



# MMHG Blue Care Elect Value Plus Rate Saver

Effective: 7/1/2019



[http://planinfo.bluecrossma.com/ekit/2019-mmhgbluecareelectvalueplusratesaver-en\\_US.pdf](http://planinfo.bluecrossma.com/ekit/2019-mmhgbluecareelectvalueplusratesaver-en_US.pdf)



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Plan Education

## Plan Options

### Medical

#### Blue Care Elect Value Plus Rate Saver

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## Helpful Resources

### Plan Info

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<a href="#">Emergency Room Alternatives</a>	
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<a href="#">3-Tier Pharmacy Program</a>	

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# Blue Care® Elect Value Plus

## MMHG PPO 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 Choice

## When You Choose Preferred Providers

You receive the highest level of benefits under your health care plan when you obtain covered services from preferred providers. These are called your “in-network” benefits. See the charts for your cost share.

Note: If a preferred provider refers you to another provider for covered services (such as a lab or specialist), make sure the provider is a preferred provider in order to receive benefits at the in-network level. If the provider you use is not a preferred provider, you’re still covered, but your benefits, in most situations, will be covered at the out-of-network level, even if the preferred provider refers you.

## How to Find a Preferred Provider

To find a preferred provider:

- Look up a provider in the Provider Directory. If you need a copy of your directory or help choosing a provider, call the Member Service number on your ID card.
- Visit the Blue Cross Blue Shield of Massachusetts website at [bluecrossma.com/findadoctor](https://bluecrossma.com/findadoctor)

## When You Choose Non-Preferred Providers

You can also obtain covered services from non-preferred providers, but your out-of-pocket costs are higher. These are called your “out-of-network” benefits. See the charts for your cost share.

You must pay a plan-year deductible before you can receive coverage for most out-of-network benefits under this plan. If you are not sure when your plan year begins, contact Blue Cross Blue Shield of Massachusetts. Your deductible is **\$250** per member (or **\$500** per family).

Payments for out-of-network benefits are based on the Blue Cross Blue Shield allowed charge as defined in your benefit description. You may be responsible for any difference between the allowed charge and the provider’s actual billed charge (this is in addition to your deductible and/or your coinsurance).

## Your Out-of-Pocket Maximum

Your out-of-pocket maximum is the most that you could pay during a plan year for deductible, copayments, and coinsurance for covered services. Your out-of-pocket maximum for medical benefits is **\$2,000** per member (or **\$4,000** per family) for in-network and out-of-network services combined. 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 in-network or out-of-network emergency room services. This copayment is waived if you are 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](https://bluecrossma.com); consult the Provider Directory; or call the Member Service number on your ID card.

## Utilization Review Requirements

Certain services require **pre-approval/prior authorization** through Blue Cross Blue Shield of Massachusetts for you to have benefit coverage; this includes non-emergency and non-maternity hospitalization and may include certain outpatient services, therapies, procedures, and drugs. You should work with your health care provider to determine if pre-approval is required for any service your provider is suggesting. If your provider, or you, don’t get pre-approval when it’s required, your benefits will be denied, and you may be fully responsible for payment to the provider of the service. Refer to your benefit description for requirements and the process you should follow for Utilization Review, including Pre-Admission Review, Pre-Service Approval, Concurrent Review and Discharge Planning, and Individual Case Management.

## 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 In-Network	Your Cost Out-of-Network
<b>Preventive Care</b> Well-child care exams, including related tests, according to age-based schedule as follows: <ul style="list-style-type: none"> <li>• 10 visits during the first year of life</li> <li>• Three visits during the second year of life (age 1 to age 2)</li> <li>• Two visits for age 2</li> <li>• One visit per plan year age 3 and older</li> </ul>	Nothing	20% coinsurance after deductible
Routine adult physical exams, including related tests (one per plan year)	Nothing	20% coinsurance after deductible
Routine GYN exams, including related lab tests (one per plan year)	Nothing	20% coinsurance after deductible
Routine hearing exams, including routine tests	Nothing	20% coinsurance after deductible
Hearing aids (up to \$2,000 per ear every 36 months for a member age 21 or younger)	All charges beyond the maximum	20% coinsurance after deductible and all charges beyond the maximum
Routine vision exams (one every 24 months)	Nothing	20% coinsurance after deductible
Family planning services—office visits	Nothing	20% coinsurance after deductible
<b>Outpatient Care</b> Emergency room visits	\$100 per visit (waived if admitted or for observation stay)	\$100 per visit, no deductible (waived if admitted or for observation stay)
Office or health center visits	\$20 per visit	20% coinsurance after deductible
Chiropractors' office visits	\$20 per visit	20% coinsurance after deductible
Acupuncture visits (up to 12 visits per plan year)	\$20 per visit	\$20 per visit, no deductible
Mental health or substance abuse treatment	\$20 per visit	20% coinsurance after deductible
Short-term rehabilitation therapy—physical and occupational (up to 100 visits per plan year*)	\$20 per visit	20% coinsurance after deductible
Speech, hearing, and language disorder treatment—speech therapy	\$20 per visit	20% coinsurance after deductible
Diagnostic X-rays and lab tests	Nothing	20% coinsurance after deductible
MRIs, CT scans, PET scans, and nuclear cardiac imaging tests <ul style="list-style-type: none"> <li>• Hospitals</li> <li>• Other covered providers</li> </ul>	\$25 per category per service date Nothing	20% coinsurance after deductible 20% coinsurance after deductible
Home health care and hospice services	Nothing	20% coinsurance after deductible
Oxygen and equipment for its administration	Nothing	20% coinsurance after deductible
Durable medical equipment—such as wheelchairs, crutches, hospital beds	20% coinsurance**	40% coinsurance after deductible**
Prosthetic devices	20% coinsurance	40% coinsurance after deductible
Surgery and related anesthesia <ul style="list-style-type: none"> <li>• Office or health center services</li> <li>• Ambulatory surgical facility, hospital outpatient department, or surgical day care unit</li> </ul>	\$20 per visit*** \$150 per admission	20% coinsurance after deductible 20% coinsurance after deductible
<b>Inpatient Care (including maternity care)</b> General or chronic disease hospital care (as many days as medically necessary)	\$250 per admission	20% coinsurance after deductible
Mental hospital or substance abuse facility care (as many days as medically necessary)	\$250 per admission	20% coinsurance after deductible
Rehabilitation hospital care (up to 60 days per plan year)	Nothing	20% coinsurance after deductible
Skilled nursing facility care (up to 100 days per plan year)	Nothing	20% coinsurance after deductible

\* 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.

\*\* In-network cost share waived for one breast pump per birth (20% coinsurance after deductible out-of-network).

\*\*\* 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 In-Network**	Your Cost Out-of-Network
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	Not covered
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	Not covered

\* 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](http://bluecrossma.com/mail-service-pharmacy).

## Get the Most from Your Plan

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

<b>Wellness Participation Program</b> <b>Fitness Reimbursement: a benefit that rewards participation in qualified fitness programs</b> 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.)  <b>Weight Loss Reimbursement: a benefit that rewards participation in a qualified weight loss program</b> 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.)		\$300 per calendar year per policy
		\$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](http://bluecrossma.com).

Interested in receiving information from us via e-mail? Go to [bluecrossma.com/email](http://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.bluecrossma.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](http://bluecrossma.com/sbcglossary) or call 1-800-782-3675 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall <u>deductible</u>?</b>	<b>\$0</b> in-network; <b>\$250</b> member / <b>\$500</b> family out-of-network.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
<b>Are there services covered before you meet your <u>deductible</u>?</b>	Yes. Emergency room and emergency transportation.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <u>deductibles</u> for specific services?</b>	No.	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>	For medical benefits, <b>\$2,000</b> member / <b>\$4,000</b> family; and for prescription drug benefits, <b>\$3,000</b> member / <b>\$6,000</b> 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.
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	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> .
<b>Will you pay less if you use a <u>network provider</u>?</b>	Yes. See <a href="http://bluecrossma.com/findadoctor">bluecrossma.com/findadoctor</a> 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.
<b>Do you need a <u>referral</u> to see a <u>specialist</u>?</b>	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

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 <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$20 / visit	20% coinsurance	Deductible applies first for out-of-network
	<u>Specialist</u> visit	\$20 / visit; \$20 / chiropractor visit; \$20 / acupuncture visit	20% coinsurance; 20% coinsurance / chiropractor visit; \$20 / acupuncture visit	Deductible applies first for out-of-network except for acupuncture visits; limited to 12 acupuncture visits per plan year
	<u>Preventive care/screening/immunization</u>	No charge	20% coinsurance	Deductible applies first for out-of-network; limited to age-based schedule and / or frequency. 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	20% coinsurance	Deductible applies first for out-of-network; pre-authorization may be required
	Imaging (CT/PET scans, MRIs)	\$25 for hospitals; no charge for other providers	20% coinsurance	Deductible applies first for out-of-network; copayment applies per category of test / day; pre-authorization may be required

