



MMHG HMO RATE SAVER

Effective: 7/1/2020



http://planinfo.bluecrossma.com/ekit/2020-mmhghmoratesaver-en_US.pdf



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MMHG HMO RATE SAVER

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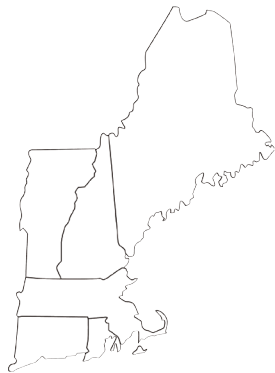
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Network Blue® New England

MMHG HMO RATE SAVER



MyBlue is a personalized way to access and manage your health plan. Get secure access to key plan information, claims history, and recent medications. Download or email a copy of your digital ID card. View your spending dashboard, important updates, alerts and notifications. Register or log in at bluecrossma.com/myblue or download the app on iTunes® or Google Play™.



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

Your Care

Your Primary Care Provider (PCP)

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

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

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

Referrals

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

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

Your Out-of-Pocket Maximum

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

Emergency Room Services

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

Telehealth Services

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

Service Area

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

When Outside the Service Area

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

Dependent Benefits

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

Your Medical Benefits

Covered Services	Your Cost
Preventive Care	
Well-child care visits	Nothing
Routine adult physical exams, including related tests	Nothing
Routine GYN exams, including related lab tests (one per plan year)	Nothing
Routine hearing exams, including routine tests	Nothing
Hearing aids (up to \$2,000 per ear every 36 months for a member age 21 or younger)	All charges beyond the maximum
Routine vision exams (one every 12 months)	Nothing
Family planning services—office visits	Nothing
Outpatient Care	
Emergency room visits	\$100 per visit (waived if admitted or for observation stay)
Office or health center visits, when performed by: <ul style="list-style-type: none">Your PCP, OB/GYN physician, nurse midwife, limited services clinic, or by a physician assistant or nurse practitioner designated as primary careOther covered providers, including a physician assistant or nurse practitioner designated as specialty care	\$20 per visit \$35 per visit
Mental health or substance use treatment	\$20 per visit
Telehealth services for simple medical conditions or mental health	\$20 per visit
Chiropractors' office visits	\$35 per visit
Acupuncture visits (up to 12 visits per plan year)	\$35 per visit
Short-term rehabilitation therapy—physical and occupational (up to 60 visits per plan year*)	\$35 per visit
Speech, hearing, and language disorder treatment—speech therapy	\$35 per visit
Diagnostic X-rays and lab tests	Nothing
CT scans, MRIs, PET scans, and nuclear cardiac imaging tests <ul style="list-style-type: none">HospitalsOther covered providers	\$100 per category per service date Nothing
Home health care and hospice services	Nothing
Oxygen and equipment for its administration	Nothing
Durable medical equipment—such as wheelchairs, crutches, hospital beds	20% coinsurance**
Prosthetic devices	Nothing
Surgery and related anesthesia in an office or health center, when performed by: <ul style="list-style-type: none">Your PCP, OB/GYN physician, nurse midwife, or by a physician assistant or nurse practitioner designated as primary careOther covered providers, including a physician assistant or nurse practitioner designated as specialty care	\$20 per visit*** \$35 per visit***
Surgery in an ambulatory surgical facility, hospital outpatient department, or surgical day care unit	\$150 per admission
Inpatient Care (including maternity care)	
General or chronic disease hospital care (as many days as medically necessary)	\$250 per admission
Mental hospital or substance use facility care (as many days as medically necessary)	\$250 per admission
Rehabilitation hospital care (up to 60 days per plan year)	Nothing
Skilled nursing facility care (up to 100 days per plan year)	Nothing

* No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care or for the treatment of autism spectrum disorders.
** Cost share waived for one breast pump per birth.
*** Copayment waived for restorative dental services and orthodontic treatment or prosthetic management therapy for members under age 18 to treat conditions of cleft lip and cleft palate.

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

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

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

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

Get the Most from Your Plan

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

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

Questions?

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

Register for or log in to MyBlue, a personalized way to access your health care information, claims, and more, at bluecrossma.com/myblue.

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. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at bluecrossma.com/sbcglossary or call 1-800-782-3675 to request a copy.

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

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

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

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

Excluded Services & Other Covered Services:

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

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

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, call 1-800-782-3675 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 pre-natal care and a hospital delivery)

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

This EXAMPLE event includes services like:

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

Total Example Cost	\$12,800
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In this example, Peg would pay:

Cost Sharing

Deductibles	\$0
Copayments	\$300
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$60
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The total Peg would pay is	\$360
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Managing Joe's Type 2 Diabetes

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

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

This EXAMPLE event includes services like:

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

Total Example Cost	\$7,400
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In this example, Joe would pay:

Cost Sharing

Deductibles	\$0
Copayments	\$1,500
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$60
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The total Joe would pay is	\$1,560
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Mia's Simple Fracture

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

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

This EXAMPLE event includes services like:

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

Total Example Cost	\$1,900
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In this example, Mia would pay:

Cost Sharing

Deductibles	\$0
Copayments	\$300
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$0
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The total Mia would pay is	\$300
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The plan would be responsible for the other costs of these EXAMPLE covered services.

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MCC Compliance



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

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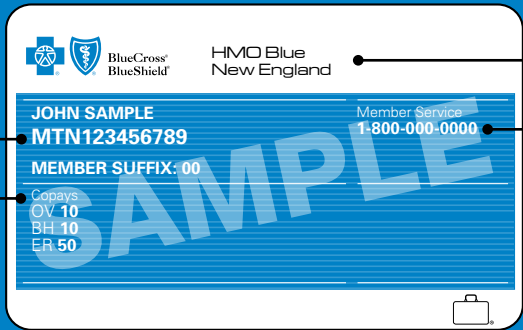
Important Information About Your Plan

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



How to Read Your ID Card

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



Your ID Number → MTN123456789

Plan Name → HMO Blue New England

Call Us → Member Service 1-800-000-0000

Copays → OV 10, BH 10, ER 50

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



Get Started

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

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



How to Contact Us

General questions about your health plan coverage?

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

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

Registered nurses are available at no cost.

Questions about your prescription drug coverage?

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

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

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



How to Get Care

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

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

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

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

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

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



How to Access Important Resources

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

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

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

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

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

*If your plan includes telehealth benefits.

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

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

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

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

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Mail Order Pharmacy



The Mail Order Pharmacy Saves You Time and Money

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

Advantages of Using the Mail Order Pharmacy

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

How to Order Prescriptions

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

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

How to Order Refills

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

Have Your Prescriptions Refilled Automatically

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

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

Save up to
33%

When you use the
mail order pharmacy.**

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

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

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

Medications Commonly Used in the Treatment of Asthma

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

Medications Commonly Used in the Treatment of Diabetes

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

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

(High Blood Pressure and High Cholesterol)

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

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

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

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

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

Medications Commonly Used in the Treatment of Depression

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

Citalopram	Fluoxetine	Paroxetine-CR	Sertraline
Escitalopram	Fluvoxamine	Paroxetine HCL	

Medications Commonly Used When Quitting Tobacco

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

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

1. Generics of Zyban only.

2. Also includes various store brands.

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Maintenance Medication List

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

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

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

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

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

TEKTURN^{*}
TEKTURN 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

^{*} Non-Covered Medication

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

* Non-Covered Medication

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

* Non-Covered Medication

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

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

UNIFINE PENTIPS PLUS

VANISHPOINT

YALE NEEDLE

YALE NEEDLES

INSULIN THERAPY

ADMELOG*

ADMELOG SOLOSTAR*

AFREZZA

APIDRA*

APIDRA SOLOSTAR*

BASAGLAR KWIKPEN U-100*

FIASP*

FIASP FLEXTOUCH*

HUMALOG

HUMALOG JUNIOR KWIKPEN

HUMALOG KWIKPEN U-100

HUMALOG KWIKPEN U-200

HUMALOG MIX 50-50

HUMALOG MIX 50-50 KWIKPEN

HUMALOG MIX 75-25

HUMALOG MIX 75-25 KWIKPEN

HUMULIN 70/30 KWIKPEN

HUMULIN 70-30

HUMULIN N

HUMULIN N KWIKPEN

HUMULIN R

HUMULIN R U-500

HUMULIN R U-500 KWIKPEN

LANTUS

LANTUS SOLOSTAR

LEVEMIR*

LEVEMIR FLEXTOUCH*

NOVOLIN 70-30*

NOVOLIN N*

NOVOLIN R*

NOVOLOG*

NOVOLOG FLEXPEN*

NOVOLOG MIX 70-30*

NOVOLOG MIX 70-30 FLEXPEN*

SOLIQUA 100-33*

TOUJEO SOLOSTAR

TRESIBA FLEXTOUCH U-100*

TRESIBA FLEXTOUCH U-200*

XULTOPHY 100-3.6*

**LIPID/CHOLESTEROL LOWERING
AGENTS**

ALTOPREV*

AMLODIPINE-ATORVASTATIN

ANTARA*

ATORVASTATIN CALCIUM

CADUET*

CHOLESTYRAMINE

CHOLESTYRAMINE LIGHT

COLESTID

COLESTIPOL HCL

CRESTOR*

EZETIMIBE

EZETIMIBE-SIMVASTATIN

FENOFIBRATE

FENOFIBRIC ACID

FENOGLIDE*

FIBRICOR*

FLOLIPID*

FLUVASTATIN ER

FLUVASTATIN SODIUM

GEMFIBROZIL

LESCOL*

LESCOL XL*

LIPITOR*

LIPOFEN*

LIVALO*

LOPID

LOVASTATIN

LOVAZA*

NIACIN ER

NIASPAN

OMEGA-3 ACID ETHYL ESTERS

PRAVACHOL*

PRAVASTATIN SODIUM

PREVALITE

QUESTRAN

QUESTRAN LIGHT

ROSUVASTATIN CALCIUM

SIMVASTATIN

TRICOR*

TRIGLIDE*

TRIKLO

TRILIPIX*

VASCEPA*

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

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

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

* Non-Covered Medication

**MISCELLANEOUS
PSYCHOTHERAPEUTIC AGENTS**

ERGOLOID MESYLATES

**MISCELLANEOUS PULMONARY
AGENTS**

ACCOLATE*

ADEMPAS

ADVAIR DISKUS

ADVAIR HFA

AIRDUO RESPICLICK*

ANORO ELLIPTA

ATROVENT HFA

BEVESPI AEROSPHERE*

BREO ELLIPTA*

CROMOLYN SODIUM

DULERA

FLUTICASONE-SALMETEROL

INCRUSE ELLIPTA

IPRATROPIUM BROMIDE

LETAIRIS

LONHALA MAGNAIR REFILL*

LONHALA MAGNAIR STARTER*

MONTELUKAST SODIUM

OPSUMIT

SEEBRI NEOHALER*

SINGULAIR*

SPIRIVA

SPIRIVA RESPIMAT

STIOLTO RESPIMAT

SYMBICORT

TRACLEER

TRELEGY ELLIPTA*

TUDORZA PRESSAIR

UTIBRON NEOHALER*

ZAFIRLUKAST

ZILEUTON ER

ZYFLO*

ZYFLO CR*

**MISCELLANEOUS
RHEUMATOLOGICAL AGENTS**

CUPRIMINE

DEPEN

RIDAURA

SAVELLA

MISCELLANEOUS UROLOGICALS

POTASSIUM CITRATE ER

STENDRA

UROCIT-K

**MONOPHASIC /BIPHASIC /TRIPHASIC
AGENTS**

BEYAZ

BREVICON*

CYCLESSA

DROSPIRENONE-ETH ESTRAD-
LEVOMEF

ESTROSTEP FE

FAYOSIM

LEVONORG-ETH ESTRAD ETH
ESTRAD

LO LOESTRIN FE

LOESTRIN

LOESTRIN FE

LOSEASONIQUE*

MELODETTA 24 FE

MIBELAS 24 FE

MICROGESTIN 24 FE

MINASTRIN 24 FE*

MIRCETTE

NATAZIA*

NORETHIN-ETH ESTRAD-FERROUS FUM

ORTHO TRI-CYCLEN

ORTHO TRI-CYCLEN LO

ORTHO-CYCLEN

ORTHO-NOVUM

QUARTETTE*

RAJANI

RIVELSA

SAFYRAL

SEASONIQUE*

TAYTULLA*

TRI-NORINYL*

TYDEMY

YASMIN 28

YAZ

**MUSCLE RELAXANTS &
ANTISPASMODIC AGENTS**

BACLOFEN

DANTRIUM

DANTROLENE SODIUM

MYASTHENIA GRAVIS

MESTINON

PYRIDOSTIGMINE BROMIDE

PYRIDOSTIGMINE BROMIDE ER

**NON-INSULIN HYPOGLYCEMIC
AGENTS**

ACARBOSE

ACTOPLUS MET

ACTOPLUS MET XR

ACTOS

ADLYXIN*

ALOGLIPTIN*

ALOGLIPTIN-METFORMIN*

ALOGLIPTIN-PIOGLITAZONE*

AMARYL

AVANDAMET

AVANDIA

BYDUREON

BYDUREON BCISE

BYDUREON PEN

BYETTA

CHLORPROPAMIDE

CYCLOSET

DM2*

DUETACT

FARXIGA*

FORTAMET*

GLIMEPIRIDE

GLIPIZIDE

GLIPIZIDE ER

GLIPIZIDE XL

GLIPIZIDE-METFORMIN

GLUCOPHAGE*

GLUCOPHAGE XR*

GLUCOTROL

GLUCOTROL XL

GLUCOVANCE

GLUMETZA*

GLYBURIDE

GLYBURIDE MICRONIZED

GLYBURIDE-METFORMIN HCL

GLYNASE

GLYSET

GLYXAMBI*

INVOKAMET

INVOKAMET XR

INVOKANA

JANUMET

JANUMET XR

JANUVIA

JARDIANCE

NON-INSULIN HYPOGLYCEMIC AGENTS (continued)

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

NSAIDS

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

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

VOPAC MDS*

XRYLIX*

ZORVOLEX*

NSAIDS- SPECIFIC COX-II INHIBITORS

CELEBREX

CELECOXIB

ORAL DRUGS FOR GLAUCOMA

ACETAZOLAMIDE

METHAZOLAMIDE

NEPTAZANE

OSTEOPOROSIS THERAPY

ACTONEL

ALENDRONATE SODIUM

ATELVIA*

BINOSTO*

BONIVA*

FOSAMAX*

FOSAMAX PLUS D

IBANDRONATE SODIUM

RISEDRONATE SODIUM

RISEDRONATE SODIUM DR

OTHER ANTIHYPERTENSIVE COMBINATIONS

ACCURETIC*

AMLODIPINE BESYLATE-BENAZEPRIL

AMLODIPINE-OLMESARTAN

AMLODIPINE-VALSARTAN

AMLODIPINE-VALSARTAN-HCTZ

ATENOLOL-CHLORTHALIDONE

AZOR*

BENAZEPRIL-
HYDROCHLOROTHIAZIDE

BISOPROLOL-
HYDROCHLOROTHIAZIDE

BYVALSON*

CAPTOPRIL-HYDROCHLOROTHIAZIDE

CLOPRES

CORZIDE

DUTOPROL

ENALAPRIL-HYDROCHLOROTHIAZIDE

EXFORGE*

EXFORGE HCT*

FOSINOPRIL-
HYDROCHLOROTHIAZIDE

LISINOPRIL-HYDROCHLOROTHIAZIDE

LOPRESSOR HCT

LOTENSIN HCT*

* Non-Covered Medication

OTHER ANTIHYPERTENSIVE COMBINATIONS (continued)

LOTREL
METHYLDOPA-HYDROCHLOROTHIAZIDE
METOPROLOL SUCCINATE ER-HCTZ
METOPROLOL-HYDROCHLOROTHIAZIDE
MOEXIPRIL-HYDROCHLOROTHIAZIDE
NADOLOL-BENDROFLUMETHIAZIDE
OLMESARTAN-AMLODIPINE-HCTZ
PRESTALIA*
PROPRANOLOL-HYDROCHLOROTHIAZID
QUINAPRIL-HYDROCHLOROTHIAZIDE
TARKA
TELMISARTAN-AMLODIPINE
TENORETIC 100
TENORETIC 50
TRANDOLAPRIL-VERAPAMIL ER
TRIBENZOR*
TWYNST*
VASERETIC*
ZESTORETIC
ZIAC

OTHER GLAUCOMA DRUGS

AZOPT
BIMATOPROST
COMBIGAN*
COSOPT
COSOPT PF*
DORZOLAMIDE HCL
DORZOLAMIDE-TIMOLOL
LATANOPROST
LUMIGAN
SIMBRINZA*
TRAVATAN Z
TRUSOPT
VYZULTA*
XALATAN
ZIOPATAN*

OTHER ULCER THERAPY

CARAFATE
SUCRALFATE

POTASSIUM

EFFER-K
K EFFERVESCENT
KLOR-CON

KLOR-CON 10
KLOR-CON 8
KLOR-CON M10
KLOR-CON M15
KLOR-CON M20
KLOR-CON SPRINKLE
KLOR-CON-EF
K-TAB ER

POTABA
POTASSIUM BICARBONATE
POTASSIUM CHLORIDE

PROGESTINS

AYGESTIN
MEDROXYPROGESTERONE ACETATE
NORETHINDRONE ACETATE
ORTHO MICRONOR
PROGESTERONE
PROMETRIUM
PROVERA

PROSTAGLANDINS

CYTOTEC
MISOPROSTOL

SALICYLATES

DIFLUNISAL

SELECTIVE SEROTONIN REUPTAKE INHIBITORS

BRISDELLE*
CELEXA*
CITALOPRAM HBR
ESCITALOPRAM OXALATE
FLUOXETINE DR
FLUOXETINE HCL
FLUVOXAMINE MALEATE
FLUVOXAMINE MALEATE ER
LEXAPRO*
PAROXETINE CR
PAROXETINE ER
PAROXETINE HCL
PAROXETINE MESYLATE

PAXIL*
PAXIL CR*
PEXEVA*
PROZAC*
SARAFEM*
SERTRALINE HCL
VIIBRYD*
ZOLOFT*

SPECIALIZED OB/GYN DRUGS

ISOXSUPRINE HCL

SYMPATHOMIMETICS

ALPHAGAN P
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
INSPIRA
LASIX
MAXZIDE
MAXZIDE-25 MG
METHYCLOTHIAZIDE
METOLAZONE
MICROZIDE
SPIRONOLACTONE
SPIRONOLACTONE-HCTZ
TORSEMIDE
TRIAMTERENE-HCTZ
TRIAMTERENE-HYDROCHLOROTHIAZID

THYROID HORMONES

ARMOUR THYROID
CYTOMEL
LEVO-T
LEVOTHYROXINE SODIUM
LEVOXYL
LIOTHYRONINE SODIUM
NATURE-THROID

* Non-Covered Medication

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

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\$9 Generic Medication 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 by mail order through Express Scripts®, an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts.

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. If your copayment for a 90-day supply through mail order is less than \$9, you'll 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 search for the cost of medications, create or log in to your Express Scripts account at express-scripts.com, select Go to Full Order Status under Recent Order Status.

This list is up-to-date as of January 1, 2019. You can find the latest information about your medications by visiting bluecrossma.com/medications.

MEDICATION NAME	STRENGTH	FORM	\$9 QUANTITY	DRUG CLASS
ACYCLOVIR	200MG	CAPSULE	90	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS
ALBUTEROL SULFATE	0.83MG/ML	SOLUTION	225	ASTHMA/RESPIRATORY
ALENDRONATE SODIUM	10MG	TABLET	90	OTHER MEDICATIONS
ALENDRONATE SODIUM	35MG	TABLET	12	OTHER MEDICATIONS
ALENDRONATE SODIUM	5MG	TABLET	90	OTHER MEDICATIONS
ALENDRONATE SODIUM	70MG	TABLET	12	OTHER MEDICATIONS
ALLOPURINOL	100MG	TABLET	90	OTHER MEDICATIONS
ALLOPURINOL	300MG	TABLET	90	OTHER MEDICATIONS
AMILORIDE/ HYDROCHLOROTHIAZIDE	5MG-50MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
AMIODARONE HCL	200MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
AMOXICILLIN	500 MG	TABLET	90	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS
AMOXICILLIN TRIHYDRATE	125MG/5ML	SUSP RECON	240	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS
AMOXICILLIN TRIHYDRATE	200MG/5ML	SUSP RECON	300	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS

MEDICATION NAME	STRENGTH	FORM	\$9 QUANTITY	DRUG CLASS
AMOXICILLIN TRIHYDRATE	250MG	CAPSULE	90	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS
AMOXICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON	240	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS
AMOXICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON	300	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS
AMOXICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON	450	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS
AMOXICILLIN TRIHYDRATE	400MG/5ML	SUSP RECON	300	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS
AMOXICILLIN TRIHYDRATE	500MG	CAPSULE	180	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS
ATENOLOL	100MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
ATENOLOL	25MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
ATENOLOL	50MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
ATENOLOL/CHLORTHALIDONE	100-25MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
ATENOLOL/CHLORTHALIDONE	50MG-25MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
BACLOFEN	10MG	TABLET	270	MUSCLE RELAXANTS
BENAZEPRIL HCL	10MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
BENAZEPRIL HCL	20MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
BENAZEPRIL HCL	40MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
BENAZEPRIL HCL	5MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
BENAZEPRIL/ HYDROCHLOROTHIAZIDE	10-12.5MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
BENAZEPRIL/ HYDROCHLOROTHIAZIDE	20-12.5MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
BENAZEPRIL/ HYDROCHLOROTHIAZIDE	20-25MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
BENAZEPRIL/ HYDROCHLOROTHIAZIDE	5-6.25MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
BENZONATATE	100MG	CAPSULE	270	COLD AND ALLERGY THERAPY
BENZTROPINE MESYLATE	0.5MG	TABLET	180	PARKINSON'S DISEASE
BENZTROPINE MESYLATE	1MG	TABLET	180	PARKINSON'S DISEASE
BENZTROPINE MESYLATE	2MG	TABLET	180	PARKINSON'S DISEASE
BISOPROL/ HYDROCHLOROTHIAZIDE	10-6.25MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
BISOPROL/ HYDROCHLOROTHIAZIDE	2.5-6.25MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
BISOPROL/ HYDROCHLOROTHIAZIDE	5-6.25MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH

