIDS related information. In addition, we will not use (and are prohibited from using) your genetic information for underwriting purposes.

Other Disclosures Require Your Written Authorization

Except as provided in this notice, we will not use or disclose information about you without your written authorization. For example, we must have your written authorization to use or disclose your information for marketing purposes or (in most cases) to use or disclose psychotherapy notes. Although we would need written authorization to sell information about you, we do not sell members' information.

You may revoke your authorization at any time. Your authorization must be in writing. Your revocation will not affect any action that we have already taken in reliance on your authorization. If you would like us to disclose information about you to a third party, please complete the Permission for One-Time Disclosure of Information form available on our website or call Member Service for a copy of the form.

Your Privacy Rights

You have the following rights with respect to information about you. You may exercise any of these rights by calling the Member Service number listed on your member ID card or contacting us at the address listed at the end of this notice. The forms listed below are also available on our website.

- **You have the right to receive information about privacy protections.** Your member-education materials include a notice of your rights, and you may request a paper copy of this notice at any time.
- **You have the right to inspect and get copies of information that we use to make decisions about you.** This is your designated record set. Your request must be in writing. We may charge a reasonable fee for copying and mailing you this information. Please complete the Request for Access to Copies of Protected Health Information in Designated Record Set form to request copies of your information.
- **You have the right to receive an accounting of certain disclosures that we make of information about you.** Your request must be in writing. Please complete the Members Request for an Accounting of Disclosures form. Our response will exclude any disclosures made in support of treatment, payment, and health care operations or that you authorized (among others). An example of a disclosure that would be reported to you is our disclosure of your information in response to a court order.
- **You have the right to ask us to correct or amend information you believe to be incorrect.** Your request to correct or amend information must be in writing. Please complete the Members Request to Amend Protected Health Information form. If we deny your request, you may ask us to make your request part of your records.
- **You have the right to ask that we restrict or refuse the disclosure of information about you and that we direct communications to you by alternative means or to alternative locations.** While we may not always be able to agree to your request, we will make reasonable

efforts to accommodate requests. Unless you've notified us to request a different mailing address, Summary of Health Plan Payments statements for the subscriber, and all members listed on the subscriber's plan, are generally delivered to the subscriber's address. Under certain circumstances, you can request to not receive statements for a particular service, or to have statements delivered through an alternate method or to an alternate address, when required by state law. If you have concerns about protecting the privacy of your medical information in your statements, you can have these statements delivered to an address other than the plan subscriber's address, or have them delivered only via electronic means. For help understanding your delivery options, please call Member Service at the number listed on your member ID card. Your request and any subsequent revocation must be in writing.

If you believe your privacy rights have been violated, you have the right to complain to us using the grievance process outlined in your benefit materials, or to the Secretary of the U.S. Department of Health and Human Services, without fear of retaliation.

About This Notice

The original effective date of this notice was April 14, 2003. The effective date of the most recent revision is indicated in the footer of this notice. We are required by law to provide you with this notice of our legal duties and privacy practices and to abide by the notice for as long as it is in effect. We reserve the right to change this notice. Any changes will apply to all information that we maintain, regardless of when it was created or received. If we make a material change to this notice, we will post the revised notice on our website and notify you of the change and how

to obtain the revised notice in our next regular mailing to you. If you have any questions, please call the Member Service number listed on your member ID card, or write us at:

Blue Cross Blue Shield of Massachusetts

Privacy Officer

101 Huntington Ave.

Suite 1300

Boston, MA 02199-7611

WHCRA NOTICE

Did you know that your medical plan provides benefits for many mastectomy-related services? This is the case even if you were not covered by Blue Cross Blue Shield of Massachusetts at the time of the mastectomy. It's required by the Women's Health and Cancer Rights Act of 1998. If you are covered for a mastectomy and elect breast reconstruction in connection with a mastectomy, then benefits are also provided for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

Coverage will be provided as determined in consultation with you and your attending doctor. The costs that you pay for these services are the same as those you pay for other services in the same category. To learn more, please call the Member Service number on your member ID card.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you.
Call Member Service at the number on your ID card (TTY: **711**).

Spanish/Español: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma.
Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).

Portuguese/Português: ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).



MASSACHUSETTS

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Glossary of Health Coverage and Medical Terms

- This glossary defines many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your [plan](#) or [health insurance policy](#). Some of these terms also might not have exactly the same meaning when used in your policy or [plan](#), and in any case, the policy or [plan](#) governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or [plan](#) document.)
- [Underlined](#) text indicates a term defined in this Glossary.
- See page 6 for an example showing how [deductibles](#), [coinsurance](#) and [out-of-pocket limits](#) work together in a real life situation.

Allowed Amount

This is the maximum payment the [plan](#) will pay for a covered health care service. May also be called "eligible expense", "payment allowance", or "negotiated rate".

Appeal

A request that your health insurer or [plan](#) review a decision that denies a benefit or payment (either in whole or in part).

Balance Billing

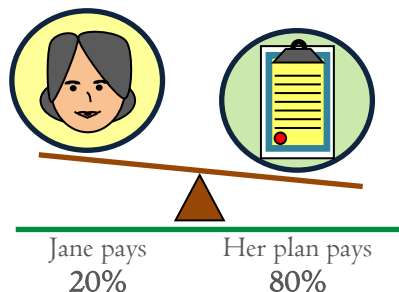
When a [provider](#) bills you for the balance remaining on the bill that your [plan](#) doesn't cover. This amount is the difference between the actual billed amount and the [allowed amount](#). For example, if the provider's charge is \$200 and the allowed amount is \$110, the provider may bill you for the remaining \$90. This happens most often when you see an [out-of-network provider](#) ([non-preferred provider](#)). A [network provider](#) ([preferred provider](#)) may not bill you for covered services.

Claim

A request for a benefit (including reimbursement of a health care expense) made by you or your health care [provider](#) to your health insurer or [plan](#) for items or services you think are covered.

Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the [allowed amount](#) for the service. You generally pay coinsurance *plus* (See page 6 for a detailed example.) any [deductibles](#) you owe. (For example, if the [health insurance](#) or [plan's](#) allowed amount for an office visit is \$100 and you've met your [deductible](#), your coinsurance payment of 20% would be \$20. The health insurance or [plan](#) pays the rest of the allowed amount.)



Complications of Pregnancy

Conditions due to pregnancy, labor, and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section generally aren't complications of pregnancy.

Copayment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Cost Sharing

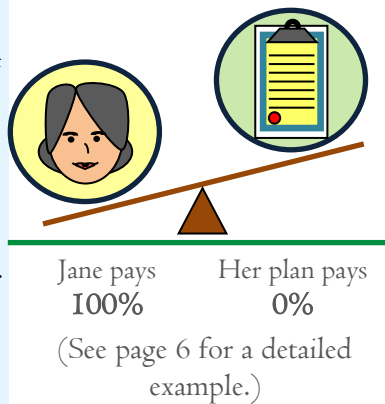
Your share of costs for services that a [plan](#) covers that you must pay out of your own pocket (sometimes called "out-of-pocket costs"). Some examples of cost sharing are [copayments](#), [deductibles](#), and [coinsurance](#). Family cost sharing is the share of cost for [deductibles](#) and [out-of-pocket](#) costs you and your spouse and/or child(ren) must pay out of your own pocket. Other costs, including your [premiums](#), penalties you may have to pay, or the cost of care a [plan](#) doesn't cover usually aren't considered cost sharing.