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)	
<b>If you need drugs to treat your illness or condition</b> More information about <b>prescription drug coverage</b> is available at <a href="https://bluecrossma.com/medications">bluecrossma.com/medications</a>	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
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$150 / admission	20% coinsurance	Deductible applies first for out-of-network
	Physician/surgeon fees	No charge	20% coinsurance	Deductible applies first for out-of-network
<b>If you need immediate medical attention</b>	<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>	\$20 / visit	20% coinsurance	Deductible applies first for out-of-network
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	\$250 / admission	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required
	Physician/surgeon fees	No charge	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	\$20 / visit	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required for certain services
	Inpatient services	\$250 / admission	20% coinsurance	Deductible applies first for out-of-network; 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 are pregnant	Office visits	No charge	20% coinsurance	Deductible applies first for out-of-network; cost sharing does not apply for in-network preventive services; maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound)
	Childbirth/delivery professional services	No charge	20% coinsurance	
	Childbirth/delivery facility services	\$250 / admission	20% coinsurance	
If you need help recovering or have other special health needs	<u>Home health care</u>	No charge	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required
	<u>Rehabilitation services</u>	\$20 / visit	20% coinsurance	Deductible applies first for out-of-network; limited to 100 visits per plan year (other than for autism, home health care, and speech therapy)
	<u>Habilitation services</u>	\$20 / visit	20% coinsurance	Deductible applies first for out-of-network; rehabilitation therapy coverage limits apply; cost share and coverage limits waived for early intervention services for eligible children
	<u>Skilled nursing care</u>	No charge	20% coinsurance	Deductible applies first for out-of-network; limited to 100 days per plan year; pre-authorization required
	<u>Durable medical equipment</u>	20% coinsurance	40% coinsurance	Deductible applies first for out-of-network; in-network cost share waived for one breast pump per birth (20% coinsurance for out-of-network)
	<u>Hospice services</u>	No charge	20% coinsurance	Deductible applies first for out-of-network; 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	20% coinsurance	Deductible applies first for out-of-network; limited to one exam every 24 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	20% coinsurance for members with a cleft palate / cleft lip condition	Limited to members under age 18; deductible applies first for out-of-network

#### 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"> <li>Children's glasses</li> <li>Cosmetic surgery</li> </ul>	<ul style="list-style-type: none"> <li>Dental care (Adult)</li> <li>Long-term care</li> </ul>	<ul style="list-style-type: none"> <li>Private-duty nursing</li> </ul>
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"> <li>Acupuncture (12 visits per plan year)</li> <li>Bariatric surgery</li> <li>Chiropractic care</li> <li>Hearing aids (\$2,000 per ear every 36 months for members age 21 or younger)</li> </ul>	<ul style="list-style-type: none"> <li>Infertility treatment</li> <li>Non-emergency care when traveling outside the U.S.</li> <li>Routine eye care - adult (one exam every 24 months)</li> </ul>	<ul style="list-style-type: none"> <li>Routine foot care (only for patients with systemic circulatory disease)</li> <li>Weight loss programs (\$150 per calendar year per policy)</li> </ul>



**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](http://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](http://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](http://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](http://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](http://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*)

<b>Total Example Cost</b>	<b>\$12,713</b>
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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
<b>The total Peg would pay is</b>	<b>\$326</b>

### 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	\$20
■ 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*)

<b>Total Example Cost</b>	<b>\$7,389</b>
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#### In this example, Joe would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$1,449
Coinsurance	\$0

#### What isn't covered

Limits or exclusions	\$55
<b>The total Joe would pay is</b>	<b>\$1,504</b>

### Jacquie's Simple Fracture

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

■ The plan's overall deductible	\$0
■ Specialist visit copay	\$20
■ 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*)

<b>Total Example Cost</b>	<b>\$1,925</b>
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#### In this example, Jacquie would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$200
Coinsurance	\$0

#### What isn't covered

Limits or exclusions	\$0
<b>The total Jacquie would pay is</b>	<b>\$200</b>

The plan would be responsible for the other costs of these EXAMPLE covered services.

\* Registered Marks of the Blue Cross and Blue Shield Association. © 2019 Blue Cross and Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

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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.

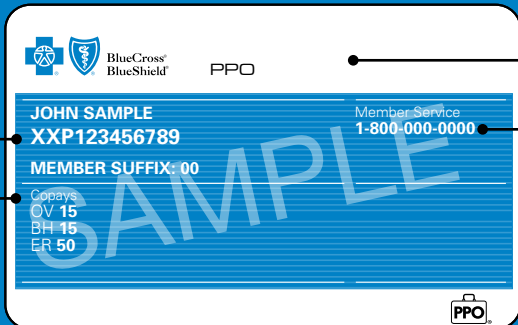
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## Important Information About Your Plan

Your health plan lets you get care from providers who participate in a **Blue Cross Blue Shield PPO Network** (preferred), as well as from providers who are out of our network. You'll pay a lower cost for care when you see an in-network provider, and a higher cost when you see an out-of-network provider. For help finding a provider, visit [myfindadoctor.bluecrossma.com](http://myfindadoctor.bluecrossma.com) and log in to select the following network: **PPO** or **EPO**.

### 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: JOHN SAMPLE  
XXP123456789

**Plan Name** points to: PPO

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

**Copays** points to: Copays  
OV 15  
BH 15  
ER 50

**MEMBER SUFFIX: 00**

**PPO** logo at the bottom right.

**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](http://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](http://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 24/7 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 are one of the best ways you and your doctor can stay on top of your health. When selecting a doctor, consider the hospital where that doctor has admitting privileges. Visit [myfindadoctor.bluecrossma.com](https://myfindadoctor.bluecrossma.com) to search in your network.

**Finding a Provider:** You don't have to choose a PCP to help manage your care, but you should see in-network doctors to pay the lowest cost. You can also see out-of-network doctors, but you'll pay higher out-of-pocket costs.

**Seeing a Specialist:** You don't need a referral from your PCP if you ever need to see a specialist. However, you should talk with your doctor about the specialty care you may need.

**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](https://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](https://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](https://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](http://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](http://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](http://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"/>	<b>No Known Allergies</b> 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"/>	<b>No Known Health Conditions</b> 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"/>	<b>No Over-the-Counter Medications</b> Acetaminophen/Tylenol® Advil®/Aleve®/Motrin® Aspirin/Excedrin®	
DEVICES	List Medical Devices here: _____ <input type="radio"/>	<b>No Medical Devices</b> 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"/>	<b>No Other Prescriptions</b> 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](http://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)

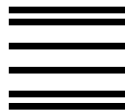
Sign here to authorize card payment ☒

## 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.

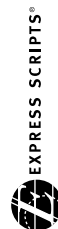
Thank you for using our mail service  
prescription drug program.

MLRBENP



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

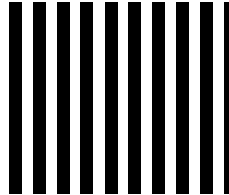
POSTAGE WILL BE PAID BY ADDRESSEE



**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

Fold

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](http://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 <sup>2</sup>	Nicotrol
Bupropion HCL ER <sup>1</sup>	Nicoderm CQ	Nicotine Gum <sup>2</sup>	Nicotrol NS
Bupropion HCL SR <sup>1</sup>	Nicorelief	Nicotine Lozenge <sup>2</sup>	NTS
Chantix	Nicorette	Nicotine Patch <sup>2</sup>	

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

\* Non-Covered Medication

<b>DIRECT ACTING MIOTICS</b>	PROBENECID-COLCHICINE	EASY TOUCH INSULIN SAFETY
ISOPTO CARPINE	ULORIC	EASY TOUCH INSULIN SYRINGE
PILOCARPINE HCL	ZURAMPIC*	EASY TOUCH LUER LOCK INSULIN
<b>ESTROGEN COMBINATIONS</b>	ZYLOPRIM	EASY TOUCH PEN NEEDLE
ACTIVELLA*	<b>H2 ANTAGONISTS</b>	EASY TOUCH SHEATHLOCK INSULIN
AMABELZ	NIZATIDINE	EASY TOUCH UNI-SLIP
ANGELIQ*	<b>INHALED CORTICOSTEROIDS</b>	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	<b>INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU</b>	INSULIN CARTRIDGE
<b>ESTROGENS</b>	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
<b>GLUCOSE ELEVATING AGENTS</b>	EASY TOUCH FLIPLOCK NEEDLE	MONOJECT INSULIN SYRINGE
PROGLYCEM	EASY TOUCH FLIPLOCK NEEDLES	MONOJECT MAGELLAN
<b>GOUT THERAPY</b>	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 ESTRA-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
ZIOPTAN*
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
APRACLONIDINE 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
INSpra
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](http://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](http://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
<b>ANESTHETICS</b>			
LIDOCAINE HCL	20MG/ML	SOLUTION	300
<b>ANTIARTHRITICS</b>			
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
<b>ANTIASTHMATICS</b>			
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
<b>ANTIBIOTICS</b>			
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
<b>ANTICOAGULANTS</b>			
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
<b>ANTIFUNGALS</b>			
FLUCONAZOLE	150MG	TABLET	3
TERBINAFINE	250MG	TABLET	90
<b>ANTIHISTAMINES</b>			
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
<b>ANTIHYPERGLYCEMICS</b>			
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
<b>ANTINEOPLASTICS</b>			
MEGESTROL ACETATE	20MG	TABLET	180
<b>ANTIPARKINSON DRUGS</b>			
TRIHENYDROXYPHENIDYL HCL	2MG	TABLET	180
BENZTROPINE MESYLATE	0.5MG	TABLET	180
BENZTROPINE MESYLATE	1MG	TABLET	90
BENZTROPINE MESYLATE	2MG	TABLET	90
<b>ANTIVIRALS</b>			
ACYCLOVIR	200MG	CAPSULE	90

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
<b>CARDIAC DRUGS</b>			
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
<b>CARDIOVASCULAR</b>			
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
<b>CNS DRUGS</b>			
PRIMIDONE	250MG	TABLET	180
PRIMIDONE	50MG	TABLET	180
<b>CONTRACEPTIVES</b>			
NORGESTIMATE-ETHINYL ESTRADIOL	7DAYSX3 28	TABLET	84
LEVONORGESTREL-ETH ESTRA	0.15-0.03	TABLET	84
<b>COUGH/COLD PREPARATIONS</b>			
D-METHORPHAN HB/ PROMETH HCL	15-6.25/5	SYRUP	360
BENZONATATE	100MG	CAPSULE	42

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
<b>DIURETICS</b>			
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
<b>EENT PREPS</b>			
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
<b>ELECT/CALORIC/H2O</b>			
POTASSIUM CHLORIDE	10MEQ	TAB PRT SR	90

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
<b>GASTROINTESTINAL</b>			
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
<b>HORMONES</b>			
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
<b>MUSCLE RELAXANTS</b>			
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
<b>SEDATIVE/HYPNOTICS</b>			
FLURAZEPAM HCL	15MG	CAPSULE	90
<b>SKIN PREPS</b>			
HYDROCORTISONE	0.01	CREAM(GM)	90
HYDROCORTISONE	0.025	CREAM(GM)	90
TRIAMCINOLONE ACETONIDE	0.005	CREAM(GM)	45
<b>THYROID PREPS</b>			
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
<b>UNCLASSIFIED DRUG PRODUCTS</b>			
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
<b>VITAMINS</b>			
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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If you need imaging or laboratory work done as part of your care, you can save money by visiting one of the following in-network facilities in Massachusetts. You'll receive the same service as at a hospital for a lower price, especially if you have a Blue Options plan (or a plan with Hospital Choice Cost Sharing benefits). Search this list alphabetically by city for available diagnostic labs and imaging centers for MRI, CT, and PET scans.