MEDICATION NAME	STRENGTH	FORM	\$9 QUANTITY	DRUG CLASS
BISOPROLOL FUMARATE	10MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
BISOPROLOL FUMARATE	5MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
BUSPIRONE HCL	10MG	TABLET	180	MENTAL HEALTH
BUSPIRONE HCL	15MG	TABLET	180	MENTAL HEALTH
BUSPIRONE HCL	5MG	TABLET	180	MENTAL HEALTH
CARVEDILOL	12.5MG	TABLET	180	BLOOD PRESSURE/ HEART HEALTH
CARVEDILOL	25MG	TABLET	180	BLOOD PRESSURE/ HEART HEALTH
CARVEDILOL	3.125MG	TABLET	180	BLOOD PRESSURE/ HEART HEALTH
CARVEDILOL	6.25MG	TABLET	180	BLOOD PRESSURE/ HEART HEALTH
CEPHALEXIN MONOHYDRATE	250MG	CAPSULE	90	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS
CEPHALEXIN MONOHYDRATE	500MG	CAPSULE	84	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS
CHLORDIAZEPOXIDE HCL	10MG	CAPSULE	180	MENTAL HEALTH
CHLORDIAZEPOXIDE HCL	25MG	CAPSULE	180	MENTAL HEALTH
CHLORDIAZEPOXIDE HCL	5MG	CAPSULE	180	MENTAL HEALTH
CHLORHEXIDINE GLUCONATE	0.12%	MOUTHWASH	1419	OTHER MEDICATIONS
CHLOROTHIAZIDE	250 MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
CIPROFLOXACIN HCL	250MG	TABLET	90	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS
CIPROFLOXACIN HCL	500MG	TABLET	42	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS
CITALOPRAM HYDROBROMIDE	10MG	TABLET	90	MENTAL HEALTH
CITALOPRAM HYDROBROMIDE	20MG	TABLET	90	MENTAL HEALTH
CITALOPRAM HYDROBROMIDE	40MG	TABLET	90	MENTAL HEALTH
CLONIDINE HCL	0.1MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
CLONIDINE HCL	0.2MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
CLONIDINE HCL	0.3MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
CYCLOBENZAPRINE HCL	10MG	TABLET	90	MUSCLE RELAXANTS
CYCLOBENZAPRINE HCL	5MG	TABLET	90	MUSCLE RELAXANTS
CYPROHEPTADINE HCL	4MG	TABLET	90	COLD AND ALLERGY THERAPY
DEXAMETHASONE	0.5MG	TABLET	90	OTHER MEDICATIONS
DEXAMETHASONE	0.75MG	TABLET	90	OTHER MEDICATIONS
DICLOFENAC SODIUM	50MG	TABLET DR	180	ARTHRITIS/PAIN
DICLOFENAC SODIUM	75MG	TABLET DR	180	ARTHRITIS/PAIN

MEDICATION NAME	STRENGTH	FORM	\$9 QUANTITY	DRUG CLASS
DICYCLOMINE HCL	10MG	CAPSULE	270	OTHER GI DRUGS
DICYCLOMINE HCL	20MG	TABLET	360	OTHER GI DRUGS
DILTIAZEM HCL	120MG	CAP.SR 24H	90	BLOOD PRESSURE/ HEART HEALTH
DILTIAZEM HCL	30MG	TABLET	180	BLOOD PRESSURE/ HEART HEALTH
DILTIAZEM HCL	60MG	TABLET	180	BLOOD PRESSURE/ HEART HEALTH
D-METHORPHAN HB/PROMETH HCL	15-6.25/5	SYRUP	360	COLD AND ALLERGY THERAPY
DONEPEZIL HCL	10MG	TABLET	90	OTHER MEDICATIONS
DONEPEZIL HCL	5MG	TABLET	90	OTHER MEDICATIONS
DOXAZOSIN MESYLATE	1MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
DOXAZOSIN MESYLATE	2MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
DOXAZOSIN MESYLATE	4MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
DOXAZOSIN MESYLATE	8MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
DOXEPIN HCL	10MG	CAPSULE	90	MENTAL HEALTH
DOXEPIN HCL	25MG	CAPSULE	90	MENTAL HEALTH
ENALAPRIL MALEATE	10MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
ENALAPRIL MALEATE	2.5MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
ENALAPRIL MALEATE	20MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
ENALAPRIL MALEATE	5MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
ENALAPRIL/ HYDROCHLOROTHIAZIDE	5-12.5MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
ERYTHROMYCIN BASE	5MG/G	OINT.(GM)	3.5	EYE HEALTH
ESTRADIOL	0.5MG	TABLET	90	WOMEN'S HEALTH
ESTRADIOL	1MG	TABLET	90	WOMEN'S HEALTH
ESTRADIOL	2MG	TABLET	90	WOMEN'S HEALTH
FAMOTIDINE	40MG	TABLET	90	HEARTBURN/ULCER
FLUCONAZOLE	150MG	TABLET	3	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS
FLUDROCORTISONE ACETATE	0.1MG	TABLET	90	OTHER MEDICATIONS
FLUOXETINE HCL	10MG	CAPSULE	90	MENTAL HEALTH
FLUOXETINE HCL	20MG	CAPSULE	90	MENTAL HEALTH
FLUOXETINE HCL	40MG	CAPSULE	90	MENTAL HEALTH
FLURAZEPAM HCL	15MG	CAPSULE	90	OTHER MEDICATION
FOLIC ACID	1MG	TABLET	90	VITAMINS AND ELECTROLYTES

MEDICATION NAME	STRENGTH	FORM	\$9 QUANTITY	DRUG CLASS
FUROSEMIDE	20MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
FUROSEMIDE	40MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
FUROSEMIDE	80MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
GENTAMICIN SULFATE	0.30%	DROPS	15	EYE HEALTH
GLIMEPIRIDE	1MG	TABLET	90	DIABETES
GLIMEPIRIDE	2MG	TABLET	90	DIABETES
GLIMEPIRIDE	4MG	TABLET	180	DIABETES
GLIPIZIDE	10MG	TABLET	180	DIABETES
GLIPIZIDE	5MG	TAB OSM 24	90	DIABETES
GLIPIZIDE	5MG	TABLET	180	DIABETES
GLYBURIDE	1.25MG	TABLET	90	DIABETES
GLYBURIDE	2.5MG	TABLET	90	DIABETES
GLYBURIDE	5MG	TABLET	180	DIABETES
GLYBURIDE/METFORMIN HCL	5MG-500MG	TABLET	360	DIABETES
GLYBURIDE, MICRONIZED	1.5MG	TABLET	90	DIABETES
GLYBURIDE, MICRONIZED	3MG	TABLET	90	DIABETES
GLYBURIDE, MICRONIZED	6MG	TABLET	180	DIABETES
GUANFACINE HCL	1MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
GUANFACINE HCL	2MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
HALOPERIDOL	0.5MG	TABLET	90	MENTAL HEALTH
HALOPERIDOL	1MG	TABLET	90	MENTAL HEALTH
HALOPERIDOL	2MG	TABLET	90	MENTAL HEALTH
HALOPERIDOL	5MG	TABLET	90	MENTAL HEALTH
HYDRALAZINE HCL	100MG	TABLET	270	BLOOD PRESSURE/ HEART HEALTH
HYDRALAZINE HCL	10MG	TABLET	270	BLOOD PRESSURE/ HEART HEALTH
HYDRALAZINE HCL	25MG	TABLET	270	BLOOD PRESSURE/ HEART HEALTH
HYDRALAZINE HCL	50MG	TABLET	270	BLOOD PRESSURE/ HEART HEALTH
HYDROCHLOROTHIAZIDE	12.5MG	CAPSULE	90	BLOOD PRESSURE/ HEART HEALTH
HYDROCHLOROTHIAZIDE	25MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
HYDROCHLOROTHIAZIDE	50MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
HYDROCORTISONE	1%	CREAM(GM)	84	SKIN CONDITIONS
HYDROCORTISONE	2.50%	CREAM(GM)	90	SKIN CONDITIONS
HYDROXYZINE PAMOATE	25MG	CAPSULE	90	SKIN CONDITIONS

MEDICATION NAME	STRENGTH	FORM	\$9 QUANTITY	DRUG CLASS
HYOSCYAMINE SULFATE	0.125MG	TABLET	270	OTHER GI DRUGS
IBUPROFEN	100MG/5ML	ORAL SUSP	360	ARTHRITIS/PAIN
IBUPROFEN	400MG	TABLET	270	ARTHRITIS/PAIN
IBUPROFEN	600MG	TABLET	270	ARTHRITIS/PAIN
IBUPROFEN	800MG	TABLET	270	ARTHRITIS/PAIN
IMIPRAMINE HCL	10MG	TABLET	90	MENTAL HEALTH
IMIPRAMINE HCL	25MG	TABLET	90	MENTAL HEALTH
IMIPRAMINE HCL	50MG	TABLET	90	MENTAL HEALTH
INDAPAMIDE	1.25MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
INDAPAMIDE	2.5MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
INDOMETHACIN	25MG	CAPSULE	270	ARTHRITIS/PAIN
IPRATROPIUM BROMIDE	0.2MG/ML	SOLUTION	225	OTHER MEDICATIONS
ISONIAZID	300MG	TABLET	90	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS
ISOSORBIDE MONONITRATE	10MG	TABLET	180	BLOOD PRESSURE/ HEART HEALTH
ISOSORBIDE MONONITRATE	30MG	TAB.SR 24H	90	BLOOD PRESSURE/ HEART HEALTH
ISOSORBIDE MONONITRATE	60MG	TAB.SR 24H	90	BLOOD PRESSURE/ HEART HEALTH
LABETALOL HCL	100MG	TABLET	180	BLOOD PRESSURE/ HEART HEALTH
LABETALOL HCL	200MG	TABLET	180	BLOOD PRESSURE/ HEART HEALTH
LABETALOL HCL	300MG	TABLET	180	BLOOD PRESSURE/ HEART HEALTH
LACTULOSE	10G/15ML	SOLUTION	960	OTHER GI DRUGS
LEVOBUNOLOL HCL	0.50%	DROPS	15	EYE HEALTH
LEVOBUNOLOL HCL	0.50%	DROPS	30	EYE HEALTH
LEVOBUNOLOL HCL	0.50%	DROPS	45	EYE HEALTH
LEVONORGESTREL-ETH ESTRA	0.15-0.03	TABLET	84	WOMEN'S HEALTH
LEVOTHYROXINE SODIUM	100MCG	TABLET	90	THYROID THERAPY
LEVOTHYROXINE SODIUM	112MCG	TABLET	90	THYROID THERAPY
LEVOTHYROXINE SODIUM	125MCG	TABLET	90	THYROID THERAPY
LEVOTHYROXINE SODIUM	137MCG	TABLET	90	THYROID THERAPY
LEVOTHYROXINE SODIUM	150MCG	TABLET	90	THYROID THERAPY
LEVOTHYROXINE SODIUM	175MCG	TABLET	90	THYROID THERAPY
LEVOTHYROXINE SODIUM	200MCG	TABLET	90	THYROID THERAPY
LEVOTHYROXINE SODIUM	25MCG	TABLET	90	THYROID THERAPY
LEVOTHYROXINE SODIUM	50MCG	TABLET	90	THYROID THERAPY
LEVOTHYROXINE SODIUM	75MCG	TABLET	90	THYROID THERAPY

MEDICATION NAME	STRENGTH	FORM	\$9 QUANTITY	DRUG CLASS
LEVOTHYROXINE SODIUM	88MCG	TABLET	90	THYROID THERAPY
LIDOCAINE HCL	20MG/ML	SOLUTION	300	OTHER MEDICATIONS
LISINOPRIL	10MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
LISINOPRIL	2.5MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
LISINOPRIL	20MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
LISINOPRIL	30MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
LISINOPRIL	40MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
LISINOPRIL	5MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
LISINOPRIL/ HYDROCHLOROTHIAZIDE	10-12.5MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
LISINOPRIL/ HYDROCHLOROTHIAZIDE	20-12.5MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
LISINOPRIL/ HYDROCHLOROTHIAZIDE	20-25MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
LITHIUM CARBONATE	150 MG	CAPSULE	90	MENTAL HEALTH
LITHIUM CARBONATE	300MG	CAPSULE	180	MENTAL HEALTH
LITHIUM CARBONATE	300MG	TABLET SA	180	MENTAL HEALTH
LITHIUM CARBONATE	600MG	CAPSULE	180	MENTAL HEALTH
LOVASTATIN	10MG	TABLET	90	HIGH CHOLESTEROL
LOVASTATIN	20MG	TABLET	90	HIGH CHOLESTEROL
LOVASTATIN	40MG	TABLET	90	HIGH CHOLESTEROL
MEDROXYPROGESTERONE ACET	10MG	TABLET	90	WOMEN'S HEALTH
MEDROXYPROGESTERONE ACET	2.5MG	TABLET	90	WOMEN'S HEALTH
MEDROXYPROGESTERONE ACET	5MG	TABLET	90	WOMEN'S HEALTH
MEGESTROL ACETATE	20MG	TABLET	90	WOMEN'S HEALTH
MELOXICAM	15MG	TABLET	90	ARTHRITIS/PAIN
MELOXICAM	7.5MG	TABLET	90	ARTHRITIS/PAIN
METFORMIN HCL	1000MG	TABLET	180	DIABETES
METFORMIN HCL	500MG	TAB.SR 24H	180	DIABETES
METFORMIN HCL	500MG	TABLET	180	DIABETES
METFORMIN HCL	850MG	TABLET	180	DIABETES
METHYCLOTHIAZIDE	5 MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
METHYLDOPA	250MG	TABLET	180	BLOOD PRESSURE/ HEART HEALTH
METHYLPREDNISOLONE	4MG	TAB DS PK	63	OTHER MEDICATIONS
METOCLOPRAMIDE HCL	10MG	TABLET	180	OTHER GI DRUGS
METOCLOPRAMIDE HCL	5MG	TABLET	180	OTHER GI DRUGS

MEDICATION NAME	STRENGTH	FORM	\$9 QUANTITY	DRUG CLASS
METOPROLOL TARTRATE	100MG	TABLET	180	BLOOD PRESSURE/ HEART HEALTH
METOPROLOL TARTRATE	25MG	TABLET	180	BLOOD PRESSURE/ HEART HEALTH
METOPROLOL TARTRATE	50MG	TABLET	180	BLOOD PRESSURE/ HEART HEALTH
METRONIDAZOLE	250MG	TABLET	42	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS
METRONIDAZOLE	500MG	TABLET	42	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS
MIRTAZAPINE	15MG	TABLET	90	MENTAL HEALTH
MIRTAZAPINE	30MG	TABLET	90	MENTAL HEALTH
MIRTAZAPINE	45MG	TABLET	90	MENTAL HEALTH
NAPROXEN	250MG	TABLET	180	ARTHRITIS/PAIN
NAPROXEN	375MG	TABLET	180	ARTHRITIS/PAIN
NAPROXEN	500MG	TABLET	180	ARTHRITIS/PAIN
NAPROXEN SODIUM	220MG	TABLET	72	ARTHRITIS/PAIN
NAPROXEN SODIUM	275MG	TABLET	180	ARTHRITIS/PAIN
NEO/POLYMYX B SULF/DEXAMETH	3.5-10K-.1	OINT.(GM)	3.5	EYE HEALTH
NORGESTIMATE-ETHINYL ESTRADIOL	7 DAYS X3 28	TABLET	84	WOMEN'S HEALTH
NORTRIPTYLINE HCL	10MG	CAPSULE	90	MENTAL HEALTH
NORTRIPTYLINE HCL	25MG	CAPSULE	90	MENTAL HEALTH
ORPHENADRINE CITRATE	100MG	TABLET SA	180	MUSCLE RELAXANTS
OXYBUTYNIN CHLORIDE	5MG	TABLET	180	OTHER MEDICATIONS
PAROXETINE HCL	10MG	TABLET	90	MENTAL HEALTH
PAROXETINE HCL	20MG	TABLET	90	MENTAL HEALTH
PAROXETINE HCL	30MG	TABLET	90	MENTAL HEALTH
PAROXETINE HCL	40MG	TABLET	90	MENTAL HEALTH
PENICILLIN V POTASSIUM	250MG	TABLET	180	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS
PENICILLIN V POTASSIUM	250MG/5ML	SUSP RECON	100	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS
PENICILLIN V POTASSIUM	250MG/5ML	SUSP RECON	200	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS
POLYMYXIN B SULFATE/TMP	10K U-0.1%	DROPS	30	EYE HEALTH
POTASSIUM CHLORIDE	10MEQ	TAB PRT SR	90	VITAMINS AND ELECTROLYTES
PRAVASTATIN SODIUM	10MG	TABLET	90	HIGH CHOLESTEROL
PRAVASTATIN SODIUM	20MG	TABLET	90	HIGH CHOLESTEROL
PRAVASTATIN SODIUM	40MG	TABLET	90	HIGH CHOLESTEROL
PRAZOSIN HCL	1MG	CAPSULE	90	BLOOD PRESSURE/ HEART HEALTH
PREDNISONE	10MG	TABLET	90	OTHER MEDICATIONS

MEDICATION NAME	STRENGTH	FORM	\$9 QUANTITY	DRUG CLASS
PREDNISONE	1MG	TABLET	360	OTHER MEDICATIONS
PREDNISONE	2.5MG	TABLET	90	OTHER MEDICATIONS
PREDNISONE	20MG	TABLET	90	OTHER MEDICATIONS
PREDNISONE	5MG	TABLET	90	OTHER MEDICATIONS
PRIMIDONE	250MG	TABLET	180	ANTISEIZURE MEDICATIONS
PRIMIDONE	50MG	TABLET	180	ANTISEIZURE MEDICATIONS
PROCHLORPERAZINE MALEATE	10MG	TABLET	90	OTHER GI DRUGS
PROMETHAZINE HCL	12.5MG	TABLET	90	COLD AND ALLERGY THERAPY
PROMETHAZINE HCL	25MG	TABLET	90	COLD AND ALLERGY THERAPY
PROMETHAZINE HCL	50MG	TABLET	90	COLD AND ALLERGY THERAPY
PROMETHAZINE HCL	6.25MG/5ML	SYRUP	450	COLD AND ALLERGY THERAPY
PROPRANOLOL HCL	10MG	TABLET	180	BLOOD PRESSURE/ HEART HEALTH
QUINAPRIL HCL	10MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
QUINAPRIL HCL	20MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
QUINAPRIL HCL	40MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
QUINAPRIL HCL	5MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
RAMIPRIL	1.25MG	CAPSULE	90	BLOOD PRESSURE/ HEART HEALTH
RAMIPRIL	10MG	CAPSULE	90	BLOOD PRESSURE/ HEART HEALTH
RAMIPRIL	2.5MG	CAPSULE	90	BLOOD PRESSURE/ HEART HEALTH
RAMIPRIL	5MG	CAPSULE	90	BLOOD PRESSURE/ HEART HEALTH
RANITIDINE HCL	300MG	TABLET	90	HEARTBURN/ULCER
SERTRALINE HCL	25MG	TABLET	90	MENTAL HEALTH
SOTALOL HCL	240MG	TABLET	180	BLOOD PRESSURE/ HEART HEALTH
SOTALOL HCL	80MG	TABLET	180	BLOOD PRESSURE/ HEART HEALTH
SPIRONOLACTONE	25MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
SULFACETAMIDE SODIUM	10%	DROPS	45	EYE HEALTH
SULFAMETHOXAZOLE/ TRIMETHOPRIM	400-80MG	TABLET	90	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS
SULFAMETHOXAZOLE/ TRIMETHOPRIM	800-160MG	TABLET	84	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS
TERAZOSIN HCL	10MG	CAPSULE	90	BLOOD PRESSURE/ HEART HEALTH

MEDICATION NAME	STRENGTH	FORM	\$9 QUANTITY	DRUG CLASS
TERAZOSIN HCL	1MG	CAPSULE	90	BLOOD PRESSURE/ HEART HEALTH
TERAZOSIN HCL	2MG	CAPSULE	90	BLOOD PRESSURE/ HEART HEALTH
TERAZOSIN HCL	5MG	CAPSULE	90	BLOOD PRESSURE/ HEART HEALTH
TERBINAFINE	250MG	TABLET	90	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS
TIMOLOL MALEATE	0.25%	DROPS	15	EYE HEALTH
TIMOLOL MALEATE	0.25%	DROPS	30	EYE HEALTH
TIMOLOL MALEATE	0.25%	DROPS	45	EYE HEALTH
TIMOLOL MALEATE	0.50%	DROPS	15	EYE HEALTH
TIMOLOL MALEATE	0.50%	DROPS	30	EYE HEALTH
TIMOLOL MALEATE	0.50%	DROPS	45	EYE HEALTH
TIZANIDINE HCL	2MG	TABLET	270	MUSCLE RELAXANTS
TIZANIDINE HCL	4MG	TABLET	270	MUSCLE RELAXANTS
TORSEMIDE	100MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
TORSEMIDE	10MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
TORSEMIDE	20MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
TORSEMIDE	5MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
TRAZODONE HCL	100MG	TABLET	90	MENTAL HEALTH
TRAZODONE HCL	150MG	TABLET	90	MENTAL HEALTH
TRAZODONE HCL	50MG	TABLET	90	MENTAL HEALTH
TRIAMCINOLONE ACETONIDE	0.50%	CREAM(GM)	180	SKIN CONDITIONS
TRIAMTERENE/ HYDROCHLOROTHIAZIDE	37.5-25MG	CAPSULE	90	BLOOD PRESSURE/ HEART HEALTH
TRIAMTERENE/ HYDROCHLOROTHIAZIDE	37.5-25MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
TRIAMTERENE/ HYDROCHLOROTHIAZIDE	75-50MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
TRIHEXYPHENIDYL HCL	2MG	TABLET	180	PARKINSON'S DISEASE
TRIHEXYPHENIDYL HCL	5MG	TABLET	180	PARKINSON'S DISEASE
VERAPAMIL HCL	120MG	TABLET	90	BLOOD PRESSURE/ HEART HEALTH
VERAPAMIL HCL	120MG	TABLET SA	90	BLOOD PRESSURE/ HEART HEALTH
VERAPAMIL HCL	180MG	TABLET SA	90	BLOOD PRESSURE/ HEART HEALTH
VERAPAMIL HCL	240MG	TABLET SA	90	BLOOD PRESSURE/ HEART HEALTH
VERAPAMIL HCL	80MG	TABLET	180	BLOOD PRESSURE/ HEART HEALTH
WARFARIN SODIUM	10MG	TABLET	90	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS
WARFARIN SODIUM	1MG	TABLET	90	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS
WARFARIN SODIUM	2.5MG	TABLET	90	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS

MEDICATION NAME	STRENGTH	FORM	\$9 QUANTITY	DRUG CLASS
WARFARIN SODIUM	2MG	TABLET	90	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS
WARFARIN SODIUM	3MG	TABLET	90	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS
WARFARIN SODIUM	4MG	TABLET	90	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS
WARFARIN SODIUM	5MG	TABLET	90	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS
WARFARIN SODIUM	6MG	TABLET	90	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS
WARFARIN SODIUM	7.5MG	TABLET	90	ANTIBIOTICS/ ANTIFUNGALS/ANTIVIRALS

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, 2019. 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 laboratory work or imaging 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	1-978-475-7520
Arlington	Quest Diagnostics	22 Mill Street, Suite 107	MA	1-781-641-1941
Attleboro	Quest Diagnostics	562 Washington Street	MA	1-508-399-8140
Auburn	Quest Diagnostics	250 Hampton Street	MA	1-508-721-0939
Billerica	Quest Diagnostics	221 Boston Road, Suite 1	MA	1-978-667-5212
Boston	Childhood Lead Screening Laboratory	305 South Street, 3rd Floor	MA	1-617-983-6668
Boston	Quest Diagnostics	1340 Boylston Street	MA	1-617-236-2233
Boston	Quest Diagnostics	319 Longwood Avenue	MA	1-617-731-2240
Boston	Tufts Oral Pathology Services	One Kneeland Street	MA	1-617-636-3932
Braintree	Quest Diagnostics	340 Wood Road, Suite 302	MA	1-781-849-7993

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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 and search for the appropriate network.