Cost-sharing Reductions

Discounts that reduce the amount you pay for certain services covered by an individual [plan](#) you buy through the [Marketplace](#). You may get a discount if your income is below a certain level, and you choose a Silver level health plan or if you're a member of a federally-recognized tribe, which includes being a shareholder in an Alaska Native Claims Settlement Act corporation.

Deductible

An amount you could owe during a coverage period (usually one year) for covered health care services before your [plan](#) begins to pay. An overall deductible applies to all or almost all covered items and services. A [plan](#) with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A [plan](#) may also have only separate deductibles. (For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible.)



Diagnostic Test

Tests to figure out what your health problem is. For example, an x-ray can be a diagnostic test to see if you have a broken bone.

Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care [provider](#) for everyday or extended use. DME may include: oxygen equipment, wheelchairs, and crutches.

Emergency Medical Condition

An illness, injury, symptom (including severe pain), or condition severe enough to risk serious danger to your health if you didn't get medical attention right away. If you didn't get immediate medical attention you could reasonably expect one of the following: 1) Your health would be put in serious danger; or 2) You would have serious problems with your bodily functions; or 3) You would have serious damage to any part or organ of your body.

Emergency Medical Transportation

Ambulance services for an [emergency medical condition](#). Types of emergency medical transportation may include transportation by air, land, or sea. Your [plan](#) may not cover all types of emergency medical transportation, or may pay less for certain types.

Emergency Room Care / Emergency Services

Services to check for an [emergency medical condition](#) and treat you to keep an [emergency medical condition](#) from getting worse. These services may be provided in a licensed hospital's emergency room or other place that provides care for [emergency medical conditions](#).

Excluded Services

Health care services that your [plan](#) doesn't pay for or cover.

Formulary

A list of drugs your [plan](#) covers. A formulary may include how much your share of the cost is for each drug. Your [plan](#) may put drugs in different [cost sharing](#) levels or tiers. For example, a formulary may include generic drug and brand name drug tiers and different [cost sharing](#) amounts will apply to each tier.

Grievance

A complaint that you communicate to your health insurer or [plan](#).

Habilitation Services

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance

A contract that requires a health insurer to pay some or all of your health care costs in exchange for a [premium](#). A health insurance contract may also be called a "policy" or "[plan](#)".

Home Health Care

Health care services and supplies you get in your home under your doctor's orders. Services may be provided by nurses, therapists, social workers, or other licensed health care [providers](#). Home health care usually doesn't include help with non-medical tasks, such as cooking, cleaning, or driving.

Hospice Services

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. Some [plans](#) may consider an overnight stay for observation as outpatient care instead of inpatient care.

Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.

Individual Responsibility Requirement

Sometimes called the “individual mandate”, the duty you may have to be enrolled in health coverage that provides [minimum essential coverage](#). If you don’t have [minimum essential coverage](#), you may have to pay a penalty when you file your federal income tax return unless you qualify for a health coverage exemption.

In-network Coinsurance

Your share (for example, 20%) of the [allowed amount](#) for covered healthcare services. Your share is usually lower for in-[network](#) covered services.

In-network Copayment

A fixed amount (for example, \$15) you pay for covered health care services to [providers](#) who contract with your [health insurance](#) or [plan](#). In-network copayments usually are less than [out-of-network copayments](#).

Marketplace

A marketplace for [health insurance](#) where individuals, families and small businesses can learn about their [plan](#) options; compare plans based on costs, benefits and other important features; apply for and receive financial help with [premiums](#) and [cost sharing](#) based on income; and choose a [plan](#) and enroll in coverage. Also known as an “Exchange”. The Marketplace is run by the state in some states and by the federal government in others. In some states, the Marketplace also helps eligible consumers enroll in other programs, including Medicaid and the Children’s Health Insurance Program (CHIP). Available online, by phone, and in-person.

Maximum Out-of-pocket Limit

Yearly amount the federal government sets as the most each individual or family can be required to pay in [cost sharing](#) during the [plan](#) year for covered, in-[network](#) services. Applies to most types of health [plans](#) and insurance. This amount may be higher than the [out-of-pocket limits](#) stated for your [plan](#).

Medically Necessary

Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms, including habilitation, and that meet accepted standards of medicine.

Minimum Essential Coverage

Health coverage that will meet the [individual responsibility requirement](#). Minimum essential coverage generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage.

Minimum Value Standard

A basic standard to measure the percent of permitted costs the [plan](#) covers. If you’re offered an employer [plan](#) that pays for at least 60% of the total allowed costs of benefits, the [plan](#) offers minimum value and you may not qualify for [premium tax credits](#) and [cost sharing reductions](#) to buy a [plan](#) from the [Marketplace](#).

Network

The facilities, [providers](#) and suppliers your health insurer or [plan](#) has contracted with to provide health care services.

Network Provider (Preferred Provider)

A [provider](#) who has a contract with your [health insurer](#) or [plan](#) who has agreed to provide services to members of a [plan](#). You will pay less if you see a [provider](#) in the [network](#). Also called “preferred provider” or “participating provider.”

Orthotics and Prosthetics

Leg, arm, back and neck braces, artificial legs, arms, and eyes, and external breast prostheses after a mastectomy. These services include: adjustment, repairs, and replacements required because of breakage, wear, loss, or a change in the patient’s physical condition.

Out-of-network Coinsurance

Your share (for example, 40%) of the [allowed amount](#) for covered health care services to [providers](#) who don’t contract with your [health insurance](#) or [plan](#). Out-of-network coinsurance usually costs you more than [in-network coinsurance](#).

Out-of-network Copayment

A fixed amount (for example, \$30) you pay for covered health care services from [providers](#) who do **not** contract with your [health insurance](#) or [plan](#). Out-of-network copayments usually are more than [in-network copayments](#).

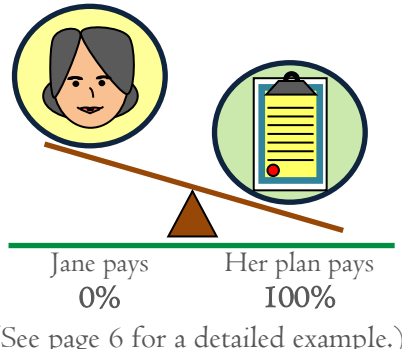
Out-of-network Provider (Non-Preferred Provider)

A [provider](#) who doesn't have a contract with your [plan](#) to provide services. If your [plan](#) covers out-of-network services, you'll usually pay more to see an out-of-network provider than a [preferred provider](#). Your policy will explain what those costs may be. May also be called "non-preferred" or "non-participating" instead of "out-of-network provider".

Out-of-pocket Limit

The most you *could* pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit the [plan](#) will usually pay 100% of the

[allowed amount](#). This limit helps you plan for health care costs. This limit never includes your [premium](#), [balance-billed](#) charges or health care your [plan](#) doesn't cover. Some [plans](#) don't count all of your [copayments](#), [deductibles](#), [coinsurance](#) payments, out-of-network payments, or other expenses toward this limit.



Physician Services

Health care services a licensed medical physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), provides or coordinates.

Plan

Health coverage issued to you directly (individual plan) or through an employer, union or other group sponsor (employer group plan) that provides coverage for certain health care costs. Also called "health insurance plan", "policy", "health insurance policy" or "[health insurance](#)".

Preauthorization

A decision by your health insurer or [plan](#) that a health care service, treatment plan, [prescription drug](#) or [durable medical equipment \(DME\)](#) is [medically necessary](#). Sometimes called prior authorization, prior approval or precertification. Your [health insurance](#) or [plan](#) may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your [health insurance](#) or [plan](#) will cover the cost.