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## CD Clinical/Diagnostic Facilities

City	Facility Name	Street/Suite	State	Phone
Andover	Quest Diagnostics	138 Haverhill Street	MA	(978) 475-7520
Arlington	Quest Diagnostics	22 Mill Street, Suite 107	MA	(781) 641-1941
Attleboro	Quest Diagnostics	562 Washington Street	MA	(508) 399-8140
Auburn	Quest Diagnostics	250 Hampton Street	MA	(508) 721-0939
Billerica	Quest Diagnostics	221 Boston Road, Suite 1	MA	(978) 667-5212
Boston	Childhood Lead Screening Laboratory	305 South Street, 3rd Floor	MA	(617) 983-6668
Boston	Quest Diagnostics	1340 Boylston Street, 1st Floor	MA	(617) 236-2233
Boston	Quest Diagnostics	319 Longwood Avenue	MA	(617) 731-2240
Boston	Tufts Oral Pathology Services	One Kneeland Street	MA	(617) 636-6510
Braintree	Quest Diagnostics	340 Wood Road, Suite 302	MA	(781) 849-7993

(continued)

This document gives general information about our tiered network plan designs. There are currently three tiered provider networks called HMO Blue Options v.5, HMO Blue New England Options v.5, and Preferred Blue® PPO Options v.5. In our tiered plans, members pay different levels of cost share (copayments, co-insurance, and/or deductibles) depending on the benefits tier of the provider furnishing the services. A provider's benefits tier may change. Overall changes to the benefits tiers of providers will happen no more than once each calendar year. For help in finding the benefits tier of a provider, visit the online provider search tool at [home.bluecrossma.com](http://home.bluecrossma.com) and search for the appropriate network.

City	Facility Name	Street/Suite	State	Phone
Brighton	Quest Diagnostics	11 Nevins Street, Suite 204	MA	(617) 789-3438
Brighton	Quest Diagnostics	280 Washington Street, Suite 101	MA	(617) 562-1533
Brighton	Quest Diagnostics	736 Cambridge Street, 5th Floor	MA	(617) 779-6417
Brighton	Quest Diagnostics	77 Warren Street, Room 158	MA	(617) 562-5349
Brockton	LabCorp	1073 Pleasant Street	MA	(508) 427-1734
Brockton	Quest Diagnostics	210 Quincy Avenue	MA	(508) 586-5955
Brockton	Quest Diagnostics	830 Oak Street, Suite 103	MA	(508) 588-0308
Brockton	Quest Diagnostics	One Pearl Street, Suite 200	MA	(508) 584-2010
Brockton	US Laboratory Corporation	2 Jonathan Drive	MA	(508) 583-2000
Brookline	Quest Diagnostics	1101 Beacon Street, 1 West	MA	(617) 566-2810
Brookline	Quest Diagnostics	1180 Beacon Street, 1st Floor, Suite 1D	MA	(617) 232-5733
Brookline	Quest Diagnostics	One Brookline Place, Suite 120	MA	(617) 735-8870
Cambridge	Center for Human Genetics	840 Memorial Drive, Suite 101	MA	(617) 492-7083
Cambridge	Foundation Medicine Incorporated	150 2nd Street	MA	(617) 418-2200
Cambridge	Good Start Genetics Inc.	237 Putnam Avenue	MA	(617) 714-0800
Cambridge	Quest Diagnostics	575 Mount Auburn Street, Suite B103	MA	(617) 547-4502
Chelmsford	Quest Diagnostics	39 Village Square	MA	(978) 256-1268
Chestnut Hill	Quest Diagnostics	200 Boylston Street, Suite 301	MA	(617) 244-1222
Clinton	Quest Diagnostics	201 Highland Street, 2nd Floor, Suite 1	MA	(978) 368-1601
Cohasset	Quest Diagnostics	223 Chief Justice Cushing Highway, Lower Level	MA	(781) 383-0180
Danvers	Quest Diagnostics	140 Commonwealth Avenue	MA	(978) 777-6060
Danvers	Quest Diagnostics	180–182 Endicott Street	MA	(978) 777-7879
Dennis	Quest Diagnostics	501 Main Street, Suite 6A	MA	(508) 385-5251
Dorchester	Quest Diagnostics	2110 Dorchester Avenue, Suite 310	MA	(617) 296-1231
Douglas	Quest Diagnostics	15 West Street	MA	(508) 476-2365
Fall River	Quest Diagnostics	101 President Avenue	MA	(508) 324-4105
Fall River	Quest Diagnostics	301 New Boston Road	MA	(508) 678-8585
Fall River	Quest Diagnostics	851 Middle Street, 2nd Floor	MA	(877)-868-2191
Falmouth	LabCorp	12 Bramble Bush Drive	MA	(774) 763-2675
Falmouth	Quest Diagnostics	350 Gifford Street, Suite 15–17	MA	(508) 540-2642
Fitchburg	Quest Diagnostics	275 Nichols Road, 4th Floor	MA	(978) 342-1613
Fitchburg	Quest Diagnostics	326 Nichols Road	MA	(978) 342-1613
Fitchburg	Quest Diagnostics	47 Ashby State Road	MA	(978) 345-1948
Fitchburg	Quest Diagnostics	76 Summer Street, Suite 110	MA	(978) 343-6210
Florence	Quest Diagnostics	190 Nonotuck Street	MA	(413) 584-3864

(continued)



City	Facility Name	Street/Suite	State	Phone
Foxboro	Quest Diagnostics	10 Commercial Street	MA	(508) 698-1721
Foxboro	Quest Diagnostics	70 Walnut Street, Suite 101	MA	(508) 543-0954
Framingham	Boston Heart Diagnostics Corporation	175 Crossing Boulevard	MA	(508) 877-8711
Framingham	Boston Heart Diagnostics Corporation	200 Crossing Boulevard	MA	(508) 877-8711
Framingham	Charles River Medical Associates	297 Union Avenue	MA	(508) 665-4221
Framingham	Quest Diagnostics	61 Lincoln Street, Suite 308	MA	(508) 370-7341
Gardner	Quest Diagnostics	175 Connors Street, Lower Level	MA	(866) 697-8378
Hanover	Quest Diagnostics	135 Webster Street	MA	(781) 871-2005
Harvard	Quest Diagnostics	198 Ayer Road	MA	(978) 456-6816
Harwich	Quest Diagnostics	1421 Orleans Road, 2nd Floor, Suite S102	MA	(508) 432-7764
Harwich	Quest Diagnostics	253 Pleasant Lake Avenue, Route 124	MA	(508) 430-1592
Harwich	Quest Diagnostics	Route 124, Suite A, Rear Entrance	MA	(508) 430-1592
Haverhill	Lab USA, Inc.	108R Merrimack Street	MA	(978) 556-0533
Haverhill	LabCorp	215 Summer Street, Suite 14	MA	(978) 372-2722
Haverhill	Quest Diagnostics	209 Summer Street	MA	(978) 374-3712
Haverhill	Quest Diagnostics	62 Brown Street, Suite 202	MA	(978) 556-5655
Holden	Quest Diagnostics	52 Boyden Road, Suite 203	MA	(508) 829-8262
Holyoke	Clean Slate Centers	59 Bobala Road	MA	(413) 584-2173
Hyannis	LabCorp	69 Camp Street, Suite 3	MA	(508) 790-0151
Hyannis	Quest Diagnostics	51 Main Street	MA	(508) 778-4100
Jamaica Plain	Massachusetts Department of Public Health	305 South Street	MA	(617) 983-6200
Lancaster	Quest Diagnostics	136 High Street Extension	MA	(978) 368-1683
Lawrence	Quest Diagnostics	101 Amesbury Street, Suite 204	MA	(978) 688-1919
Lawrence	Quest Diagnostics	25 Marston Street, Suite 304	MA	(978) 557-5636
Leominster	Quest Diagnostics	14 Manning Avenue, 3rd Floor	MA	(978) 466-9625
Leominster	Quest Diagnostics	79 Erdman Way	MA	(978) 466-9009
Leominster	Quest Diagnostics	80 Erdman Way, 2nd Floor	MA	(978) 466-3494
Leominster	Quest Diagnostics	85 North Main Street	MA	(978) 466-5785
Lowell	LabCorp	702 Rogers Street, Suite 38	MA	(978) 970-1455
Lowell	Quest Diagnostics	700 Rogers Street	MA	(978) 458-7980
Lowell	Quest Diagnostics	817 Merrimack Street, 2nd Floor	MA	(978) 458-7980
Malden	Faulkner Medical Laboratories	410 Ferry Street	MA	(781) 322-8502
Malden	Medical Professional Services	380 Pleasant Street, Suite 21	MA	(781) 397-9980
Mansfield	Clinical Science Laboratory	51 Francis Avenue	MA	(800) 255-6106
Marlboro	Ameripath New York LLC	200 Forest Street, Suite 3119	MA	(844) 362-9801

(continued)

