MEDICAL PLAN OPTIONS

MASSACHUSETTS

Refer to this plan comparison chart for information on the cost of care for our BCBSMA plans.

	BCBS NETWORK BLUE NE SAVER (SIMILAR TO BEST BUY HSA HMO MASSACHUSETTS)	BCBS NETWORK BLUE NE VALUE (SIMILAR TO HMO MASSACHUSETTS)	BCBS BLUE CARE DEDUCTIBLE (SIMILAR TO ACCESS AMERICA PPO)	
	IN-NETWORK	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible	Individual: $4,000 Family: $8,000	N/A	Individual: $1,500* Family: $3,000*	Individual: $3,000* Family: $6,000*
Calendar Year Out-of-Pocket Maximum	Individual: $6,000 Family: $12,000**	Individual: $2,500 Family: $5,000	Individual: $5,000*** Family: $10,000***	Individual: $5,000*** Family: $10,000***
Preventive Care	Covered in full	Covered in full	Covered in full	20%***
Office Visits (Primary Care/ Specialist/Urgent Care)	20%***	$25/$40/$40 copay	$25/$40/$40 copay	20%***
Chiropractic Services	20%***	$40 copay	$40 copay	20%***
Diagnostic Laboratory and X-Rays	20%***	Covered in full	Covered in full***	20%***
High Tech Radiology — CT Scans, MRIs, and PET Scan	20%***	$75 copay	Covered in full***	20%**
Emergency Room Visits	20%***	$150 copay (waived if admitted)	$150 copay (waived if admitted)	$150 copay (waived if admitted)
Mental Health Counseling	20%***	$25 copay	$25 copay	20%***
Inpatient Hospital Care & Surgery	20%***	$500 copay	Covered in full***	20%***
Outpatient (Same-Day) Surgery	20%***	$250 copay	Covered in full***	20%***
Durable Medical Equipment	20%***	20%	20%	20%***

** In-network and out-of-network deductibles and out-of-pocket maximums cross accumulate. Each member on a family plan only has to satisfy the individual deductible.*
*** There is an embedded individual out-of-pocket maximum of $6,000 on the family plan.*
**** After deductible.*