Premium

The amount that must be paid for your [health insurance](#) or [plan](#). You and/or your employer usually pay it monthly, quarterly, or yearly.

Premium Tax Credits

Financial help that lowers your taxes to help you and your family pay for private [health insurance](#). You can get this help if you get [health insurance](#) through the [Marketplace](#) and your income is below a certain level. Advance payments of the tax credit can be used right away to lower your monthly [premium](#) costs.

Prescription Drug Coverage

Coverage under a [plan](#) that helps pay for [prescription drugs](#). If the plan's [formulary](#) uses "tiers" (levels), prescription drugs are grouped together by type or cost. The amount you'll pay in [cost sharing](#) will be different for each "tier" of covered [prescription drugs](#).

Prescription Drugs

Drugs and medications that by law require a prescription.

Preventive Care (Preventive Service)

Routine health care, including [screenings](#), check-ups, and patient counseling, to prevent or discover illness, disease, or other health problems.

Primary Care Physician

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), who provides or coordinates a range of health care services for you.

Primary Care Provider

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law and the terms of the [plan](#), who provides, coordinates, or helps you access a range of health care services.

Provider

An individual or facility that provides health care services. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, and rehabilitation center. The [plan](#) may require the provider to be licensed, certified, or accredited as required by state law.

Reconstructive Surgery

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries, or medical conditions.

Referral

A written order from your [primary care provider](#) for you to see a [specialist](#) or get certain health care services. In many health maintenance organizations (HMOs), you need to get a referral before you can get health care services from anyone except your [primary care provider](#). If you don't get a referral first, the [plan](#) may not pay for the services.

Rehabilitation Services

Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. These services may include physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Screening

A type of [preventive care](#) that includes tests or exams to detect the presence of something, usually performed when you have no symptoms, signs, or prevailing medical history of a disease or condition.

Skilled Nursing Care

Services performed or supervised by licensed nurses in your home or in a nursing home. Skilled nursing care is **not** the same as “skilled care services”, which are services performed by therapists or technicians (rather than licensed nurses) in your home or in a nursing home.

Specialist

A [provider](#) focusing on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

Specialty Drug

A type of [prescription drug](#) that, in general, requires special handling or ongoing monitoring and assessment by a health care professional, or is relatively difficult to dispense. Generally, specialty drugs are the most expensive drugs on a [formulary](#).

UCR (Usual, Customary and Reasonable)

The amount paid for a medical service in a geographic area based on what [providers](#) in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the [allowed amount](#).

Urgent Care

Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe as to require [emergency room care](#).

How You and Your Insurer Share Costs - Example

Jane's Plan Deductible: \$1,500

Coinsurance: 20%

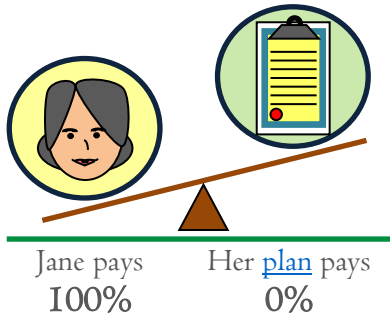
Out-of-Pocket Limit: \$5,000

January 1st

Beginning of Coverage Period

December 31st

End of Coverage Period



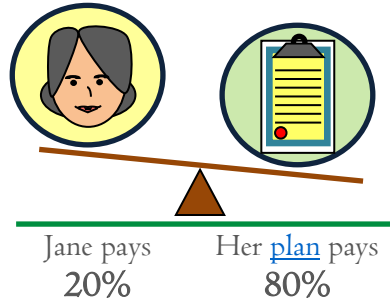
Jane hasn't reached her \$1,500 deductible yet

Her plan doesn't pay any of the costs.

Office visit costs: \$125

Jane pays: \$125

Her plan pays: \$0



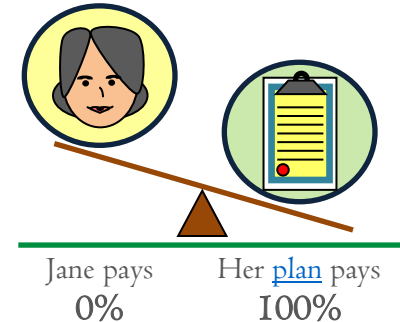
Jane reaches her \$1,500 deductible, coinsurance begins

Jane has seen a doctor several times and paid \$1,500 in total, reaching her deductible. So her plan pays some of the costs for her next visit.

Office visit costs: \$125

Jane pays: 20% of \$125 = \$25

Her plan pays: 80% of \$125 = \$100



Jane reaches her \$5,000 out-of-pocket limit

Jane has seen the doctor often and paid \$5,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.

Office visit costs: \$125

Jane pays: \$0

Her plan pays: \$125

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A Guide to Your Summary of Health Plan Payments¹

The Summary of Health Plan Payments shows you how we process claims for medical services you've received. This statement is not a bill.

How the Payment Process Works

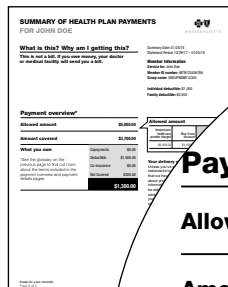
When you visit a health care provider, you pay a copayment.²



The provider submits a bill for services to Blue Cross. This is called a claim.



You'll get a Summary of Health Plan Payments if there's a balance remaining after we process the claim and pay our share of the costs. Your provider will send you a bill if you owe any money.



Payment overview*

Allowed amount	\$5,000.00
Amount covered	\$3,700.00
Amount covered by Blue Cross	
Copayments	\$0.00
Deductible	\$1,000.00
Co-insurance	\$0.00
Not Covered	\$300.00
Amount you owe (if any)	\$1,300.00

Amount covered by Blue Cross

*See the glossary on the previous page to find out more about the terms included in the payment overview and payment details pages.

Amount you owe (if any)

This is not a bill.

Copayments

Your copayments (also known as a copay) are the fixed dollar amount you pay each time you see a provider² or fill a prescription. Look for your copay amount on your member ID card.

Deductible

If your plan has a deductible, this is the amount of money you pay out-of-pocket for health care services, such as blood tests and x-rays, before Blue Cross starts to pay for them.

Co-insurance

If your plan has co-insurance, you're responsible for paying a predetermined percentage of your medical expenses once your deductible has been met.

Tip: See the glossary on page 2 of your statement for the meaning of any unfamiliar terms.

The provider sends you a bill.
(if you owe money)



You pay your provider.



Financial accounts can help cover costs.

If your plan has a Health Reimbursement Arrangement, Health Savings Account, or Flexible Spending Account, you can use it to pay medical expenses, such as your deductible and copayments. You can also use these accounts to pay for eyeglasses and dental services.

1. Medex members receive statements called Explanation of Benefits.

2. Except for certain plans, preventive services are fully covered. Some plans may require co-insurance.



Payment Overview Page

Your Summary of Health Plan Payments

Payment Details Page

- E

Your recent claims, including dates of service, names of providers, the amounts charged, and payment details.
- F

The amount you owe for each service.
- G

How we determined what you owe, including copayments, deductible, and co-insurance.
- H

Additional information on how we processed your claims.
- I

The final amount you'll owe your provider for services after we cover our share of the cost. If you have additional insurance, this doesn't apply to you.
- J

A detailed breakdown of your deductible and out-of-pocket maximum, including the amounts you've previously applied towards these.

View your plan information and recent claims at bluecrossma.com/myblue.

Questions?