City	Facility Name	Street/Suite	State	Phone
Brighton	Quest Diagnostics	11 Nevins Street, Suite 204	MA	1-617-787-1040
Brighton	Quest Diagnostics	280 Washington Street, Suite 101	MA	1-617-562-1533
Brighton	Quest Diagnostics	736 Cambridge Street, 5th Floor	MA	1-617-779-6417
Brighton	Quest Diagnostics	77 Warren Street, 1st Floor, Room 158	MA	1-617-562-5349
Brockton	LabCorp	1073 Pleasant Street	MA	1-508-427-1734
Brockton	Quest Diagnostics	210 Quincy Avenue	MA	1-508-586-5955
Brockton	Quest Diagnostics	830 Oak Street	MA	1-508-588-0308
Brockton	Quest Diagnostics	One Pearl Street, Suite 2500	MA	1-508-584-2010
Brockton	US Lab and Radiology Inc.	2 Jonathan Drive	MA	1-508-583-2000
Brookline	Quest Diagnostics	1101 Beacon Street, 1 West	MA	1-617-566-2810
Brookline	Quest Diagnostics	1180 Beacon Street	MA	1-617-232-5733
Brookline	Quest Diagnostics	One Brookline Place, Suite 120	MA	1-617-735-8870
Cambridge	Center for Human Genetics Inc.	840 Memorial Drive, Suite 101	MA	1-617-492-7083
Cambridge	Foundation Medicine Incorporated	150 2nd Street	MA	1-617-418-2200
Cambridge	Quest Diagnostics	575 Mount Auburn Street, Suite B103	MA	1-617-547-4502
Chelmsford	Quest Diagnostics	39 Village Square	MA	1-978-256-1268
Chestnut Hill	Quest Diagnostics	200 Boylston Street, Suite 301	MA	1-617-244-1222
Clinton	Quest Diagnostics	201 Highland Street	MA	1-978-368-1601
Cohasset	Quest Diagnostics	223 Chief Justice Cushing Highway	MA	1-781-383-0180
Danvers	Quest Diagnostics	140 Commonwealth Avenue	MA	1-978-777-6060
Danvers	Quest Diagnostics	180–182 Endicott Street	MA	1-978-777-7879
Dennis	Quest Diagnostics	501 Main Street, Suite 6A	MA	1-508-385-5251
Dorchester	Quest Diagnostics	2110 Dorchester Avenue, Suite 310	MA	1-617-296-1231
Douglas	Quest Diagnostics	15 West Street	MA	1-508-476-2365
East Harwich	Quest Diagnostics	1421 Orleans Road, Route 39, Suite S102	MA	1-508-432-7764
Fall River	Quest Diagnostics	101 President Avenue, 1st Floor	MA	1-508-324-4105
Fall River	Quest Diagnostics	301 New Boston Road	MA	1-508-678-8585
Fall River	Quest Diagnostics	851 Middle Street, 2nd Floor	MA	1-877-868-2191
Falmouth	LabCorp	12 Bramble Bush Drive	MA	1-774-763-2675
Falmouth	Quest Diagnostics	350 Gifford Street, Suite 15–17	MA	1-508-540-2642
Fitchburg	Quest Diagnostics	275 Nichols Road, 4th Floor	MA	1-978-342-1613
Fitchburg	Quest Diagnostics	326 Nichols Road	MA	1-978-342-1613
Fitchburg	Quest Diagnostics	47 Ashby State Road	MA	1-978-345-2161
Fitchburg	Quest Diagnostics	76 Summer Street	MA	1-978-342-0691
Florence	Quest Diagnostics	190 Nonotuck Street, Suite 104	MA	1-413-584-3864
Foxboro	Quest Diagnostics	10 Commercial Street	MA	1-508-698-1721

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City	Facility Name	Street/Suite	State	Phone
Foxboro	Quest Diagnostics	70 Walnut Street	MA	1-508-543-0954
Framingham	Boston Heart Diagnostics Corporation	175 Crossing Boulevard	MA	1-508-877-8711
Framingham	Boston Heart Diagnostics Corporation	200 Crossing Boulevard	MA	1-508-877-8711
Framingham	Charles River Medical Associates	297 Union Avenue	MA	1-508-665-5006
Framingham	Quest Diagnostics	61 Lincoln Street	MA	1-508-370-7341
Gardner	Quest Diagnostics	175 Connors Street, Lower Level	MA	1-866-697-8378
Hanover	Quest Diagnostics	135 Webster Street	MA	1-781-871-2005
Harvard	Quest Diagnostics	198 Ayer Road	MA	1-978-456-6816
Harwich	Quest Diagnostics	253 Pleasant Lake Avenue, Route 124	MA	1-508-430-1592
Harwich	Quest Diagnostics	Route 124, Suite A, Rear Entrance	MA	1-508-430-1592
Haverhill	Lab USA, Inc.	108R Merrimack Street	MA	1-866-522-5724
Haverhill	LabCorp	215 Summer Street, Suite 14	MA	1-978-372-2722
Haverhill	Quest Diagnostics	209 Summer Street	MA	1-978-374-3712
Haverhill	Quest Diagnostics	62 Brown Street	MA	1-978-556-5655
Holden	Quest Diagnostics	52 Boyden Road	MA	1-508-829-8262
Holyoke	Clean Slate Centers	59 Bobala Road	MA	1-413-584-2173
Hyannis	LabCorp	69 Camp Street, Suite 3	MA	1-508-790-0151
Hyannis	Quest Diagnostics	51 Main Street	MA	1-508-778-4100
Jamaica Plain	Massachusetts Department of Public Health	305 South Street	MA	1-617-983-6200
Lancaster	Quest Diagnostics	136 High Street Extension	MA	1-978-368-1683
Lawrence	Quest Diagnostics	101 Amesbury Street, Suite 204	MA	1-978-975-4098
Lawrence	Quest Diagnostics	25 Marston Steet	MA	1-978-557-5636
Leominster	Quest Diagnostics	14 Manning Avenue	MA	1-978-466-9625
Leominster	Quest Diagnostics	79 Erdman Way	MA	1-978-466-9009
Leominster	Quest Diagnostics	80 Erdman Way, 2nd Floor	MA	1-978-466-3494
Leominster	Quest Diagnostics	85 North Main Street	MA	1-978-466-5785
Lowell	LabCorp	702 Rogers Street, Suite 38	MA	1-978-970-1455
Lowell	Quest Diagnostics	700 Rogers Street	MA	1-978-458-7980
Lowell	Quest Diagnostics	817 Merrimack Street, 2nd Floor	MA	1-978-458-7980
Malden	Faulkner Medical Laboratories	410 Ferry Street	MA	1-781-322-8502
Mansfield	Clinical Science Laboratory	51 Francis Avenue	MA	1-800-255-6106
Marlboro	Athena Diagnostics	200 Forest Street, 2nd Floor	MA	1-508-756-2886
Marlboro	Quest Diagnostics	340 Maple Street, 1st Floor	MA	1-508-229-7847
Marlboro	Quest Diagnostics	640 Bolton Street	MA	1-508-303-1990
Mashpee	Franey Medical Laboratories	52 Mercantile Way	MA	1-508-888-7546
Mattapan	Quest Diagnostics	1575 Blue Hill Avenue	MA	1-617-696-0990

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City	Facility Name	Street/Suite	State	Phone
Melrose	Quest Diagnostics	50 Tremont Street	MA	1-781-979-0806
Methuen	Quest Diagnostics	60 East Street, Suite 1200	MA	1-978-688-5828
Methuen	Quest Diagnostics	9 Branch Street	MA	1-978-688-4745
Methuen	Quest Diagnostics	One Branch Street	MA	1-978-688-4745
Middleboro	Quest Diagnostics	511 West Grove Street	MA	1-508-947-1122
Milford	Quest Diagnostics	91 Water Street	MA	1-508-482-9210
Millbury	Quest Diagnostics	65 Canal Street	MA	1-508-865-4738
New Bedford	Quest Diagnostics	651 Orchard Street	MA	1-508-992-1474
Newton	LabCorp	1400 Centre Street, 2nd Floor, Suite 208	MA	1-617-244-0923
Norfolk	Quest Diagnostics	31 Pine Street, Suite 101	MA	1-508-384-1312
North Andover	LabCorp	200 Sutton Street, Suite 135	MA	1-978-685-0063
North Andover	Quest Diagnostics	170 Pleasant Street	MA	1-978-989-0870
North Andover	Quest Diagnostics	565 Turnpike Street, 1st Floor	MA	1-978-208-7010
North Attleboro	Quest Diagnostics	500 East Washington Street, Suite 22	MA	1-508-643-4880
North Dartmouth	Quest Diagnostics	49 State Road, Suite 202	MA	1-508-487-2062
North Grafton	Quest Diagnostics	100 Worcester Street	MA	1-508-839-3283
Northboro	Quest Diagnostics	112 Main Street	MA	1-508-393-3704
Northboro	Quest Diagnostics	333 Southwest Cutoff	MA	1-508-842-0230
Norwood	Oxford Immunotec LLC	315 Norwood Park South	MA	1-800-246-8436
Norwood	Quest Diagnostics	335 Morse Street, 1st Floor	MA	1-781-769-5128
Norwood	Quest Diagnostics	825 Washington Street	MA	1-781-255-0231
Norwood	Quest Diagnostics	886 Washington Street	MA	1-781-762-4238
Norwood	Quest Diagnostics	95 Chapel Street, Suite G5	MA	1-781-762-1712
Orleans	Quest Diagnostics	229 Cranberry Highway	MA	1-508-255-2010
Osterville	Quest Diagnostics	23 West Bay Road	MA	1-508-428-0973
Pittsfield	Quest Diagnostics	42 Summer Street	MA	1-413-499-8718
Plymouth	Quest Diagnostics	57 Long Pond Road	MA	1-508-747-1570
Provincetown	Quest Diagnostics	49 Harry Kemp Way	MA	1-508-487-2062
Quincy	Quest Diagnostics	500 Congress Street, Suite 1E	MA	1-617-773-0080
Raynham	Quest Diagnostics	675 Paramount Drive, Suite 102	MA	1-508-824-0838
Salem	Commonwealth Diagnostics International Inc.	39 Norman Street	MA	1-888-258-5966
Shrewsbury	Quest Diagnostics	26 Julio Drive	MA	1-508-845-3615
Shrewsbury	Quest Diagnostics	604 Main Street	MA	1-508-845-6521
Somerville	Quest Diagnostics	33 Bow Street	MA	1-617-623-9600
South Weymouth	Quest Diagnostics	73 Pleasant Street	MA	1-781-335-4208
South Weymouth	Quest Diagnostics	851 Main Street	MA	1-781-335-4208

(continued)

City	Facility Name	Street/Suite	State	Phone
Spencer	Quest Diagnostics	369 Main Street	MA	1-508-885-5936
Springfield	Baystate Reference Laboratories	759 Chestnut Street	MA	1-413-794-5374
Springfield	Life Laboratories	299 Carew Street, Lower Level	MA	1-413-748-9500
Springfield	Quest Diagnostics	780 Chestnut Street, Suite 16	MA	1-413-788-7714
Stoughton	LabCorp	966 Park Street, Unit B7	MA	1-781-297-5208
Sutton	Quest Diagnostics	156–160 Worcester Providence Turnpike	MA	1-508-865-4888
Taunton	Quest Diagnostics	2005 Bay Street	MA	1-508-880-5885
Taunton	Quest Diagnostics	72 Washington Street	MA	1-508-432-7764
Walpole	Quest Diagnostics	1426 Main Street, Suite G5	MA	1-508-660-2975
Waltham	Boston Clinical Laboratories	764A Main Street	MA	1-781-893-1995
Waltham	Boston Fertility Lab	130 2nd Avenue	MA	1-781-434-6500
Waltham	Exosome Diagnostics Inc.	266 2nd Avenue, Suite 200	MA	1-617-588-0500
Waltham	Quest Diagnostics	20 Hope Avenue, Suite 311	MA	1-781-647-0347
Waltham	Quest Diagnostics	6 Lexington Street	MA	1-781-899-2100
Wareham	Quest Diagnostics	106 Main Street	MA	1-508-295-0477
Webster	Ammon Analytical Laboratories LLC	106 East Main Street	MA	1-508-461-5355
Webster	LabCorp	72 Cudworth Road	MA	1-508-461-0019
Wellesley	Quest Diagnostics	65 Walnut Street, Suite 130	MA	1-781-237-0002
Wellfleet	Quest Diagnostics	3130 State Highway Route 6	MA	1-508-349-6404
West Boylston	Quest Diagnostics	242 Woodland Street	MA	1-508-835-3028
West Roxbury	LabCorp	2081 Centre Street	MA	1-617-325-2167
Westboro	Esoterix Genetic Laboratories	3400 Computer Drive	MA	1-800-872-3572
Westboro	Quest Diagnostics	154 Main Street	MA	1-508-836-3674
Westboro	Quest Diagnostics	33 East Main Street	MA	1-508-366-1271
Woburn	Aspenti Health	57 Commerce Way	MA	1-844-267-9674
Woburn	Repro Source Fertility Diagnostics	300 Trade Center, Suite 6540	MA	1-800-667-8893
Worcester	LabCorp	123 Summer Street, Suite 385	MA	1-508-796-5005
Worcester	LabCorp	140 West Boylston Drive	MA	1-508-856-0327
Worcester	LabCorp	141 Massasoit Road	MA	1-508-752-5237
Worcester	LabCorp	352 Belmont Street	MA	1-508-757-8005
Worcester	Quest Diagnostics	10 Winthrop Street	MA	1-508-754-8268
Worcester	Quest Diagnostics	100 MLK Jr. Boulevard	MA	1-508-754-0178
Worcester	Quest Diagnostics	119 Belmont Street	MA	1-508-752-2414
Worcester	Quest Diagnostics	12 Winthrop Street, Suite 102C	MA	1-508-831-0624
Worcester	Quest Diagnostics	121 Lincoln Street, Unit 13	MA	1-508-751-4685
Worcester	Quest Diagnostics	291 Lincoln Street, Suite 306	MA	1-508-755-7573

(continued)

CD Clinical/Diagnostic Facilities

City	Facility Name	Street/Suite	State	Phone
Worcester	Quest Diagnostics	328 Shrewsbury Street	MA	1-508-755-4896
Worcester	Quest Diagnostics	338 Plantation Street	MA	1-508-755-4896
Worcester	Quest Diagnostics	40 Converse Street	MA	1-508-792-3556
Worcester	Quest Diagnostics	85 Prescott Street, 3rd Floor	MA	1-508-755-5414
Worcester	Quest Diagnostics	One West Boylston Street, 3rd Floor, Suite LI07	MA	1-508-853-1208
Worcester	Secon of New England	415 Main Street, 4th Floor	MA	1-508-831-0703
Wrentham	Quest Diagnostics	24 Common Street	MA	1-508-384-2630
Wrentham	Quest Diagnostics	667 South Street	MA	1-508-384-8532
Yarmouth Port	Quest Diagnostics	923 Main Street, Route 6A	MA	1-508-362-3833

MRI MRI Facilities

City	Facility Name	Street/Suite	State	Phone
Andover	Merrimack Valley Health Services Inc.	323 Lowell Street, Suite 002	MA	1-888-684-7674
Athol	Western Mass MRI Services	2033 Main Street	MA	1-800-634-2468
Belmont	McLean Hospital	115 Mill Street	MA	1-617-855-3385
Brighton	Shields MRI Brighton	385 Western Avenue	MA	1-800-258-4674
Brockton	Shields MRI Brockton	265 Westgate Drive	MA	1-800-258-4674
Brookline	Longwood MRI Specialists	637 Washington Street	MA	1-617-277-1614
Chelmsford	Center for Diagnostic Imaging	187 Billerica Road	MA	1-978-250-1866
Chicopee	Western Mass Magnetic Resonance Services	444 Montgomery Street	MA	1-413-598-7276
Dedham	Center for Diagnostic Imaging	200 Providence Highway	MA	1-781-329-0600
Dedham	Shields MRI Dedham	40 Allied Drive, Suite 112	MA	1-800-258-4674
Dorchester	Shields MRI Boston–Granite Ave.	161 Granite Avenue	MA	1-800-258-4674
Framingham	MetroWest MRI	761 Worcester Road	MA	1-508-872-7674
Framingham	Shields MRI of Framingham	14 Cochituate Road	MA	1-800-258-4674
Greenfield	Shields MRI at Baystate Franklin Medical Center	164 High Street	MA	1-800-258-4674
Haverhill	Center for Diagnostic Imaging	One Park Way	MA	1-978-469-0400
Lawrence	Merrimack Valley Health Services	One General Street	MA	1-800-852-4487
Leominster	Shields MRI at UMass Memorial Health	100 Hospital Road	MA	1-800-258-4674
Lowell	Shields MRI at Lowell General Hospital	295 Varnum Avenue	MA	1-800-258-4674
Lowell	Shields MRI at Lowell General Hospital–Saints Campus	One Hospital Drive	MA	1-800-258-4674
Marlboro	Shields MRI at UMass Marlborough Campus	157 Union Street	MA	1-800-258-4674
New Bedford	Shields MRI at St. Luke's Hospital	361 Allen Street	MA	1-800-258-4674

(continued)

MRI Facilities

City	Facility Name	Street/Suite	State	Phone
Newburyport	Shields Imaging at Anna Jaques	25 Highland Avenue	MA	1-800-258-4674
North Chelmsford	Shields MRI at Lowell General Hospital–Chelmsford	10 Research Place	MA	1-800-258-4674
North Dartmouth	Shields MRI Dartmouth	313 Faunce Corner Road	MA	1-800-258-4674
Norton	Imaging Consultants Inc.	246 East Main Street	MA	1-866-674-2174
Palmer	Shields MRI at Wing Hospital	40 Wright Street	MA	1-800-258-4674
Springfield	Center for Diagnostic Imaging	3640 Main Street, Suite 101	MA	1-413-781-9000
Springfield	Greater Springfield MRI Limited Partnership	271 Carew Street	MA	1-413-739-0290
Springfield	Shields MRI and Baystate Health	80 Wason Avenue	MA	1-866-258-4738
Wellesley	Boston Breast Diagnostic Center	165 Worcester Street	MA	1-800-476-0577
Wellesley	Shields MRI Wellesley	54 Washington Street	MA	1-800-258-4674
West Yarmouth	Shields MRI and Imaging Center of Cape Cod	2 Iyanough Road	MA	1-800-258-4674
Weymouth	Shields MRI Weymouth	26 Rockway Avenue	MA	1-800-258-4674
Woburn	Center for Diagnostic Imaging	800 West Cummings Park, Suite 1150	MA	1-781-932-8650
Woburn	Shields MRI at Unicorn Park	200 Unicorn Park Drive, Suite 402	MA	1-800-258-4674
Worcester	Shields MRI at UMass Memorial–University Campus	55 Lake Avenue North, Suite H1-351A	MA	1-800-258-4674
Worcester	Shields MRI at UMass Memorial–University Campus	55 Lake Avenue North, Suite H1-713B	MA	1-800-258-4674
Worcester	Shields MRI at UMass Memorial Campus	119 Belmont Street	MA	1-800-258-4674
Worcester	Shields MRI at UMass Memorial–Shrewsbury St.	214 Shrewsbury Street	MA	1-866-258-4738

CT Scan Facilities

City	Facility Name	Street/Suite	State	Phone
Framingham	Charles River Medical Associates	571 Union Avenue	MA	1-508-848-2164
Springfield	Center for Diagnostic Imaging	3640 Main Street, Suite 101	MA	1-413-781-9000
Wellesley	Boston Breast Diagnostic Center	165 Worcester Street	MA	1-800-476-0577

PET Scan Facilities

City	Facility Name	Street/Suite	State	Phone
Attleboro	Shields Sturdy PET CT	211 Park Street	MA	1-866-258-4738
Ayer	Steward PET Imaging	200 Groton Road	MA	1-877-877-8455
Boston	Shields PET CT Services at Tufts Medical	800 Washington Street	MA	1-866-258-4738
Brighton	Steward PET Imaging	736 Cambridge Street	MA	1-877-877-8455
Brockton	Shields Signature Imaging	680 Centre Street	MA	1-866-258-4738

(continued)

City	Facility Name	Street/Suite	State	Phone
Attleboro	Shields Sturdy PET CT	211 Park Street	MA	1-866-258-4738
Ayer	Steward PET Imaging	200 Groton Road	MA	1-877-877-8455
Boston	Shields PET CT Services at Tufts Medical	800 Washington Street	MA	1-866-258-4738
Brighton	Steward PET Imaging	736 Cambridge Street	MA	1-877-877-8455
Brockton	Shields Signature Imaging	680 Centre Street	MA	1-866-258-4738
Brockton	Steward PET Imaging	235 North Pearl Street	MA	1-877-877-8455
Dartmouth	Steward PET Imaging at Hawthorn Medical Associates	535 Faunce Corner Road	MA	1-877-877-8455
Dorchester	Steward PET Imaging	2100 Dorchester Avenue	MA	1-877-877-8455
Fall River	Steward PET Imaging	795 Middle Street	MA	1-877-877-8455
Fitchburg	Shields PET CT Services at UMass Memorial-Burbank	275 Nichols Road	MA	1-866-258-4738
Foxboro	Steward PET Imaging	70 Walnut Street	MA	1-877-877-8455
Framingham	Charles River Medical Associates	571 Union Avenue	MA	1-508-848-2164
Framingham	Metrowest PET CT at Shields-Framingham	14 Cochituate Road, Suite 1A	MA	1-866-258-4738
Gardner	Imaging Consultants Inc.	242 Green Street	MA	1-866-245-5995
Harwich	Shields PET Service of Cape Cod-Harwich	525 Long Pond Drive	MA	1-866-258-4738
Holyoke	Steward PET Imaging	575 Beech Street	MA	1-877-877-8455
Northampton	Shields PET CT at Cooley Dickinson	30 Locust Street	MA	1-866-258-4738
Pittsfield	Shields PET CT at Berkshire Medical Center	165 Tor Court	MA	1-866-258-4738
Plymouth	Imaging Consultants Inc.	275 Sandwich Street	MA	1-866-245-5995
Sandwich	Shields PET Service of Cape Cod-Sandwich	2 Jan Sebastian Drive	MA	1-866-258-4738
South Weymouth	Shields PET CT at South Shore Hospital	55 Fogg Road	MA	1-866-258-4738
Southbridge	Imaging Consultants Inc.	100 South Street	MA	1-866-245-5995
Springfield	Shields MRI and Baystate Health	80 Wason Avenue	MA	1-866-258-4738
Stoneham	Imaging Consultants Inc.	41 Montvale Avenue	MA	1-866-245-5995
Westfield	Steward PET Imaging	115 West Silver Street	MA	1-877-877-8455
Worcester	Imaging Consultants Inc.	One Eaton Place	MA	1-866-245-5995
Worcester	Shields MRI at UMass Memorial Shrewsbury St.	214 Shrewsbury Street	MA	1-866-258-4738

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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Learn About Your Pharmacy Program

Effective January 1, 2020

This guide provides an overview of your pharmacy program, lists some of the medications covered under your plan, lists medications not covered under your plan, and provides other important information about your pharmacy coverage.

