



Hampshire County Group Insurance Trust
Effective: 7/1/2019



<http://planinfo.bluecrossma.com/customblue/2019/hampshirecountygrouppinsurancetrust>



Pharmacy Lookup



ahealthyme®

Plan Options

Medical

Blue Care Elect Preferred

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Network Blue New England

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Helpful Resources

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ahealthyme	
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Blue Care® Elect Preferred

Hampshire County Group Insurance Trust

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

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

Your Choice

Your Deductible

Your deductible is the amount of money you pay out-of-pocket each plan year before you can receive coverage for certain benefits under this plan. If you are not sure when your plan year begins, contact Blue Cross Blue Shield of Massachusetts. Your deductible for medical benefits is **\$250** per member (or **\$500** per family) for out-of-network services. Your deductible for retail prescription drug benefits is **\$100** per member (or **\$200** per family).

When You Choose Preferred Providers

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

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

How to Find a Preferred Provider

To find a preferred provider:

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

When You Choose Non-Preferred Providers

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

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

Your Out-of-Pocket Maximum

Your out-of-pocket maximum is the most that you could pay during a plan year for deductible, copayments (including prescription drug copayments), and coinsurance for covered services. Your out-of-pocket maximum is **\$5,000** per member (or **\$10,000** per family) for in-network and out-of-network services combined.

Emergency Room Services

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

Utilization Review Requirements

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

Dependent Benefits

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

Your Medical Benefits

Covered Services	Your Cost In-Network	Your Cost Out-of-Network
Preventive Care Well-child care exams, including related tests, according to age-based schedule as follows: <ul style="list-style-type: none"> • 10 visits during the first year of life • Three visits during the second year of life (age 1 to age 2) • Two visits for age 2 • One visit per calendar year for age 3 and older 	Nothing	20% coinsurance after deductible
Routine adult physical exams, including related tests (one per calendar year)	Nothing	20% coinsurance after deductible
Routine GYN exams, including related lab tests (one per calendar year)	Nothing	20% coinsurance after deductible
Routine hearing exams, including routine tests	Nothing	20% coinsurance after deductible
Hearing aids (up to \$2,000 per ear every 36 months for a member age 21 or younger)	All charges beyond the maximum	20% coinsurance after deductible and all charges beyond the maximum
Routine vision exams (one every 24 months)	Nothing	20% coinsurance after deductible
Family planning services—office visits	Nothing	20% coinsurance after deductible
Outpatient Care Emergency room visits	\$100 per visit (waived if admitted or for observation stay)	\$100 per visit, no deductible (waived if admitted or for observation stay)
Office or health center visits, when performed by:		
<ul style="list-style-type: none"> • A family or general practitioner, internist, OB/GYN physician, pediatrician, geriatric specialist, nurse midwife, physician assistant, nurse practitioner, limited services clinic, or multi-specialty provider group 	\$20 per visit	20% coinsurance after deductible
<ul style="list-style-type: none"> • Other covered providers 	\$35 per visit	20% coinsurance after deductible
Chiropractors' office visits	\$35 per visit	20% coinsurance after deductible
Mental health or substance abuse treatment	\$20 per visit	20% coinsurance after deductible
Short-term rehabilitation therapy—physical and occupational (up to 100 visits per calendar year*)	\$20 per visit	20% coinsurance after deductible
Speech, hearing, and language disorder treatment—speech therapy	\$20 per visit	20% coinsurance after deductible
Diagnostic X-rays and lab tests	Nothing	20% coinsurance after deductible
MRIs, CT scans, PET scans, and nuclear cardiac imaging tests	\$100 per category per service date	20% coinsurance after deductible
Home health care and hospice services	Nothing	20% coinsurance after deductible
Oxygen and equipment for its administration	Nothing	20% coinsurance after deductible
Durable medical equipment—such as wheelchairs, crutches, hospital beds	20% coinsurance**	40% coinsurance after deductible**
Prosthetic devices	20% coinsurance	40% coinsurance after deductible
Surgery and related anesthesia in an office or health center, when performed by:		
<ul style="list-style-type: none"> • A family or general practitioner, internist, OB/GYN physician, pediatrician, geriatric specialist, nurse midwife, physician assistant, nurse practitioner, or multi-specialty provider group 	\$20 per visit***	20% coinsurance after deductible
<ul style="list-style-type: none"> • Other covered providers 	\$35 per visit***	20% coinsurance after deductible
Surgery in an ambulatory surgical facility, hospital outpatient department, or surgical day care unit	\$150 per admission	20% coinsurance after deductible

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

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

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

Covered Services	Your Cost In-Network	Your Cost Out-of-Network
Inpatient Care (including maternity care) General or chronic disease hospital care (as many days as medically necessary)	\$250 per admission	20% coinsurance after deductible
Mental hospital or substance abuse facility care (as many days as medically necessary)	\$250 per admission	20% coinsurance after deductible
Rehabilitation hospital care (up to 60 days per calendar year)	\$250 per admission	20% coinsurance after deductible
Skilled nursing facility care (up to 100 days per calendar year)	\$250 per admission	20% coinsurance after deductible
Prescription Drug Benefits* At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill)**	After deductible \$10 for Tier 1 \$30 for Tier 2 \$65 for Tier 3	Not covered
Through the designated mail service pharmacy (up to a 90-day formulary supply for each prescription or refill)**	No deductible \$25 for Tier 1*** \$75 for Tier 2 \$165 for Tier 3	Not covered

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

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

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

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

Questions?

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

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

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

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The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, see <https://hcg-ma.org/group-insurance-trust/>.

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

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u>?	\$0 in-network; \$250 member / \$500 family out-of-network.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u>?	Yes. Emergency room and emergency transportation.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	Yes. For retail prescription drugs, \$100 member / \$200 family. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u>?	\$5,000 member / \$10,000 family.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u>?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u>?	Yes. See bluecrossma.com/findadoctor or call the Member Service number on your ID card for a list of network providers.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u>?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 / visit	20% coinsurance	Deductible applies first for out-of-network; family or general practitioner, internist, OB/GYN physician, pediatrician, geriatric specialist, nurse midwife, nurse practitioner, physician assistant, limited services clinic, or multi-specialty provider group
	<u>Specialist</u> visit	\$35 / visit; \$35 / chiropractor visit	20% coinsurance; 20% coinsurance / chiropractor visit	Deductible applies first for out-of-network
	<u>Preventive care/screening/immunization</u>	No charge	20% coinsurance	Deductible applies first for out-of-network; limited to age-based schedule and / or frequency. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge	20% coinsurance	Deductible applies first for out-of-network; pre-authorization may be required
	Imaging (CT/PET scans, MRIs)	\$100	20% coinsurance	Deductible applies first for out-of-network; copayment applies per category of test / day; pre-authorization may be required

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
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 \$25 / mail service supply	Not covered	Deductible applies first for retail; up to 30-day retail (90-day mail service) supply; cost share may be waived for certain covered drugs and supplies; pre-authorization required for certain drugs
	Preferred brand drugs	\$30 / retail supply or \$75 / mail service supply	Not covered	
	Non-preferred brand drugs	\$65 / retail supply or \$165 / mail service supply	Not covered	
	<u>Specialty drugs</u>	Applicable cost share (generic, preferred, non-preferred)	Not covered	Deductible applies first for retail; when obtained from a designated specialty pharmacy; pre-authorization required for certain drugs
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$150 / admission	20% coinsurance	Deductible applies first for out-of-network
	Physician/surgeon fees	No charge	20% coinsurance	Deductible applies first for out-of-network
If you need immediate medical attention	<u>Emergency room care</u>	\$100 / visit	\$100 / visit	Copayment waived if admitted or for observation stay
	<u>Emergency medical transportation</u>	No charge	No charge	None
	<u>Urgent care</u>	\$35 / visit	20% coinsurance	Deductible applies first for out-of-network
If you have a hospital stay	Facility fee (e.g., hospital room)	\$250 / admission	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required
	Physician/surgeon fees	No charge	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$20 / visit	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required for certain services
	Inpatient services	\$250 / admission	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required for certain services

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you are pregnant	Office visits	No charge	20% coinsurance	Deductible applies first for out-of-network; cost sharing does not apply for in-network preventive services; maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound)
	Childbirth/delivery professional services	No charge	20% coinsurance	
	Childbirth/delivery facility services	\$250 / admission	20% coinsurance	
If you need help recovering or have other special health needs	<u>Home health care</u>	No charge	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required
	<u>Rehabilitation services</u>	\$20 / visit	20% coinsurance	Deductible applies first for out-of-network; limited to 100 visits per calendar year (other than for autism, home health care, and speech therapy)
	<u>Habilitation services</u>	\$20 / visit	20% coinsurance	Deductible applies first for out-of-network; rehabilitation therapy coverage limits apply; cost share and coverage limits waived for early intervention services for eligible children
	<u>Skilled nursing care</u>	\$250 / admission	20% coinsurance	Deductible applies first for out-of-network; limited to 100 days per calendar year; pre-authorization required
	<u>Durable medical equipment</u>	20% coinsurance	40% coinsurance	Deductible applies first for out-of-network; in-network cost share waived for one breast pump per birth (20% coinsurance for out-of-network)
	<u>Hospice services</u>	No charge	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required for certain services

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	No charge	20% coinsurance	Deductible applies first for out-of-network; limited to one exam every 24 months
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	No charge for members with a cleft palate / cleft lip condition	20% coinsurance for members with a cleft palate / cleft lip condition	Limited to members under age 18; deductible applies first for out-of-network

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none"> Acupuncture Children's glasses 	<ul style="list-style-type: none"> Cosmetic surgery Dental care (Adult) 	<ul style="list-style-type: none"> Long-term care 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"> Bariatric surgery Chiropractic care Hearing aids (\$2,000 per ear every 36 months for members age 21 or younger) 	<ul style="list-style-type: none"> Infertility treatment Non-emergency care when traveling outside the U.S. Routine eye care - adult (one exam every 24 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, contact the Member Service number listed on your ID card or contact your plan sponsor. (A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.)

Does this plan provide Minimum Essential Coverage? [Yes]

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

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

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

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

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

About these Coverage Examples:



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

Peg is Having a Baby

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

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

This EXAMPLE event includes services like:

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

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

<i>Cost Sharing</i>	
Deductibles*	\$18
Copayments	\$250
Coinsurance	\$0

<i>What isn't covered</i>	
Limits or exclusions	\$60

The total Peg would pay is	\$328
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Managing Joe's Type 2 Diabetes

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

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

This EXAMPLE event includes services like:

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

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

<i>Cost Sharing</i>	
Deductibles*	\$100
Copayments	\$1,593
Coinsurance	\$0

<i>What isn't covered</i>	
Limits or exclusions	\$55

The total Joe would pay is	\$1,748
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Jacque's Simple Fracture

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

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

This EXAMPLE event includes services like:

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

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

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$230
Coinsurance	\$0

<i>What isn't covered</i>	
Limits or exclusions	\$0

The total Jacquie would pay is	\$230
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*Note: This plan has other deductibles for specific services included in this coverage example. See "Are there other deductibles for specific services?" row above.