City	Facility Name	Street/Suite	State	Phone
Marlboro	Athena Diagnostics	200 Forest Street, 1st Floor	MA	(508) 756-2886
Marlboro	Quest Diagnostics	200 Forest Street, 3rd Floor, Suite B	MA	(508) 798-1600
Marlboro	Quest Diagnostics	340 Maple Street, 1st Floor	MA	(508) 229-7847
Marlboro	Quest Diagnostics	640 Bolton Street	MA	(508) 303-1990
Mashpee	Franey Medical Laboratories	52 Mercantile Way	MA	(508) 888-7546
Mattapan	Quest Diagnostics	1575 Blue Hill Avenue	MA	(617) 696-0990
Melrose	Quest Diagnostics	50 Tremont Street	MA	(781) 979-0806
Methuen	Quest Diagnostics	60 East Street, Suite 1200	MA	(978) 688-5828
Methuen	Quest Diagnostics	One Branch Street	MA	(978) 688-4745
Methuen	Quest Diagnostics	9 Branch Street	MA	(978) 688-4745
Middleboro	Quest Diagnostics	511 West Grove Street, Suite 208	MA	(508) 947-1122
Milford	Quest Diagnostics	91 Water Street	MA	(508) 482-9210
Millbury	Quest Diagnostics	65 Canal Street	MA	(508) 865-4738
New Bedford	Quest Diagnostics	651 Orchard Street	MA	(508) 992-1474
Newton	LabCorp	1400 Centre Street, Suite 208	MA	(617) 244-0923
Norfolk	Quest Diagnostics	31 Pine Street, Suite 101	MA	(508) 384-1312
North Andover	LabCorp	200 Sutton Street, Suite 135	MA	(978) 685-0063
North Andover	Quest Diagnostics	170 Pleasant Street	MA	(978) 989-0870
North Andover	Quest Diagnostics	565 Turnpike Street, 1st Floor	MA	(978) 208-7010
North Attleboro	Quest Diagnostics	500 East Washington Street, Suite 22	MA	(508) 643-4880
North Dartmouth	Quest Diagnostics	49 State Road, Suite 202	MA	(508) 487-2062
North Grafton	Quest Diagnostics	100 Worcester Street, Unit 60	MA	(508) 839-3283
Northboro	Quest Diagnostics	112 Main Street	MA	(508) 393-3704
Northboro	Quest Diagnostics	333 Southwest Cutoff	MA	(508) 842-0230
Norwood	Oxford Immunotec LLC	315 Norwood Park South	MA	(800) 246-8436
Norwood	Quest Diagnostics	335 Morse Street	MA	(781) 769-5128
Norwood	Quest Diagnostics	825 Washington Street, Suite 140	MA	(781) 255-0231
Norwood	Quest Diagnostics	886 Washington Street	MA	(781) 762-4238
Norwood	Quest Diagnostics	95 Chapel Street, Suite G5	MA	(781) 762-1712
Orleans	Quest Diagnostics	229 Cranberry Highway	MA	(508) 255-2010
Osterville	Quest Diagnostics	23 West Bay Road	MA	(508) 428-0973
Pittsfield	Quest Diagnostics	42 Summer Street	MA	(413) 499-8718
Plymouth	Quest Diagnostics	57 Long Pond Road	MA	(508) 747-1570
Provincetown	Quest Diagnostics	49 Harry Kemp Way	MA	(508) 487-2062
Quincy	Quest Diagnostics	500 Congress Street, Suite 1E	MA	(617) 773-0080
Raynham	Quest Diagnostics	675 Paramount Drive, Suite 102	MA	(508) 824-0838

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City	Facility Name	Street/Suite	State	Phone
Shrewsbury	Quest Diagnostics	26 Julio Drive	MA	(508) 845-3615
Shrewsbury	Quest Diagnostics	604 Main Street	MA	(508) 845-6521
Somerville	Quest Diagnostics	33 Bow Street	MA	(617) 623-9600
South Weymouth	Quest Diagnostics	73 Pleasant Street	MA	(781) 335-4208
South Weymouth	Quest Diagnostics	851 Main Street, Unit 17, 2nd Floor	MA	(781) 335-4208
Spencer	Quest Diagnostics	369 Main Street	MA	(508) 885-5936
Springfield	Baystate Reference Laboratories	759 Chestnut Street	MA	(413) 794-5374
Springfield	Life Laboratories	299 Carew Street, Lower Level	MA	(413) 748-9500
Springfield	Quest Diagnostics	780 Chestnut Street, Suite 16	MA	(413) 788-7714
Stoughton	LabCorp	966 Park Street, Suite B-7	MA	(781) 297-5208
Sutton	Quest Diagnostics	156-160 Worcester Providence Turnpike	MA	(508) 865-4888
Taunton	Quest Diagnostics	2005 Bay Street, Suite B210	MA	(508) 880-5885
Taunton	Quest Diagnostics	72 Washington Street, Suite 2500	MA	(508) 432-7764
Walpole	Quest Diagnostics	1426 Main Street, Suite G5	MA	(508) 660-2975
Waltham	Boston Clinical Laboratories	764A Main Street	MA	(781) 893-1995
Waltham	Boston Fertility Lab	130 2nd Avenue	MA	(781) 434-6500
Waltham	Quest Diagnostics	20 Hope Avenue, Suite 311	MA	(781) 647-0347
Waltham	Quest Diagnostics	6 Lexington Street	MA	(781) 899-2100
Wareham	Quest Diagnostics	106 Main Street, Suite 4	MA	(508) 295-0477
Webster	Ammon Analytical Laboratories LLC	106 East Main Street	MA	(508) 461-5355
Webster	LabCorp	72 Cudworth Road	MA	(508) 461-0019
Wellesley	Quest Diagnostics	65 Walnut Street, Suite 130	MA	(781) 237-0002
Wellfleet	Quest Diagnostics	3130 State Highway, Route 6	MA	(508) 349-6404
West Boylston	Quest Diagnostics	242 Woodland Street	MA	(508) 835-3028
West Roxbury	LabCorp	2081 Centre Street	MA	(617) 325-2167
Westboro	Esoterix Genetic Laboratories	3400 Computer Drive	MA	(800) 872-3572
Westboro	Quest Diagnostics	33 East Main Street	MA	(508) 366-1271
Westboro	Quest Diagnostics	154 East Main Street	MA	(508) 836-3674
Woburn	Aspenti Health	57 Commerce Way	MA	(844) 267-9674
Woburn	Repro Source Fertility Diagnostics	300 Tradecenter, Suite 6540	MA	(800) 667-8893
Worcester	LabCorp	123 Summer Street	MA	(508) 363-6263
Worcester	LabCorp	140 West Boylston Drive	MA	(508) 856-0327
Worcester	LabCorp	141 Massasoit Road	MA	(508) 752-5237
Worcester	LabCorp	352 Belmont Street	MA	(508) 757-8005
Worcester	Quest Diagnostics	10 Winthrop Street, 1st Floor	MA	(508) 754-8268

(continued)

## CD Clinical/Diagnostic Facilities

City	Facility Name	Street/Suite	State	Phone
Worcester	Quest Diagnostics	12 Winthrop Street, Suite 102C	MA	(508) 831-0624
Worcester	Quest Diagnostics	100 Martin Luther King Jr. Boulevard	MA	(508) 754-0178
Worcester	Quest Diagnostics	119 Belmont Street	MA	(508) 752-2414
Worcester	Quest Diagnostics	121 Lincoln Street, Unit 13	MA	(508) 751-4685
Worcester	Quest Diagnostics	291 Lincoln Street, Suite 306	MA	(508) 755-7573
Worcester	Quest Diagnostics	328 Shrewsbury Street	MA	(508) 755-4896
Worcester	Quest Diagnostics	338 Plantation Street	MA	(508) 755-4896
Worcester	Quest Diagnostics	40 Converse Street, 2nd Floor	MA	(508) 792-3556
Worcester	Quest Diagnostics	85 Prescott Street, 3rd Floor	MA	(508) 755-5414
Worcester	Quest Diagnostics	One West Boylston Street, 3rd Floor, Suite LI07	MA	(508) 853-1208
Worcester	Secor of New England	415 Main Street, 4th Floor	MA	(508) 831-0703
Wrentham	Quest Diagnostics	24 Common Street	MA	(508) 384-2630
Wrentham	Quest Diagnostics	667 South Street	MA	(508) 384-8532
Yarmouth Port	Quest Diagnostics	923 Main Street, Route 6A	MA	(508) 362-3833

## MRI MRI Facilities

City	Facility Name	Street/Suite	State	Phone
Andover	Merrimack Valley Health Services, Inc.	323 Lowell Street, Suite 002	MA	(888) 684-7674
Belmont	McLean Hospital	115 Mill Street	MA	(617) 855-3385
Brockton	Shields MRI Brockton	265 Westgate Drive	MA	(800) 258-4674
Brookline	Longwood MRI Specialists	637 Washington Street	MA	(617) 277-1614
Chelmsford	Center for Diagnostic Imaging	187 Billerica Road	MA	(978) 250-1866
Chicopee	Western Mass Magnetic Resonance Services	444 Montgomery Street	MA	(413) 598-7276
Danvers	Aurora Breast MRI of Beverly Hospital	480 Maple Street	MA	(978) 304-8199
Dedham	Center for Diagnostic Imaging	200 Providence Highway	MA	(781) 329-0600
Dedham	Shields MRI Dedham	40 Allied Drive, Suite 112	MA	(781) 329-3201
Dorchester	Shields MRI Boston Granite Ave	161 Granite Avenue	MA	800-258-4674
Framingham	MetroWest MRI	761 Worcester Road	MA	(508) 872-7674
Framingham	Shields MRI of Framingham	14 Cochituate Road	MA	800-258-4674
Greenfield	Shields MRI at Baystate Franklin Medical Center	164 High Street	MA	(413) 772-1900
Haverhill	Center for Diagnostic Imaging	One Park Way	MA	(978) 469-0400
Leominster	Shields MRI at UMass Memorial Health	100 Hospital Road, Suite 1A	MA	(978) 466-2725
Lowell	Shields MRI at Lowell General Hospital	295 Varnum Avenue	MA	800-258-4674