Call us at the number on your ID card or log in to your account at bluecrossma.com/myblue, click **Contact Us**, then enter your question using the secure inquiry form in the Member Service section.

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Your Primary Care Provider



Your primary care provider (PCP) is an important part of your health care team. He or she will get to know you and your medical history. Your PCP can oversee your preventive care and any necessary referrals to other health care providers. Working with your PCP is one way you can ensure you receive the best health care possible.

Referrals

If you need specialty care, your PCP will refer you to a provider who specializes in the type of care you need.

Your PCP will work with you to find a specialist that fits your needs.

If you would like additional provider information or help choosing a PCP, call our Physician Selection mService at **1-800-821-1388**.

Choose the Right PCP

There are several types of PCPs to choose from. Each covered member of your family may choose his or her own PCP.

A PCP is a physician or nurse practitioner with one of these specialties:

- Internal medicine
- Family medicine
- Pediatrics

How to Update Your PCP

Choosing a PCP is one of the most important health care decisions you'll make. You can update your PCP at any time—simply log in to Member Central at **www.bluecrossma.com/membercentral**. If you need help, please contact Member Service at the number listed on the front of your ID card.

Explore Your PCP Options

For the most up-to-date listings, visit **www.bluecrossma.com/findadoctor**. Using the Find a Doctor tool, you can find a PCP based on:

- Electronic capabilities (e.g., electronic medical records, electronic prescribing, and web consultation)
- Extended/weekend hours
- Gender
- Hospital affiliation
- Language(s) spoken
- Location
- Medical group

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Meet the MyBlue Member App

Simple, Secure, Convenient

Get Health Care Information Quickly and Easily

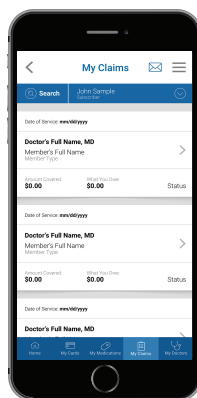
The MyBlue Member App gives members instant access to their personal health care information anytime they need it. A simple tap connects them to their doctor, recent prescriptions, and claims history.



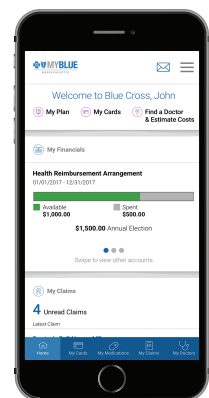
Personalized health care, right at their fingertips:



Use the digital ID card to direct-dial important numbers, email a PDF version to a doctor, or save a digital card to their phone.

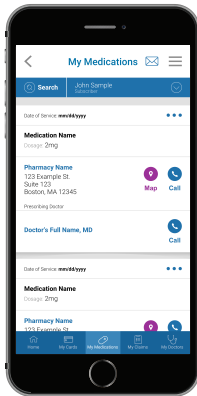


Get access to recent claims history and see copayment amounts.

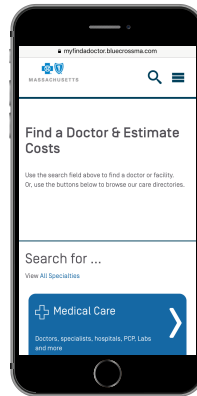


View financial account balances, like HealthEquity® or Alegeus

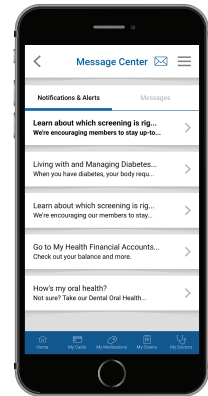
Additional MyBlue Member App features:



See prescription history, including dosage and who prescribed it.



Look up and get directions to nearby doctors, dentists, and hospitals.



Receive push notifications and view important information in the Message Center.

Available On



The MyBlue Member App is not available for members with Federal Employee Program (FEP), Blue Benefit Administrators (BBA), Ancillary (Indigo®), Medicare Advantage or standalone Part D plans. Those with standalone dental, vision, or wellness coverage cannot register for the app at this time.

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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).



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Member Identity Protection Services

The identity protection of our members' private information is our top priority. To provide you with optimal protection, we offer you identity protection services through Experian®, an industry leader in providing credit monitoring and identity theft protection services. This service is being provided to you, free of charge, for as long as you're a Blue Cross member, but you'll need to enroll annually.

Experian Identity Protection Services Include:

- **Credit monitoring**—an ongoing review of activity that may affect credit
- **Fraud detection**—the identification of potentially fraudulent use of your identity or credit
- **Credit and identity repair**—assistance in resolving issues of fraud that negatively impact your credit or identity

Your Options and How to Enroll

As a Blue Cross member, you and your family can enroll in two of Experian's identity protection products:

Experian product	What does it provide?	Who is it for?	How to enroll
IdentityWorks SM Credit 1-Bureau	<ul style="list-style-type: none"> • Credit monitoring • Daily credit reports • Identity theft insurance • Identity restoration 	You and dependents over 18	1. Sign into bluecrossma.com/myblue and click Identity Protection under News & Updates .
IdentityWorks SM Minor Plus	<ul style="list-style-type: none"> • Internet surveillance of identity • Social security number tracking • Identity theft insurance • Identity restoration 	Dependents under 18	2. Follow the instructions on the page under How to Enroll to access the activation code and link to the Experian IdentityWorks enrollment website.
Note: To complete the enrollment process, you'll need the date of birth and social security number for each individual you want to sign up.			

Members in FEP, Medicare Advantage, and BlueMedicare RX plans aren't eligible for this service.

Questions for Experian?

If you have question about the Experian IdentityWorks products or the enrollment process, please contact Experian at 1-866-926-9803. If you'd like to enroll over the phone with Experian, please log into MyBlue or call Member Service at the number on your ID card to obtain the engagement and activation codes. You'll need to provide these codes to the Experian representative.

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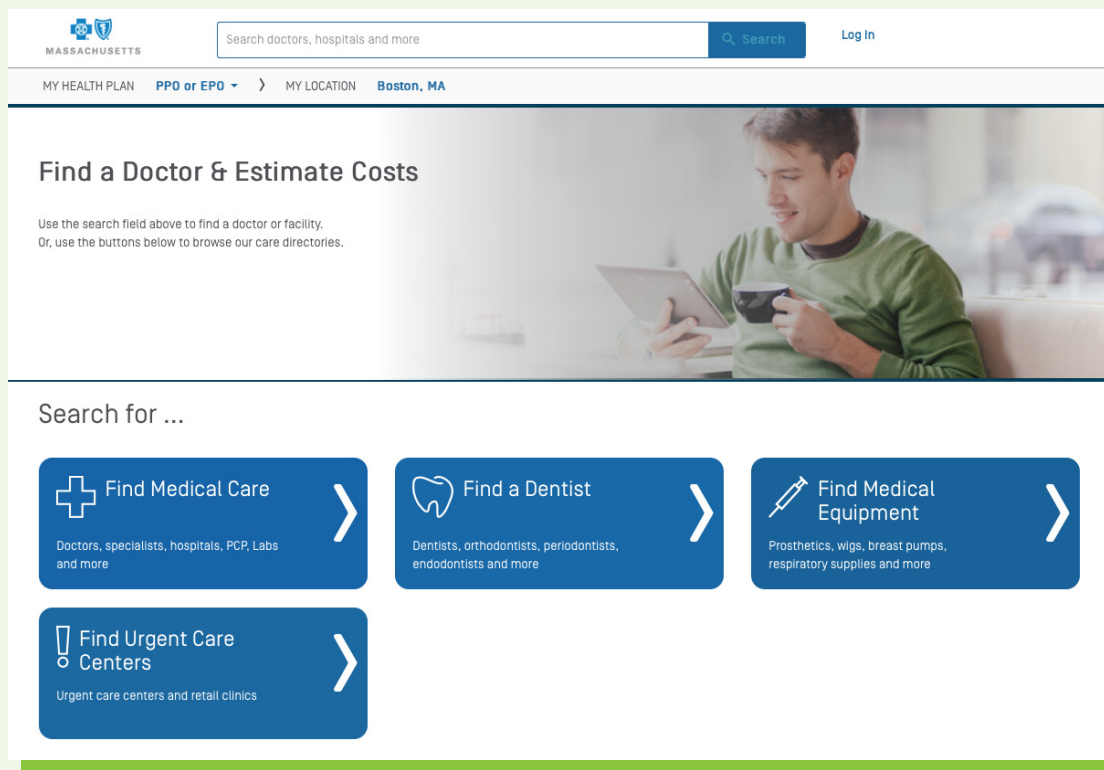
55-1337 (12/18)

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Find the Care You Need with One Simple Tool!