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

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MASSACHUSETTS

MCC Compliance



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

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Network Blue® New England

Hampshire County Group Insurance Trust



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



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

Your Care

Your Primary Care Provider (PCP)

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

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

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

Referrals

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

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

Your Deductible

Your deductible is the amount of money you pay out-of-pocket each plan year before you can receive coverage for retail prescription drugs under this plan. If you are not sure when your plan year begins, contact Blue Cross Blue Shield of Massachusetts. Your retail prescription drug deductible is **\$100** per member (or **\$200** per family).

Your Out-of-Pocket Maximum

Your out-of-pocket maximum is the most that you could pay during a plan year for deductible, copayments (including prescription drug copayments), and coinsurance for covered services. Your out-of-pocket maximum is **\$5,000** per member (or **\$10,000** 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.

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
Preventive dental care for children under age 12 (one visit each six months)	Nothing
Routine adult physical exams, including related tests	Nothing
Routine GYN exams, including related lab tests (one per calendar 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 24 months)	Nothing
Family planning services—office visits	Nothing
Outpatient Care	
Emergency room visits	\$100 per visit (waived if admitted or for observation stay)
Office or health center visits, when performed by:	
• Your PCP, OB/GYN physician, nurse practitioner, nurse midwife, physician assistant, or limited services clinic	\$20 per visit
• Other covered providers	\$35 per visit
Chiropractors' office visits	\$35 per visit
Mental health or substance abuse treatment	\$20 per visit
Short-term rehabilitation therapy—physical and occupational (up to 60 visits per calendar year*)	\$20 per visit
Speech, hearing, and language disorder treatment—speech therapy	\$20 per visit
Diagnostic X-rays and lab tests	Nothing
CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	\$100 per category per service date
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	20% coinsurance
Surgery and related anesthesia in an office or health center, when performed by:	
• Your PCP, OB/GYN physician, nurse practitioner, nurse midwife, or physician assistant	\$20 per visit [†]
• Other covered providers	\$35 per visit [†]
Surgery in an ambulatory surgical facility, hospital outpatient department, or surgical day care unit	\$150 per admission
Inpatient Care (including maternity care)	
General or chronic disease hospital care (as many days as medically necessary)	\$250 per admission
Mental hospital or substance abuse facility care (as many days as medically necessary)	\$250 per admission
Rehabilitation hospital care (up to 60 days per calendar year)	\$250 per admission
Skilled nursing facility care (up to 100 days per calendar year)	\$250 per admission

* 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)	After deductible \$10 for Tier 1 \$30 for Tier 2 \$65 for Tier 3
Through the designated mail service pharmacy (up to a 90-day formulary supply for each prescription or refill)	No deductible \$25 for Tier 1*** \$75 for Tier 2 \$165 for Tier 3

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

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

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

Get the Most from Your Plan

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

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

Questions?

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

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

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

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The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, see <https://hcg-ma.org/group-insurance-trust/>.

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

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	\$0	See the Common Medical Events chart below for your costs for services this <u>plan</u> covers.
Are there services covered before you meet your <u>deductible</u> ?	No.	You will have to meet the <u>deductible</u> before the <u>plan</u> pays for any services.
Are there other <u>deductibles</u> for specific services?	Yes. For retail prescription drugs, \$100 member / \$200 family. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	\$5,000 member / \$10,000 family.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See bluecrossma.com/findadoctor or call the Member Service number on your ID card for a list of network providers.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	Yes.	This <u>plan</u> will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a <u>referral</u> before you see the <u>specialist</u> .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 / visit	Not covered	None
	<u>Specialist</u> visit	\$35 / visit; \$35 / chiropractor visit	Not covered	None
	<u>Preventive care/screening/immunization</u>	No charge	Not covered	GYN exam limited to one exam per calendar year. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge	Not covered	Pre-authorization required for certain services
	Imaging (CT/PET scans, MRIs)	\$100	Not covered	Copayment applies per category of test / day; pre-authorization required for certain services
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at bluecrossma.com/medications	Generic drugs	\$10 / retail supply or \$25 / mail service supply	Not covered	Deductible applies first for retail; up to 30-day retail (90-day mail service) supply; cost share may be waived for certain covered drugs and supplies; pre-authorization required for certain drugs
	Preferred brand drugs	\$30 / retail supply or \$75 / mail service supply	Not covered	
	Non-preferred brand drugs	\$65 / retail supply or \$165 / mail service supply	Not covered	
	<u>Specialty drugs</u>	Applicable cost share (generic, preferred, non-preferred)	Not covered	Deductible applies first for retail; when obtained from a designated specialty pharmacy; pre-authorization required for certain drugs
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$150 / admission	Not covered	Pre-authorization required for certain services
	Physician/surgeon fees	No charge	Not covered	Pre-authorization required for certain services

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	No charge	Not covered	Limited to one exam every 24 months
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	No charge	Not covered	Limited to children under age 12 (every 6 months) and under age 18 with a cleft palate / cleft lip condition

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Children's glasses
- Cosmetic surgery
- Dental care (Adult)
- Long-term care
- 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 plan document.)

- Bariatric surgery
- Chiropractic care
- Hearing aids (\$2,000 per ear every 36 months for members age 21 or younger)
- Infertility treatment
- Routine eye care - adult (one exam every 24 months)
- 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, contact the Member Service number listed on your ID card or contact your plan sponsor. (A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.)

Does this plan provide Minimum Essential Coverage? [Yes]

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

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

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

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

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

About these Coverage Examples:



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

Peg is Having a Baby

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

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

This EXAMPLE event includes services like:

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

Total Example Cost	\$12,713
---------------------------	-----------------

In this example, Peg would pay:

Cost Sharing	
Deductibles*	\$18
Copayments	\$250
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$328

Managing Joe's Type 2 Diabetes

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

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

This EXAMPLE event includes services like:

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

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

Cost Sharing	
Deductibles*	\$100
Copayments	\$1,593
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$55
The total Joe would pay is	\$1,748

Jacquie's Simple Fracture

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

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

This EXAMPLE event includes services like:

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

Total Example Cost	\$1,925
---------------------------	----------------

In this example, Jacquie would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$230
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Jacquie would pay is	\$230

*Note: This plan has other deductibles for specific services included in this coverage example. See "Are there other deductibles for specific services?" row above.

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

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MASSACHUSETTS

MCC Compliance



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

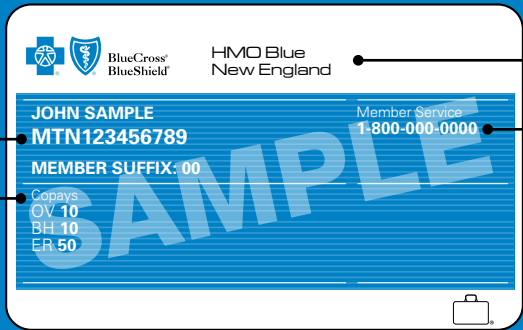
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Important Information About Your Plan

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

How to Read Your ID Card

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



Your ID Number → 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).

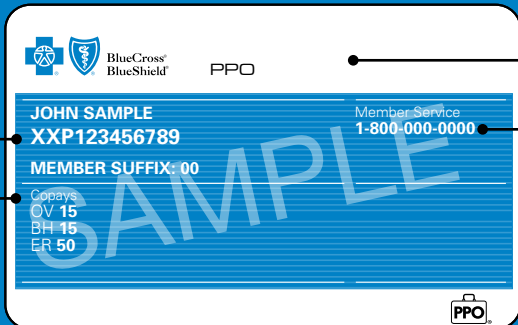
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Important Information About Your Plan

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

How to Read Your ID Card

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



Your ID Number points to the member ID: **XXP123456789**

Plan Name points to the plan type: **PPO**

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

Copays points to the copay amounts: **OV 15, BH 15, ER 50**

MEMBER SUFFIX: 00

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

Get Started

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

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



How to Contact Us

General questions about your health plan coverage?

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Health questions if you're hurt or sick?

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Questions about your prescription drug coverage?

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How to Get Care

Routine well visits are one of the best ways you and your doctor can stay on top of your health. When selecting a doctor, consider the hospital where that doctor has admitting privileges. Visit myfindadoctor.bluecrossma.com to search in your network.

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

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

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

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

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



How to Access Important Resources

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

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

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.

Express Scripts Medication Mail Order Form

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

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

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

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

Home Delivery Service

PO Box 66566, St Louis, MO 63166-9967

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



1041

ID Card Number

[Grid for ID Card Number]

First Name

MI

Date of Birth (MM/DD/YYYY)

[Grid for First Name, MI, and Date of Birth]

Last Name

[Grid for Last Name]

Gender ☐ M ☐ F

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

Shipping Address 1

[Grid for Shipping Address 1]

Shipping Address 2

[Grid for Shipping Address 2]

City

State

[Grid for City and State]

Zip Code

[Grid for Zip Code]

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

Email

[Grid for Email]

Please select one as your preferred telephone number

☐ Daytime Phone ([Grid])
☐ Evening Phone ([Grid])
☐ Cell Phone ([Grid])

Doctor/Prescriber Last Name

Doctor/Prescriber Phone Number

[Grid for Doctor/Prescriber Last Name and Phone Number]

First Name

MI

Date of Birth (MM/DD/YYYY)

[Grid for First Name, MI, and Date of Birth]

Last Name

[Grid for Last Name]

Gender ☐ M ☐ F

Email

[Grid for Email]

Doctor/Prescriber Last Name

Doctor/Prescriber Phone Number

[Grid for Doctor/Prescriber Last Name and Phone Number]

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

☐ Apply to this order only ☐ Apply to all orders
☐ Check Card ☐ Credit Card ☐ Check / Money Order

Amount Enclosed

\$ [Grid]

Card #

[Grid for Card #]

Exp. Date (MM/YY)

[Grid for Exp. Date]

Sign here to authorize card payment ☒

PATIENT 1 (CARDHOLDER)

PATIENT 2

PAYMENT

Detach Here

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

Detach Here



1042

Patient 1 (Cardholder)

Name: _____

☐ I want non-child resistant caps, when available.

Date of Birth (MM/DD/YYYY)

 / /

Date of Birth is required for patient identification.

Failure to provide complete and accurate information may prevent the pharmacy from detecting drug related problems.