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## MRI Facilities

City	Facility Name	Street/Suite	State	Phone
Lowell	Shields MRI at Lowell General Hospital Saints Campus	One Hospital Drive	MA	(978) 934-8530
Marlboro	Shields MRI at UMass Marlboro Campus	157 Union Street	MA	(800) 258-4674
New Bedford	Shields MRI at St. Luke's Hospital	361 Allen Street	MA	(508) 997-5100
Newburyport	Shields Imaging at Anna Jacques	25 Highland Avenue	MA	(866) 258-4738
North Chelmsford	Shields MRI at Lowell General Hospital	10 Research Place	MA	(800)-258-4674
North Dartmouth	Fall River New Bedford Regional MRI	313 Faunce Corner Road	MA	(800) 258-4674
Norton	Imaging Consultants Inc.	246 East Main Street	MA	(866) 674-2174
Norwood	Radiology Associates of Norwood	825 Washington Street, Suite 170	MA	(781) 769-0153
Palmer	UMass Memorial MRI and Imaging Center LLC	40 Wright Street	MA	(800)-258-4674
Peabody	Center for Diagnostic Imaging	One Orthopedics Drive	MA	(978) 818-6272
Plymouth	Imaging Consultants Inc.	275 Sandwich Street	MA	(866) 245-5995
Springfield	Greater Springfield MRI Limited Partnership	271 Carew Street	MA	(413) 739-0290
Springfield	Baystate MRI and Imaging Center	80 Wason Avenue	MA	(800) 258-4674
Springfield	Center for Diagnostic Imaging	3640 Main Street, Suite 101	MA	(413) 781-9000
Wellesley	Aurora Imaging Corporation	165 Worcester Street	MA	(800) 476-0577
West Yarmouth	Shields MRI and Imaging Center of Cape Cod	2 Iyanough Road	MA	(800) 258-4674
Woburn	Shields MRI Winchester Hospital at Unicorn Park	200 Unicorn Park Drive, Suite 402	MA	(781) 756-4008
Woburn	Center for Diagnostic Imaging	800 West Cummings Park, Suite 1150	MA	(781) 932-8650
Worcester	Aurora Breast MRI of Central Mass LLC	67 Belmont Street	MA	(508) 459-7480
Worcester	Shields MRI at UMass Memorial Campus	119 Belmont Street	MA	(800) 258-4674
Worcester	Shields MRI at UMass Memorial	55 Lake Avenue North, S1 173	MA	(617) 376-7416
Worcester	Shields MRI at UMass Memorial Shrewsbury	214 Shrewsbury Street	MA	(800) 258-4674

## CT Scan Facilities

City	Facility Name	Street / Suite	State	Phone
Framingham	Charles River Medical Associates	571 Union Avenue	MA	(508) 848-2164
Haverhill	Center for Diagnostic Imaging	One Park Way	MA	(978) 469-0400
Methuen	Stiles Road Imaging	411 Merrimack Street	MA	(603) 421-2018
North Andover	New England Allergy Asthma	555 Turnpike Street, Suite 31	MA	(978) 683-4299
Springfield	Center for Diagnostic Imaging	3640 Main Street, Suite 101	MA	(413) 781-9000
West Roxbury	Baystate Dental and Medical Imaging	1208B VFW Parkway, Suite 301	MA	(617) 323-7050

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City	Facility Name	Street/Suite	State	Phone
Attleboro	Shields Sturdy PET CT	211 Park Street	MA	(866) 258-4738
Ayer	Steward PET Imaging	200 Groton Road	MA	(877) 877-8455
Boston	Shields PET CT Services at Tufts Medical	800 Washington Street	MA	(866) 258-4738
Brighton	Steward PET Imaging	736 Cambridge Street	MA	(877) 877-8455
Brockton	Shields Signature Imaging	680 Centre Street	MA	(866) 258-4738
Brockton	Steward PET Imaging	235 North Pearl Street	MA	(877) 877-8455
Dartmouth	Steward PET Imaging at Hawthorn Medical Associates	535 Faunce Corner Road	MA	(781) 762-8010
Dorchester	Steward PET Imaging	2100 Dorchester Avenue	MA	(877) 877-8455
Fall River	Steward PET Imaging	795 Middle Street	MA	(877) 877-8455
Fitchburg	Shields PETCT at UMass Memorial-Burbank	275 Nichols Road	MA	(866) 258-4738
Foxboro	Steward PET Imaging	70 Walnut Street	MA	(877) 877-8455
Framingham	Charles River Medical Associates	571 Union Avenue	MA	(508) 848-2164
Gardner	Imaging Consultants Inc.	242 Green Street	MA	(866) 245-5995
Harwich	Cape Cod PET CT Services LLC/ Fontaine Medical Center	525 Long Pond Drive	MA	(866) 258-4738
Holyoke	Steward PET Imaging	575 Beech Street	MA	(877) 877-8455
Norwood	Steward PET Imaging LLC	800 Washington Street	MA	(877) 877-8455
Plymouth	Imaging Consultants Inc.	275 Sandwich Street	MA	(866) 245-5995
Sandwich	Cape Cod PET CT Services LLC	2 Jan Sebastian Drive	MA	(866) 258-4738
South Weymouth	Shields PET CT at South Shore Hospital	55 Fogg Road	MA	(800) 258-4674
Southbridge	Imaging Consultants Inc.	100 South Street	MA	(866) 245-5995
Springfield	Shields MRI and Baystate Health	80 Wason Avenue	MA	(800) 258-4674
Stoneham	Imaging Consultants Inc.	41 Montvale Avenue	MA	(866) 245-5995
Westfield	Steward PET Imaging	115 West Silver Street	MA	(877) 877-8455
Worcester	Shields MRI at UMass Memorial Shrewsbury	214 Shrewsbury Street	MA	(800) 258-4674

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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## 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"><li>• Fever</li><li>• Dizziness</li><li>• Cuts</li><li>• General discomfort</li></ul>			24/7	No cost	Call the Blue Care Line at <a href="tel:1-888-247-BLUE">1-888-247-BLUE (2583)</a>
Well Connection	Live video visits with licensed doctors on your favorite device.	<ul style="list-style-type: none"><li>• Back pain</li><li>• Bronchitis</li><li>• Cough</li><li>• Diarrhea</li></ul>	<ul style="list-style-type: none"><li>• Fever</li><li>• Rashes</li><li>• Respiratory infections</li><li>• Sinus infections</li></ul>	<ul style="list-style-type: none"><li>• Sore throat</li><li>• Skin conditions</li><li>• Urinary tract infections</li></ul>	24/7 for medical care	\$\$	Download the Well Connection app, or visit <a href="https://wellconnection.com">wellconnection.com</a> .
		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"><li>• Cold &amp; flu</li><li>• Bronchitis</li><li>• Sinus &amp; respiratory infections</li><li>• Sore throat</li></ul>	<ul style="list-style-type: none"><li>• Diarrhea</li><li>• Gout</li><li>• Strep throat</li><li>• Urinary tract infections</li></ul>	<ul style="list-style-type: none"><li>• Pinkeye</li><li>• Hypertension</li><li>• Migraines</li><li>• Pneumonia</li></ul>	Days, evenings, weekends	\$\$	Visit Find a Doctor at <a href="https://findadoctor.bluecrossma.com/">findadoctor.bluecrossma.com/</a>  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"><li>• Broken bones</li><li>• Digital X-rays</li><li>• Drug tests</li><li>• EKG test</li></ul>	<ul style="list-style-type: none"><li>• Lab tests</li><li>• Minor burns or injuries</li><li>• PPD/TB skin tests</li><li>• Pregnancy test</li><li>• Short-term (acute) illness</li></ul>	<ul style="list-style-type: none"><li>• Splints</li><li>• Stitches</li><li>• Sports &amp; school physicals</li><li>• Shots &amp; vaccines</li></ul>	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"> <li>• Possible heart attack</li> <li>• Stroke</li> <li>• Poisoning</li> <li>• Loss of consciousness</li> </ul>	24/7	\$\$\$\$\$\$	<ul style="list-style-type: none"> <li>• Call 911 or go to your nearest hospital</li> </ul>

## 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](https://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](https://wellconnection.com) to get started.



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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).

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).



MASSACHUSETTS

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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 members<sup>1</sup>

### How It Works

1. Download the Well Connection app, or visit [wellconnection.com](https://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](https://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"><li>• Cold &amp; flu</li><li>• Bronchitis</li><li>• Sinus &amp; respiratory infections</li><li>• Sore throat</li></ul> | <ul style="list-style-type: none"><li>• Diarrhea</li><li>• Gout</li><li>• Strep throat</li><li>• Urinary tract infections</li></ul> | <ul style="list-style-type: none"><li>• Pinkeye</li><li>• Hypertension</li><li>• Migraines</li><li>• Pneumonia</li></ul> |
|--|---|--|

#### Behavioral Health

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

## 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](https://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](http://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	OCB
REVAZOLIN 1500	Not Covered	ATENOLOL, CARVEDILOL, FLUSASTATIN, LOXAPATATIN, PAROXETINE	Yes	Yes
REVAZOLIN 1500	Not Covered	ATENOLOL, CARVEDILOL, FLUSASTATIN, LOXAPATATIN, PAROXETINE	Yes	Yes
REVAZOLIN 1500	Not Covered	ATENOLOL, CARVEDILOL, FLUSASTATIN, LOXAPATATIN, PAROXETINE	Yes	Yes

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# Blue Care line<sup>SM</sup>

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 \$150<sup>1</sup> annually for participating in a qualified fitness program.

## 3 Easy Steps to Getting Reimbursed<sup>2</sup>



### 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.



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# Fitness Reimbursement Request<sup>1</sup>

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](http://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](http://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 \$150<sup>1</sup> annually when you participate in a qualified weight-loss program.