DOCTORS | DENTISTS | HOSPITALS | OTHER HEALTH CARE PROVIDERS

The Information You Want Practically Finds Itself. With clear menus and enhanced search options, Find a Doctor makes it easy to find what you need.

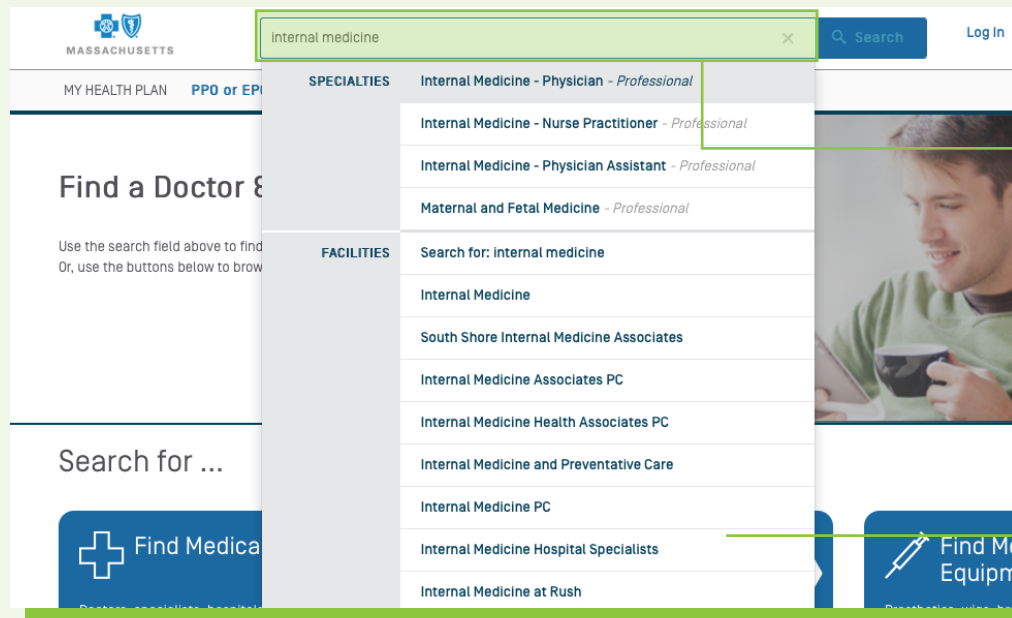


Log in for Best Results

When you log in to your Member Central account, your network will display automatically. And, when applicable, you can also get access to cost estimation features.

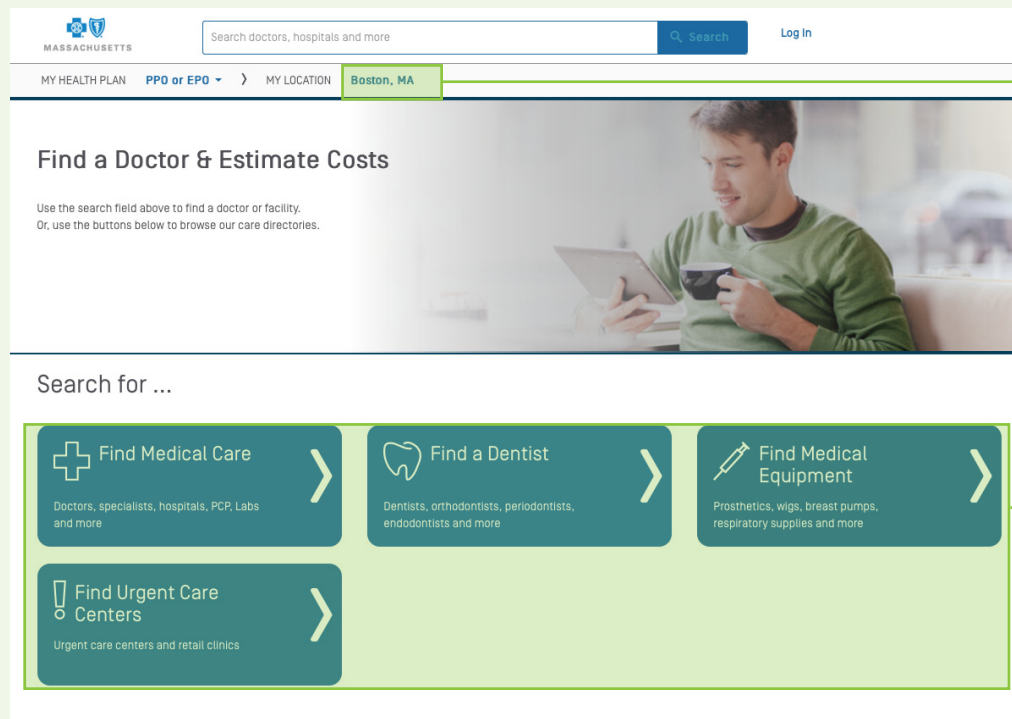
Don't have an account? Create one at bluecrossma.com/findadoctor.

1 How to Search for Doctors and Hospitals



Type the doctor's name or specialty. You can also use keywords like heart, knee, or eye. A drop-down menu will provide you with results to choose from.

Once you make a selection from the drop-down menu, the search auto-initiates based on your current location.



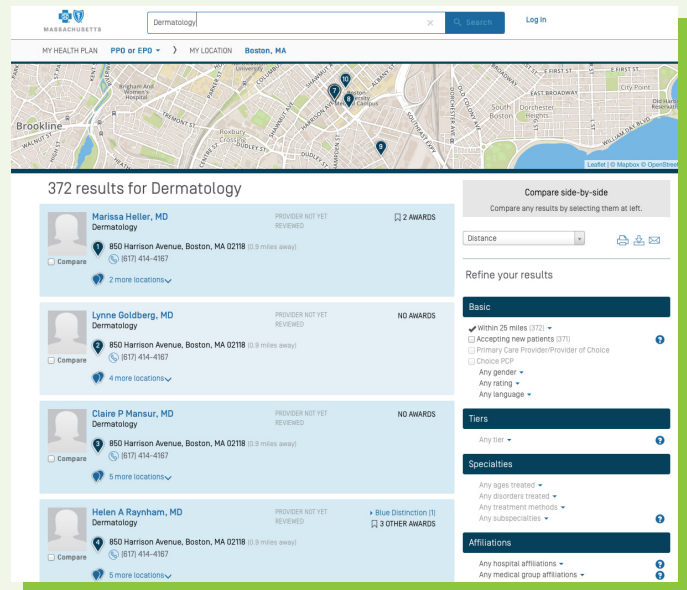
Change your location here. You even have the option to search nationwide!