Patient 2

Name: _____

☐ I want non-child resistant caps, when available.

Date of Birth (MM/DD/YYYY)

 / /

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

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

Signature Required ☒

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

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

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Learn About Our Pharmacy Program

Effective January 1, 2019

This guide provides an overview of the 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

Our 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, 2019, and is subject to change. Use it as a reference whenever you need coverage information about our pharmacy program. For the most current and complete information about covered medications, visit our website 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 manages our pharmacy benefits, at express-scripts.com. 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 use the Mail Order Pharmacy, download the order form at bluecrossma.com/pharmacy, or call 1-800-262-BLUE (2583).

Online Resources

Medication Lookup

Search for covered medications, quickly and easily, at bluecrossma.com/medications. Your individual coverage may vary. Changes to our current medications usually take place on January 1 and July 1.

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 set up home delivery.

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 pharmacy will tell you how much you owe.

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.

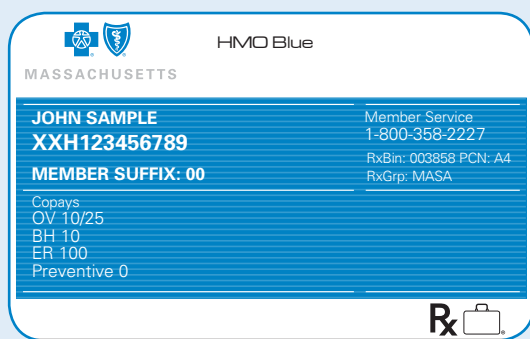
The amount you pay may include your copayment, co-insurance, and deductibles. For more about your specific prescription benefit costs, review the information in your benefit literature, which you should have received when you enrolled in your plan, or call the Member Service number listed on the front of your ID card, Monday through Friday, 8:00 a.m. to 9:00 p.m. ET.

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 provider. 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 retail specialty pharmacy. We notify any impacted members of these changes via direct mailing 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 on 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 are prescribed by your doctor. This list is up-to-date as of January 1, 2019, 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** (e.g., 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** (e.g., 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, 2019. 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, except for prescription proton pump inhibitors that are prescribed for members under age 18 or that are 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 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 manufacturer's and FDA'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, or be considered non-covered, or 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, 2019, and may change from time to time.

For the most up-to-date list of medications subject to Quality Care Dosing, along with associated dosing limits, visit our website at bluecrossma.com/pharmacy, click on Pharmacy Management Program, and proceed to the Quality Care Dosing section.

Quality Care Dosing

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

Quality Care Dosing

Fluoxetine DR	Ipratropium NS	Maxalt	OmePPI (excluded for 18 years and older)
Fluticasone/Salmeterol	Irenka DR	Maxalt-MLT	Omontys
Fluvastatin XR	Itraconazole	Meloxicam	Ondansetron
Fluvastatin	Jardiance	Menostar	Ondansetron ODT
Fluvoxamine	Jolessa	Methylphenidate CD	Onmel
Fluvoxamine CR	Jynarque	Methylphenidate ER	Onsolis
Focalin XR	Kadian	Methylphenidate LA	Onezetra Xsail
Fondaparinux	Kalydeco	Methylphenidate 72mg	Opana ER
Forfivo XL	Kerydin	Migranal	Oralair
Forteo	Ketorolac ophthalmic	Migranow Kit	Oramorph SR
Fosamax	Keveyis	Minivelle	Orkambi
Fosamax Plus D	Kevzara	Mirtazapine	Otezla
Fragmin	Khedeza	Mirtazapine Rapid Dissolve	Oxycodone ER
Frova	Lamisil	Mobic	OxyContin
Frovatriptan	Lansoprazole (excluded for 18 years and older)	Morphabond ER	Oxymorphone ER
Fulphila	Lansoprazole ODT (excluded for 18 years and older)	Morphine Sulfate ER	Ozempic
Gatifloxacin	Lansoprazole/Amoxicillin/Clarithromycin	Movantik	Pantoprazole (excluded for 18 years and older)
Glatiramer	Lantus	Moxifloxacin	Paroxetine
Glatopa	Lazanda	Moxeza	Paroxetine CR
Glucose testing strips (all)	Leflunomide	MS Contin	Patanase
Glyxambi	Lescol	Mydayis	Paxil
Granisetron	Lescol XL	Naratriptan	Paxil CR
Granix	Levalbuterol HFA	Narcan	Pegasys
Grastek	Levemir	NebuPent	PEG-Intron
Harvoni	Levonorgestrel/Ethinyl Estradiol	Neulasta	Penlac
Hetlioz	Levonorgestrel/Ethinyl Estradiol/Ethinyl Estradiol	Neupogen	Pennsaid
Humalog	Lexapro	Nexium (excluded for 18 years and older)	Pexeva
Humalog Jr.	Lidocaine 5% cream	Nivestym	Pioglitazone
Humulin	Lidocaine Patch	Nocurna	Pioglitazone-Glimepiride
Humira	Lidoderm	Norvasc	Pioglitazone-Metformin
Hydromorphone ER	Linzess	Novolin	Plegridy
Hysingla ER	Lipitor	Novolog	Praluent
Ibandronate	Livalo	Nucynta ER	Pravachol
Ibrance	Lonhala Magnair	Nuplazid	Pravastatin
Ilumya	LoSeasonique	Ocaliva	Prevacid (excluded for 18 years and older)
Imitrex	Lotronex	Odanzo	PrevPac
Impavido	Lovastatin	Olanzapine-Fluoxetine	Prilosec (excluded for 18 years and older)
Incruse Ellipta	Lovenox	Olopatadine Nasal	Pristiq
Infergen	Lunesta	Olumiant	Pristiq ER
Insulins (all)	Lysteda	Olysio	ProAir HFA
Intermezzo	Mavyret	Omeprazole (excluded for 18 years and older)	ProAir Respiclick
Introvale		Omeprazole-Sod. Bicarbonate (excluded for 18 years and older)	Procrit
Invokamet			
Invokamet XR			
Invokana			

Quality Care Dosing

Protonix (excluded for 18 years and older)
 Proventil HFA
 Prozac
 Prozac Weekly
 Pulmicort Flexhaler
 Pulmicort Respules
 Qbrexxa
 Qtern
 Qualaquin
 Quartette
 Quasense
 Quillichew
 Quinine Sulfate
 Kutenza
 QVAR
 Rabeprazole (excluded for 18 years and older)
 Ragwitek
 Rebif
 Rellexii ER
 Relpax
 Remeron
 Remeron Soltab
 Repatha
 Restasis
 Retacrit
 Rexulti
 Rhopressa
 Risedronate
 Ritalin LA
 Rivelsa
 Rizatriptan
 Rozerem
 Rosuvastatin
 Sancuso
 Sarafem
 Saxenda
 Seasonique
 Seebri Neohaler
 Segluromet
 Serevent Diskus
 Sertraline
 Setlakin
 Silenor
 Siliq

Simponi
 Simvastatin
 Soliqua
 Solosec
 Sonata
 Sovaldi
 Spiriva
 Sporanox
 Steglatro
 Steglujan
 Stiolto Respimat
 Strattera
 Striverdi Respimat
 Suboxone
 Subsys
 Sumatriptan
 Sumavel Dosepro
 Symbicort
 Symbyax
 Symdeko
 Symproic
 Synjardy
 Synjardy XR
 Taltz
 Tanzeum
 Technivie
 Terazosin
 Terbinafine
 Tivorbex
 Toujeo Solostar
 Tranexamic Acid
 Trelegy Ellipta
 Tremfya
 Tresiba
 Treximet
 Trintellix
 Triptodur
 Trulance
 Trulicity
 Tudorza
 Tymlos
 Utibron Neohaler
 Valacyclovir
 Valtrex
 Varubi

Venlafaxine ER capsule
 Venlafaxine ER tablet
 Ventolin HFA
 Viberzi
 Victoza
 Viekira PAK
 Viekira XR
 Vigamox
 Viibryd
 Vivelle
 Vivelle-Dot
 Vivitrol
 Vivlodex
 Voltaren gel
 Vosevi
 Vytorin
 Vyvanse
 Wellbutrin SR
 Wellbutrin XL
 Xartemis XR
 Xeljanz
 Xeljanz XR
 Xermelo
 Xiidra
 Xifaxan
 Xigduo
 Xigduo XR
 Xopenex HFA
 Xtampza ER
 Xultophy
 Xuriden
 Yosprala
 Zaleplon
 Zarxio
 Zegerid (excluded for 18 years and older)
 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
 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 brochure for more information.

Note: Some medications on this list may also be subject to Step Therapy and/or Quality Care Dosing requirements, or be considered non-covered, or 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, 2019, and may change from time to time.

For the most up-to-date list of medications that require Prior Authorization, visit our website, bluecrossma.com/pharmacy, click on Pharmacy Management Program, and proceed to Prior Authorization.

Prior Authorization

Abstral	Daklinza	Genotropin	Modafinil
AcipHex (excluded for 18 years and older)	Dalfampridine	Grastek	Monovisc
Actemra	Desoxyn	Harvoni	Morphabond ER
Acthar	Dexilant (excluded for 18 years and older)	Hetlioz	Morphine Sulfate CR
Actimmune	Dexedrine	Humatrope	Morphine Sulfate ER
Actiq	Dextroamphetamines	Humira	MS Contin
Adcirca	Difacid	Hyalgan	Myalept
Addyi	Diskets	Hydromorphone ER	Myobloc
Adviar Diskus	Dulera	Hydroxyprogesterone	Nexium (excluded for 18 years and older)
Advair HFA	Dolophine	Hymovis	Norditropin
Air Duo	Dupixent	Hysingla ER	Nucala
Alecensa	Duragesic	Ibandronate injection/syringe	Nucynta ER
Amevive	Durolane	Ibrance	Nutritional Supplements
Amphetamines (e.g Amphetamine, Methamphetamine, Liquadd, Procentra)	Dysport	Idhifa	Nutropin
Ampyra	Egrifta	Ilaris	Nuvigil
Aralast	Elidel	Increlex	Olumiant
Aralast NP (medical benefit only)	Embeda	Incruse Ellipta	Olysio
Armodafinil	Enbrel	Inflectra	Omeprazole-Sod. Bicarbonate (excluded for 18 years and older)
Aranesp	Enteral formula	Interferons (alpha, gamma)	OmePPI (excluded for 18 years and older)
Arymo ER	Entyvio	IV Immunoglobulin	Omnitrope
Atomoxetine	Epclusa	Juxtapid	Omontys
Belbuca	Epogen	Kadian	Onpattro
Belviq	Erbitux (medical benefit only)	Kalydeco	Onsolis
Belviq XR	Esomeprazole (excluded for 18 years and older)	Kevzara	Opana ER
Bevespi AeroSphere	Esomeprazole Strontium (excluded for 18 years and older)	Kineret	Opdivo
Binosto	Esomep-EZS (excluded for 18 years and older)	Kisqali	Oralair
Boniva syringe	Euflexxa	Kisqali Femara	Oramorph SR
Botox/Botulinum Toxin	Evekeo	Kynamro	Orencia
Braftovi	Exalgo	Lazanda	Orkambi
Breo Ellipta	Exondys 51	Lenvima	Orthovisc
Buprenex	Eylea (medical benefit only)	Liquadd	Otezla
Buprenorphine patch	Factor VIII, VIIIa, IX, XIII (medical benefit only)	Lucentis (medical benefit only)	Oxycodone ER
Butrans	Farydak	Lynparza	Oxycontin
Ceredase (medical benefit only)	Fasenra	Lyrca	Oxymorphone ER
Cerezyme	Fentanyl patch	Lyrca CR	Praluent
Cimzia	Fentanyl oral/mucosal	Macugen (medical benefit only)	Preservative-Free Morphine (medical benefit only)
Cinqair	Fentora	Mavyret	Prevacid (excluded for 18 years and older)
Cinryze (medical benefit only)	Fluticasone/Salmeterol	Makena	Prilosec (excluded for 18 years and older)
Contrave	Forteo	Mekinist	Procentra
Cotellic	Gel-One	Mektovi	Procrit
Cosentyx	Gelsyn-3	Methadone	
		Methadose	
		Methamphetamine	