## 3 Easy Steps to Getting Reimbursed<sup>2</sup>



### 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.



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# Weight-Loss Reimbursement Request<sup>1</sup>

PLEASE PRINT ALL INFORMATION CLEARLY IN BLACK INK

To verify this reimbursement is offered within your plan, please log on to MyBlue<sup>®</sup> at [bluecrossma.com/myblue](http://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](http://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.<sup>1</sup>

### 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 Steps<sup>1</sup>



### 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.

<sup>1</sup> To verify this reimbursement is offered for your plan, or for more information, log on to MyBlue at [bluecrossma.com/myblue](http://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.





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# 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](http://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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# 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 Steps<sup>1</sup>



### 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](http://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.



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# 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](http://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.

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## 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**.

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An Association of Independent Blue Cross and Blue Shield Plans

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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

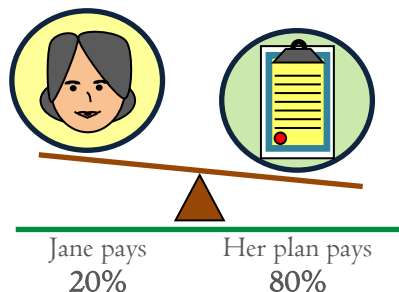
When a [provider](#) bills you for the balance remaining on the bill that your [plan](#) doesn't cover. This amount is the difference between the actual billed amount and the [allowed amount](#). For example, if the provider's charge is \$200 and the allowed amount is \$110, the provider may bill you 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

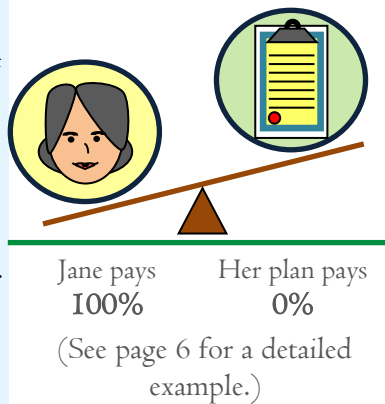
Your share of costs for services that a [plan](#) covers that you must pay out of your own pocket (sometimes called "out-of-pocket costs"). Some examples of cost sharing are [copayments](#), [deductibles](#), and [coinsurance](#). Family cost sharing is the share of cost for [deductibles](#) and [out-of-pocket](#) 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](#).

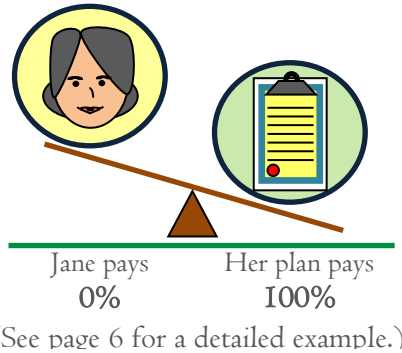
## Out-of-network Provider (Non-Preferred Provider)

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%

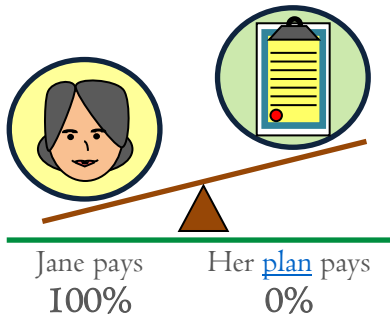
Out-of-Pocket Limit: \$5,000

January 1<sup>st</sup>

Beginning of Coverage Period

December 31<sup>st</sup>

End of Coverage Period



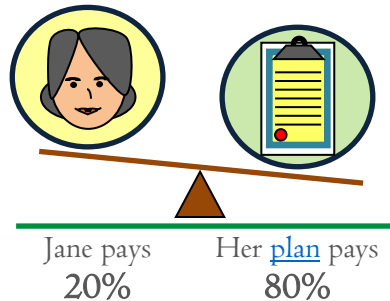
## Jane hasn't reached her \$1,500 deductible yet

Her plan doesn't pay any of the costs.

Office visit costs: \$125

Jane pays: \$125

Her plan pays: \$0



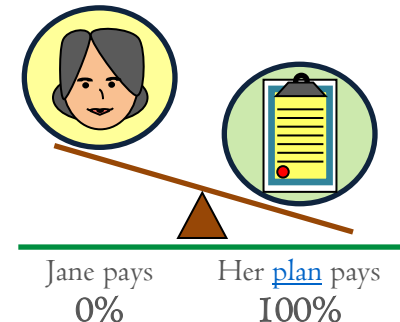
## Jane reaches her \$1,500 deductible, coinsurance begins

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

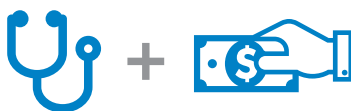
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# A Guide to Your Summary of Health Plan Payments<sup>1</sup>

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

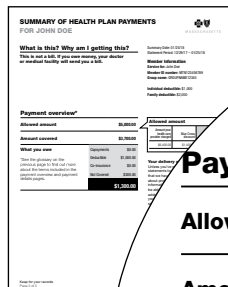
When you visit a health care provider, you pay a copayment.<sup>2</sup>



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

\*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)

Copayments	\$0.00
Deductible	\$1,000.00
Co-insurance	\$0.00
Not Covered	\$300.00
<b>Total</b>	<b>\$1,300.00</b>

**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 provider<sup>2</sup> 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

- A** The payment overview shows the amount charged to Blue Cross, the amount we covered, and what you owe (if anything).
- B** Up here, you'll find your account information, including your plan's deductible. A deductible is the amount you pay for medical services before your insurance begins to pay.
- C** This section shows how the allowed amount was calculated.
- D** Your delivery options describes how these statements are delivered and how you can update your preferences.



# 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](http://bluecrossma.com/myblue).

### Questions?

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



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# Meet the MyBlue Member App

## Simple, Secure, Convenient

### Get Health Care Information Quickly and Easily

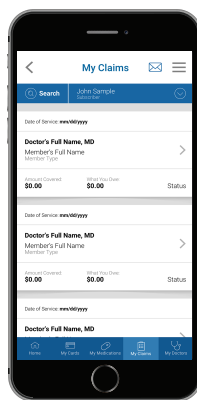
The MyBlue Member App gives members instant access to their personal health care information anytime they need it. A simple tap connects them to their doctor, recent prescriptions, and claims history.



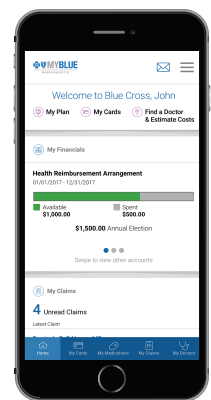
### Personalized health care, right at their fingertips:



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.

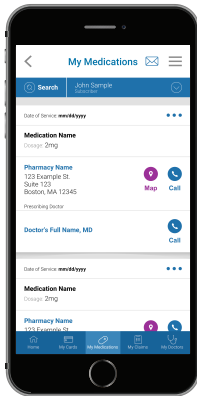


Get access to recent claims history and see copayment amounts.

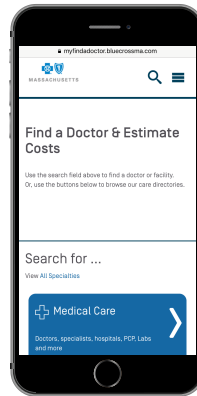


View financial account balances, like HealthEquity® or Alegeus

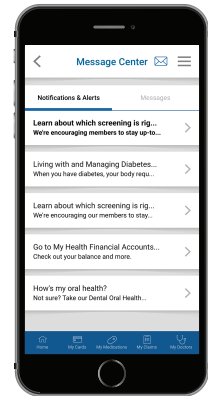
## Additional MyBlue Member App features:



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 <sup>SM</sup> Credit 1-Bureau	<ul style="list-style-type: none"> <li>• Credit monitoring</li> <li>• Daily credit reports</li> <li>• Identity theft insurance</li> <li>• Identity restoration</li> </ul>	You and dependents over 18	1. Sign into <a href="https://bluecrossma.com/myblue">bluecrossma.com/myblue</a> and click <b>Identity Protection</b> under <b>News &amp; Updates</b> .
IdentityWorks <sup>SM</sup> Minor Plus	<ul style="list-style-type: none"> <li>• Internet surveillance of identity</li> <li>• Social security number tracking</li> <li>• Identity theft insurance</li> <li>• Identity restoration</li> </ul>	Dependents under 18	2. Follow the instructions on the page under <b>How to Enroll</b> to access the activation code and link to the Experian IdentityWorks enrollment website.
<b>Note:</b> 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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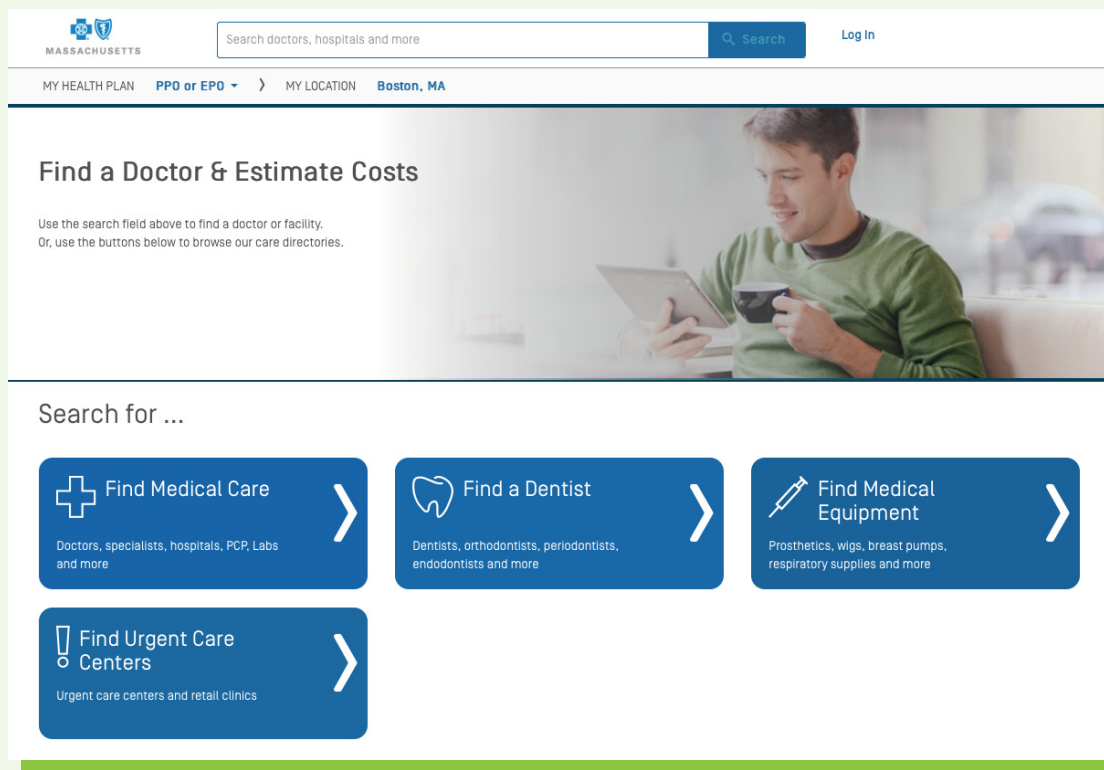
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## Find the Care You Need with One Simple Tool!