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Pharmacy Program Overview

Your pharmacy program is designed to provide you and your doctor with access to a wide variety of safe, clinically effective medications. We've carefully developed a substantial covered medication list that includes many medications that are available at affordable out-of-pocket costs.

About This Guide

This guide is up to date as of January 1, 2020, and is subject to change. Use it as a reference whenever you need coverage information about your pharmacy program. For the most current and complete information about covered medications, use our Medication Lookup tool at bluecrossma.com/medications.

Mail Order Pharmacy

You can have certain prescriptions delivered right to your door when you order them through Express Scripts®, an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts. In some cases, you'll pay less for a 90-day supply of maintenance medications (also known as long-term medications) than you would for three 30-day supplies at a retail pharmacy. You'll also make fewer trips to the pharmacy and be less likely to miss a dose since you won't have to refill as often.

To get started with the Mail Order Pharmacy, visit Express Scripts at express-scripts.com/starthd, and select **Register**. You can also call Express Scripts at 1-800-892-5119.

Online Resources

Medication Lookup

Search for covered medications, quickly and easily, at bluecrossma.com/medications. Your individual coverage may vary.

MyBlue

Discover a more personalized experience when looking up your health care information, such as detailed plan information and claims. Log in or create an account at bluecrossma.com/myblue.

Express Scripts

Get information about your specific pharmacy coverage by visiting express-scripts.com. There, you can look up the cost of medications, find a pharmacy, and sign up for the Mail Order Pharmacy.

Pharmacy Program Overview

What You Pay for Medications

Our covered medications list is based on a tiered cost structure. When you fill a prescription, the amount you pay the pharmacy is determined by the tier your medication is on and your benefits. Medications are placed on tiers according to a variety of factors, including what they're used for, their cost, and whether equivalent or alternative medications are available. The pharmacist will tell you how much you owe. The example below uses our two most common tier structures to illustrate how they work. Other tier structures include 2-tier, 5-tier, and 6-tier. Check your plan materials to see which tier structure your plan uses, and learn more about how medications are covered.

In a 3-tier structure

Usually, you'll pay the least for Tier 1 medications and the most for Tier 3 medications.

In a 4-tier structure

Usually, you'll pay the least for Tier 1 medications and the most for Tier 4 medications.

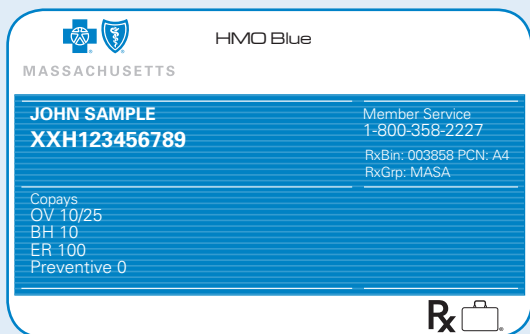
The amount you pay may include your copayment, co-insurance, and deductibles. To find your out-of-pocket costs for specific prescriptions, log in to express-scripts.com.

Compounded Medications

Covered compounded medications that require a prescription will be processed at your highest pharmacy benefit tier, regardless of the ingredients in the medication. Compounded medications are made to order by a pharmacist when existing, commercially available medications don't meet your specific needs as determined by your doctor. Some compounded medications may need Prior Authorization, have Quality Care Dosing guidelines, or require an exception.

Covered Medications List Changes

Our covered medications list may change from time to time. These changes may include changing medications to a non-covered status, changing medication tier status, applying Quality Care Dosing limitations, and/or moving medications to a specialty pharmacy. We notify any impacted members of these changes via direct mail at least 30 days in advance of the change.



Your ID Card

Your ID card contains important information about your pharmacy benefits. Be sure to bring the card with you and give it to your pharmacist when you fill a prescription. A sample ID card is shown at the left.

Over-the-Counter Medications

For non-grandfathered health plans under the Affordable Care Act (ACA), the following list includes over-the-counter medications that are covered at no cost to you when they're prescribed by your doctor. This list is up to date as of January 1, 2020, and may change from time to time.

- **Generic Aspirin (81mg)**
- **Generic Folic Acid** is covered for people up to age 50
- **Generic Iron** is covered for infants up to 12 months old
- **Generic Smoking Cessation** (such as nicotine gum, lozenges, and patches) is covered for up to two 90-day supplies per calendar year
- **Generic Vitamin D** is covered for people aged 65 and older
- **Generic contraceptives** (such as female condoms, sponges, and spermicide) are covered

Benefit Exclusions

The following are considered benefit exclusions under your policy. This means these medications and other health products aren't covered, and exceptions aren't available. Some medications within these categories have over-the-counter alternatives available. This list is up to date as of January 1, 2020. See your subscriber certificate for additional exclusions.

- Anorexiant
- Cough and cold products that contain one or more of the following ingredients in equivalent over-the-counter doses: guaifenesin, chlorpheniramine, pseudoephedrine, phenylephrine, clemastine, dextromethorphan, and pyrilamine
- Non-sedating antihistamines
- Ophthalmic drug solutions to treat allergies
- Inhaled nasal steroids
- Proton pump inhibitors (PPI), except for prescription proton pump inhibitors that are prescribed for members under age 18 or prescribed as part of a combination drug used to treat helicobacter pylori
- Topical acne medications (benzoyl peroxide products 10% in strength or less, and some combinations)
- Pharmaceuticals that you can buy without a prescription, except as described in this Pharmacy Program booklet
- Medical supplies such as dressings and antiseptics
- Combination vitamins that require a prescription, except for: prescription prenatal vitamins and pediatric vitamins with fluoride

Quality Care Dosing

Our Quality Care Dosing program helps to ensure that the quantity and dosage meet the Food and Drug Administration's (FDA) regulations, clinical standards, and manufacturer's guidelines of the medications you receive. When you fill a prescription for one of the following medications, it's checked electronically in two ways:

Dose Consolidation

Checks to see whether you're taking two or more pills a day that can be replaced with one pill providing the same daily dosage

Recommended Monthly Dosing Level

Checks to see that your monthly dosage is consistent with the FDA's and manufacturer's monthly dosing recommendations and clinical information

You may fill a quantity up to the allowed limit, but quantities greater than the allowed limit will be denied.

Note: Your doctor may request an exception for medications that are subject to Quality Care Dosing when medically necessary. Some medications on this list may also be subject to Step Therapy and/or Prior Authorization requirements, be considered non-covered, or be considered a specialty medication. Please check the corresponding pages to determine coverage requirements.

This list of medications in our Quality Care Dosing program is up to date as of January 1, 2020, and may change from time to time.

For the most current list of medications subject to Quality Care Dosing, along with associated dosing limits, use our Medication Lookup tool at bluecrossma.com/medications.

Quality Care Dosing

Abilify Mycite	Apidra	Bunavail	Dexilant (excluded for 18 years and older)
Abstral	Apidra Solostar	Buprenorphine	Dexmethylphenidate ER
AcipHex (excluded for 18 years and older)	Aplenzin ER	Buprenorphine-Naloxone	Dexmethylphenidate XR
Actiq	Aprepitant	Buprenorphine patch	Dextroamphetamine/Amphetamine ER
Actonel	Aptenzio XR	Bupropion SR	Diabetic Testing Strips (all)
ACTOplus Met	Aranesp	Bupropion XL	Diclofenac gel
ACTOplus Met XR	Arava	Butorphanol NS	Diclofenac solution
Actos	Arcapta Neohaler	Butrans	Diflucan (150 mg only)
Acular	ArmonAir RespiClick	Bydureon	Dihydroergotamine (nasal spray)
Acular LS	Arnuity Ellipta	Bydureon Bcise	DM 2 Kit
Acular PF	Arixtra	Byetta	Doptelet
Adderall XR	Arymo ER	Cabergoline	Dotti
Adhansia XR	Ashlyna	Caduet	Dovonex
Adlyxin	Asmanex Twisthaler	Calciptriene	Doxazosin
Admelog	Asipirn/Omeprazole (excluded for 18 years and older)	Camrese	Doxepin cream
Advair Diskus	Astepro	Camrese Lo	Duaklir Pressair
Advair HFA	Atelvia DR	Cardura	Dulera
Adyphren	Atomoxetine	Cardura XL	Duloxetine
Adzenys XR	Atorvastatin	Catapres TTS	Duloxetine DR
Aemcolo	Atrovent (nasal spray)	Celebrex	Duragesic
Aerospan	Atrovent HFA	Celecoxib	Edluar
Aimovig	Auvi-Q	Celexa	Effexor XR
Air Duo	Avandia	Cesamet	Eletriptan
Ajovy	Avinza	Cholbam	Embeda
Akynzeo	Avonex	Ciclodin solution/kit	Emend
Albuterol Sulfate HFA	Axert	Ciclopirox nail lacquer	Emgality
Alendronate Sodium	Azelastine (nasal spray)	Citalopram	Emverm
Almotriptan	Baqsimi	Climara	Enbrel
Alora	Basaglar	Climara Pro	Enoxaparin
Alosetron	Belbuca	Clonidine patch	Epclusa
Alrex	Belsomra	Combivent	Epinephrine injection
Alsuma	Belviq	Combivent Respimat	Epi-Pen Auto-Injector
Altoprev	Belviq XR	Concerta	Epogen
Alvesco	Betaseron	Cotempla XR ODT	Escitalopram
Ambien	Bevespi AeroSphere	Contrave ER	Esomep-EZS (excluded for 18 years and older)
Ambien CR	Bevyxxa	Copaxone	Esomeprazole (excluded for 18 years and older)
Amethia	Bijuva	Cosentyx	Esomeprazole Strontium (excluded for 18 years and older)
Amethia Lo	Binosto	Crestor	Estradiol patch
Amerge	Boniva tablets	Cromolyn ophthalmic	Estrogel
Amitiza	Breo Ellipta	Cymbalta	Eszopiclone
Amlodipine	Brisdelle	Daklinza	
Amlodipine-Atorvastatin	Budeprion SR	Dalfampridine	
Ampyra	Budeprion XL	Daurismo	
Anzemet	Budesonide (nebules)	Daysee	
		Desvenlafaxine ER	

Quality Care Dosing

Evamist	Granix	Lansoprazole/Amoxicillin/ Clarithromycin	Movantik
Evenity	Grastek	Lantus	Moxifloxacin
Evzio	Harvoni	Lazanda	Moxeza
Exalgo	Hetlioz	Leflunomide	MS Contin
Extavia	Humalog	Ledipasvir/Sofosbuvir	Mulpleta
Ezallor Sprinkle	Humalog Jr.	Lescol	Mydayis
Ezetimibe	Humulin	Lescol XL	Naratriptan
Exetimibe/Simvastatin	Humira	Levalbuterol HFA	Narcan
Famciclovir	Hydromorphone ER	Levemir	NebuPent
Farydak	Hysingla ER	Levonorgestrel/ Ethinyl Estradiol	Neulasta
Farxiga	Ibandronate	Levonorgestrel/Ethinyl Estradiol/Ethinyl Estradiol	Neupogen
Fasenra	Ibrance	Lexapro	Nexium (excluded for 18 years and older)
Fayosim	Ilumya	Lidocaine 5% cream	Nivestym
Fentanyl Citrate	Imitrex	Lidocaine Patch	Nocdurna
Fentanyl oral/mucosal	Impavido	Lidoderm	Norvasc
Fentanyl patch	Incruse Ellipta	Linzess	Novolin
Fentora	Infergen	Lipitor	Novolog
Fetzima	Insulins (all)	Livalo	Nucynta ER
Fiasp	Insulins Lispro	Lonhala Magnair	Nuplazid
Flovent Diskus	Intermezzo	LoSeasonique	Ocaliva
Flovent HFA	Introvale	Lotronex	Odomzo
Fluconazole (150 mg only)	Invokamet	Lovastatin	Olanzapine-Fluoxetine
Fluoxetine	Invokamet XR	Lovenox	Olopatadine Nasal
Fluoxetine DR	Invokana	Lucemyra	Olumiant
Fluticasone/Salmeterol	Ipratropium NS	Lunesta	Olysio
Fluvastatin	Irenka DR	Lysteda	Omeprazole (excluded for 18 years and older)
Fluvastatin XR	Itraconazole	Mavyret	Omeprazole-Sod. Bicarbonate (excluded for 18 years and older)
Fluvoxamine	Jardiance	Maxalt	OmePPI (excluded for 18 years and older)
Fluvoxamine CR	Jolessa	Meloxicam	Omontys
Focalin XR	Jornay PM	Menostar	Ondansetron
Fondaparinux	Jynarque	Methylphenidate CD	Ondansetron ODT
Forfivo XL	Kadian	Methylphenidate ER	Onmel
Forteo	Kalydeco	Methylphenidate LA	Onsolis
Fosamax	Kenalog aerosol	Methylphenidate 72mg	Onezetra Xsail
Fosamax Plus D	Kerydin	Migranal	Opana ER
Fragmin	Ketorolac ophthalmic	Migranow Kit	Oralair
Frova	Keveyis	Minivelle	Oramorph SR
Frovatriptan	Kevzara	Mirtazapine	Orkambi
Fulphila	Khedeza	Mirtazapine Rapid Dissolve	Otezla
Gatifloxacin	Krintafel	Mobic	Oxiconazole Nitrate
Glatiramer	Lamisil	Morphabond ER	Oxistat
Glatopa	Lansoprazole (excluded for 18 years and older)	Morphine Sulfate ER	
Glucose testing strips (all)	Lansoprazole ODT (excluded for 18 years and older)		
Glyxambi			
Granisetron			

Quality Care Dosing

Oxycodone ER	Quasense	Sonata	Valacyclovir
OxyContin	Quillichew	Sovaldi	Valtrex
Oxymorphone ER	Quinine Sulfate	Spiriva	Varubi
Ozempic	Qutenza	Sporanox	Venlafaxine ER capsule
Pantoprazole (excluded for 18 years and older)	QVAR	Steglatro	Venlafaxine ER tablet
Paroxetine	Rabeprazole (excluded for 18 years and older)	Steglujan	Ventolin HFA
Paroxetine CR	Ramelteon	Stiolto Respimat	Viberzi
Patanase	Ragwitek	Strattera	Victoza
Paxil	Rebif	Striverdi Respimat	Viekira PAK
Paxil CR	Relexxii ER	Suboxone	Viekira XR
Pegasys	Relpax	Subsys	Vigamox
PEG-Intron	Remeron	Sumatriptan	Viibryd
Penlac	Remeron Soltab	Sumavel Dosepro	Vitrakvi
Pennsaid	Repatha	Symbicort	Vivelle
Pexeva	Restasis	Symbyax	Vivelle-Dot
Pioglitazone	Retacrit	Symdeko	Vivitrol
Pioglitazone-Glimepiride	Rexulti	Symjepi	Vivlodex
Pioglitazone-Metformin	Rhopressa	Symproic	Voltaren gel
Plegridy	Risedronate	Synjardy	Vosevi
Praluent	Ritalin LA	Synjardy XR	Vyndaqel
Pravachol	Rivelsa	Taltz	Vyndamax
Pravastatin	Rizatriptan	Tanzeum	Vytorin
Prevacid (excluded for 18 years and older)	Rizatriptan ODT	Technivie	Vyvanse
PrevPac	Rocklatan	Tegsedi	Wellbutrin SR
Prilosec (excluded for 18 years and older)	Rozerem	Terazosin	Wellbutrin XL
Pristiq	Rosuvastatin	Terbinafine	Wixela Inhub
Pristiq ER	Rybelsus	Tivorbex	Xartemis XR
ProAir HFA	Sancuso	Tolsura	Xeljanz
ProAir Respiclick	Sarafem	Tosymra	Xeljanz XR
Procrit	Saxenda	Toujeo Solostar	Xermelo
Protonix (excluded for 18 years and older)	Seasonique	Toujeo Max Solostar	Xiidra
Proventil HFA	Seebri Neohaler	Tranexamic Acid	Xifaxan
Prozac	Segluromet	Trelegy Ellipta	Xigduo
Prozac Weekly	Serevent Diskus	Tremfya	Xigduo XR
Prudoxin	Sertraline	Tresiba	Xopenex HFA
Pulmicort Flexhaler	Setlakin	Treximet	Xospata
Pulmicort Respules	Silenor	Triamcinolone spray	Xtampza ER
Qbrexxa	Siliq	Trintellix	Xultophy
Qmiiz ODT	Simponi	Triptodur	Xuriden
Qtern	Simvastatin	Trulance	Yosprala
Qualaquin	Skyrizi	Trulicity	Yupelri
Quartette	Sofosbuvir/Velpatasvir	Tudorza	Zaleplon
	Soliqua	Tymlos	Zarxio
	Solosec	Undenycya	Zegerid (excluded for 18 years and older)
		Utibron Neohaler	

Quality Care Dosing

Zembrace Symtouch
Zepatier
Zetia
Zinbryta
Zocor
Zofran
Zofran ODT
Zohydro ER
Zoladex
Zolmitriptan
Zolmitriptan ODT
Zoloft
Zolpidem
Zolpidem CR
Zolpidem SL
Zolpimist
Zomig
Zomig ZMT
Zonalon
Zubsolv
Zuplenz
Zydelig
Zymaxid
Zypitamag

Prior Authorization

Your doctor is required to obtain Prior Authorization before prescribing specific medications. This ensures that your doctor has determined that this medication is necessary to treat you, based on specific medical standards.

Another part of our Prior Authorization program is Step Therapy. Please refer to the Step Therapy section in this booklet for more information.

Note: Some medications on this list may also be subject to Step Therapy and/or Quality Care Dosing requirements, be considered non-covered, or be considered a specialty medication. Please check the corresponding pages to determine coverage requirements.

This list of medications that require Prior Authorization is up to date as of January 1, 2020, and may change from time to time.

For the most current list of medications that require Prior Authorization, use our Medication Lookup tool at bluecrossma.com/medications.

Prior Authorization

Abstral	Cimzia	Evekeo	Inflectra
AcipHex (excluded for 18 years and older)	Cinqair	Evenity	Infumorph
Actemra	Cinryze	Exalgo	Interferons (alpha, gamma)
Actimmune	Cocet/Plus	Exondys 51	Iressa
Actiq	Co-gesic	Factor VIII, VIIIa, IX, XIII (medical benefit only)	IV Immunoglobulin
Adcirca	Copkitra	Farydak	Juxtapid
Addyi	Contrave	Fasenra	Kadian
Adviar Diskus	Cotellic	Fentanyl Citrate	Kalbitor
Advair HFA	Cosentyx	Fentanyl patch	Kalydeco
Air Duo	Daklinza	Fentanyl oral/mucosal	Kanuma
Aimovig	Dalfampridine	Fentora	Kevzara
Ajovy	Demerol	Firazyr	Kineret
Alecensa	Desoxyn	Firdapse	Kisqali
Alfenta	Dexilant (excluded for 18 years and older)	Fluticasone/Salmeterol	Kisqali Femara
Alyq	Dexedrine	Forteo	Kynamro
Amphetamines (e.g Amphetamine, Methamphetamine, Liquadd, Procentra)	Dextroamphetamines	GalaFold	Lazanda
Ampyra	Difcid	Gamifant	Ledipasvir/sofosbuvir
Apadaz	Dilaudid	Gel-One	Lemtrada
Aralast	Diskets	Gelsyn-3	Lenvima
Armodafinil	Dulera	Genotropin	Liquadd
Aranesp	Dolophine	Genvisc	Lorbrena
Arikayce	Dupixent	Gilotrif	Lorcet
Arymo ER	Duragesic	Grastek	Lynparza
Aspirin/Omeprazole (excluded for 18 years and older)	Doramorph	H.P. Acthar	Lyrica
Astramorph/PF	Durolane	Harvoni	Lyrica CR
Avinza	Dvorah	Haegarda	Magnacet
Belversa	Dysport	Hetlioz	Mavyret
Belbuca	Egrifta	Humatrope	Maxidone
Belviq	Elidel	Humira	Makena
Belviq XR	Embeda	Hyalgan	Margesic-H
Benzhydrocodone/APAP	Emgality	Hycet	Mekinist
Berinert	Enbrel	Hydrogesic	Mektovi
Boniva syringe	Enteral formula	Hydromorphone ER	Meperitab
Botox/Botulinum Toxin	Entyvio	Hydroxyprogesterone	Methadone
Braftovi	Epclusa	Hymovis	Methadose
Breo Ellipta	Epogen	Hysingla ER	Methamphetamine
Buprenorphine patch	Erlotinib	Ibandronate injection/syringe	Modafinil
Butrans	Esomeprazole (excluded for 18 years and older)	Ibrance	Monovisc
Capital and Codeine	Esomeprazole Strontium (excluded for 18 years and older)	Ibudone	Morphabond ER
Cequa	Esomep-EZS (excluded for 18 years and older)	Idhifa	Morphine Sulfate CR
Cerezyme	Euflexxa	Ilaris	Morphine Sulfate ER
		Ilumya	MS Contin
		Increlex	Myalept
		Incruse Ellipta	Myobloc
			Nalocet

Prior Authorization

Natrecor	Primlev	Synvisc One	Xospata
Nexium (excluded for 18 years and older)	Procentra	Tacrolimus (topical)	Xtampza ER
Neulasta	Procrit	Tadalafil (antihypertensive)	Yosprala
Neupogen	Proleukin	Tafinlar	Zamicet
Norco	Prolia	Takhzyro	Zegerid (excluded for 18 years and older)
Norditropin	Protonix (excluded for 18 years and older)	Tarceva	Zelboraf
Nucala	Protopic	Tagrisso	Zenzedi
Nucynta ER	Provigil	Taltz	Zepatier
Nutritional Supplements	Ragwitek	Talzenna	Zerlor
Nutropin	Regranex	Technivie	Zohydro ER
Nuvigil	Remicade	Tegsedi	Zolvit
Olumiant	Renflexis	Tev-Tropin	Zomactin
Olysio	Repatha	Tibsovo	Zorbtive
Omeprazole-Sod. Bicarbonate (excluded for 18 years and older)	Respiratory SyncytialVirus IG/Synagis	Topical Retinoic Acid Derivatives (e.g. Retin-A)	Zydelig
OmePPI (excluded for 18 years and older)	Retacrit	TPN (total parenteral nutrition) (medical benefit only)	Zydone
Omnitrope	Restasis	Tremfya	Zykadia
Onpattro	Revatio	Trexiz	
Onsolis	Rinvoq	Trivisc	
Opana ER	Rituxan	Tylenol with Codeine	
Opdivo	Roxybond	Tylox	
Oralair	Ruconest	Tymlos	
Oramorph SR	Rydapt	Verdrocet	
Orencia	Saizen	Verzenio	
Orkambi	SaizenPrep	Vicodin	
Orthovisc	Saxenda	Vicoprofen	
Otezla	Serostim	Viekira XR	
Oxecta	Sildenafil (antihypertensive)	Viekira PAK	
Oxervate	Siliq	Visco-3	
Oxycodone ER	Simponi	Vitrakvi	
Oxycontin	Simponi Aria	Vizimpro	
Oxymorphone ER	Skyrizi	Vosevi	
Panlor SS	Sodium Hyaluronate 1% Syringe	Vyndamax	
Percocet	Sofosbuvir/Velpatasvir	Vyndaqel	
Percodan	Sovaldi	Wixela Inhub	
Pimecrolimus	Spinraza	Xalkori	
Piqray	Stagesic	Xartemis XR	
Polygesic	Stelara	Xeljanz	
Praluent	Subsys	Xeljanz XR	
Pregablin	Supartz	Xeomin	
Prevacid (excluded for 18 years and older)	Symbicort	Xgeva	
Prilosec (excluded for 18 years and older)	Symdeko	Xiaflex	
	Synalgos-DC	Xiidra	
	Synvisc	Xodol	
		Xolair	

Step Therapy

Step Therapy is a key part of our Prior Authorization program that allows us to help your doctor provide you with an appropriate and affordable medication treatment. Before coverage is allowed for certain costly “second-step” medications, we require that you first try an effective, but less expensive, “first-step” medication. Some medications may have multiple steps.