Prior Authorization

Prolastin (medical benefit only)	Technivie
Prolastin C (medical benefit only)	Tev-Tropin
Proleukin	Tibsovo
Prolia	Topical Retinoic Acid Derivatives (e.g. Retin-A)
Protonix (excluded for 18 years and older)	TPN (total parenteral nutrition) (medical benefit only)
Protopic	Tremfya
Provigil	Trivisc
Ragwitek	Tymlos
Reclast (medical benefit only)	Tysabri (medical benefit only)
Regranex	Vectibix (medical benefit only)
Remicade	Venclexta
Renflexis	Verzenio
Repatha	Viekira XR
Respiratory Syncytial Virus IG/Synagis	Viekira PAK
Retacrit	Visco-3
Restasis	Vosevi
Revatio	Xalkori
Rituxan	Xartemis XR
Rydapt	Xeljanz
Saizen	Xeljanz XR
SaizenPrep	Xeomin
Saxenda	Xgeva
Serostim	Xiaflex (medical benefit only)
Sildenafil	Xiidra
Siliq	Xolair
Simponi	Xtampza ER
Simponi Aria	Yosprala
Sovaldi	Zegerid (excluded for 18 years and older)
Spinraza	Zelboraf
Stelara	Zenzedi
Strattera	Zepatier
Subsys	Zohydro ER
Supartz	Zoledronic Acid (medical benefit only)
Symbicort	Zomactin
Symdeko	Zometa (medical benefit only)
Synvisc	Zorbtive
Synvisc One	Zydelig
Tacrolimus (topical)	Zykadia
Tadalafil	
Tafinlar	
Tagrisso	
Taltz	

Specialty Pharmacy Medications

Blue Cross Blue Shield of Massachusetts has set up a network of retail specialty pharmacies to provide certain medications classified as specialty. We'll cover the cost of some specialty medications if you fill them at a pharmacy outside of our network. We do this because these highly specialized medications aren't always available at one of our in-network pharmacies. The following is a list of medications that can be purchased from one of the pharmacies in our network and a list of medications we'll cover at a pharmacy outside of our network.

Network Pharmacy 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

Network Pharmacy Information for Fertility Medications

AcariaHealth™ Fertility

1-877-928-5125

Fax: 866-927-9870

acariahealth.com/index.php/explore/infertility

AllianceRx Walgreens Prime

1-800-424-9002

Fax: 1-800-874-9179

alliancerxwp.com

BriovaRx

1-800-850-9122

Fax: 1-800-218-3221

briovarx.com

Freedom Fertility Pharmacy

1-866-297-9452

Fax: 1-888-660-4283

freedomfertility.com

Metro Drugs

1-800-649-2872

Fax: 1-888-258-4242

metrodrugs.com

Village Fertility Pharmacy

1-877-334-1610

Fax: 1-866-935-0719

villagefertilitypharmacy.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 is up-to-date as of January 1, 2019, and may change from time to time.

You can find the latest information about your medications and look up pharmacy contact information by visiting bluecrossma.com/pharmacy.

Specialty Pharmacy Medications

Injectable Medications

Abraxane
 Actemra
 Acthar
 Actimmune
 Adriamycin PFS
 Adrucil
 Alferon-N
 Alkeran
 Apokyn
 Aranesp
 Arcalyst Injection
 Arzerra
 Aved
 Avonex
 Beleodaq
 Betaseron
 BiCNU
 Bivigam
 Bleomycin Sulfate
 Blincyto
 Boniva Injection
 Bortezomib
 Botox
 Busulfex
 Calcium Folate
 Camptosar
 Carboplatin
 Carimune
 Carmustine
 Cerubidine
 Cerezyme
 Cimzia
 Cinqair
 Cisplatin
 Cladribine
 Copaxone
 Cosentyx
 Cosmegen
 Crysvita
 Cuvitru
 Cyclophosphamide
 Cyramza

Cytarabine
 Cytogam
 Dacarbazine
 Dactinomycin
 Darzalex
 Daunorubicin HCL
 DDAVP
 Depocyt
 Desmopressin Acetate
 Dexrazoxane
 Docefrez
 Docetaxel
 Doxil
 Doxorubicin HCl
 DTIC-Dome
 Dupixent
 Dysport
 Egrifta
 Eligard
 Ellence
 Empliciti
 Enbrel
 Entyvio
 Epirubicin
 Epogen
 Ethyol
 Etopophos
 Etoposide
 Extavia
 Fasenra
 Faslodex
 Firazyr
 Firmagon
 Flebogamma
 Floxuridine
 Fludara
 Fludarabine phosphate
 Fluorouracil
 Forteo
 FUDR
 Fulphila
 Fusilev I.V.
 Fuzeon
 Gammagard
 Gammagard Liquid

GamaSTAN
 Gammaked
 Gammaplex
 Gamunex
 Gattex
 Gazyva
 Gemcitabine
 Gemzar
 Genotropin
 Glatiramer
 Glatopa
 Granix
 Herceptin
 Hizentra
 Humatrope
 Humira
 Hycamtin
 Hydroxyprogesterone
 HyQvia
 Ibandronate injection/syringe
 Idamycin PFS
 Idarubicin
 Ifex
 Ifosfamide
 Ifosfamide/Mesna
 Ilaris
 Ilumya
 Imfinzi
 Increlex
 Inflectra
 Intron A
 Irinotecan
 Istodax
 Kenalog
 Kevzara
 Keytruda
 Kynamro
 Lartruvo
 Lemtrada
 Levoleucovorin
 Leucovorin Calcium
 Leukine
 Leuprolide Acetate
 Lipodox
 Lipodox-50

Lupaneta Pack
 Lupron Depot
 Lupron Depot-Ped
 Makena
 Marqibo
 Mesna
 Mesnex
 Methotrexate
 Mitomycin
 Mitoxantrone
 Mozobil
 Mustargen
 Myalept
 Mylotarg
 Myobloc
 Naptara
 Navelbine
 Neulasta
 Neumega
 Neupogen
 Nipent
 Nivestym
 Norditropin
 Norditropin Flexpro
 Norditropin Nordiflex
 Nplate
 Nucala
 Nutropin
 Nutropin AQ
 Nutropin AQ Nuspin
 Ocrevus
 Octagam
 Octreotide injection
 Olumiant
 Omnitrope
 Oncaspar
 Opdivo
 Orencia
 Otezla
 Otrexup
 Oxaliplatin
 Paclitaxel
 Palynziq
 Pamidronate
 Pamidronate disodium

Specialty Pharmacy Medications

Pegasys
 Pegasys Proclick
 Peg-Intron
 Photofrin
 Poteligeo
 Plegridy
 Praluent
 Privigen
 Procrit
 Proleukin
 Prolia
 Rebif
 Remicade
 Renflexis
 Repatha
 Retacrit
 Revatio
 Rituxan
 Roferon-A
 Saizen
 SaizenPrep
 Sandostatin
 Sandostatin-LAR
 Serostim
 Signafor
 Signafor LAR
 Siliq
 Simponi
 Simponi Aria
 Somatuline
 Somavert
 Spinraza
 Stelara
 Sylatron
 Sylvant
 Synagis
 Synribo
 Takhzyro
 Taltz
 Taxotere
 Tecentriq
 Temodar
 Teniposide
 Tepadina
 Tev-Tropin

TheraCys
 Thiotepa
 Thyrogen
 Toposar
 Totect
 Trelstar
 Trelstar LA
 Trelstar Depot
 Tremfya
 Tymlos
 Unituxin
 Valstar
 Velcade
 Ventavis
 Vimizim
 VinBLASTine
 Vincasar PFS
 VinCRISTine
 Vinorelbine
 Vivitrol
 Xeomin
 Xgeva
 Xolair
 Zaltrap
 Zanosar
 Zarxio
 Zilretta
 Zinecard
 Zoladex
 Zomacton

Out-Of-Network Injectable Medications

Acetadote
 Bavencio
 Benlysta Autoinject/syringe
 Besponsa
 Bicillin
 Bleo 15
 Ceftazadime
 Cuvposa
 Delestrogen
 Depo-Estradiol
 Desferal

Desferoxamine
 Evomela
 Exondys
 Fortaz
 Kanuma
 Kineret
 Nabi-HB
 Neulasta Onpro
 Portrazza
 Radicava
 Rimso-50
 Rocephin
 Romidepsin
 Sandimmune
 Sildenafil
 Strensiq
 Sublocade
 Tazicef
 Testosterone Enanthate
 Triptodur
 Vyxeos
 Yondelis

Oral Medications

Adcirca
 Adempas
 Afinitor
 Alcensa
 Alkeran
 Alunbrig
 Ampyra
 Aubagio
 Bethkis
 Bosulif
 Cabometyx
 Capecitabine
 Carbaglu
 Cayston
 Cerdelga
 Copegus
 Cotellic
 Cyclophosphamide
 Cystagon
 Daklinza
 Dalfampridine