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.



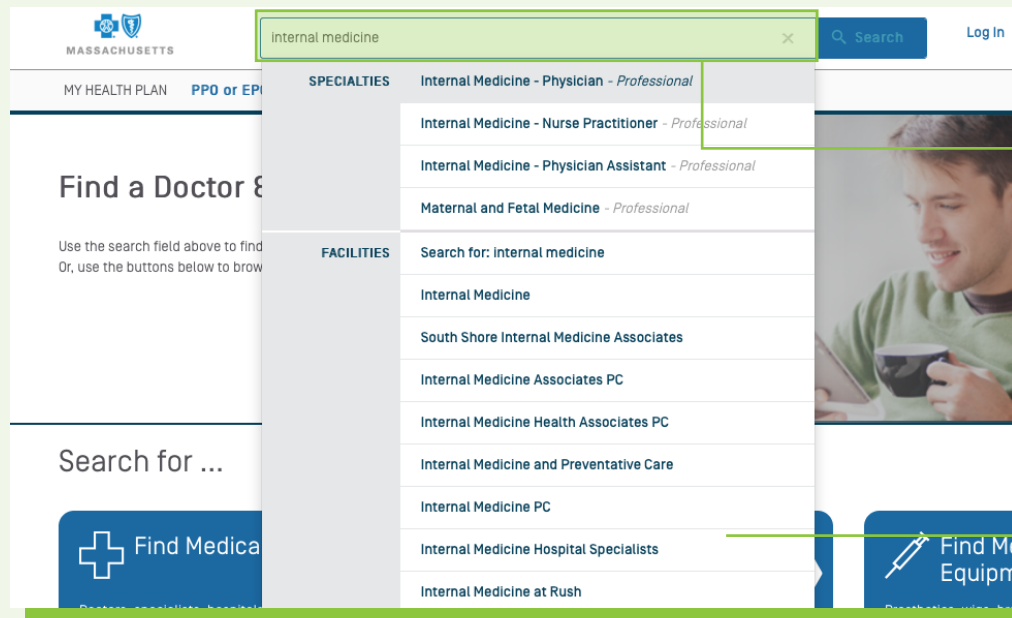


# Log in for Best Results

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.

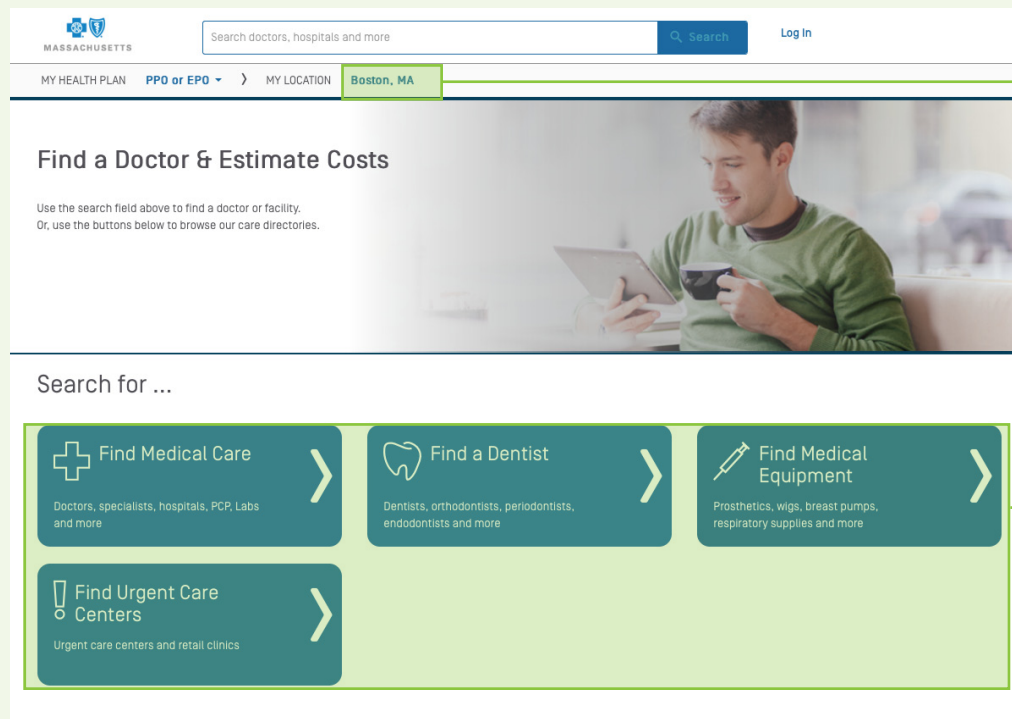
Don't have an account? Create one at [bluecrossma.com/findadoctor](https://bluecrossma.com/findadoctor).

## 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.



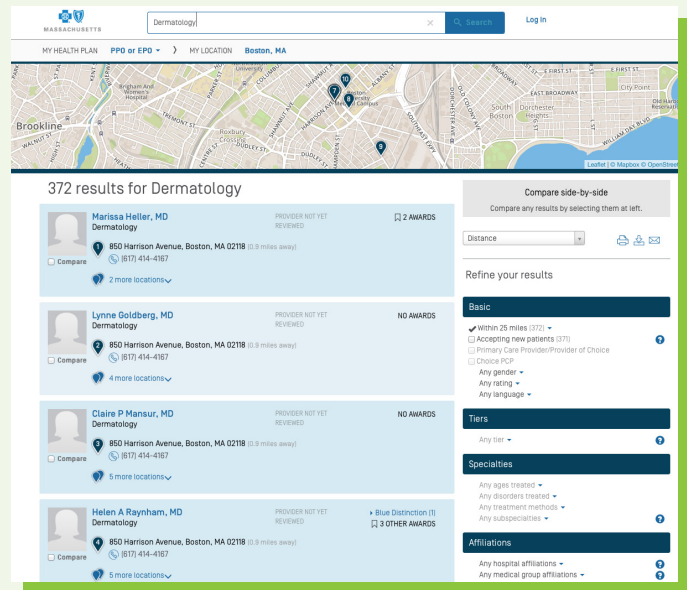
Change your location here. You even have the option to search nationwide!

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.

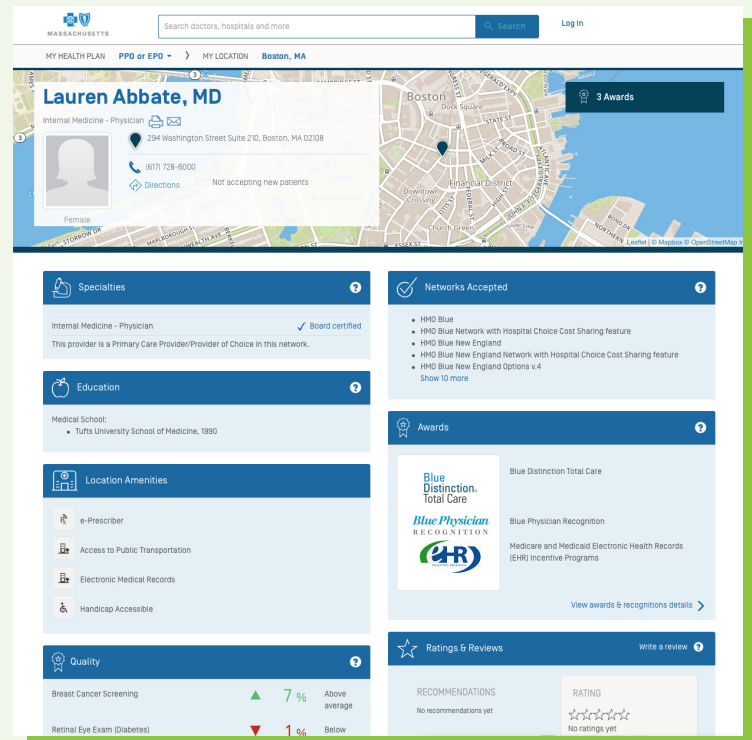
- Narrow your results by specialty, gender, quality, languages, and more.
- Compare up to ten doctors.
- Click a provider's name for more information, including patient reviews of doctors, directions, and quality ratings.
- You also have the ability to create a PDF and email the results.
- And more!