Note: Some medications on this list may also be subject to Prior Authorization and/or Quality Care Dosing requirements, be considered non-covered, or be considered a specialty medication. Please check the corresponding pages to determine coverage requirements.

This list of medications in our Step Therapy program is up to date as of January 1, 2020, and may change from time to time.

For the most current list of medications that require Step Therapy, use our Medication Lookup tool at bluecrossma.com/medications.

Step Therapy

Bone Marrow Stimulants

Nivestym

Neupogen

Cardiovascular

Entresto

Diabetes Management

Adlyxin

Alogliptin

Alogliptin/Metformin

Alogliptin/Pioglitazone

ACTOplus Met

ACTOplus Met XR

Actos

Afrezza

Avandaryl

Avandia

Bydureon

Byetta

Duetact

Farxiga

Fortamet

Glucophage

Glucophage XR

Glumetza

Glyxambi

Invokana

Invokamet

Invokamet XR

Janumet

Janumet XR

Januvia

Jardiance

Jentadueto

Jentadueto XR

Kazano

Kombiglyze XR

Metformin Film Coated ER
(generic for Glumetza)

Metformin ER (generic
for Fortamet)

Nesina

Onglyza

Oseni

Ozempic

Pioglitazone

Pioglitazone-Glimepiride

Pioglitazone-Metformin

Prandin

Qtern

Rybelsus

Segluromet

Soliqua

Steglatro

Steglujan

Synjardy

Synjardy XR

Tanzeum

Tradjenta

Trulicity

Victoza

Xigduo

Xigduo XR

Xultophy

Fertility Treatment

Chorionic

Gonadotropin (human)

Pregnyl

Glaucoma

Lumigan

Rescula

Rocklatan

Travatan

Travatan Z

Xalatan

Xelpros

Vyzulta

Zioptan

Osteoporosis Treatment (Oral)

Actonel

Atelvia DR

Binosto

Boniva tablets

Fosamax

Fosamax Plus D

Overactive Bladder Treatment

Detrol

Detrol LA

Ditropan XL

Enablex

Gelnique

Myrbetriq

Oxytrol

Toviaz

Vesicare

Pain Relievers (Cox II Inhibitors)

Capxib

Celebrex

Celecoxib

Lidoxib

Parkinson's Disease Management

Inbrija

Prostate Treatment

Avodart

Jalyn

Proscar

Topical Antibiotics

Mupirocin ointment

Topical Testosterone

Androgel

Axiron

Fortesta

Natesto Nasal

Testim

Testosterone gel (Fortesta
Authorized product)

Testosterone gel (Testim
Authorized product)

Testosterone gel (Vogelxo
Authorized product)

Testone CIK Kit

Testosterone CIK Kit

Vogelxo

Specialty Pharmacy Medications

In our formulary, some medications are referred to as specialty medications. These medications are usually used to treat complex health conditions. We've developed a network of specialty pharmacies that are experienced in dispensing these medications. Members are required to fill most specialty medications through one of the pharmacies listed below. However, if a highly specialized medication isn't available at one of our specialty pharmacies, we'll cover the cost of the medication when it's filled at an in-network pharmacy. For a list of specialty medications, see the following pages.

Specialty Network Pharmacy Contact Information

AcariaHealth™

1-866-892-1202

Fax: 1-877-541-1503

acariahealth.com

Accredo®

1-877-988-0058

Fax: 1-800-391-9707

accredo.com

BriovaRx®

1-844-284-9462

Fax: 1-866-496-1196

briovarx.com

CVS Specialty™

1-866-846-3096

Fax: 1-800-323-2445

cvsspecialty.com

Specialty Network Pharmacy Contact Information for Fertility Medications

AcariaHealth™ Fertility

1-877-928-5125

Fax: 866-927-9870

acariahealth.envolvehealth.com/services/infertility_2.html

Freedom Fertility Pharmacy

1-866-297-9452

Fax: 1-888-660-4283

freedomfertility.com

Metro Drugs

1-888-258-0106

Fax: 1-201-253-1101

metrointegrative.com

Village Fertility Pharmacy

1-877-334-1610

Fax: 1-866-935-0719

villagepharmacy.com

Note: Some medications on this list may also be subject to Step Therapy, Prior Authorization, and/or Quality Care Dosing requirements, or be considered non-covered. Please check the corresponding pages to determine coverage requirements.

This list of Specialty Medications is up to date as of January 1, 2020, and may change from time to time. For the most current specialty medication and specialty pharmacy network information, use our Medication Lookup tool at bluecrossma.com/medications.

Specialty Pharmacy Medications

Injectable Medications Required to Be Filled at an In-Network Specialty Pharmacy

Abraxane	Cyclophosphamide	Gammagard	Lartuvo
Actemra	Cyramza	Gammagard Liquid	Lemtrada
Actimmune	Cytarabine	GamaSTAN	Levoleucovorin
Adriamycin PFS	Cytogam	Gammaked	Leucovorin Calcium
Adrucil	Dacarbazine	Gammaplex	Leukine
Alferon-N	Dactinomycin	Gamunex	Leuprolide Acetate
Alkeran	Darzalex	Gattex	Lipodox
Apokyn	Daunorubicin HCL	Gazyva	Lipodox-50
Aranesp	DDAVP	Gemcitabine	Lumoxiti
Arcalyst Injection	Depocyt	Gemzar	Lupaneta Pack
Arzerra	Desmopressin Acetate	Genotropin	Lupron Depot
Aveed	Dexrazoxane	Glatiramer	Lupron Depot-Ped
Avonex	Docefrez	Glatopa	Makena
Beleodaq	Docetaxel	Granix	Marqibo
Berinert	Doxil	H.P. Actahr	Mepsevii
Besponsa	Doxorubicin HCl	Haegarda	Mesna
Betaseron	Dupixent	Herceptin	Mesnex
BiCNU	Dysport	Herceptin Hylecta	Methotrexate
Bivigam	Egrifta	Hizentra	Mitomycin
Bleomycin Sulfate	Eligard	Humatrope	Mitoxantrone
Blincyto	Ellence	Humira	Mozobil
Boniva Injection	Empliciti	Hycamtin	Mustargen
Bortezomib	Enbrel	Hydroxyprogesterone	Mylotarg
Botox	Entyvio	HyQvia	Myobloc
Busulfex	Epirubicin	Ibandronate injection/syringe	Naptara
Calcium Folate	Epogen	Icatibant	Navelbine
Camptosar	Ethyol	Idamycin PFS	Neulasta
Carboplatin	Etopophos	Idarubicin	Neupogen
Carimune	Etoposide	Ifex	Nipent
Carmustine	Evenity	Ifosfamide	Nivestym
Cerezyme	Extavia	Ifosfamide/Mesna	Norditropin
Cimzia	Fasenra	Ilaris	Norditropin Flexpro
Cinqair	Faslodex	Ilumya	Norditropin Nordiflex
Cisplatin	Firazyr	Imfinzi	Nplate
Cladribine	Firmagon	Increlex	Nucala
Copaxone	Flebogamma	Inflectra	Nutropin
Cosentyx	Floxuridine	Intron A	Nutropin AQ
Cosmegen	Fludara	Irinotecan	Nutropin AQ Nuspin
Crysvita	Fludarabine phosphate	Istodax	Ocrevus
Cuvitru	Fluorouracil	Kalbitor	Octagam
	Forteo	Kanjinti	Octreotide injection
	Fulphila	Kenalog	Olumiant
	Fulvestrant	Kevzara	Omnitrope
	Fusilev I.V.	Keytruda	Oncaspar
	Fuzeon	Kynamro	Opdivo

Specialty Pharmacy Medications

Orencia
Otezla
Otrexup
Oxaliplatin
Paclitaxel
Palynziq
Pamidronate
Pamidronate disodium
Panzyga
Pegasys
Pegasys Proclick
Peg-Intron
Photofrin
Plegridy
Poteligeo
Privigen
Procrit
Proleukin
Prolia
Rebif
Remicade
Renflexis
Retacrit
Revatio
Rituxan
Roferon-A
Ruconest
Saizen
SaizenPrep
Sandostatin
Sandostatin-LAR
Serostim
Signafor
Signafor LAR
Siliq
Simponi
Simponi Aria
Skyrizi
Somatuline
Somavert
Spinraza
Stelara
Sublocade
Sylatron
Sylvant

Synagis
Synribo
Takhzyro
Taltz
Taxotere
Tecentriq
Tegsedi
Temodar
Teniposide
Tepadina
Tev-Tropin
TheraCys
Thiotepa
Thyrogen
Toposar
Totect
Trelstar
Trelstar Depot
Trelstar LA
Tremfya
Tymlos
Udenyca
Unituxin
Valrubicin
Valstar
Velcade
Ventavis
Vimizim
Vinblastine
Vincristine
Vinorelbine
Vivitrol
Vyndamax
Vyndaqel
Xeomin
Xgeva
Xolair
Zaltrap
Zanosar
Zarxio
Zilretta
Zinecard
Zoladex
Zomacton

Injectable Medications That Can Be Filled at Other In-Network Pharmacies

Acetadote
Arikayce
Bavencio
Benlysta Autoinject/syringe
Bicillin
Bleo 15
Cablivi
Ceftazadime
Cutaquig
Cuvposa
Delestrogen
Depo-Estradiol
Desferal
Desferoxamine
Evomela
Exondys
Fortaz
Gamifant
Kanuma
Khapzory
Kineret
Libtayo
Nabi-HB
Neulasta Onpro
Onpattro
Portrazza
Radicava
Revcovi
Rimso-50
Rocephin
Romidepsin
Sandimmune
Sildenafil antihypertensive
Strensiq
Tazicef
Testosterone Enanthate
Triptodur
Vyleesi
Vyxeos
Xiaflex

Oral Medications Required to Be Filled at an In-Network Specialty Pharmacy

Abiraterone
Addcirca
Adempas
Afinitor
Alcensa
Alkeran
Alunbrig
Alyq
Ambrisentan
Ampyra
Aubagio
Bethkis
Boniva 150mg
Bosentan
Bosulif
Cabometyx
Capecitabine
Carbaglu
Cayston
Cerdelga
Copegus
Cotellic
Cyclophosphamide
Cystagon
Daklinza
Dalfampridine
Daurismo
DDAVP
Deferasirox
Doptelet
Duopa
Epclusa
Erivedge
Erleada
Erlotinib
Esbriet
Etoposide
Exjade
Farydak
Galafold

Specialty Pharmacy Medications

Gilenya
Gilotrif
Gleevec
Harvoni
Hetlioz
Hycamtin
Ibrance
Idhifa
Imatinib
Inbrija
Inlyta
Inrebic
Iressa
Jadenu
Jakafi
Juxtapid
Kalydeco
Kisqali
Kisqali Femara
Kitabis PAK
Kuvan
Ledipasvir/Sofosbuvir
Lenvima
Letairis
Lonsurf
Lobrena
Mavenclad
Mavyret
Mayzent
Mekinst
Mesnex
Miglustat
Moderiba
Mulpleta
Nerlynx
Nexavar
Ninlaro
Northera
Nubeqa
Nuplazid
Ocaliva
Odomzo
Ofev
Olumiant
Olysio

Opsumit
Orenitram
Orkambi
Piqray
Pomalyst
Procysbi
Promacta
Pulmozyme
Ravicti
Rebetol
Revatio
Revlimid
Ribapak
Ribasphere
Ribasphere Ribapak
Ribatab
Ribavirin
Rilutek
Riluzole
Rinvoq ER
Rozlytrek
Rubraca
Rydapt
Sabril
Samsca
Sildenafil antihypertensive
Sofosbuvir/Velpatasvir
Sovaldi
Sprycel
Stivarga
Sucraid
Sutent
Symdeko
Tadalafil
Tafinlar
Tagrisso
Talzenna
Tarceva
Tasigna
Tecfidera
Technivie
Temodar
Temozoloamide
Tetrabenazine
Thalomid

TOBI ampules
TOBI-Podhaler
Tobramycin ampules
Tracleer
Tykerb
Tyvaso
Uptravi
Veltassa
Venclexta
Verzenio
Viekira PAK
Viekira XR
Vigabatrin
Vitrakvi
Vizimpro
Vosevi
Votrient
Xalkori
Xeljanz
Xeljanz XR
Xeloda
Xenazine
Xtandi
Xyrem
Zavesca
Zelboraf
Zepatier
Zolinza
Zykadia
Zytiga

Oral Medications That Can Be Filled at Other In-Network Pharmacies

8-Mop
Afinitor Disperz
Austedo
Balversa
Boniva 150mg
Calquence
Chenodal
Cholbam
Cometriq
Copiktra
Daraprim

DDAVP
Diacomit
Emflaza
Firdapse
Gocovri ER
Iclusig
Imbruvica
Ingrezza
Jynarque
Keveyis
Korlym
Nityr
Orfadin
Otezla
Otezla Starter Pack
Ruzurgi
Tavalisse
Thiola
Tiglutik
Turalio
Vistogard
Xermelo
Xospata
Xpovio
Xuriden
Yonsa
Zejula
Zydelig

Topical Medications Required to Be Filled at an In-Network Specialty Pharmacy

Mugard
Oxervate
Panretin
Qutenza
Valchlor
Zecuity

Topical Medications That Can Be Filled at Other In-Network Pharmacies

Cystaran
Synarel

Specialty Pharmacy Medications

Fertility Medications Required to Be Filled at an In-Network Specialty Fertility Pharmacy

Bravelle
Cetrotide
Clomid
Clomiphene
Crinone
Endometrin
Follistim AQ
Ganirelix
Gonal F/Gonal F RFF
Gonal F Rff Rediject
Human Chorionic Gonadotropin (HCG)
Leuprolide
Lupron Depot
Lupron Depot-Ped
Luveris
Makena
Menopur
Novarel
Ovidrel
Pregnyl
Serophene

Non-Covered Medications

Your pharmacy program provides coverage for over 4,000 prescription medications. This section lists medications that aren't covered under your benefits. Most medications on our non-covered list have equally safe, effective, covered alternatives for treating the same medical conditions. If a non-covered medication is approved, it will be covered at the highest tier. Check with your doctor about appropriate alternatives if you currently take any of these medications.

Your doctor may request coverage for a non-covered medication if no covered alternative is appropriate for treating your condition.

Note: Some medications on this list may also be subject to Prior Authorization, Quality Care Dosing and/or Step Therapy requirements, or be considered a specialty medication. Please check the corresponding pages to determine coverage requirements.

This list of non-covered medications is up to date as of January 1, 2020, and may change from time to time.

For the most current list of non-covered medications, and to see covered alternatives, use our Medication Lookup tool at bluecrossma.com/medications.

Non-Covered Medications

Abilify	Alevicyn Antipruritic SG gel	Atelvia DR	Brevicon
Abilify DiscMelt	Alodox	Ativan	Brilinta
Abilify Mycite	Alogliptin	Atopaderm	Brisdelle
Absorica	Alogliptin/Metformin	Atopiclair	Bromsite
Abstral	Alogliptin/Pioglitazone	Atralin	Brovana
Acanya	Aloquin	Atrapro Dermal Spray	Bystolic
Accolate	Alora	Atrapro CP	Byvalson
Accu-Chek diabetic testing supplies	Alrex	Atrapro Hydrogel	Caduet
Accucaine	Alsuma	Atropen	Calcitriol Topical
Accupril	Altabax	Augmentin XR	Cambia
Accuretic	Altace	Auryxia	Caphosol
AcipHex (excluded for 18 years and older)	Altoprev	Auvi-Q	Capxib
Acticlate	Alvesco	Avalide	Carbinoxamine 6mg
Actigall	Ambien	Avapro	Careone diabetic testing supplies
Actiq	Ambien CR	Avelox	Caresens N diabetic testing supplies
Active Injection D	Amrix	Avidoxy	Caretouch diabetic testing supplies
Active-PAC	Ana-Lex	Avidoxy DK	Cardene
Activella	Anafranil	Avita	Cardizem CD
Acular	Angeliq	Axert	Cardizem LA
Acular LS	Anodyne LPT	Azasite	Cardura XL
Acuvail	Antara	Azor	Cedax
Aczone	Anusol HC Suppository	B-D diabetic testing supplies	Celexa
Adalat CC	Anzemet	Balcoltra	Cem-Urea
Adderall	Apadaz	Belsomra	Centany
Addyi	Apidra	Belviq	Centany AT
Adhansia XR	Aplenzin ER	Belviq XR	Cequa
Adlyxin	Aptensio XR	Benicar	Ceracade Skin Barrier
Admelog	Aqua Glycolic HC	Benicar HCT	Ceramax
Adrenaclick (Adrenaclick authorized product)	Arakoda	BenzaClin gel	Cesamet
Advanced Allergy Collection Kit	Aranesp	BenzaClin kit	Cetraxel
Advocate Redi-Code diabetic testing supplies	Arava	BenzaClin pump	Chenodal
Adyphren	Arcapta Neohaler	Benzhydrocodone/Acetaminophen	Chlorzoxazone 250mg
Adzenys XR	Arixtra	Beser	Chlorzoxazone 375mg
Aerospan	Arymo ER	Besivance	Chlorzoxazone 750mg
Agoneaze	Armonair RespiClick	Betaloan SUK kit	Cimzia
Air Duo	Asacol HD	Bevespi AeroSphere	Cipro-XR
Aktipak gel pouch	Ascensia diabetic testing supplies	BG-Star diabetic testing supplies	Clenpiq
Akynzeo	Asmanex Twisthaler	Bijuva	Cleocin T
Albuterol HFA (Ventolin and ProAir authorized products)	Aspirin/Omeprazole (excluded for 18 years and older)	Binosto	Clever Choice Voice diabetic testing supplies
Alcortin-A	Assure diabetic testing supplies	Bionect	Clindacin ETZ Kit
Alevicyn Plus Kit	Astepro	Boniva syringe	Clindacin PAC
	Atacand	Boniva tablets	Clindagel
	Atacand HCT	Bravelle	
		Breo Ellipta	

Non-Covered Medications

Clobex	Dermasorb-TA	Duzallo	Exalgo
Clodan Kit	Dermasorb-XM	Dyloject	Exforge
Colazal	Dermawerx SDS	Easy Max diabetic testing supplies	Exforge HCT
Colchicine tablets	Dermawerx Surgical Plus Pack	Easy Step diabetic testing supplies	Extavia
Colchicine capsules	Dermazone	Easy Talk diabetic testing supplies	Extina
CoLyte	Dermazyl	Easy Touch diabetic testing supplies	EZ Use Joint Tunnel Trigger
Combigan	DermOtic	Easy-Trak diabetic testing supplies	Ezallor Sprinkle
Contour Next diabetic testing supplies	DesOwen kit	Edarbi	Factive
Conzip	Desvenlafaxine ER	Edarbyclor	Fanapt
Cool diabetic testing supplies	Detrol	Edluar	Farxiga
Coreg	Detrol LA	Effexor	FazaClo
Coreg CR	Dexedrine	Effexor XR	Femring
Corlanor	Dexilant (excluded for 18 years and older)	Elestrin	Fenoglide
Cosopt PF	Diclo Gel	Eletone	Fenoprofen 200mg
Cotempla XR ODT	Diclo-Xrylix Sheet Kit	Ellizia	Fenoprofen 400mg
Cozaar	Diclofono	Embeda	Fentanyl Citrate
Crestor	Diclopak	Embrace diabetic testing supplies	Fentora
CVS Advanced diabetic testing supplies	DicloPR Combo Pak	Emsam	Fetzima
Cymbalta	Diclotral	Enablex	Fexmid
D-Care 100X	Diclozor	Entyvio	Fiasp
Daklinza	Dificid	Epaned	Fibracor
Daliresp	Dilaudid	EpiCeram	Fifty50 diabetic testing supplies
Daxbia	Diovan	Epinephrine Snap-V	Finacea Plus
Daypro	Diovan HCT	Episil	Fiorinal
Daytrana	Doxycycline IR-DR	Episnap Convenience Kit	Fiorinal with Codeine
DDAVP	Doxycycline DR 80mg	Epogen	Flagyl
Deluo	Doxycycline DR 200mg	Equetro	Flagyl ER
Delzicol	Dipentum	Ertaczo	Flagyl IV
Delzicol DR	Dithol Combo Pack	Esomeprazole Strontium (excluded for 18 years and older)	Flarex
Depo-Sub Q Provera 104	Ditropan XL	Esomep-EZS (excluded for 18 years and older)	Flector
Derma-Smoothe/FS	Divigel	Estrace	FlexiPak
Dermacin RX Cinolone-1 CPI	DM2 Kit	Estrogel	Flolipid
Dermacin Rx Chlorhexacin	DMT Suik	Eucrisa	Fluoroplex
Dermacin Rx Empraciane	Dolotranz	Evamist	Fluovix
Dermacin RX Prizopak	Doubledex	Evekeo	FML Forte
Dermacin RX PHN	Duac	ExacTech diabetic testing supplies	FML Liquifilm
Dermacin RX Silpak	Duac CS		FML S.O.P.
Dermacin Silazone Pharmpak	Duaklir Pressair		Focalin
Dermacin RX Surgical Pharmpak	Duavee		Focalin XR
Dermacin Rx Therazole Pak	Duaxis		Follistim AQ
Dermacin RX ZRM	Duobrii		Fora V12 diabetic testing supplies
Dermasorb-AF	Duragesic		Forfivo XL
Dermasorb-HC	Durezol		Fortamet
	Durolane		Fortesta