Doptelet
 Duopa
 Epclusa
 Erivedge
 Esbriet
 Erleada
 Erivedge
 Etoposide
 Exjade
 Farydak
 Galafold
 Gilenya
 Gilotrif
 Gleevec
 Harvoni
 Hetlioz
 Hycamtin
 Ibrance
 Idhifa
 Imatinib
 Inlyta
 Iressa
 Jadenu
 Jakafi
 Juxtapid
 Kalydeco
 Kisqali
 Kisqali Femara
 Kitabis PAK
 Kuvan
 Lenvima
 Letairis
 Lonsurf
 Mavyret
 Mekinist
 Mesnex
 Miglustat
 Moderiba
 Mulpleta
 Nerlynx
 Nexavar
 Ninlaro
 Northera
 Nuplazid
 Ocaliva

Specialty Pharmacy Medications

Odomzo
 Ofev
 Olysio
 Opsumit
 Orenitram
 Orkambi
 Pomalyst
 Procysbi
 Promacta
 Pulmozyme
 Ravicti
 Rebetol
 Revatio
 Revlimid
 Ribapak
 Ribasphere
 Ribasphere Ribapak
 Ribatab
 Ribavirin
 Rilutek
 Riluzole
 Rubraca
 Rydapt
 Sabril
 Samsca
 Sildenafil
 Sovaldi
 Sprycel
 Stivarga
 Sucraid
 Sutent
 Symdeko
 Tadalafil
 Tafenlar
 Tagrisso
 Tarceva
 Tassigna
 Tecfidera
 Technivie
 Temodar
 Temozolomide
 Tetrabenazine
 Thalomid
 TOBI ampules
 TOBI-Podhaler

Tobramycin ampules
 Tracleer
 Tykerb
 Tyvaso
 Uptрави
 Veltassa
 Venclexta
 Verzenio
 Viekira PAK
 Viekira XR
 Vigabatrin
 Vigadrone
 Vosevi
 Votrient
 Xalkori
 Xeljanz
 Xeljanz XR
 Xeloda
 Xenazine
 Xtandi
 Xyrem
 Zavesca
 Zelboraf
 Zepatier
 Zolanza
 Zykadia
 Zytiga

Out-Of-Network Oral Medications

8-Mop
 Afinitor Disperz
 Austedo
 Boniva 150mg
 Calquence
 Chenodal
 Cholbam
 Cometriq
 Daraprim
 DDAVP
 Emflaza
 Gocovri ER
 Iclusig
 Imbruvica
 Ingrezza

Jynarque
 Keveyis
 Korlym
 Nityr
 Orfadin
 Otezla
 Otezla Starter Pack
 Tavalisse
 Thiola
 Vistogard
 Xermelo
 Xuriden
 Yonsa
 Zejula
 Zydlig

Topical

Mugard
 Panretin
 Qutenza
 Valchlor

Out-Of-Network Topical

Cystaran
 Synarel

Fertility Medications

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
 Repronex
 Serophene

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 drug 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, or be considered non-covered or a specialty medication. Please check the corresponding pages to determine coverage requirements.

This list is up-to-date as of January 1, 2019, and may change from time to time.

For the most up-to-date list of medications that require Step Therapy, please visit our website bluecrossma.com/pharmacy, click on Pharmacy Management Program, and proceed to Step Therapy.

Step Therapy

Diabetes Management

Adlyxin
Alogliptin
Alogliptin/Metformin
Alogliptin/Pioglitazone
ACTOplus Met
ACTOplus Met XR
Actos
Avandaryl
Avandia
Byetta
Bydureon
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
Metformin ER
Nesina
Onglyza
Oseni
Ozempic
Pioglitazone
Pioglitazone-Glimepiride
Pioglitazone-Metformin
Prandin
Qtern
Segluromet
Soliqua

Steglatro
Steglujan
Synjardy
Tanzeum
Tradjenta
Trulicity
Victoza
Xigduo
Xigduo XR
Xultophy

Glaucoma

Lumigan
Rescula
Travatan
Travatan Z
Xalatan

Osteoporosis Treatment (Oral)

Actonel
Atelvia DR
Binosto
Boniva tablets
Fosamax
Fosamax Plus D

Pain Relievers (Cox II Inhibitors)

Capxib
Celebrex
Celecoxib
Lidoxib

Prostate Treatment

Avodart
Jalyn
Proscar

Overactive Bladder Treatment

Detrol
Detrol LA
Ditropan XL
Enablex
Gelnique
Oxytrol

Myrbetriq
Toviaz
Vesicare

Topical Testosterone

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

Non-Covered Medication

Your pharmacy program provides coverage for over 4,000 prescription medications. This section lists medications that are not 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, Step Therapy and/or Quality Care Dosing 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, 2019, and may change from time to time.

For the most up-to-date list of medications that are not covered and their covered alternatives, please visit our website, bluecrossma.com/medications and proceed to the **Medications That Are Not Covered** section.

Non-Covered Medication

Abilify	Aloquin	Atrapro Hydrogel	Capxib
Abilify DiscMelt	Alora	Atropen	Careone diabetic testing supplies
Absorica	Alrex	Augmentin XR	Caresens N diabetic testing supplies
Abstral	Alsuma	Auryxia	Caretouch diabetic testing supplies
Acanya	Altabax	Auvi-Q	Cardene
Accolate	Altace	Avalide	Cardizem CD
Accu-Chek diabetic testing supplies	Altoprev	Avapro	Cardizem LA
Accucaine	Alvesco	Avelox	Cardura XL
Accupril	Ambien	Avidoxy	Cedax
Accuretic	Ambien CR	Avidoxy DK	Celexa
AcipHex (excluded for 18 years and older)	Amrix	Avita	Cem-Urea
Acticlate	Ana-Lex	Axert	Centany
Actigall	Anafranil	Axid	Centany AT
Actiq	Angeliq	Azasite	Ceracade Skin Barrier
Active Injection D	Anodyne LPT	Azor	Ceramax
Active-PAC	Antara	B-D diabetic testing supplies	Cesamet
Activella	Anusol HC Suppository	Balcoltra	Cetraxel
Acular	Anzemet	Belsomra	Chenodal
Acular LS	Apidra	Benicar	Cimzia
Acuvail	Aplenzin ER	Benicar HCT	Cipro-XR
Aczone	Aptensio XR	BenzaClin gel	Clenpiq
Adalat CC	Aqua Glycolic HC	BenzaClin kit	Cleocin T
Adazin	Aranesp	BenzaClin pump	Clever Choice Voice diabetic testing supplies
Adderall	Arava	Besivance	Clindacin ETZ Kit
Addyi	Arcapta Neohaler	Betaloan SUIK kit	Clindacin PAC
Adlyxin	Arixtra	Bevespi AeroSphere	Clindagel
Admelog	Arymo ER	BG-Star diabetic testing supplies	Clobex
Advanced Allergy Collection Kit	Armonair RespiClick	Binosto	Clodan Kit
Advocate Redi-Code diabetic testing supplies	Arze-Ject-A kit	Bionect	Colazal
Adyphren	Asacol HD	Boniva syringe	Colchicine tablets
Adzenys XR	Ascensia diabetic testing supplies	Boniva tablets	Colchicine capsules
Aerospan	Asmanex Twisthaler	Bravelle	CoLyte
Agoneaze	Assure diabetic testing supplies	Breo Ellipta	Combigan
Air Duo	Astepro	Brevicon	Contour Next diabetic testing supplies
Akynzeo	Astero	Brilinta	Conzip
Alcortin-A	Atacand	Brisdelle	Cool diabetic testing supplies
Alevicyn Plus Kit	Atacand HCT	Bromsite	Coreg
Alevicyn Antipruritic SG gel	Atelvia DR	Brovana	Coreg CR
Alodox	Ativan	Bystolic	Corlanor
Alogliptin	Atopaderm	Byvalson	Cosopt PF
Alogliptin/Metformin	Atopiclair	Caduet	Cotempla XR ODT
Alogliptin/Pioglitazone	Atralin	Calcitriol Topical	
	Atrapro Dermal Spray	Cambia	
	Atrapro CP	Caphosol	

Non-Covered Medication

Cozaar	Diclofono	Emsam	Fiorinal
Crestor	Diclopak	Enablex	Fiorinal with Codeine
CVS Advanced diabetic testing supplies	DicloPR Combo Pak	Entresto	Flagyl
Cymbalta	Diclotral	Entyvio	Flagyl ER
D-Care 100X	Diclozor	Epaned	Flagyl IV
Daklinza	Dificid	EpiCeram	Flarex
Daliresp	Dilaudid	Epiduo	Flector
Daxbia	Diovan	Epiduo Forte	FlexiPak
Daypro	Diovan HCT	Epinephrine Snap-V	Flolipid
Daytrana	Dipentum	Episil	Fluoroplex
DDAVP	Dithol Combo Pack	Episnap Convenience Kit	FML Forte
Delzicol	Ditropan XL	Epogen	FML Liquifilm
Delzicol DR	Divigel	Equetro	FML S.O.P.
Depo-Sub Q Provera 104	DM2 Kit	Ertaczo	Focalin
Derma-Smoother/FS	DMT Suik	Esomeprazole Strontium (excluded for 18 years and older)	Focalin XR
Dermacin RX Cinolone-1 CPI	Dolotranz	Esomep-EZS (excluded for 18 years and older)	Follistim AQ
Dermacin Rx Chlorhexacin	Doubledex	Estrace	Fora V12 diabetic testing supplies
Dermacin Rx Empraciane	Duac	Estrogel	Forfivo XL
Dermacin RX Prizopak	Duac CS	Eucrisa	Fortamet
Dermacin RX PHN	Duavee	Euflexxa	Fortesta
Dermacin RX Silpak	Duexis	Evamist	Fosamax
Dermacin Silazone Pharmpak	Duragesic	Evekeo	Fragmin
Dermacin RX Surgical Pharmpak	Durezol	Evoclin	Freestyle diabetic testing supplies
Dermacin Rx Therazole Pak	Durolane	ExacTech diabetic testing supplies	Frova
Dermacin RX ZRM	Duzallo	Exalgo	Ganirelix
Dermasorb-AF	Dyloject	Exforge	GE 100 diabetic testing supplies
Dermasorb-HC	Easy Max diabetic testing supplies	Exforge HCT	Gel-One
Dermasorb-TA	Easy Step diabetic testing supplies	Extavia	Gelclair
Dermasorb-XM	Easy Talk diabetic testing supplies	Extina	Gelnique
Dermawerx SDS	Easy Touch diabetic testing supplies	Factive	Gelsyn-3
Dermawerx Surgical Plus Pack	Easy-Trak diabetic testing supplies	Fanapt	GelX
Dermazone	Edarbi	Farxiga	Genotropin
Dermazyl	Edarbyclor	FazaClo	Genstrip diabetic testing supplies
DermOtic	Edluar	Femring	Geodon
DesOwen kit	Effexor	Fenoglide	GE 100 diabetic testing supplies
Desvenlafaxine ER	Effexor XR	Fetzima	Gialax
Detrol	Elestrin	Fexmid	Giazo
Detrol LA	Eletone	Fiasp	Glucocard diabetic testing supplies
Dexedrine	Ellizia	Fifty50 diabetic testing supplies	Glucometer diabetic testing supplies
Dexilant (excluded for 18 years and older)	Embeda	Finacea Plus	Glucophage
Diclo Gel	Embrace diabetic testing supplies		
Diclo-Xrylix Sheet Kit			