## 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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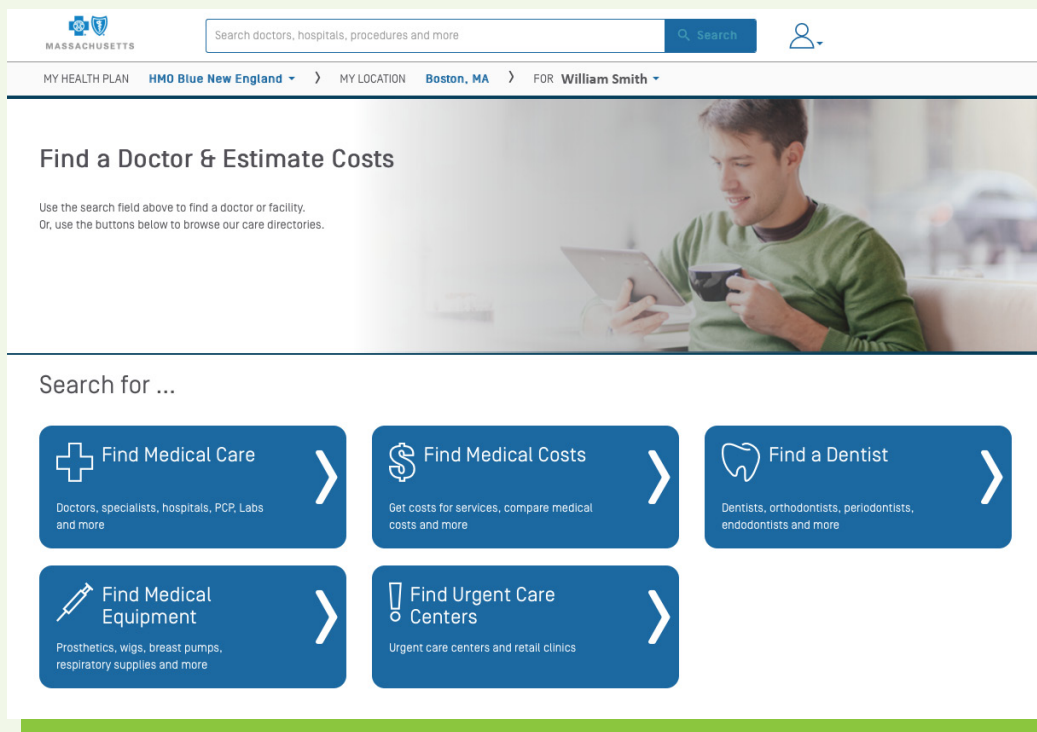
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## Shop and Compare Costs for over 1,600 Procedures

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.



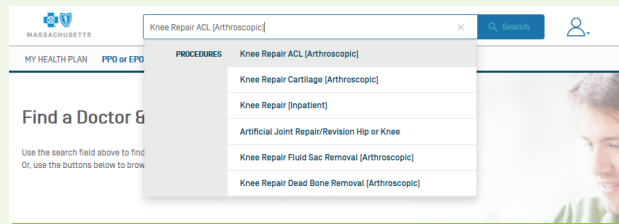
# Log in to Begin

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

Don't have an account? Create one at [www.bluecrossma.com/findadoctor](http://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!

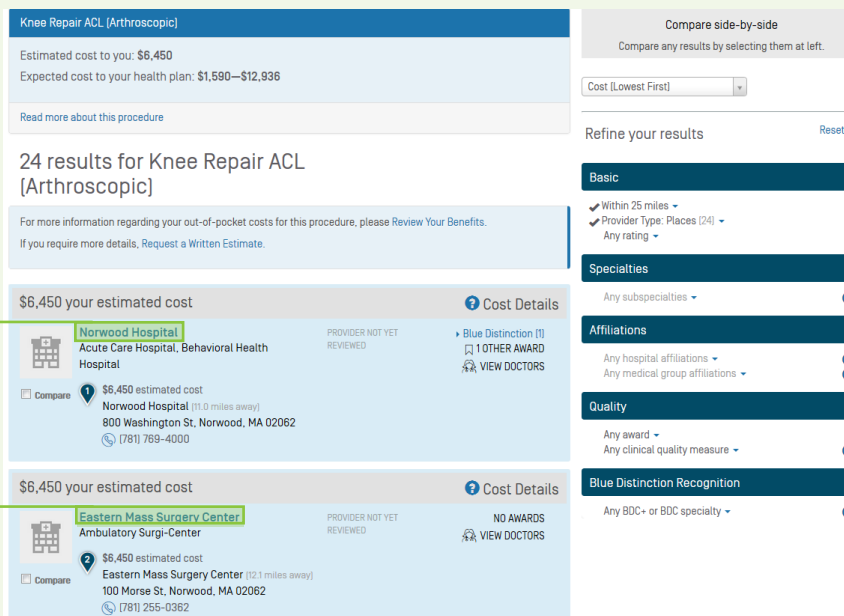


You can also **click**  
**Find Medical Costs**  
for a guided search.

## 2 Using the Results Page

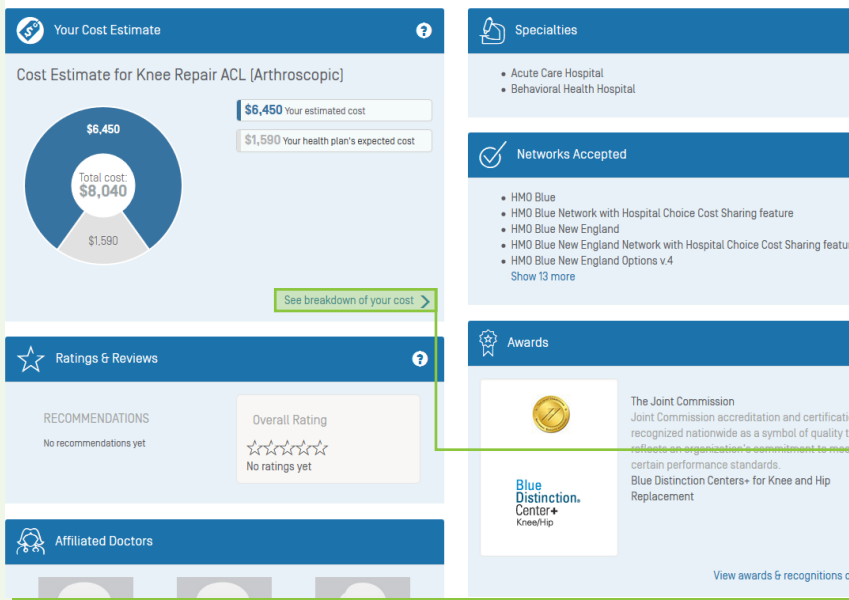
Your results page will show you nearby providers, a range of your expected out-of-pocket costs, patient reviews of physicians, if available, a range of your health plan's expected costs, and if the provider is designated as a Blue Distinction Center.\* You can narrow your results by specialty, quality, 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](#).



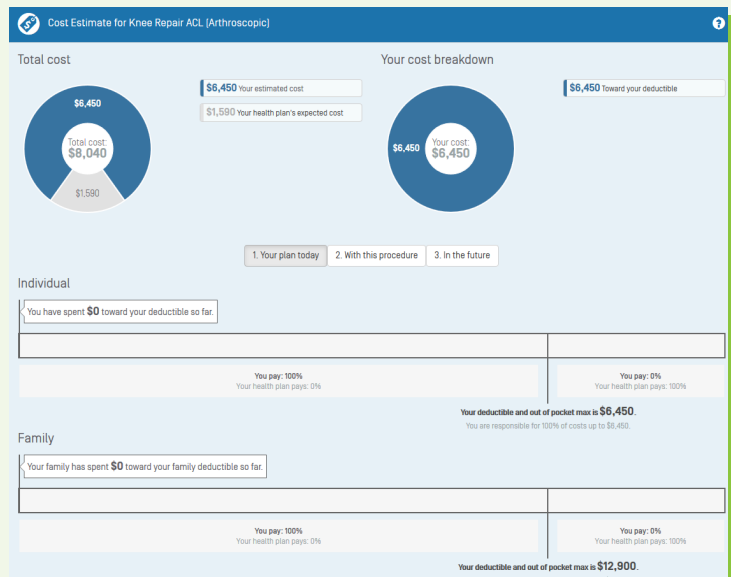
### 3 Provider Details— What You Can Expect

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](http://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

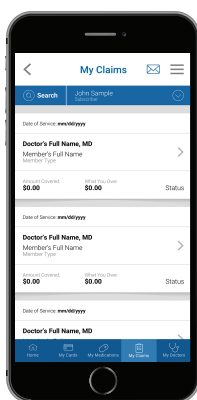
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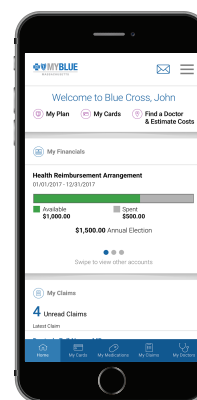
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Use the digital ID card to direct-dial important numbers, email a PDF version to a doctor, or save a digital card to their phone.

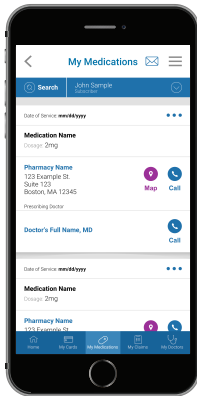


Get access to recent claims history and see copayment amounts.

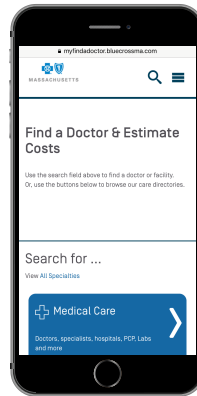


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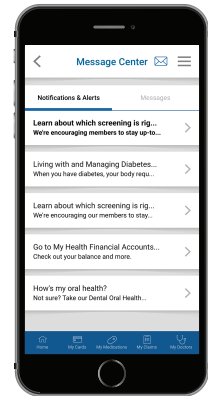
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Be smart. Shop smart.

# Welcome to SmartShopper<sup>®</sup>

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



smartshopper<sup>®</sup>

# 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](https://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](mailto: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](http://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](http://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).