Non-Covered Medications

Fosamax	Hysingla ER	Levaquin	Maxipime
Fragmin	Hyzaar	Levemir	MB Hydrogel
Freestyle diabetic testing supplies	Iglucose diabetic testing supplies	Levicycn Antipruritic SG	Medolor Kit
Frova	Ilevro	Lexapro	Medroloan SUIK
Ganirelix	Imvexxy	Lexette	Medroloan II SUIK
GE 100 diabteic testing supplies	Inderal LA	Lexixryl	Megace ES
Gel-One	Inderal XL	Liberty diabetic testing supplies	Menostar
Gelclair	Inflamma K	Lido-Prilo Caine Pak	Mentho-Caine Kit
Gelnique	Inflatherm	Lidocidex I	Mesalamine HD
Gelsyn-3	InnoPran XL	Lidoderm	Metformin ER (Fortamet Authorized Product)
GeIX	Insulin Lispro	Lidopac	Metformin Film Coated ER (Glumetza Authorized Product)
Genotropin	Intermezzo	Lidopril	Micardis
Genstrip diabetic testing supplies	Intuniv	Lidotrans 5 Pac	Micardis HCT
Geodon	Invega	Lidotrex	Microdot diabetic testing supplies
GE 100 diabetic testing supplies	Irenka DR	Lidoxib	Migranow
Gialax	Istalol	Lipitor	Minastrin Fe Chewable
Giazo	Jentadueto	Lipofen	Minocin
Glucocard diabetic testing supplies	Jentadueto XR	Liprozone Pak	Minocin Combo Pack
Glucometer diabetic testing supplies	Jornay PM	Livalo	Minolira ER
Glucophage	Jublia	Livixil PAK	Mirapex
Glucophage XR	Kadian	LMR Plus Kit	Mirapex ER
Glumetza	Kapvay	Lodine	Mobic
Gmate diabetic testing supplies	Kaspargo Sprinkle	Lodine XL	Monodox
GNP diabetic testing supplies	Katerzia	Lonhala Magnair	Monovisc
Gocovri ER	Kazano	Lopressor	Morgidox Kit
GoLytely	Keppra XR	Loprox Kit	Morphabond ER
Halobetasol Foam	Keralyt kit	LoSeasonique	Motegrity
Healthpro diabetic testing supplies	Kerydin	Lotensin	MoviPrep
Horizant	Khedezla	Lotensin HCT	Moxatag
HPR	Kitabis PAK	Loutrex	Moxeza
HPR Plus	Klonopin	Lovaza	Mydayis
HPR Plus Hydrogel Kit	Kro Premium diabetic testing supplies	Lovenox	Namzaric
Humana True Metrix diabetic testing supplies	Lactulose 10gm packets	Luliconazole	Naprelan
Hyalgan	Lamictal ODT	Lunesta	Naprelan CR
Hydrocortisone-Lidocaine kit	Lamisil	Luzu	Naprosyn
Hylatopic	Lamisil Granules	Lyrca CR	Naprosyn EC
Hylatopic Plus	Latuda	Lysteda	Nascobal
Hylatopic Plus-Aurstat	Lazanda	MAC Patch	Natazia
Hymovis	Ledipasvir/Sofobuvir	Marvona SUIK	Natesto Nasal
	Lemtrada	Mas Care Pak	Neocera
	Lescol	Mavyret	Neo-Synalar Kit
	Lescol XL	Maxalt	Neosalus
	Leva Set	Maxalt-MLT	
	Levalbuterol HFA	Maxidex	

Non-Covered Medications

Neosalus CP	Onsolis	Plaquenil	Protonix (excluded for 18 years and older)
Nesina	Onzetra Xsail	Plenvu	Proventil HFA
Neuac Kit	Opana	Plixda	Proventil inhaler
Neumaxin	Opana ER	POD Care 100C	Provigil
Neupogen	Optium diabetic testing supplies	POD Care 100CG	Prozac
Neupro	Oracea	POD Care 100K	Prozac Weekly
Neurcaine	Oramorph SR	POD Care 100KG	Pylera
Neurontin	Orapred ODT	PR-Cream	Qbrexis
Nevanac	Oravig	Pradaxa	Qbrexa
Nexiclon XR	Orencia	Pram-HCA	Qmiiz ODT
Nexium (excluded for 18 years and older)	Orthovisc	Pramosone E	Qtern
Niravam	Oseni	Pravachol	Quartette
Nocdurna	Osmolex ER	Precision QID diabetic supplies	Quillichew ER
Noctiva	Osmoprep	Precision X-Tra diabetic supplies	Quillivant XR
Norditropin	Osphena	Pred Mild	Quinixil
Northera	Otrexup	Prefest	Quinja
Norvasc	Oxaydo	Premium diabetic testing supplies	Quinosone Combo pack
Novacort	Oxytrol	Prepopik	RadiaPlex Rx
Nova Max diabetic testing supplies	Ozempic	Presera	Radigel
Novacort	P-Care	Prestalia	Rapaflo
Novolin Insulin products	P-Care K	Prestige diabetic testing supplies	Rasuvo
Novolog Insulin products	P-Care M	Prevacid (excluded for 18 years and older)	Rayaldee
Noxipak	P-Care MG	PrevPac	Rayos
NuCaraClinPak	P-Care X	Prikaan	Readysharp Betamethasone
NuCaraRxPak	Paingo KFT	Prilolid	Readysharp Bupivacaine
NuCort	Pamelor	Prilosec (excluded for 18 years and older)	Readysharp Dexamethasone
Nucynta	Pancreaze	Prinivil	Readysharp Ketorolac
Nucynta ER	Patanase	Prilovix	Readysharp Lidocaine
NudermRX Pack	Paxil	Pristiq	Readysharp Methylprednisolone
Nudiclo SoluPak	Paxil CR	Pristiq ER	Readysharp Triamcinolone
Nudiclo TabPak	PCE	Prizotral	Recothrom
NuLytely	PCE Dispertab	Pro-Voice diabetic testing supplies	Regenecare
Nusurgepak Surgical Prep	Penlac	Procentra	Relador Pak
Nutraseb	Pennsaid	Procort	Relador Pak Plus
NutriaRx Pak	Pepcid	Procrit	Rellexii ER
Nuvakaan	Percocet	Prodigy diabetic testing supplies	Relion diabetic testing supplies
Nuversa	Perseris ER	Prolensa	Relpax
Nuvigil	Pertzye	Promiseb	Remeron
Ocudox kit	Pexeva	Promiseb Light	Remeron Soltab
Olux	Pharmacist Choice diabetic testing supplies		Repatha
Olysio	Physicians EZ Use B12 Kit		Requip
Omnitrope	Physicians Use EZ M-PRED Kit		Requip XL
Onexton	Picato		Rescula
Onmel			Restasis MultiDose

Non-Covered Medications

Restoril	Smart Sense diabetic testing supplies	Taltz	Triloan II SUIK
Retin-A Micro	SmartRx Gaba-V	Tanzeum	Trintellix
Revatio	SmartRx GabaKit	Targadox	Tri-Norinyl
Rexulti	Sodium Hyaluronate	Taytulla	Tri-Sila Topical
Rhopressa	Sofosbuvir/Velpatasvir	Technivie	Trivisc
Risperdal M-Tab	Sof-Tact diabetic supplies	Tekturna	Trixyltral
Ritalin	Solaice	Tekturna HCT	True Metrix diabetic supplies
Ritalin LA	Solaraze	Tenormin	TrueTest diabetic supplies
Ritalin SR	Soliqua	Tequin	TrueTrack diabetic supplies
Rocklatan	Solodyn	Tersi	Trulance
Rosadan	Solosec	Test N'Go diabetic testing supplies	Tudorza
Roxybond	Soltamox	Testim	Twynsta
Rytary ER	Solupak	Testone CIK	Ultracet
Rythmol	Solus V2 diabetic testing supplies	Testosterone gel (Fortesta Authorized product)	Ultram
Saizen	Soma	Testosterone gel (Testim Authorized product)	Ultram ER
SaizenPrep	Sonata	Testosterone gel (Vogelxo Authorized product)	Ultrason ER
Salicylic Acid 6% Kit	Soolantra	Testosterone CIK Kit	Ultravate PAC
Salicylic Acid-Ceramide kit	Sorilux foam	Tev-Tropin	Ultravate X
Salkera	Sovaldi	Therapevo	Unistrip 1 diabetic testing supplies
Salvax Duo	Spectracef	Tiazac	Up & Up diabetic testing supplies
Salvax Duo Plus	Sporanox	Tindamax	Uramaxin
SanadermRx Skin Repair	Spritam	Tirosint	Urea kit
Sancuso	Sprix	Tivorbex	Utibron NeoHaler
Saphris	Steglatro	TobraDex ST	Vacustim Silver Kit
Sarafem	Steglujan	Tofranil	Valium
Savaysa	Strattera	Tolak	Vanos
Scalacort	Striant	Toronova SUIK	Varophen kit
Seasonique	Subsys	Toronova II SUIK	Vascepa
Sebuderm	Suclear	Toviaz	Vaseretic
Seebri Neohaler	Sular	Tradjenta	Vasotec
Segluromet	Sumadan	Tranxene T-Tab	Vectical
Sernivo	Sumavel Dosepro	Trelegy Ellipta	Velphoro
Seroquel	Sumaxin	Tresiba	Veltassa
Seroquel XR	Sumaxin CP	Tretin-X	Veltin
Silalite PAK	Sumaxin TS	Treximet	Ventolin HFA
Silazone-II	Supartz	Trezix	Verasens diabetic testing supplies
Silenor	Suprep	Tribenzor	Veregen
Siliq	Sure Result Tak Pack	Tricor	Vexa
Silvrstat	Sustol	Triglide	Vexasyn
Simbrinza	Symproic	Trilipix	Viberzi
Sinemet	Synalar Combo-Pack	Trilipix DR	Victoza
Singular	Synalar TS	Triloan SUIK	Viekira XR
Sitavig	Synvisc		Viekira PAK
Sklice	Synvisc-One		

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Vigamox	Yosprala
Viibryd	Zanaflex
Vimovo	Zantac
Virasal	Zegerid (excluded for 18 years and older)
Visco-3	Zelapar
Vivagurad INO diabetic testing supplies	Zembrace Symtouch
Vivlodex	Zepatier
Vogelxo	Zestril
Voltaren	Zetia
Voltaren XR	Zeyocaine
Vopac MDS	Ziana
Vraylar	Zilacaine
Vusion	Zinbryta
Vytorin	Zioptan
Vyvanse	Zipsor
Vyzulta	Zithromax
Wavesense diabetic testing supplies	Zmax
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Wellbutrin	Zofran
Wellbutrin SR	Zofran ODT
Wellbutrin XL	Zohydro ER
Whytederm Surgipak	Zoloft
Whytederm Trilasil Pack	Zolpimist
Xadago	Zomacton
Xalix	Zomig
Xanax	Zomig ZMT
Xanax XR	Zontivity
Xartemis XR	Zorvolex
X-Clair	Zovirax
Xelpros	Zuplenz
Xepi	Zurampic
Xerese	Zyflo
Xifaxan	Zyflo CR
Xigduo	Zymaxid
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Xilapak	Zypram
Ximino ER	Zyprexa
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New Medication Approval Process

Our Pharmacy and Therapeutics Committee (the Committee), which is made up of pharmacists and doctors of various specialties, reviews the effectiveness and overall value of new medications approved by the FDA on an ongoing basis. The Committee provides expertise and advice to help us give our members prescription drug options that meet their medical needs and achieve desired treatment goals. Approved medications are added to our list as they are approved by the Committee throughout the year.

While under review, new medications won't be covered by your plan. As with other medications that aren't covered, your doctor may request coverage when medically necessary. If a non-covered drug is approved, it will be covered at the highest tier.



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You Have Quicker, Less Expensive Choices for Quality Advice and 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 help save you time and money.

Care Options	Description	Health Concerns That Can Be Addressed			Hours	How to Use
Primary Care Provider (PCP)	Unless it's a true emergency, it's best to call your PCP's office first, even after hours, when you're sick or injured.	<ul style="list-style-type: none"> • Routine health checkups • Will diagnose and treat illnesses • Will manage chronic conditions 			Days	Call your PCP office to schedule an appointment, or find a primary care provider at bluecrossma.com/findadoctor .
24/7 Nurse Care Line	Talk to a registered nurse, at no additional cost, any time you get sick or injured. They'll guide you through your next steps for care, whether it means treating it yourself at home, visiting your PCP, or going to an emergency room, urgent care center, or limited-services clinic.	<ul style="list-style-type: none"> • Fever • Dizziness • Cuts • General discomfort 			24/7	Call the 24/7 Nurse Care Line at 1-888-247-BLUE (2583) .
Limited Services Clinics¹	Clinics located within your local pharmacy that treat simple medical concerns.	<ul style="list-style-type: none"> • Cold & flu • Bronchitis • Sinus & respiratory infections • Sore throat 	<ul style="list-style-type: none"> • Diarrhea • Gout • Strep throat • Urinary tract infections 	<ul style="list-style-type: none"> • Pink eye • Hypertension • Migraines • Pneumonia 	Days, evenings, weekends	Visit Find a Doctor & Estimate Costs at bluecrossma.com/findadoctor . 1. Select Urgent Care Centers 2. Refine your results by choosing Limited Services Clinics or Urgent Care Center under Specialties
Urgent Care Centers²	Local clinics that treat conditions that aren't life-threatening but require immediate treatment.	<ul style="list-style-type: none"> • Broken bones • Digital X-rays • Drug tests • EKG test 	<ul style="list-style-type: none"> • Lab tests • Minor burns or injuries • PPD/TB skin tests • Pregnancy test • Short-term (acute) illness 	<ul style="list-style-type: none"> • Splints • Stitches • Sports & school physicals • Shots & vaccines 	Days, evenings, weekends	Results are determined by your selected location and providers that participate in your network.
		Plus, symptoms treated at limited services clinics				

1. Example: CVS Minute Clinic® 2. Examples: CareWell® Urgent Care, AFC Urgent Care®, and Health Express

Care Options	Description	Health Concerns That Can Be Addressed	Hours	How to Use
Well Connection*	24/7 live video visits with licensed doctors on your favorite device.	<ul style="list-style-type: none"> • Back pain • Fever • Sore throat • Bronchitis • Rashes • Skin conditions • Cough • Respiratory infections • Urinary tract infections • Diarrhea • Sinus infections <p>Well Connection doctors and providers can also treat behavioral health conditions by appointment.</p>	24/7 for medical care	Download the Well Connection app, or visit wellconnection.com .
Behavioral Health Mobile Crisis Intervention	Local clinics that provide in-home crisis intervention and planning for members with a behavioral health concern or substance use disorder.	<p>Intervention and assessment for a mental health or substance use disorder crisis.</p> <p>Note: If one's life or the lives of others are in danger, seek immediate medical attention at an emergency room.</p>	24/7	Find a Doctor & Estimate Costs at bluecrossma.com/findadoctor . Enter Community Mental Health Center and your zip code in the search fields to refine your results.
Emergency Room (ER)	Full hospital service for severe symptoms that could seriously jeopardize your health or the health of another (including an unborn child).	<ul style="list-style-type: none"> • Possible heart attack • Stroke • Poisoning • Loss of consciousness • Suicidal or homicidal thoughts or feelings 	24/7	Call 911 or go to your nearest hospital.

Seeing Your Primary Care Provider

Your first line of defense is your primary care provider. 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 current condition and 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 your ID card. Use our **Find a Doctor & Estimate Costs** tool at bluecrossma.com/findadoctor to find limited service clinics and urgent care centers that participate in your network.

Well Connection—Care at Your Convenience

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

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



* Call Member Service at the number on 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.

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

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

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

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

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Getting Sick Isn't Convenient. Well Connection Is.

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



Real Doctors. Real Doctor Visits.

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



4.8 out of 5

Doctor and provider
rating from our members¹

How It Works

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

Benefits of Well Connection



Medical
24/7



Behavioral Health
by Appointment



Secure
and Confidential



Low Cost

Download the app or visit wellconnection.com.



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

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

Health Care for the Digital Age

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

Types of Covered Services

Urgent Care

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

Behavioral Health

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

Can I Have Live Video Visits with My Doctor?

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

Find Out If You're Covered and What It Costs

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

*If your plan includes telehealth benefits.

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

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

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

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



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3 Steps to Understanding Your Benefits

Step 1—List your current medications

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

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

Step 2—See how your prescriptions are covered

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

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

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

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

Step 3—Talk to your doctor

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




Medication	Tier (Copay Level)	Covered Alternative	Prior Auth	QCB
REVAZOLIN 1500	Not Covered	ATORVASTATIN, FLUVASTATIN, ROSUVASTATIN	Yes	Yes
REVAZOLIN 1500	Not Covered	ATORVASTATIN, FLUVASTATIN, ROSUVASTATIN	Yes	Yes
REVAZOLIN 1500	Not Covered	ATORVASTATIN, FLUVASTATIN, ROSUVASTATIN	Yes	Yes

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Save with our \$9 for 90 Generics Program

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

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

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

The Details

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

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

How to Get Started:

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

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

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



For more information

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

www.express-scripts.com/starthd

or call

877-509-5883.

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ahealthyme[®]

Everything to live a healthier life

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

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

1. Start with your health assessment

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

2. Take a wellness workshop

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

Learn about:

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

3. Stay motivated and stick to your goals

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

Get Started Now

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



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MASSACHUSETTS

Blue Care lineSM

We're here for you 24/7

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



We're here for you 24/7

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

Know your options

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

We'll call you

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

Confidentiality

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

Left Blank Intentionally

Weight-Loss Reimbursement

Your reward for health



Receive up to \$150 annually when you participate in a qualified weight-loss program.¹

Qualified for Weight-Loss Reimbursement:

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



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

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

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



MASSACHUSETTS

Weight-Loss Reimbursement Request

PLEASE PRINT ALL INFORMATION CLEARLY

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

Subscriber Information (Policyholder)

Identification Number on Subscriber ID Card (including first 3 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).

Left Blank Intentionally

Weight-Loss Reimbursement

Your reward for health



Receive up to \$150 annually when you participate in a qualified weight-loss program.¹

Qualified for Weight-Loss Reimbursement:

Participation fees for:

- Hospital-based programs and Weight Watchers® in-person
 - 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 2020 programs must be submitted **after** your 2020 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



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

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

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



MASSACHUSETTS

Weight-Loss Reimbursement Request

PLEASE PRINT ALL INFORMATION CLEARLY

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

Subscriber Information (Policyholder)

Identification Number on Subscriber ID Card (including first 3 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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Receive up to \$300 annually for participating in a qualified fitness program.¹

Qualified for Fitness Reimbursement:

Membership or fitness class fees 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



1. Choose

Start by picking a qualified fitness program.



2. Complete

Once you've paid 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 completed request.
- Reimbursement requests must be submitted by March 31 of the following year.
- Keep copies of proof of payment in case we request them 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 the date paid.
 - » Your fitness program membership or participation agreement, clearly documenting your name and the date signed.
- Reimbursement may be considered taxable income, so consult a tax advisor.

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

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



MASSACHUSETTS

Fitness Reimbursement Request

PLEASE PRINT ALL INFORMATION CLEARLY

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

Subscriber Information (Policyholder)

Identification Number on Subscriber ID Card (including first 3 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 amount 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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MASSACHUSETTS

We've Got You Covered:

Find Doctors, Save Money,
and Get Rewarded!



**FIND A DOCTOR
& ESTIMATE COSTS**

| & |

smartshopper®

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.



**FIND A DOCTOR
& ESTIMATE COSTS**



smartshopper®

Whether you want to find a doctor, figure the cost of a medical procedure, or earn cash rewards through our SmartShopper® program—our Find a Doctor & Estimate Costs tool is the all-in-one solution that helps you get the most from your plan.

Please note: Cost estimates and the SmartShopper tool can be accessed by logging into your MyBlue account first, and aren't available for members with Indemnity or Medicare plans. You can also call the Personal Assistant Team with any questions at **1-877-281-3722**, Monday-Thursday, 8:00 a.m.-8:00 p.m., or Friday, 8:00 a.m.-6:00 p.m.

Using these tools is simple. We've broken down the information into chapters for your convenience:

Part 1a—[Conducting a General Search](#)

Part 1b—[Conducting a Search for SmartShopper Facilities](#)

Part 2a—[Understanding the Provider Search Results Page](#)

Part 2b—[Understanding the SmartShopper Search Results Page](#)

Part 3a—[Understanding the Provider Details Page](#)

Part 3b—[Understanding the Facility Details Page](#)

Part 4—[Searching for Cost Estimates](#)

Part 1a—Conducting a General Search

MASSACHUSETTS

Search doctors, hospitals, procedures and more

Messages Brian

MY HEALTH PLAN **HMO Blue New England** MY LOCATION **02124 - Boston, MA**

SmartShopper

Earn cash rewards when you choose lower cost, high-value care.

[Shop for Procedures](#) [Learn More](#)

Search for ...

[View All Specialties or All Procedures](#)

Medical Care

Doctors, specialists, hospitals, PCP, Labs and more

Medical Costs

Get costs for services, compare medical costs and more

Dental Care

Dentists, orthodontists, periodontists, endodontists and more

Medical Equipment

Prosthetics, wigs, breast pumps, respiratory supplies and more

Urgent Care Centers

Urgent care centers and retail clinics

Looking for something else?

Searching by Network

- Which Network Should I Choose?

Quality Information

- Calculating Hospital Quality

Learn More

- Plan Education Center
- How We Pay...
- Electronic Capabilities
- Hospital Compare

Other Searches

- ahealthyme
- Blue365
- Pharmacy Lookup

To begin your search, type the name of a doctor, dentist, hospital, keywords, type of procedure, or any kind of specialty. Then choose what you're looking for from the drop-down menu.

Your current location will always appear first. If you don't change the location before entering a search, your results will be based on your current location. To search another area, simply type in the city, town, or ZIP code.

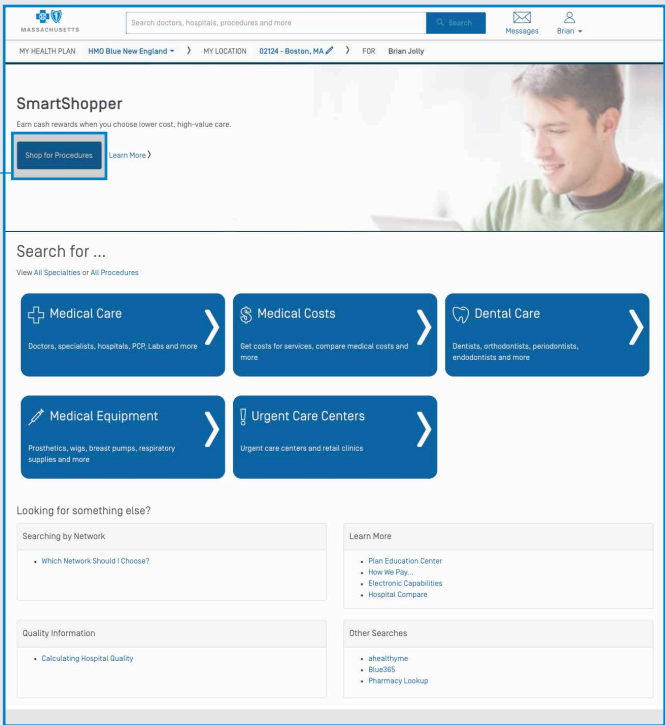
Use the "Looking for something else?" section to learn about choosing your network and how quality information is calculated, along with access to our Plan Education Center and our ahealthyme® program. You can also search for pharmacies, deals and discounts, and more.

Select this link to see the list of SmartShopper eligible services and to start shopping.

For a guided search, select one of these tile options. Each tile will walk you through a step-by-step process until you find exactly what you're looking for.

Entering your plan name allows the tool to search for in-network doctors who accept your health plan. When logged in, your plan will automatically be entered into this field. Otherwise, you can find your plan name on your ID card, and enter it using the drop-down menu. Still unsure? In the "Searching by Network" section, select the "Which Network Should I Choose?" link.