Non-Covered Medication

Glucophage XR	Khedeza	Lovaza	Moxeza
Glumetza	Kitabis PAK	Lovenox	Mydayis
Gmate diabetic testing supplies	Klonopin	Luliconazole	Namzaric
GNP diabetic testing supplies	Kro Premium diabetic testing supplies	Lunesta	Naprelan
Gocovri	Lamictal ODT	Luzu	Naprelan CR
GoLytely	Lamisil	Lyrica CR	Naprosyn
Healthpro diabetic testing supplies	Lamisil Granules	Lysteda	Naprosyn EC
Horizant	Latuda	MAC Patch	Nascobal
HPR	Lazanda	Marvona SUIK	Natazia
HPR Plus	Lemtrada	Mas Care Pak	Natesto Nasal
HPR Plus Hydrogel Kit	Lescol	Mavyret	Neocera
Humana True Metrix diabetic testing supplies	Lescol XL	Maxalt	Neo-Synalar Kit
Hyalgan	Leva Set	Maxalt-MLT	Neosalus
Hydrocortisone-Lidocaine kit	Levalbuterol HFA	Maxidex	Neosalus CP
Hylatopic	Levaquin	Maxipime	Nesina
Hylatopic Plus	Levemir	MB Hydrogel	Neuac Kit
Hylatopic Plus-Aurstat	Levicycn Antipruritic SG	Medolor Kit	Neumaxin
Hymovis	Lexapro	Medroloan SUIK	Neupogen
Hysingla ER	Lexixryl	Medroloan II SUIK	Neupro
Hyzaar	Liberty diabetic testing supplies	Megace ES	Neurcaine
Iglucose diabetic testing supplies	Lido-Prilo Caine Pak	Menostar	Neurontin
Ilevro	Lidocaine HC Kit	Mentho-Caine Kit	Nevanac
Imvexxy	Lidocidex I	Mesalamine HD	Nexiclon XR
Inderal LA	Lidoderm	Metformin ER (Fortamet Authorized Product)	Nexium (excluded for 18 years and older)
Inderal XL	Lidopac	Metformin Film Coated ER (Glumetza Authorized Product)	Niravam
Inflamma K	Lidopril	Micardis	Nocdurna
InnoPran XL	Lidotrans 5 Pac	Micardis HCT	Noctiva
Intermezzo	Lidotrex	Microdot diabetic testing supplies	Norditropin
Intuniv	Lidovex	Migranow	Northera
Invega	Lidoxib	Minastrin Fe Chewable	Norvasc
Irenka DR	Lipitor	Minocin	Novacort
Istalol	Lipofen	Minocin Combo Pack	Nova Max diabetic testing supplies
Jentadueto	Liprozone Pak	Minolira ER	Novolin Insulin products
Jentadueto XR	Livalo	Mirapex	Novolog Insulin products
Jublia	Livixil PAK	Mirapex ER	Noxipak
Kadian	Lodine	Mobic	NuCort
Kapvay	Lodine XL	Monodox	Nucynta
Kaspargo Sprinkle	Lonhala Magnair	Monovisc	Nucynta ER
Kazano	Lopressor	Morgidox Kit	Nudiclo SoluPak
Keppra XR	Loprox Kit	Morphabond ER	Nudiclo TabPak
Keralyt kit	LoSeasonique	MoviPrep	NuLytely
Kerydin	Lotensin	Moxatag	Nusurgepak Surgical Prep
	Lotensin HCT		Nutraseb
	Loutrex		NutriaRx Pak

Non-Covered Medication

Nuversa	Perseris ER	Promiseb	Revatio
Nuvigil	Pertzye	Promiseb Light	Rexulti
Ocudox kit	Pexeva	Protonix (excluded for 18 years and older)	Rhopressa
Olux	Pharmacist Choice diabetic testing supplies	Proventil HFA	Risperdal M-Tab
Olysio	Picato	Proventil inhaler	Ritalin
Omnitrope	Plaquenil	Provigil	Ritalin LA
Onexton	Plenvu	Prozac	Ritalin SR
Onmel	Plixda	Prozac Weekly	Rosadan
Onsolis	POD Care 100C	Pylera	Roxybond
Onzetra Xsail	POD Care 100CG	Qbrexis	Rytary ER
Opana	POD Care 100K	Qtern	Rythmol
Opana ER	POD Care 100KG	Quartette	Saizen
Optium diabetic testing supplies	PR-Cream	Quillichew ER	SaizenPrep
Oracea	Pradaxa	Quillivant XR	Salicylic Acid 6% Kit
Oramorph SR	Pram-HCA	Quinja	Salicylic Acid-Ceramide kit
Orapred ODT	Pramosone E	RadiaPlex Rx	Salkera
Oravig	Pravachol	Radigel	Salvax Duo
Orencia	Precision QID diabetic supplies	Rapaflo	Salvax Duo Plus
Orthovisc	Precision X-Tra diabetic supplies	Rasuvo	SanadermRx Skin Repair
Oseni	Pred Mild	Rayaldee	Sancuso
Osmolex ER	Prefest	Rayos	Saphris
Osmoprep	Premium diabetic testing supplies	Readysharp Betamethasone	Sarafem
Osphena	Prepopik	Readysharp Bupivacaine	Savaysa
Otrexup	Presera	Readysharp Dexamethasone	Scalacort
Oxaydo	Prestalia	Readysharp Ketorolac	Seasonique
Oxytrol	Prestige diabetic testing supplies	Readysharp Lidocaine	Sebuderm
Ozempic	Prevacid (excluded for 18 years and older)	Readysharp Methylprednisolone	Seebri Neohaler
P-Care	PrevPac	Readysharp Triamcinolone	Segluromet
P-Care K	Prilolid	Recothrom	Sernivo
P-Care M	Prilosec (excluded for 18 years and older)	Regenecare	Seroquel
P-Care MG	Prinivil	Relador Pak	Seroquel XR
P-Care X	Prilovix	Relador Pak Plus	Silalite PAK
Paingo KFT	Pristiq	Relexxii ER	Silazone-II
Pamelor	Pristiq ER	Relion diabetic testing supplies	Silenor
Pancreaze	Pro-Voice diabetic testing supplies	Relpax	Siliq
Patanase	Procentra	Remeron	Silvrstat
Paxil	Procort	Remeron Soltab	Simbrinza
Paxil CR	Prodigy diabetic testing supplies	Repatha	Sinemet
PCE	Prolensa	Requip	Singulair
PCE Dispertab		Requip XL	Sitavig
Penlac		Rescula	Sklice
Pennsaid		Restoril	Smart Sense diabetic testing supplies
Pepcid		Retacrit	SmartRx Gaba-V
Percocet		Retin-A Micro	SmartRx GabaKit

Non-Covered Medication

Sof-Tact diabetic supplies	Tekturna HCT	Trixylylral	Voltaren XR
Solaice	Tenormin	True Metrix diabetic supplies	Vopac MDS
Solaraze	Tequin	TrueTest diabetic supplies	Vraylar
Soliqua	Tersi	TrueTrack diabetic supplies	Vusion
Solodyn	Test N'Go diabetic testing supplies	Trulance	Vytorin
Solosec	Testim	Twynsta	Vyvanse
Soltamox	Testone CIK	Ultracet	Vyzulta
Solupak	Testosterone gel (Fortesta Authorized product)	Ultram	Wavesense diabetic testing supplies
Solus V2 diabetic testing supplies	Testosterone gel (Testim Authorized product)	Ultram ER	Welchol
Soma	Testosterone gel (Vogelxo Authorized product)	Ultrasal ER	Wellbutrin
Sonata	Testosterone CIK Kit	Ultravate PAC	Wellbutrin SR
Soolantra	Tev-Tropin	Ultravate X	Wellbutrin XL
Sovaldi	Therapevo	Unistrip 1 diabetic testing supplies	Whytederm Surgipak
Spectracef	Tiazac	Up & Up diabetic testing supplies	Whytederm Trilasil Pack
Sporanox	Tindamax	Uramaxin	Wound Debride 4% Lidocaine
Spritam	Tirosint	Urea kit	WPR Plus Kit
Sprix	Tivorbex	Utibron NeoHaler	Xadago
Steglatro	TobraDex ST	Vacustim Silver Kit	Xalix
Steglujan	Tofranil	Valium	Xanax
Striant	Tolak	Vanos	Xanax XR
Subsys	Toronoa SUIK	Vascepa	X-Clair
Suclear	Toronoa II SUIK	Vaseretic	Xartemis XR
Sular	Toviaz	Vasotec	Xerese
Sumadan	Tradjenta	Vectical	Xifaxan
Sumavel Dosepro	Tranxene T-Tab	Velphoro	Xigduo
Sumaxin	Tranzarel	Veltassa	Xigduo XR
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Sumaxin TS	Tresiba	Ventolin HFA	Ximino ER
Supartz	Tretin-X	Verasens diabetic testing supplies	Xolegel
Suprep	Treximet	Veregen	Xopenex HFA
Sure Result Tak Pack	Trezix	Vexasyn	Xopenex nebulas
Sustol	Tribenzor	Viberzi	Xrylident
Symproic	Tricor	Victoza	Xrylix
Synalar Combo-Pack	Triglide	Viekira XR	Xtampza ER
Synalar TS	Trilipix	Viekira PAK	Xultophy
Synvexia TC	Trilipix DR	Vigamox	Yosprala
Synvisc	Triloan SUIK	Viibryd	Zanaflex
Synvisc-One	Triloan II SUIK	Vimovo	Zantac
Taltz	Trintellix	Virasal	Zegerid (excluded for 18 years and older)
Tanzeum	Tri-Norinyl	Visco-3	Zelapar
Targadox	Tri-Sila Topical	Vivlodex	Zembrace Symtouch
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Non-Covered Medication

Zeyocaine
Ziana
Zinbryta
Zipsor
Zithromax
Zmax
Zocor
Zofran
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Zohydro ER
Zoloft
Zolpimist
Zomacton
Zomig
Zomig ZMT
Zontivity
Zorvolex
Zovirax
ZTLido
Zuplenz
Zurampic
Zyflo
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Zymaxid
Zypitamag
Zypram
Zyprexa
Zyprexa IM
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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 Care

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

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

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

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

Talk to Your Primary Care Provider

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

Using Limited Service Clinics and Urgent Care Centers

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

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

1. Example: CVS Minute Clinic®

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

Well Connection—Care at Your Convenience

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

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



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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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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	REVAZOLIN 1500, REVAZOLIN 1500, REVAZOLIN 1500	Yes	Yes
REVAZOLIN 1500	Not Covered	REVAZOLIN 1500, REVAZOLIN 1500, REVAZOLIN 1500	Yes	Yes
REVAZOLIN 1500	Not Covered	REVAZOLIN 1500, REVAZOLIN 1500, REVAZOLIN 1500	Yes	Yes

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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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Receive up to \$150 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 pay for the program, fill out the attached form.