Find what you need by clicking one of our easy-to-follow guided searches.

2 Using the Results Page

Your results page will list all nearby providers, their contact information, ratings, and more.

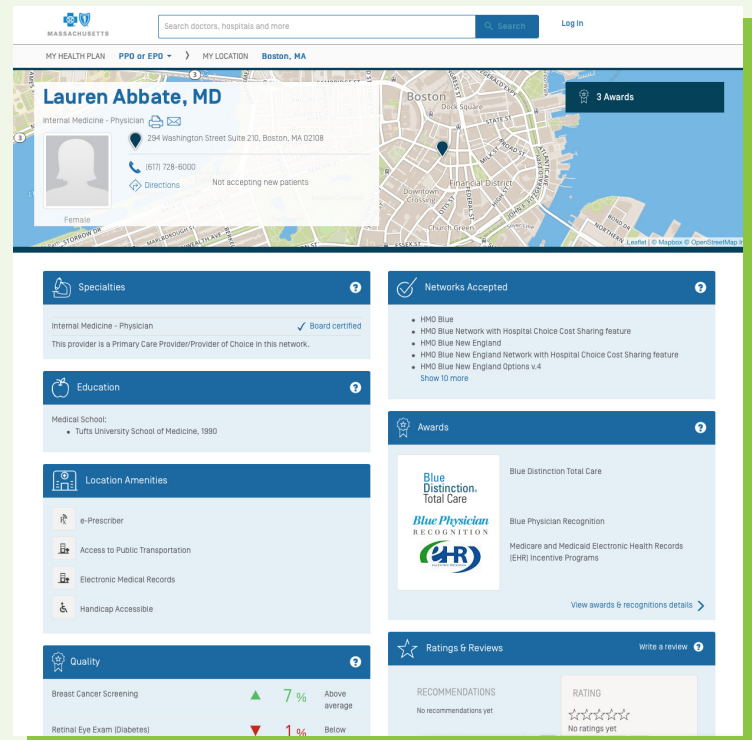
- Narrow your results by specialty, gender, quality, languages, and more.
- Compare up to ten doctors.
- Click a provider's name for more information, including patient reviews of doctors, directions, and quality ratings.
- You also have the ability to create a PDF and email the results.
- And more!



3 Provider's Detail Page What to Look For

- Specialties
- Directions
- Read and write reviews
- Languages
- Awards*
- And more!

* Awards and recognitions are given to doctors and hospitals that demonstrate a high level of performance in providing care.



Get Quality of Care Ratings

Quality and cost of health care vary by doctor and hospital. Selecting the right care is an important decision. We offer objective and reliable information based on patient experiences and measurable clinical data.

Doctors:

- Learn from patients' experiences, such as how well the doctor communicates, ease of getting an appointment, and how well the doctor knows their patients.
- See how well doctors do in providing preventive care, such as cancer screening and immunizations, as well as chronic disease management such as diabetes care.
- Find doctors in the [Physician Recognition Program](#), which recognizes doctors who agree to accept accountability for providing high-quality, high-value, patient-centered health care.

Hospitals:

- Learn from patient feedback, such as how well doctors and nurses at the hospital communicated, how well the hospital helped patients prepare for managing at home, and who would recommend the hospital to family and friends.
- See how acute care hospitals performance measures for recommended hospital care for five conditions: heart attack, heart failure, pneumonia, surgical care improvement and infection prevention, and pediatric asthma.
- Find hospitals with [Blue Distinction Centers designations \(Blue Distinction Total Care, Blue Distinction Center, and Blue Distinction Center+\)](#)—hospitals that have received recognition for delivering high quality specialty care, including bariatric surgery, spine surgery, knee and hip replacement, maternity care, cardiac care, and transplants.

Blue Distinction Center Total Care (BDTC)—Doctors and hospitals recognized for their efforts in coordinating total patient care.

Blue Distinction Center (BDC)—Healthcare facilities recognized for their expertise in delivering specialty care.

Blue Distinction Center+ (BDC+)—Healthcare facilities recognized for their expertise and efficiency in delivering specialty care.

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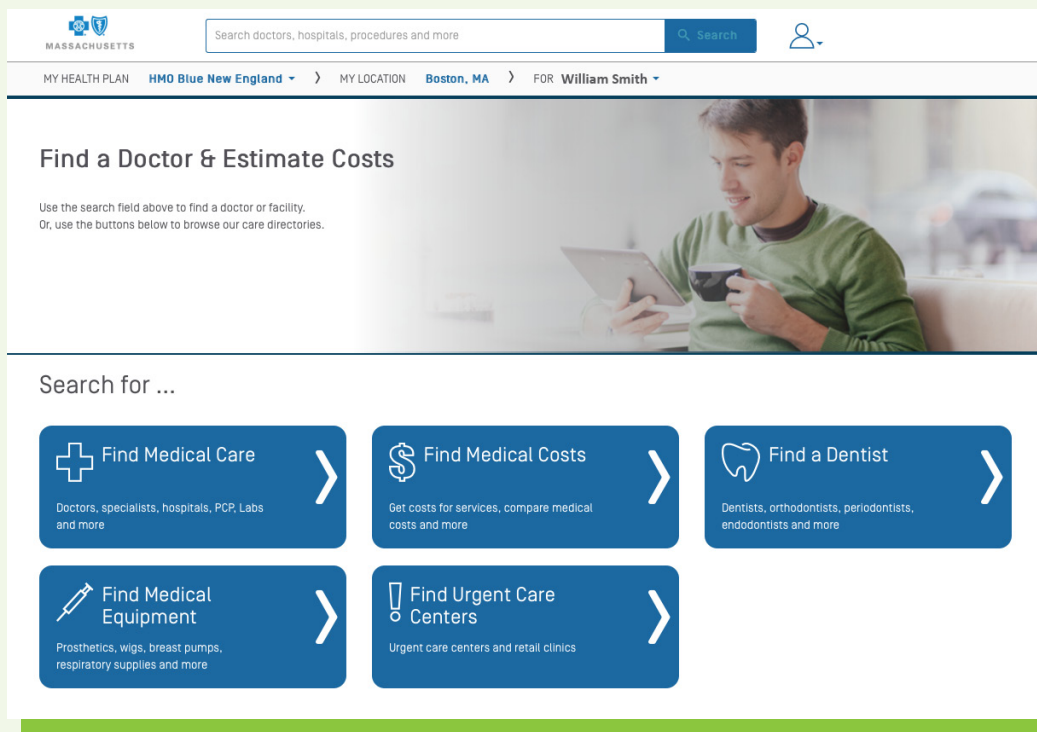
Spanish/Español: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

Portuguese/Português: ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

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Shop and Compare Costs for over 1,600 Procedures

Our new **Find a Doctor & Estimate Costs** tool lets you search for doctors, dentists, hospitals, and other healthcare providers. Plus, get a range of cost estimates, including your out-of-pocket costs, for over 1,600 common medical services performed by providers in your area.



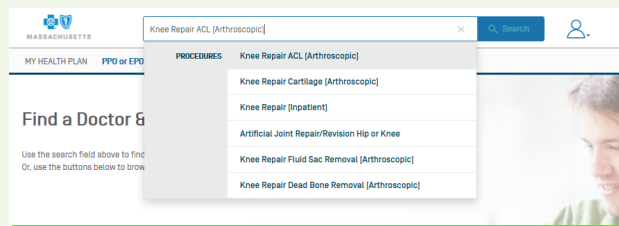
Log in to Begin

To get cost estimates, log in to your Member Central account.