Part 1b—Conducting a Search for SmartShopper Facilities

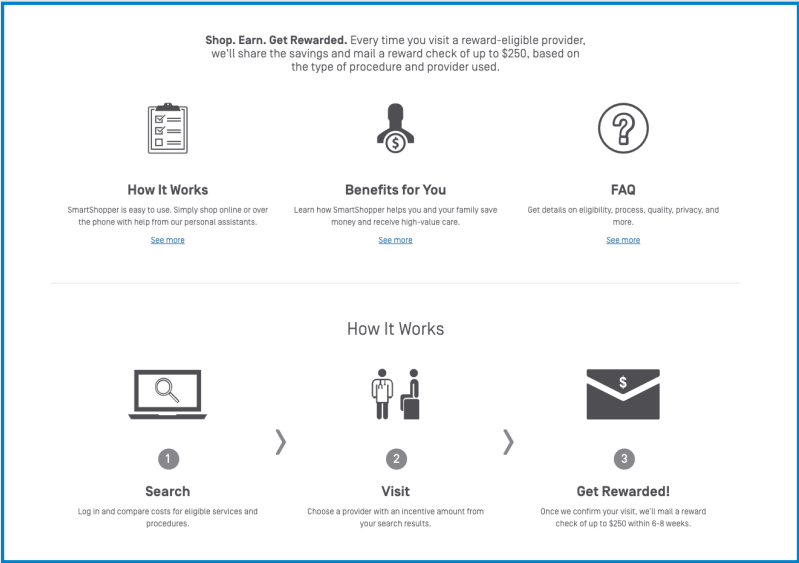


Select the SmartShopper link
“Shop for Procedures”.

Eligible Procedures	
PROCEDURES	INCENTIVE
A	
Angiography Head (MRA)	\$50 - \$100
B	
Bladder Exam with Stent (Bladder Scope)	\$50 - \$250
Bladder Repair for Incontinence (Sling)	\$25 - \$50
Bone Density Study (Spine or Pelvis)	\$50 - \$150
Bronchoscopy	\$50 - \$150
Unifunctionectomy	\$50 - \$150
C	
Carpal Tunnel Surgery	\$50 - \$150
Carpal Tunnel Surgery (Endoscopic)	\$50 - \$75
CAT Scan Lower Limb (without and with Contrast)	\$50 - \$75
CAT Scan Lower Limb (without Contrast)	\$50 - \$75
CAT Scan Needle Imaging Guidance	\$50 - \$75
CAT Scan Abdomen (without and with Contrast)	\$50 - \$75
CAT Scan Abdomen (without Contrast)	\$50 - \$75
CAT Scan Abdomen and Pelvis (without and with Contrast)	\$50 - \$75
CAT Scan Abdomen and Pelvis (without Contrast)	\$50 - \$75
CAT Scan Chest (without and with Contrast)	\$50 - \$75
CAT Scan Chest (without Contrast)	\$50 - \$75
CAT Scan Head/Brain (without and with Contrast)	\$50 - \$75
CAT Scan Head/Brain (without Contrast)	\$50 - \$75
CAT Scan Lower Spine (without and with Contrast)	\$50 - \$75
CAT Scan Lower Spine (without Contrast)	\$50 - \$75
CAT Scan Mouth Jaw and Neck (without and with Contrast)	\$50 - \$75
CAT Scan Mouth Jaw and Neck (without Contrast)	\$50 - \$75

In the list of services provided, find and
select the medical service you need.

Please note: Remember, if you’re an HMO
member, you’ll need a referral to a specialist
from your primary care provider (PCP).



A Brief SmartShopper Overview

Select the “Shop for Procedure” button in the SmartShopper banner, and scroll to the top of the page that lists eligible services. There you’ll find a brief overview on how SmartShopper works, and how you can start earning rewards.

You have options—shop for a reward-eligible facility or provider online, or get one-on-one support by calling your provided personal shopping assistant at 1-877-281-3722, Monday–Thursday, 8:00 a.m. – 8:00 p.m., or Friday, 8:00 a.m. – 6:00 p.m.

Part 1b—Conducting a Search for SmartShopper Facilities (cont.)

This **cat scan chest (without contrast)** is eligible for a SmartShopper reward check.

Look for a healthcare provider with a **cash incentive** in your search results. If you **choose an eligible provider** and have the procedure through them, a check will be mailed within 6-8 weeks.

[Learn More](#)

☐ To view your search results, you must agree to the SmartShopper [Terms & Conditions](#).

Continue

SmartShopper Terms and Conditions

Once you select your procedure, you will be asked if you agree to the SmartShopper terms and conditions. To proceed with your search and review results, you will need to select the box, indicating that you accept the terms and conditions.

Do you have a provider in mind for your **cat scan chest (without contrast)**?

Yes

No

Provider in Mind

Before showing search results, you can select if you already have a provider in mind. If “Yes”, type in the name of the doctor or health care facility into the search field. If not, select “No” to see search results. Please note: Entering a provider does not impact the availability of SmartShopper incentives. If a doctor or health care facility falls outside of the search radius, they will not appear in the search results.

Fill in the name of the doctor or health care facility you have in mind.

Type the name of your doctor or facility that you had in mind.

This helps us learn about how members find care.

Search providers

Continue to Search

Part 2a—Understanding the Provider Search Results Page

MASSACHUSETTS

Search doctors, hospitals, procedures and more

Search

Messages

Brian

MY HEALTH PLAN

HMO Blue New England

MY LOCATION

02124 - Boston, MA

FOR

Brian Jolly

+

-

Leaflet | © Mapbox © OpenStreetMap Improve this map

391 results for Dermatologist in your network

Rhoda M Alani, MD

Dermatology

Be the first member to review

NO AWARDS

1

1353 Dorchester Avenue, Dorchester, MA 02122 (1.4 miles away)

617-288-3230

1 more location

Compare

Stephen G Werth, MD

Dermatology

Be the first member to review

NO AWARDS

2

199 Reedsdale Road, Milton, MA 02186 (2.3 miles away)

617-696-5300

1 more location

Compare

Catherine S Yang, MD

Dermatology

Be the first member to review

NO AWARDS

3

801 Massachusetts Avenue Suite 718, Boston, MA 02118 (3.0 miles away)

617-732-9080

1 more location

Compare

Chrysalyne D Schmuts, MD

Dermatology

Be the first member to review

1 AWARD

4

1153 Centre Street Suite 4349, Jamaica Plain, MA 02130 (3.2 miles away)

617-983-4626

1 more location

Compare

Compare side-by-side

Compare any results by selecting them at left.

Distance

Print

Email

Refine your results

Reset All

Basic

Within 25 miles (391)

Accepting new patients (390)

Any gender

Any language

Specialties

Any specialty

Affiliations

Any hospital affiliations

Any medical group affiliations

Location

Tech savvy office (305)

Quality

Any award

This shows you the number of search results.

Get directions to each location by selecting the numbered balloon that matches your selection.

Each listing displays the provider's name, specialty, phone number, and address. For procedure searches, the listing will also display the expected cost (see Part 4 below).

Print, email, or download your search results using these icons.

Refine your results according to distance, specialty, and gender.

If the provider has multiple locations, select the link to see them all. Select it again to hide them.

Provider listings will also show patient ratings and awards.

Select a physician to read other patient-submitted reviews and to submit your own.

Check these boxes to compare up to 10 providers side by side, including languages spoken, board certification, and if they're accepting new patients.

Comparing 4 profiles

Scroll Left

Scroll Right

	SmartShopper	Would recommend to a friend	Rating	Accepting New Patients	Board Certified	Specialties	Languages Spoken by Professional	Languages Spoken by Professional or Staff	Number of Awards	Services Available at Location
<div></div> <div><div>Carin Litani</div><div>1000 Centre Street, Rosindale, MA 02131</div><div>X remove</div></div>	Not available	0%	0.0	Accepts new patients	Yes	Dermatology	None Reported	None Reported	1	e-Prescriber, Access to Public Transportation, Handicap Accessible
<div></div> <div><div>Jason E Frangos</div><div>1153 Centre Street Suite 4349, Jamaica Plain, MA 02130</div><div>X remove</div></div>	Not available	0%	0.0	Accepts new patients	Yes	Dermatology	None Reported	None Reported	1	Handicap Accessible
<div></div> <div><div>Arash Mostaghimi</div><div>1153 Centre Street, Jamaica Plain, MA 02130</div><div>X remove</div></div>	Not available	0%	0.0	Accepts new patients	Yes	Dermatology	None Reported	None Reported	1	e-Prescriber, Electronic Medical Records, Handicap Accessible

Part 2b—Understanding the SmartShopper Search Results Page

MY HEALTH PLAN HMO Blue New England > MY LOCATION 02124 - Boston, MA > FOR Brian Jolly

Change your search location here at any time. X

MRI Spine (without Contrast) Incentives Available

Estimated cost to you: \$50
Expected cost to your health plan: \$422–\$1,377
Incentives Eligibility Confirmation Number: RTRLHSRABOV

[Read more about this procedure](#)

SmartShopper: How it works
Lower cost. High-value care.

- ☒ **1 Search**
Login and compare costs for eligible services and procedures.
- ☐ **2 Visit**
Choose a provider with a reward amount from your search results. Then visit.
- ☐ **3 Get Rewarded!**
We'll mail a reward check of up to \$250 within 6-8 weeks.

Now What?
We'll automatically match this search with your future visit. Visit a provider with an incentive amount and you'll get a check in the mail.

Need SmartShopper help?
Call the Personal Assistant Team at 1-877-281-3722.

[SmartShopper: FAQ, Why We're Doing This, and more.](#)

All Results SmartShopper Only

\$50 your estimated cost \$100 SmartShopper incentives [Cost Details](#)

Newton-Wellesley Hospital
Acute Care Hospital, Bariatric Surgery
- Massachusetts Approved Hospitals.
Behavioral Health Hospital, Detox
Facility, Inpatient

OVER 300 RATINGS
4.6 ★★★★★
98% would recommend

Blue Distinction (3)
1 OTHER AWARD
[VIEW DOCTORS](#)

☐ Compare

1 \$50 estimated cost
Newton-Wellesley Hospital (8.6 miles away)
2014 Washington St, Newton, MA 02462
617-243-6000

\$50 your estimated cost \$75 SmartShopper incentives [Cost Details](#)

Sports Medicine North Orthopaedic Surgery Medical Group

NO AWARDS
[VIEW DOCTORS](#)

☐ Compare

2 \$50 estimated cost
Sports Medicine North Orthopaedic Surgery (18.6 miles away)
1 Orthopedics Dr, Peabody, MA 01960
978-818-6350

\$50 your estimated cost \$50 SmartShopper incentives [Cost Details](#)

Shields MRI Brighton
Technical Diagnostic Imaging Centers

NO AWARDS
[VIEW DOCTORS](#)

☐ Compare

3 \$50 estimated cost
Shields MRI Brighton (6.4 miles away)
385 Western Ave, Brighton, MA 02135
617-621-2955

Select this link to learn more about your selected procedure

This is the overview of your search, and includes the:

- service you selected
- estimated cost for you
- expected cost for your health plan
- confirmation number for SmartShopper eligibility

These are your search results

- Results with a green banner represent SmartShopper-eligible providers
- Results with a gray banner are not eligible for SmartShopper rewards
- You can view only SmartShopper-eligible providers by selecting "SmartShopper Only"

Part 3a—Understanding the Provider Details Page

The provider details page gives you more details about the provider, such as which networks they accept, languages spoken, education, location amenities (for example, handicap accessible, electronic medical records), and affiliations.

Mary A Sample
Internal Medicine - Physician
555 Congress Street, Quincy, MA 02269
(617) 471-0000
Get Directions
Accepts new patients

Specialties
Internal Medicine - Physician
This provider is a Primary Care Provider/Provider of Choice in this network.

Education
Medical School:
• Boston University School of Medicine, 1987

Location Amenities
e-Prescriber
Access to Public Transportation
Electronic Medical Records
Handicap Accessible

Networks Accepted
HMO Blue
HMO Blue Network with H...
HMO Blue New England
HMO Blue New England Net...
HMO Blue New England Opt...
Show 10 more

Awards
Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs
View awards & recognitions details

Office Hours
Office hours at 500 Congress Street, Quincy, MA 02269
✓ This facility has weekend hours.
✓ This facility has extended hours.

Quality
Blood Sugar (Glucose) Testing 6% Above average
Breast Cancer Screening 6% Above average

Ratings & Reviews
RECOMMENDATIONS
100%
1 of 1 would recommend this professional to a friend
Have you seen this doctor?
Write a review
All Reviews
Anonymous 12/30/2015
5.0 ★★★★★ reviewed 12/30/2015
Was this review helpful?
Yes (0)
No (0)
Report comment (0)
Dr. Black is outstanding, thorough, and knowledgeable. I have been his patient for 16 years and always have a positive experience.

Select "Write a review" to rate this doctor.

Select "See ratings & reviews" to read what other members have to say.

Quality

The Physician Quality Measurement (PQM) program displays physician performance measures to assist members in selecting a provider. The program is based on select HEDIS® physician performance measures. The PQM program displays physician performance measurements, supporting data and local comparison scores from Plans.

Measure	Local Comparison	Rating	See Details
Cancer Screening			
Breast Cancer Screening	6% Above average	★★★★★	See Details
Cervical Cancer Screening	3% Above average	★★★★★	See Details
Diabetes Care			
Kidney Disease (Nephropathy) Screening and Treatment	9% Above average	★★★★★	See Details
LDL-C (Bad Cholesterol) Screening for Diabetics	6% Above average	★★★★★	See Details
Retinal Eye Exam (Diabetes)	6% Above average	★★★★★	See Details
Blood Sugar (Glucose) Testing	6% Above average	★★★★★	See Details

The "Quality" section rates specific quality measures for primary care providers and acute care hospitals, compared to the local average. Select "See breakdown of quality measurements" for complete details.

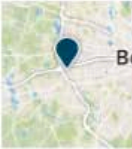
Part 3b—Understanding the Facility Details Page

When using SmartShopper to search for services, the results displayed will include the relevant medical facilities in your area. Each facility page details your cost estimate and your potential SmartShopper reward, along with general information about the facility.

Newton-Wellesley Hospital

Acute Care Hospital, Bariatric Surgery - Massachusetts Approved Hospitals, Behavioral Health Hospital, Detox Facility, Inpatient and 2 more

OFFICE LOCATION



2014 Washington Street, Newton, MA 02462
[Get Directions](#)

Contact

Phone: 617-243-6000

Highlights

★★★★★ 4.6

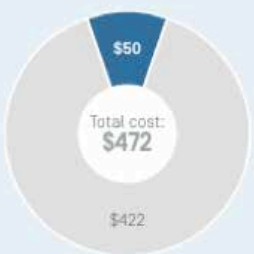
For more information regarding your out-of-pocket costs for this procedure, please [Review Your Benefits](#).

If you require more details, [Request a Written Estimate](#).

Costs for diagnostic tests and imaging services performed at hospitals or hospital-based outpatient centers are often among the highest. Your cost share may be lower when you have your procedure performed at an independent clinical lab or freestanding imaging center. [Learn more](#).

Your Cost Estimate

Cost Estimate for MRI Spine (without Contrast)



\$50 Your estimated cost

\$422 Your health plan's expected cost

SmartShopper: \$100

Now what?
We'll automatically match this search with your future visit. Visit a provider with a reward amount and a reward check will be mailed within 6-8 weeks of receiving care. [\\$100. Learn More](#)

Confirmation Number
RTRLHSRABOV
Your confirmation number can be used as reference if you need to call us.

Specialties

- Acute Care Hospital
- Bariatric Surgery - Massachusetts Approved Hospitals
- Behavioral Health Hospital
- [Show 4 more](#)

Networks Accepted

This provider is in your network

HMO Blue New England

Other networks accepted by this provider

- \$1000 Deductible PPO
- \$2000 Deductible PPO with Health Reimbursement Account
- \$500 Deductible PPO
- All Other States
- BCBS Blue New England
- [Show 41 more](#)

Here is the SmartShopper reward amount you can earn by using this facility for your service.

Here is the confirmation number you can reference, should you have questions about the reward.

Part 4—Searching for Cost Estimates

Blue Cross members can search nearly 1,600 common medical procedures, getting accurate cost estimates to help guide their decision-making process. Our PPO members can perform nationwide searches, while HMO members can search for cost estimates in Massachusetts.

The screenshot shows a web application interface for searching medical procedures. At the top, there is a search bar with the text 'ortho' entered. Below the search bar, the results are organized into three main categories: SPECIALTIES, PROFESSIONALS, and FACILITIES. The SPECIALTIES section lists several options: 'Surgery - Orthopaedic - Professional', 'Surgery - Pediatric Orthopedic - Professional', 'Surgery - Hand - Professional', 'Surgery - Plastic - Professional', and 'DME - Orthotics and Prosthetics - Facility'. The PROFESSIONALS section shows a search box with the text 'Search all providers containing "ortho"' and a list of results starting with 'Georgios Orthopoulos, Surgery - General Springfield, MA'. The FACILITIES section also shows a search box with the text 'Search all providers containing "ortho"' and a list of results starting with 'Ortho Boston LLC, Medical Group Needham, MA', 'Ortho Sport Physical Therapy, Physical Therapy Norwood, MA', and 'Orthopedic Trauma PC, Medical Group Milton, MA'. On the left side of the interface, there are navigation links for 'SmartShopper', 'Shop for Procedures', and 'Medical Care'.

SPECIALTIES
Surgery - Orthopaedic - Professional
Surgery - Pediatric Orthopedic - Professional
Surgery - Hand - Professional
Surgery - Plastic - Professional
DME - Orthotics and Prosthetics - Facility

PROFESSIONALS
Search all providers containing "ortho"
Georgios Orthopoulos Surgery - General Springfield, MA

FACILITIES
Search all providers containing "ortho"
Ortho Boston LLC Medical Group Needham, MA
Ortho Sport Physical Therapy Physical Therapy Norwood, MA
Orthopedic Trauma PC Medical Group Milton, MA

In the search box located at the top of your screen, enter the name of the procedure, or the area of your body that needs care. You can also use the “Medical Costs” tile for a guided search.

Select the service you are looking for from the drop-down menu.

After you make a selection, the search results will display automatically, based on the location of the device you’re using, unless you update the location before entering a search or making a selection.

You may change your location from the results page, if necessary.

Understanding Your Search Results



1. The average cost charged for the procedure you selected will be displayed. You'll also see relevant provider information, including address and phone number. Select the provider's name to get an estimate of potential costs for the service selected.



2. By selecting the provider's name in the list of search results, you can view your anticipated deductible and out-of-pocket maximum amounts, based on your specific benefits.



3. Get directions to each provider's location by selecting the numbered balloon on the map that matches your selected location.



4. To further refine your search results, use the options shown on the screen.



5. You can compare up to 10 providers, side by side.

Understanding the Provider Details Page



1. View your expected costs for the selected procedure.



2. Review information about the selected provider's quality of care, when available.



3. See additional information, including provider specialty, networks accepted, and a link to view your 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 Services 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**).

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

SmartShopper is managed by Vitals[®], an independent company.

Members with coverage under Medicaid or Medicare (including as secondary payer) are not eligible to receive incentive rewards under the SmartShopper program. For HMO Blue New England plans, only network providers located in Massachusetts, Rhode Island, New Hampshire, and Vermont may qualify for rewards under the SmartShopper program. For HMO Blue plans, only network providers located in Massachusetts may qualify for rewards. Some plans and services may require a referral from your doctor. Be sure to check your benefits or call Member Services at the number on the back of your ID card.

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MASSACHUSETTS

Exclusive Smart90[®]

Convenience. Savings. Smart.

Getting 90-day supplies of certain maintenance medications saves you time and money. With Smart90, you're required to get 90-day supplies of certain maintenance medications from a retail CVS Pharmacy[™] or through mail order using the Express Scripts PharmacySM. Maintenance medications, also known as long-term medications, are prescription drugs used to treat chronic or ongoing conditions, such as high blood pressure or diabetes. To view a list of medications eligible under the Smart90 program, please visit myblue.bluecrossma.com/90daymeds and access the maintenance medication drug list.

Where to Get Your 90-Day Prescriptions

You have the choice to pick up your 90-day supply at any of the 9,800 CVS Pharmacy retail locations nationwide, or have it delivered to you by mail using the Express Scripts Pharmacy. Either way, you pay the same amount. Express Scripts[®] is an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts.

What Happens if I Don't Switch My Maintenance Medications to 90-Day Supplies at a Smart90 Pharmacy?

While you transition to a 90-day supply, we'll cover the first two 30-day refills for each of your affected maintenance medications. If you don't switch by your third refill, you'll have to pay full cost for your maintenance medications.

Smart90 Pharmacies

- Express Scripts' mail order pharmacy
- CVS retail pharmacy



*Includes CVS within a Target[®] location

To find a list of maintenance medications included in Smart90, go to myblue.bluecrossma.com/90daymeds and select "Maintenance Medications List."

The Advantages of Exclusive Smart90

Exclusive Smart90 saves you time and money. You'll pay less for a 90-day supply than you would for three 30-day supplies of your maintenance medications. You'll also make fewer trips to the pharmacy and be less likely to miss a dose since you won't have to refill as often.

Smart90 Savings Example*

Type of Prescription	What You Pay		
	Tier 1 Medication Copay**	Tier 2 Medication Copay**	Tier 3 Medication Copay
30-Day Prescription	\$15	\$30	\$50
90-Day Smart90 Prescription	\$30	\$60	\$150

*Example is for illustrative purposes only. Check your benefit materials for details about your pharmacy coverage.

**Most maintenance medications fall under tiers 1 and 2 on a 3 tier benefit.

How to Fill Your Prescriptions with Smart90

Using the Express Scripts Pharmacy

Express Scripts will contact your doctor to get your 90-day prescription, and then deliver it right to your door. To place your order:

- Log in or register at express-scripts.com/90day, or
- Call Express Scripts at 1-800-892-5119

Orders are usually processed within 48 hours. Delivery takes about 8 days, or 10 to 14 days for new prescriptions. You can check your order status anytime by logging in to express-scripts.com and clicking on “Order Status.”

Using a CVS Pharmacy

Simply talk to your doctor or bring your prescription to a CVS pharmacist and ask about getting a 90-day prescription.

To find a CVS:

1. Go to [CVS.com](https://www.cvs.com)
2. Click [Store Locator](#)
3. Search for a pharmacy near you

Switching From Mail Order to a CVS Pharmacy

If you're already receiving your 90-day prescriptions through mail order using the Express Scripts Pharmacy, but want to switch to a CVS retail pharmacy, go to your local CVS and tell the pharmacist. Remember to cancel your auto-refills from Express Scripts.

Questions?

If you have questions, call Member Service at the number on the front of your 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 Services 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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55-1780 (03/18)

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Worldwide Coverage

For Foreign and Domestic Travelers



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

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



Take this reference card with you when you travel.

When you need care, you'll be prepared.