3. Mail

Send the completed form to the address listed.

Important Information:

- Fitness reimbursement can be granted for any single member or combination of members enrolled under the same Blue Cross 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 membership or class fees clearly documenting your name, the fitness program name, and individual amounts charged with date paid.
 - » Your fitness program membership or participation agreement clearly documenting your name and date signed.
- Reimbursement may be considered taxable income, so consult a tax advisor.

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

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



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Fitness Reimbursement Request

PLEASE PRINT ALL INFORMATION CLEARLY

To verify this reimbursement is offered within your plan, or for more information, please log on to MyBlue at bluecrossma.com/myblue 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 dollars requested: \$_____ for (choose one and color in the entire box): <input type="checkbox"/> Membership fees. Monthly membership fee: \$_____ <input type="checkbox"/> Fitness class fees. Fee per class: \$_____			Calendar Year

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

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

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

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

Complete this form and mail it to:

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

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

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

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

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

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Weight-Loss Reimbursement

Your reward for health



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.



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Weight-Loss Reimbursement Request

PLEASE PRINT ALL INFORMATION CLEARLY

To verify this reimbursement is offered within your plan, or for more information, please log on to MyBlue at bluecrossma.com/myblue 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

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Your Primary Care Provider



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

Referrals

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

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

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

Choose the Right PCP

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

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

- Internal medicine
- Family medicine
- Pediatrics

How to Update Your PCP

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

Explore Your PCP Options

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

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

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Meet the MyBlue Member App

Simple, Secure, Convenient

Get Health Care Information Quickly and Easily

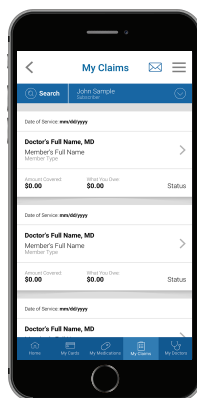
The MyBlue Member App gives members instant access to their personal health care information anytime they need it. A simple tap connects them to their doctor, recent prescriptions, and claims history.



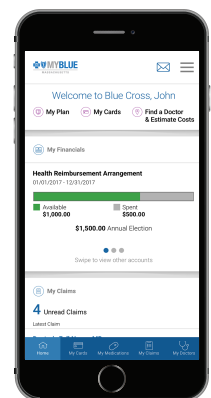
Personalized health care, right at their fingertips:



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

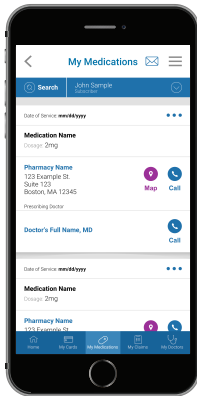


Get access to recent claims history and see copayment amounts.

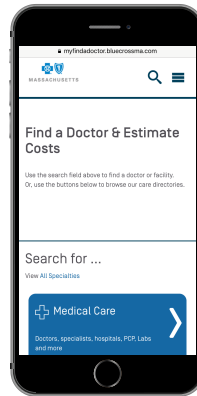


View financial account balances, like HealthEquity® or Alegeus

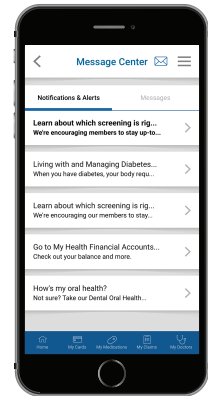
Additional MyBlue Member App features:



See prescription history, including dosage and who prescribed it.



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



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

Available On



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

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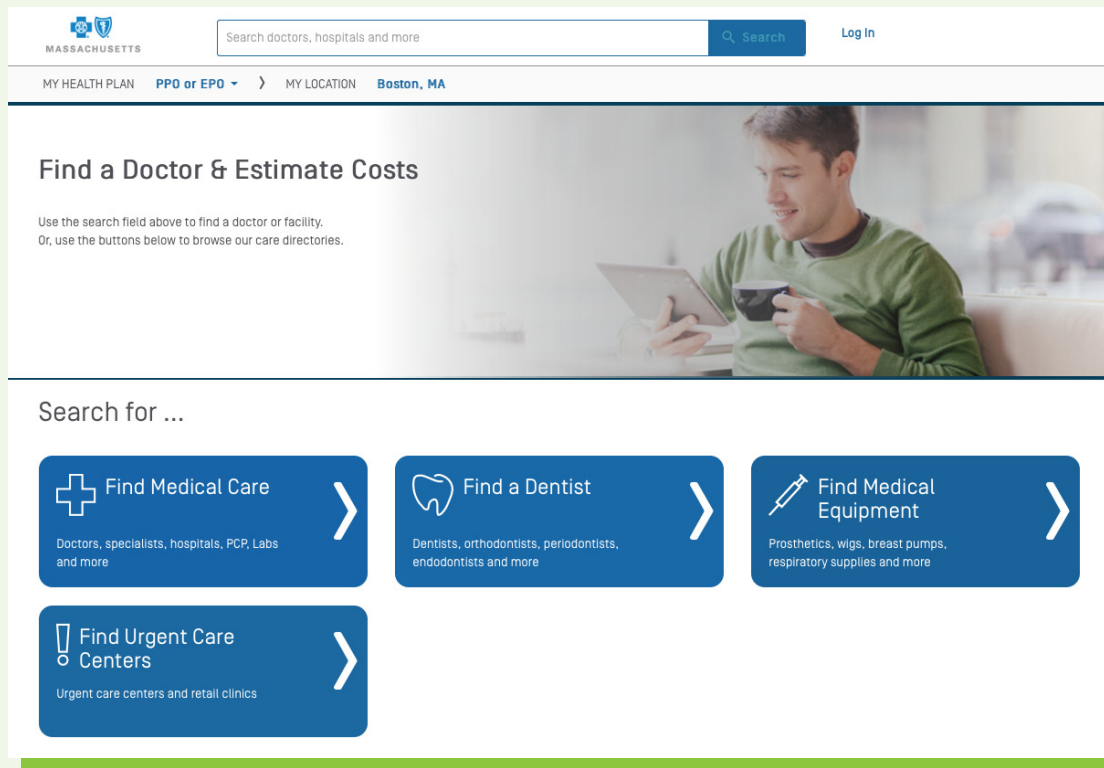
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Find the Care You Need with One Simple Tool!

DOCTORS | DENTISTS | HOSPITALS | OTHER HEALTH CARE PROVIDERS

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

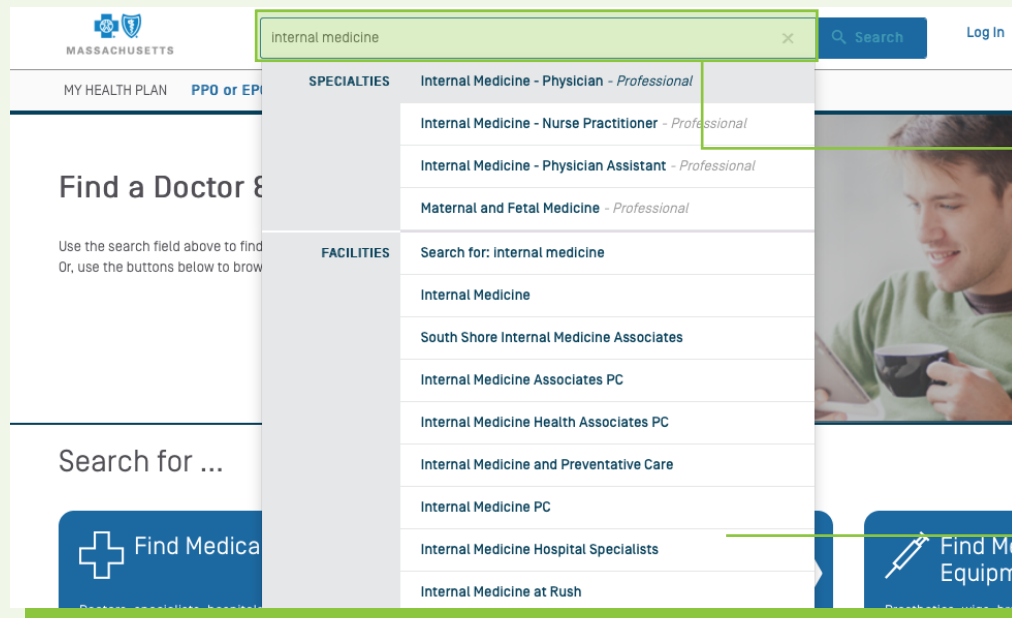


Log in for Best Results

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

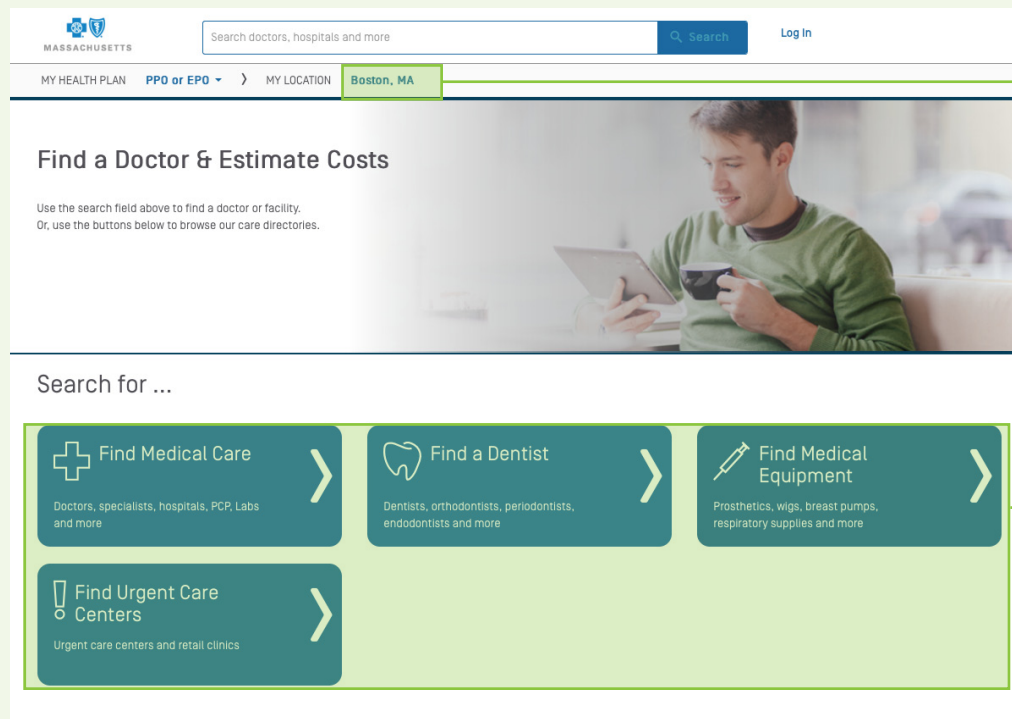
Don't have an account? Create one at bluecrossma.com/findadoctor.