Don't have an account? Create one at www.bluecrossma.com/findadoctor.

1 How to Search for Cost Estimates

In the search box, type the name of the procedure, or the area of your body for which you need care. Choose the service you're looking for from the drop-down menu. Once you make a selection, the search results will auto-populate based on your current location. Remember, you can change your location at any time!

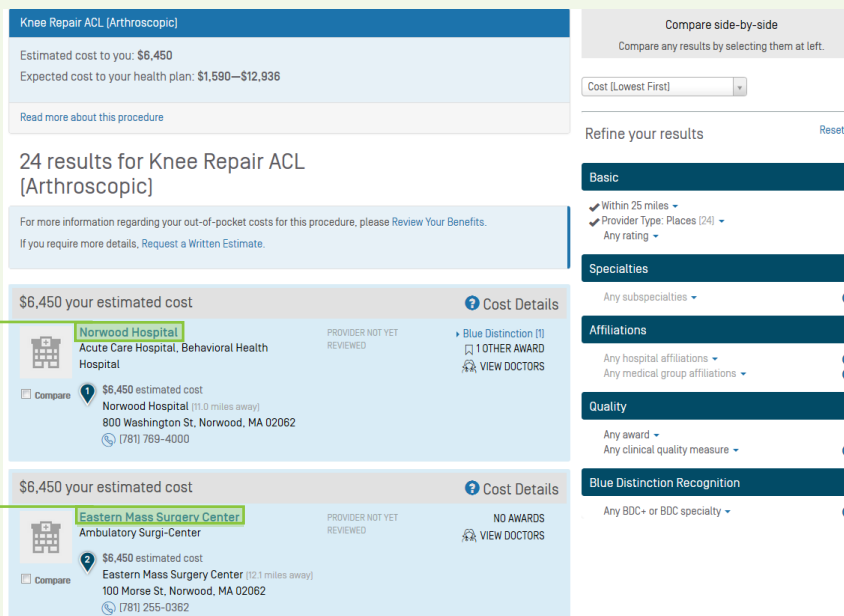


You can also **click**
Find Medical Costs
for a guided search.

2 Using the Results Page

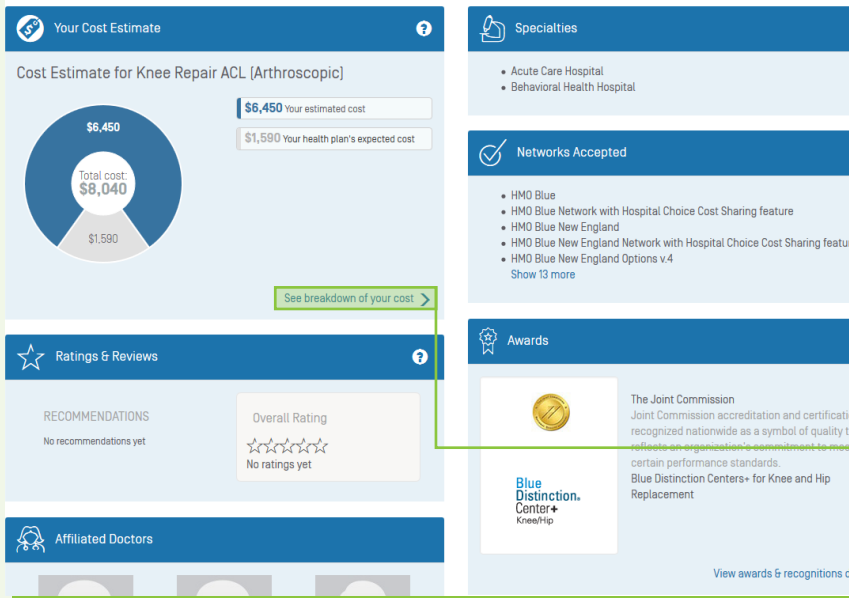
Your results page will show you nearby providers, a range of your expected out-of-pocket costs, patient reviews of physicians, if available, a range of your health plan's expected costs, and if the provider is designated as a Blue Distinction Center.* You can narrow your results by specialty, quality, languages spoken, and more. To adjust your location, use the search box at the top of the page. You can also compare up to 10 providers at a time.

Click the **provider's name** for more information, including details of your expected out-of-pocket costs, directions, and quality ratings.



*National Blue Distinction Centers for Specialty Care® are medical and surgical facilities that are recognized as the premier institutions in treating patients within their areas of expertise.

For more information regarding your out-of-pocket costs for this procedure, please Review Your Benefits.
If you require more details, Request a Written Estimate.



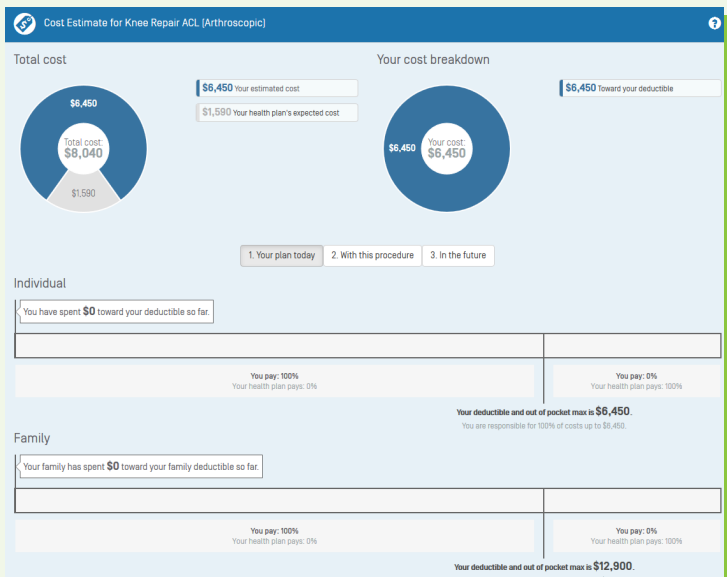
3 Provider Details— What You Can Expect

This page highlights the total average cost of the procedure, including your expected out-of-pocket costs and the cost your health plan is expected to pay. You'll also find information like quality ratings based on patient experience, directions, specialties, and more.

To see a detailed breakdown of your costs, deductible, and out-of-pocket maximum if applicable, **click See breakdown of your cost.**

4 Cost Breakdown Page

Learn what your copay and co-insurance amount is, what Blue Cross pays, and how the overall cost of the procedure affects your plan's deductible and out-of-pocket maximum, if applicable.



Shop, Compare, Save

Find the care that's right for you at www.bluecrossma.com/findadoctor or by calling us at the number on your Blue Cross ID Card.

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Meet the MyBlue Member App

Simple, Secure, Convenient

Get Health Care Information Quickly and Easily

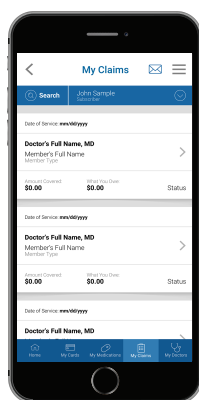
The MyBlue Member App gives members instant access to their personal health care information anytime they need it. A simple tap connects them to their doctor, recent prescriptions, and claims history.



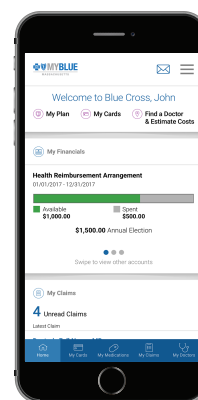
Personalized health care, right at their fingertips:



Use the digital ID card to direct-dial important numbers, email a PDF version to a doctor, or save a digital card to their phone.