TEAR HERE

Urgent Care

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

Your Passport to Good Health

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

FOLD HERE

Emergency Care

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

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


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

Getting Care in the United States

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

When you get service:

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

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

In Case of Emergency

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

Getting Care Outside the United States

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

TEAR HERE



An Association of Independent Blue Cross and Blue Shield Plans

FOLD HERE

Primary Care Provider's Name: _____

Doctor's Phone: _____

Doctor's Hospital Affiliation: _____

Your Blue Cross Blue Shield Member ID: _____

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

For Inpatient Services:

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

For Outpatient Services:

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

Doctors and Hospitals

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

Your Member Responsibilities

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

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

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

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

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

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

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

Our Commitment

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

Collection of Information

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

Use and Disclosure of Information

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

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

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

- **Treatment**—to help health care providers manage or coordinate your health care and related services. For example, we may use and disclose information about you to inform providers of medications you take or to remind you of appointments.
- **Payment**—to obtain payment for your coverage, pay claims for your health benefits, or help another health plan or health care provider in its payment activities. For example, we may use or disclose information about you to make coverage determinations, administer claims, or coordinate benefits with other coverage you may have.
- **Health Care Operations**—to perform other activities necessary for the operation of our business, including customer service, disease management, and determining how to improve the quality of care. For example, we may use or disclose information about you to respond to your call to customer service, arrange for medical review of your claims, or conduct quality assessment and improvement activities.
- **Legal Compliance**—to comply with applicable law. For example, we may be required to use or disclose information about you to respond to regulatory authorities responsible for oversight of government benefit programs or our business operations; to parties or courts in the course of judicial or administrative proceedings; or pursuant to workers' compensation laws.
- **Government Agencies**—under limited circumstances established by law, to public health authorities, coroners or medical examiners, law enforcement, or other government officials

- **Research**—for health-related research studies that meet legal standards for protection of the individuals involved in the studies and their personal information. We may also create a database of our members' information that does not include individual identifiers and use the database for research or other purposes, provided that the information cannot be traced back to specific members.
- **To Your Employer (or other plan sponsor), if applicable**, for administration of its health plan. This applies only if you receive coverage through an employer-sponsored plan (or plan sponsored by your union or other entity). For example, we may disclose information about you to your employer (or other plan sponsor) to confirm enrollment in the plan or (if the employer or other plan sponsor is self-insured) for claim review and audits. We will disclose your information only to designated individuals. That, along with legal prohibitions on use of your personal information for discriminatory purposes, helps protect your information from unauthorized use.

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

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

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

Other Disclosures Require Your Written Authorization

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

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

Your Privacy Rights

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

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

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

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

About This Notice

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

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

Blue Cross Blue Shield of Massachusetts

Privacy Officer

101 Huntington Ave.

Suite 1300

Boston, MA 02199-7611

WHCRA NOTICE

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

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

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

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

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

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

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



MASSACHUSETTS

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Glossary of Health Coverage and Medical Terms

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

Allowed Amount

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

Appeal

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

Balance Billing

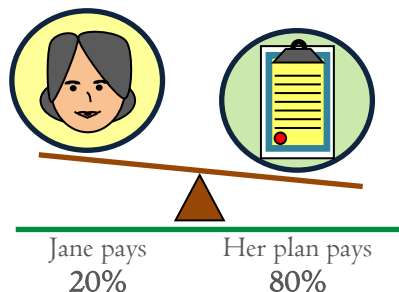
When a [provider](#) bills you for the balance remaining on the bill that your [plan](#) doesn't cover. This amount is the difference between the actual billed amount and the [allowed amount](#). For example, if the provider's charge is \$200 and the allowed amount is \$110, the provider may bill you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

Claim

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

Coinsurance

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



Complications of Pregnancy

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

Copayment

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

Cost Sharing

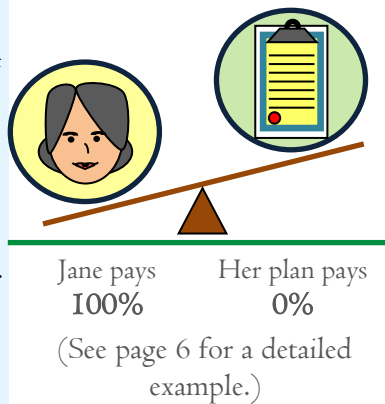
Your share of costs for services that a [plan](#) covers that you must pay out of your own pocket (sometimes called "out-of-pocket costs"). Some examples of cost sharing are [copayments](#), [deductibles](#), and [coinsurance](#). Family cost sharing is the share of cost for [deductibles](#) and [out-of-pocket](#)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

Cost-sharing Reductions

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

Deductible

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



Diagnostic Test

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

Durable Medical Equipment (DME)

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

Emergency Medical Condition

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

Emergency Medical Transportation

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

Emergency Room Care / Emergency Services

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

Excluded Services

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

Formulary

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

Grievance

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

Habilitation Services

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

Health Insurance

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

Home Health Care

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

Hospice Services

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

Hospitalization

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

Hospital Outpatient Care

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

Individual Responsibility Requirement

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

In-network Coinsurance

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

In-network Copayment

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

Marketplace

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

Maximum Out-of-pocket Limit

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

Medically Necessary

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

Minimum Essential Coverage

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

Minimum Value Standard

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

Network

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

Network Provider (Preferred Provider)

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

Orthotics and Prosthetics

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

Out-of-network Coinsurance

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

Out-of-network Copayment

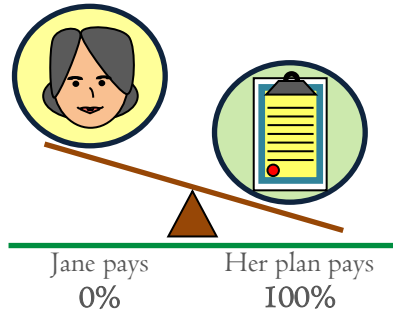
A fixed amount (for example, \$30) you pay for covered health care services from [providers](#) who do **not** contract with your [health insurance](#) or [plan](#). Out-of-network copayments usually are more than [in-network copayments](#).

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

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

Out-of-pocket Limit

The most you *could* pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit the [plan](#) will usually pay 100% of the [allowed amount](#). This limit helps you plan for health care costs. This limit never includes your [premium](#), [balance-billed](#) charges or health care your [plan](#) doesn't cover. Some [plans](#) don't count all of your [copayments](#), [deductibles](#), [coinsurance](#) payments, out-of-network payments, or other expenses toward this limit.



Physician Services

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

Plan

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

Preauthorization

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

Premium

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

Premium Tax Credits

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

Prescription Drug Coverage

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

Prescription Drugs

Drugs and medications that by law require a prescription.

Preventive Care (Preventive Service)

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

Primary Care Physician

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

Primary Care Provider

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

Provider

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

Reconstructive Surgery

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

Referral

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

Rehabilitation Services

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

Screening

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

Skilled Nursing Care

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

Specialist

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

Specialty Drug

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

UCR (Usual, Customary and Reasonable)

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

Urgent Care

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

How You and Your Insurer Share Costs - Example

Jane's Plan Deductible: \$1,500

Coinsurance: 20%

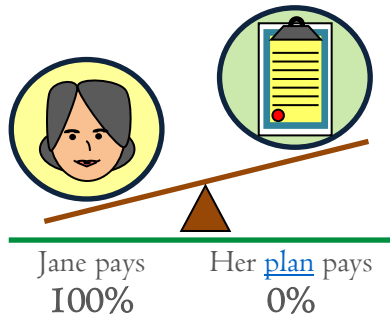
Out-of-Pocket Limit: \$5,000

January 1st

Beginning of Coverage Period

December 31st

End of Coverage Period



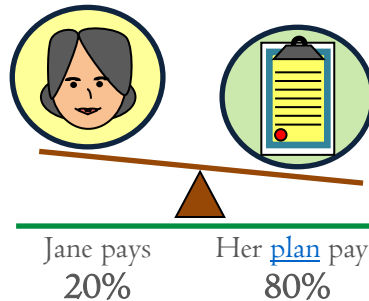
Jane hasn't reached her \$1,500 deductible yet

Her [plan](#) doesn't pay any of the costs.

Office visit costs: \$125

Jane pays: \$125

Her plan pays: \$0



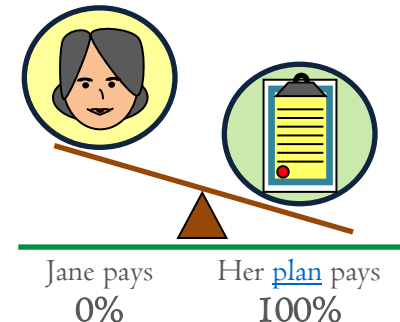
Jane reaches her \$1,500 deductible, coinsurance begins

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

Office visit costs: \$125

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

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



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

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

Office visit costs: \$125

Jane pays: \$0

Her plan pays: \$125

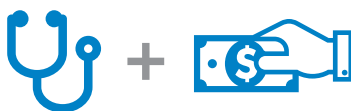
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A Guide to Your Summary of Health Plan Payments¹

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

How the Payment Process Works

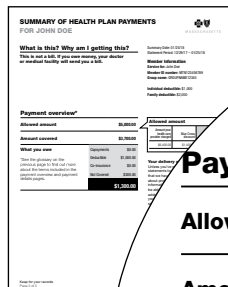
When you visit a health care provider, you pay a copayment.²



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



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



Payment overview*

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

Amount covered by Blue Cross

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

Amount you owe (if any)

This is not a bill.

Copayments

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

Deductible

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

Co-insurance

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

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

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



You pay your provider.



Financial accounts can help cover costs.

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

1. Medex members receive statements called Explanation of Benefits.

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



Payment Overview Page

- 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

HEALTH PLAN PAYMENT DETAILS							F	G						H	
							What you owe	Breakdown of what you owe							
Service date	Service type	Amount your health care provider charged	Blue Cross discount	Allowed amount	Other insurance	Amount covered		Copayments	Deductible	Co-insurance	Not covered (see notes)	What you owe	See notes		
Dr. Josephine Smith, ABC Hospital Patient Name: John Doe Claim #: 11111111111111 (In-Network)															
1/15/18	Routine Services	\$400.00	-\$180.00	\$220.00	\$0.00	-\$220.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
1/15/18	X-ray	\$180.35	-\$60.35	\$120.00	\$0.00	\$0.00	\$120.00	\$0.00	\$120.00	\$0.00	\$0.00	\$120.00			
1/15/18	Lab	\$350.00	-\$120.00	\$230.00	\$0.00	\$0.00	\$230.00	\$0.00	\$230.00	\$0.00	\$0.00	\$230.00			
1/15/18	Room & board	\$5,000.00	-\$980.00	\$4,020.00	\$0.00	-\$3,370.00	\$650.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00			
Subtotal		\$5,930.35	-\$1,340.35	\$4,590.00	\$0.00	-\$3,590.00	\$1,000.00	\$0.00	\$1,000.00	\$0.00	\$0.00	\$1,000.00			
Dr. Jake Giovanni, ABC Hospital Patient Name: John Doe Claim #: 22222222222222 (In-Network)															
1/15/18	Lab	\$300.00	\$0.00	\$300.00	\$0.00	\$0.00	\$300.00	\$0.00	\$0.00	\$0.00	\$300.00	\$300.00	A		
Subtotal		\$300.00	\$0.00	\$300.00	\$0.00	\$0.00	\$300.00	\$0.00	\$0.00	\$0.00	\$300.00	\$300.00			
Grand total		\$6,230.35	-\$1,340.35	\$4,890.00	\$0.00	-\$3,590.00	\$1,300.00	\$0.00	\$1,000.00	\$0.00	\$300.00	\$1,300.00			

This provider will bill you this amount.

Deductible

Allowed amount as of 11/1/16*

\$0

\$1,000

Individual: Met (\$1,000 of \$1,000)

\$0

\$2,000

Family: \$1,000 of \$2,000

Out-of-pocket maximum

Amount applied as of 11/1/16*

\$0

\$5,000

Individual: \$1,000 of \$5,000

\$0

\$10,000

Family: \$1,000 of \$10,000

HAVE QUESTIONS?

Call the number on your ID card.

Or log in to your account at [bluecrossma.com/myblue](#).

For TTY, call 711

* Includes charges from this coverage period only.
Log in to your account at [www.bluecrossma.com/myblue](#) for your plan effective date.

- E

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

The amount you owe for each service.
- G

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

Additional information on how we processed your claims.
- I

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

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

View your plan information and recent claims at [bluecrossma.com/myblue](#).

Questions?

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

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Your Primary Care Provider



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

Referrals

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

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

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

Choose the Right PCP

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

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

- Internal medicine
- Family medicine
- Pediatrics

How to Update Your PCP

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

Explore Your PCP Options

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

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

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Meet the MyBlue Member App

Simple, Secure, Convenient

Get Health Care Information Quickly and Easily

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



Personalized health care, right at their fingertips:



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

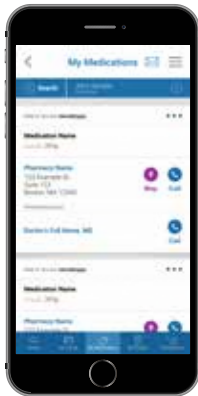


Get access to recent claims history and see copayment amounts.



View financial account balances, like HealthEquity® or Blue Cross

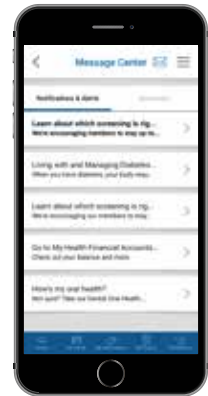
Additional MyBlue Member App features:



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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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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Member Identity Protection Services

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

Experian Identity Protection Services Include:

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

Your Options and How to Enroll

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

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

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

Questions for Experian?

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

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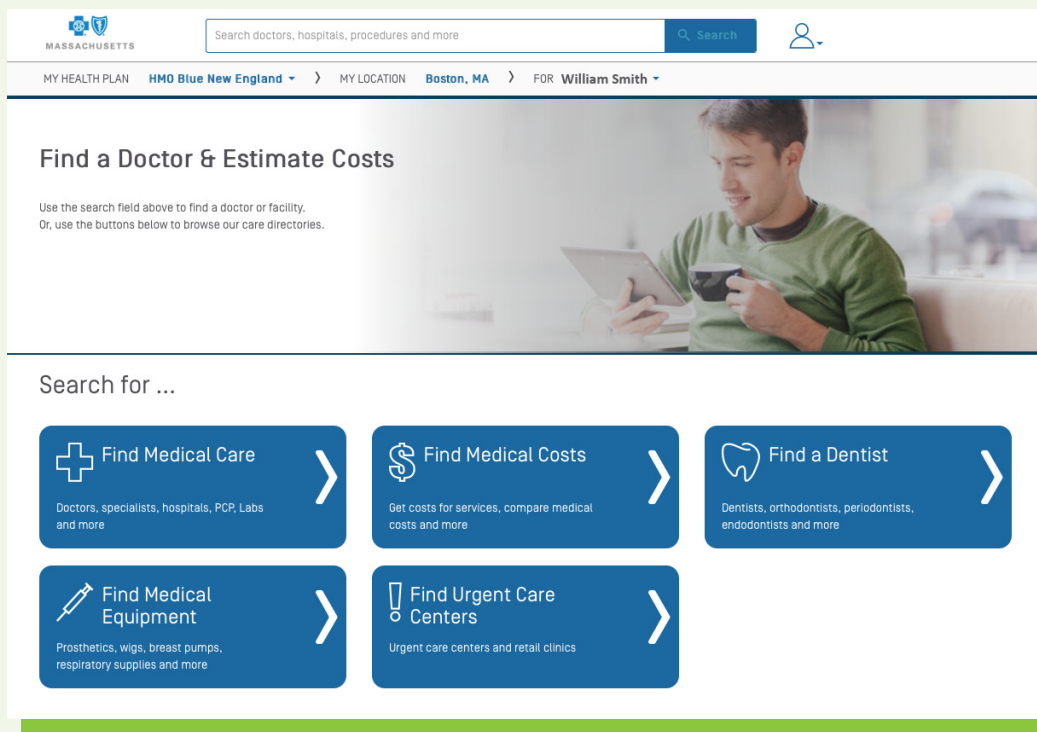
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Shop and Compare Costs for over 1,600 Procedures

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



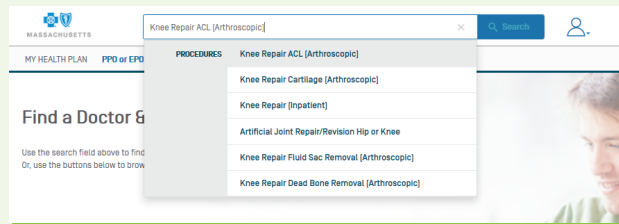
Log in to Begin

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

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

1 How to Search for Cost Estimates

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

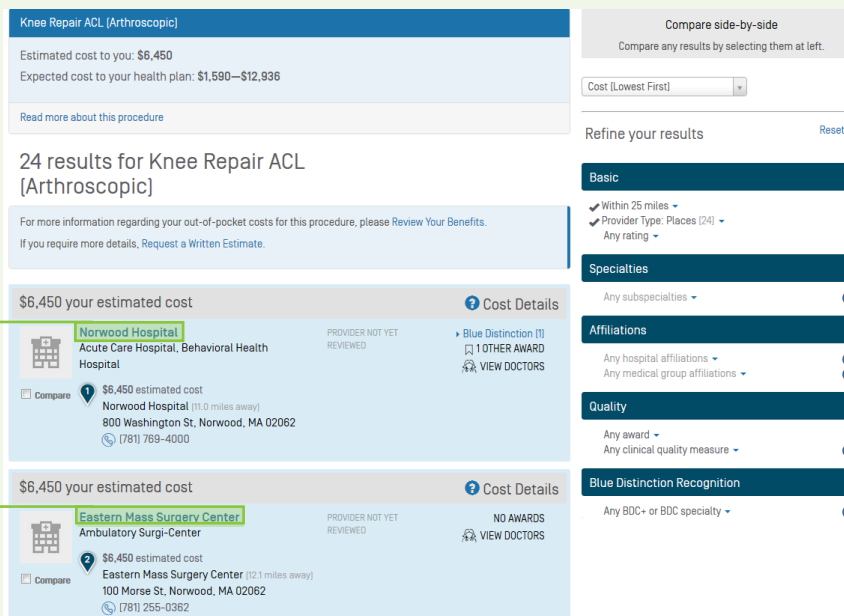


You can also **click**
Find Medical Costs
for a guided search.

2 Using the Results Page

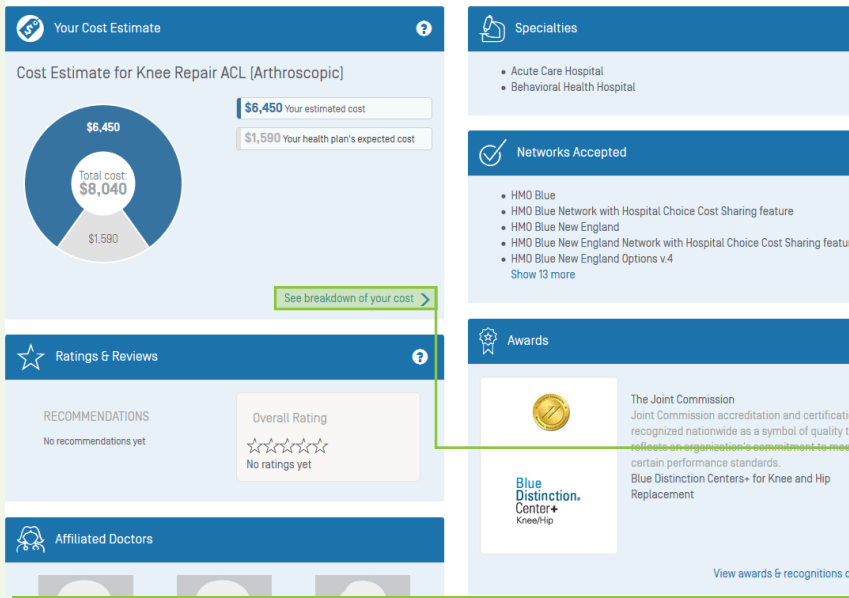
Your results page will show you nearby providers, a range of your expected out-of-pocket costs, patient reviews of physicians, if available, a range of your health plan's expected costs, and if the provider is designated as a Blue Distinction Center.* You can narrow your results by specialty, quality,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

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



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

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



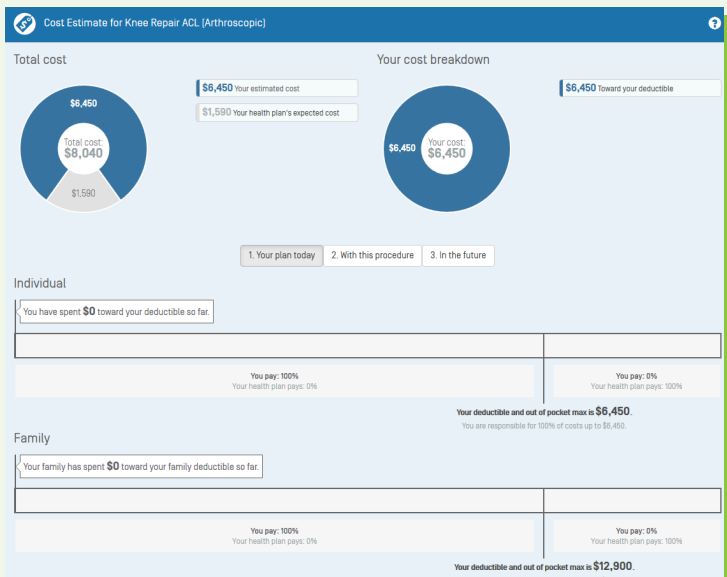
3 Provider Details— What You Can Expect

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

To see a detailed breakdown of your costs, deductible, and out-of-pocket maximum if applicable, [click See breakdown of your cost](#).

4 Cost Breakdown Page

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



Shop, Compare, Save

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

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Meet the MyBlue Member App

Simple, Secure, Convenient

Get Health Care Information Quickly and Easily

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



Personalized health care, right at their fingertips:



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

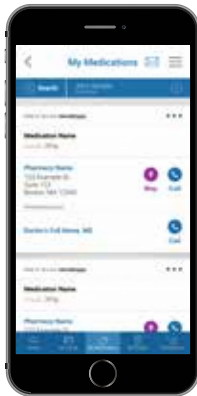


Get access to recent claims history and see copayment amounts.



View financial account balances, like HealthEquity® or Blue Cross

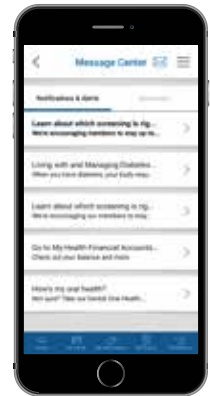
Additional MyBlue Member App features:



See prescription history, including dosage and who prescribed it.



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



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Nondiscrimination Notice

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

Blue Cross Blue Shield of Massachusetts provides:

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

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

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

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

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

Complaint forms are available at hhs.gov.

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Translation Resources

Proficiency of Language Assistance Services

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

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

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

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

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

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

Arabic/العربية:

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

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

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

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

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

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

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

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

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

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

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

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

Persian/پارسیان:

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

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

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