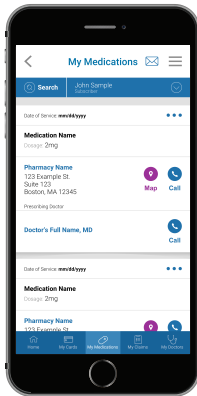


Get access to recent claims history and see copayment amounts.

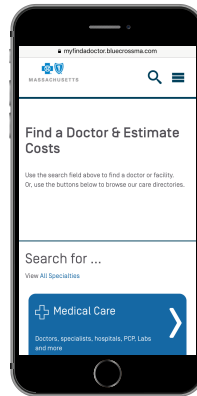


View financial account balances, like HealthEquity® or Alegeus

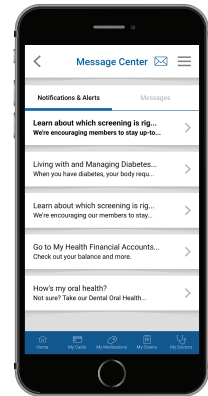
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Be smart. Shop smart.

Welcome to SmartShopper[®]

Earn cash rewards on select medical procedures
when you choose quality care at a lower cost.



smartshopper[®]

Shop smart. Get rewarded. Receive cash. *Repeat.*

Prices for identical medical procedures, like MRIs and CT scans, vary from hundreds to thousands of dollars depending on where you choose to go for your procedure.

With SmartShopper from Vitals®, an independent company, you can comparison shop for eligible, competitively priced care, have your procedure, and then sit back and wait for your reward check to arrive in the mail!

Shop smart

1. Log In or Register (if you haven't already)

Create a MyBlue account at bluecrossma.com/myblue by selecting Register Now.

2. Shop—online or by phone

Online:

- Select the Find a Doctor & Estimate Costs box
- On the Find a Doctor & Estimate Costs home page, select the Go to Find a Doctor & Estimate Costs button
- Next, select the SmartShopper incentive button

Phone:

Have a member of the Personal Assistant Team find the best care options that return the biggest reward—simply call 1-877-281-3722, Monday-Thursday, 8:00 a.m.-8:00 p.m., or Friday, 8:00 a.m.-6:00 p.m.

3. Have the Procedure

Have your procedure at the eligible location of your choice, and earn cash rewards!

4. Receive Your Cash Reward

Once the claim for your procedure is processed, Vitals will mail your reward check to you within 6 to 8 weeks.



Get rewarded

Get cash rewards when you choose to save with SmartShopper on select medical procedures

List of Sample Procedures	SmartShopper Reward
Gall Bladder Surgery	up to \$250
Shoulder Surgery	up to \$250
Colonoscopy	up to \$250
MRIs	up to \$100
CT Scans	up to \$75
Mammograms	up to \$50

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Receive cash

Expect payment in 6 to 8 weeks

Once you've earned your cash reward, and your claim has been paid, you'll receive a check from Vitals® in the mail.

Questions?

For any questions regarding the use of SmartShopper, you can contact the Personal Assistant Team at **1-877-281-3722**.
Mon. – Thurs., 8:00 a.m. – 8:00 p.m., or Fri., 8:00 a.m. – 6:00 p.m.

SmartShopper is managed by Vitals®, an independent company.

The money you receive may be considered taxable income. Consult your tax advisor.



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smartshopper™

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Nondiscrimination Notice

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Blue Cross Blue Shield of Massachusetts provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, call Member Service at the number on your ID card.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126; phone at 1-800-472-2689 (TTY: 711); fax at 1-617-246-3616; or email at civilrightscordinator@bcbsma.com.

If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, online at ocrportal.hhs.gov; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201; by phone at 1-800-368-1019 or 1-800-537-7697 (TDD).

Complaint forms are available at hhs.gov.

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Translation Resources

Proficiency of Language Assistance Services

Spanish/Español: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).

Portuguese/Português: ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).

Chinese/简体中文: 注意: 如果您讲中文, 我们可向您免费提供语言协助服务。请拨打您 ID 卡上的号码联系会员服务部 (TTY 号码: **711**)。

Haitian Creole/Kreyòl Ayisyen: ATANSYON: Si ou pale kreyòl ayisyen, sèvis asistans nan lang disponib pou ou gratis. Rele nimewo Sèvis Manm nan ki sou kat Idantifikasyon w lan (Sèvis pou Malantandan TTY: **711**).

Vietnamese/Tiếng Việt: LƯU Ý: Nếu quý vị nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cung cấp cho quý vị miễn phí. Gọi cho Dịch vụ Hội viên theo số trên thẻ ID của quý vị (TTY: **711**).

Russian/Русский: ВНИМАНИЕ: если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Позвоните в отдел обслуживания клиентов по номеру, указанному в Вашей идентификационной карте (телетайп: **711**).

Arabic/العربية:

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجاناً بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هويتك (جهاز الهاتف النصي للصم والبكم "TTY": **711**).

Mon-Khmer, Cambodian/ខ្មែរ: ការជូនដំណឹង: ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខ នៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (TTY: **711**)។

French/Français: ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le Service adhérents au numéro indiqué sur votre carte d'assuré (TTY : **711**).

Italian/Italiano: ATTENZIONE: se parlate italiano, sono disponibili per voi servizi gratuiti di assistenza linguistica. Chiamate il Servizio per i membri al numero riportato sulla vostra scheda identificativa (TTY: **711**).

Korean/한국어: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드에 있는 전화번호(TTY: **711**)를 사용하여 회원 서비스에 전화하십시오.

Greek/λληνικά: ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε την Υπηρεσία Εξυπηρέτησης Μελών στον αριθμό της κάρτας μέλους σας (ID Card) (TTY: **711**).

Polish/Polski: UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej. Należy zadzwonić do Działu obsługi ubezpieczonych pod numer podany na identyfikatorze (TTY: 711).

Hindi/हिंदी: ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए निःशुल्क उपलब्ध हैं। सदस्य सेवाओं को आपके आई.डी. कार्ड पर दिए गए नंबर पर कॉल करें (टी.टी.वाई.: 711).

Gujarati/ગુજરાતી: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો તમને ભાષાકીય સહાયતા સેવાઓ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા આઈડી કાર્ડ પર આપેલા નંબર પર Member Service ને કોલ કરો (TTY: 711).

Tagalog/Tagalog: PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tawagan ang Mga Serbisyo sa Miyembro sa numerong nasa iyong ID Card (TTY: 711).

Japanese/日本語: お知らせ:日本語をお話しになる方は無料の言語アシスタンスサービスをご利用いただけます。IDカードに記載の電話番号を使用してメンバーサービスまでお電話ください (TTY: 711)。

German/Deutsch: ACHTUNG: Wenn Sie Deutsche sprechen, steht Ihnen kostenlos fremdsprachliche Unterstützung zur Verfügung. Rufen Sie den Mitgliederdienst unter der Nummer auf Ihrer ID-Karte an (TTY: 711).

Persian/پارسیان:

توج: اگر زبان شما فارسی است، خدمات کمک زبانی ب صورت رایگان در اختیار شما قرار می گیرد. با شمار تلفن مندرج بروی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: 711).

Lao/ພາສາລາວ: ຂໍຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາຝ່າຍບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yánílt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowolgo éí ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíjijí' béésh bee hodíílnih (TTY: 711).