1 How to Search for Doctors and Hospitals



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

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



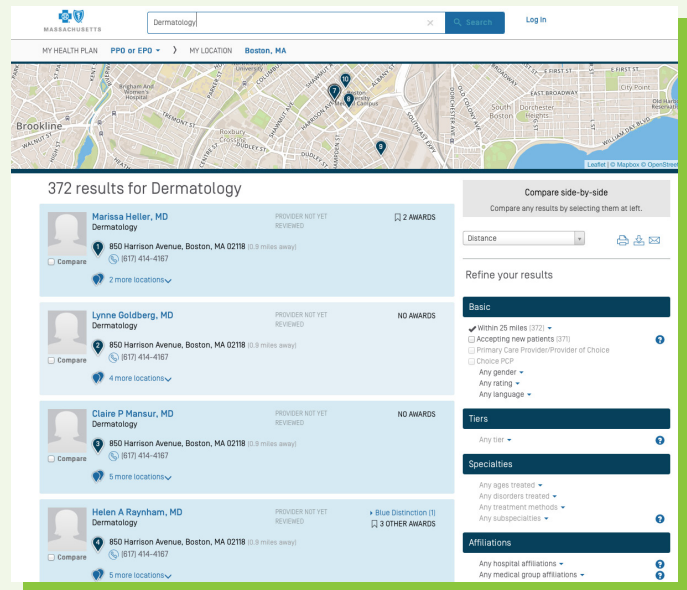
Change your location here. You even have the option to search nationwide!

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

2 Using the Results Page

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

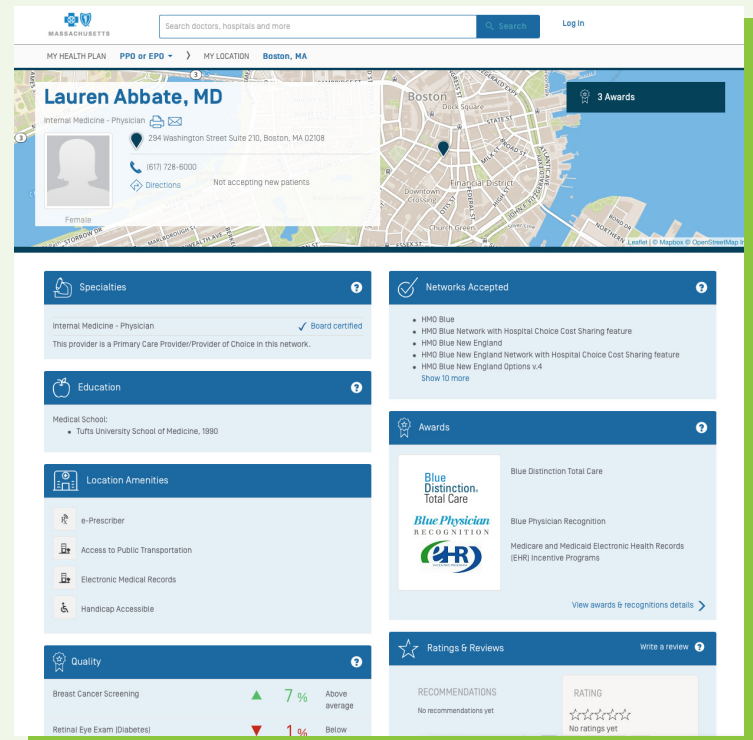
- Narrow your results by specialty, gender, quality, languages, and more.
- Compare up to ten doctors.
- Click a provider's name for more information, including patient reviews of doctors, directions, and quality ratings.
- You also have the ability to create a PDF and email the results.
- And more!



3 Provider's Detail Page What to Look For

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

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



Get Quality of Care Ratings

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

Doctors:

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

Hospitals:

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

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

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

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

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

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

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Meet the MyBlue Member App

Simple, Secure, Convenient

Get Health Care Information Quickly and Easily

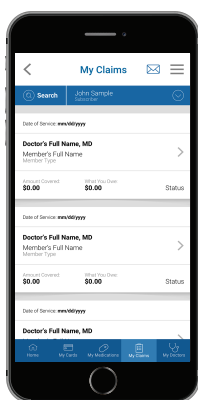
The MyBlue Member App gives members instant access to their personal health care information anytime they need it. A simple tap connects them to their doctor, recent prescriptions, and claims history.



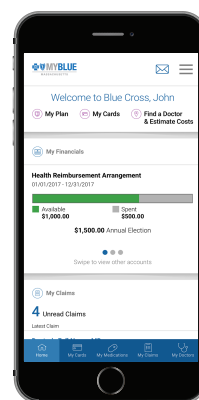
Personalized health care, right at their fingertips:



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

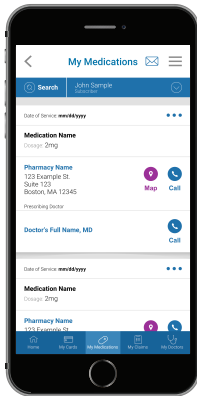


Get access to recent claims history and see copayment amounts.

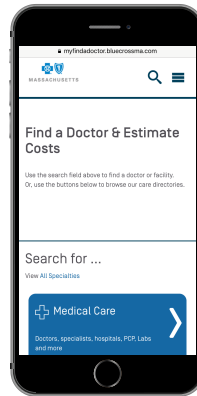


View financial account balances, like HealthEquity® or Alegeus

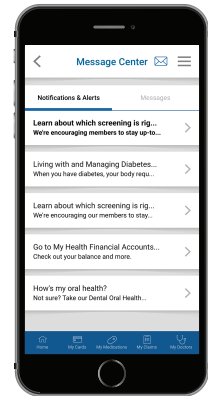
Additional MyBlue Member App features:



See prescription history, including dosage and who prescribed it.



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



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

Available On



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

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

Introducing Smart90[®]

Convenience. Savings. Smart.

Getting 90-day supplies of certain maintenance medications saves you time and money. With Smart90, you can get 90-day supplies of certain maintenance medications from a CVS Pharmacy[™] location or by mail order when you order them through Express Scripts[®], an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts. Maintenance medications, also known as long-term medications, are prescribed to treat chronic or ongoing conditions, such as high blood pressure or diabetes. To view a list of medications that are eligible for the Smart90 program, please visit myblue.bluecrossma.com/90daymeds.

Advantages of Using Smart90

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 be less likely to miss a dose since you won't have to refill as often.

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 when ordered through Express Scripts. Either way, you pay the same amount.

Smart90 Pharmacies

- Express Scripts
- CVS Pharmacy



*Includes CVS within a Target[®] location

Smart90 Savings Example*

Type of Prescription	What You Pay		
	Tier 1 Medication Copay ¹	Tier 2 Medication Copay ²	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

^{1,2}Most maintenance medications fall under tiers 1 and 2 on a three-tier plan

How to Fill Your Prescriptions with Smart90

Using Express Scripts

To place your order:

1. Log in or register at express-scripts.com/90day, or call Express Scripts at 1-800-892-5119
2. Express Scripts will contact your doctor to get your 90-day prescription, and then deliver it right to your door

Orders are usually processed within 48 hours.

Delivery takes about eight 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

How to Switch from Mail Order to a CVS Pharmacy

If you're already receiving your 90-day prescriptions through mail order using Express Scripts, but want to switch to CVS 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).



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Diabetes Care Value Program

Your convenient and rewarding approach to better diabetes management.



30 million adults in the U.S. are currently managing either type 1 or 2 diabetes.¹



33% of adults with diabetes don't regularly take their medications.²



Not taking prescribed diabetes medication adds \$210 million in annual health care costs.³

1. Centers for Disease Control and Prevention. (2017). National Diabetes Statistics Report.

2. Express Scripts. (2016). Drug Report.

3. Express Scripts. (2017). Diabetes Dilemma: U.S. Trends in Diabetes Medication Use.

Powered by:



Mango Health

What Is Diabetes Care Value?

Diabetes Care Value is a program that gives you convenient tools, innovative support, and rewards for healthy habits. It's designed to help you take greater control of your health, and have a little fun along the way.

Adults living with diabetes who don't take their medication as prescribed experience:

1.5X
higher ER visit costs⁴

1.6X
higher hospital costs⁵

How It Works

Remote Diabetes Monitoring from Express Scripts (ESI)



Know Your Numbers with the OneTouch Verio® Flex

Use your Verio Flex Glucometer, synced with the OneTouch Reveal® app, to regularly record your blood sugar levels.

Features:

- Provided to you at no added cost
- Syncs automatically with your smartphone and the OneTouch Reveal app
- Logs test results and stores them within app for easy reference

If you're eligible, you'll receive information from ESI in the mail with instructions for opting into this program.

Manage Your Condition and Prescriptions with the OneTouch Reveal App

As you track your blood sugar levels, the Reveal app sends your data to ESI's Diabetes Support Team—a group of specialized clinicians and pharmacists. They'll be ready to offer support when you need it.

Features:

- Syncs seamlessly with the OneTouch Verio Flex Glucometer
- Shares test results with your diabetes support team, which includes a pharmacist
- Easily print test results to share them with your doctor

Download the OneTouch Reveal App



Get Additional Support with the Diabetes Therapeutic Resource Center

ESI's Diabetes Support Team receives your test data and tracks blood sugar levels, analyzes trends, and performs interventions. With this team, you'll have access to personalized care from a pharmacist who specializes in diabetes.

Meet Mango Health

To help you take greater control of your health, enjoy enhanced convenience, and have some fun along the way, our DCV program features:

Mango Health App: Health Management Made Fun

Make Your Daily Health Habits More Rewarding

We've partnered with Mango Health, an independent health management company, to give you access to a new app that turns your medication schedule into a fun, social game. On Mango Health, you get rewarded for tracking your healthy habits, which means the more you stick to your medication schedule, the more rewards you'll receive!

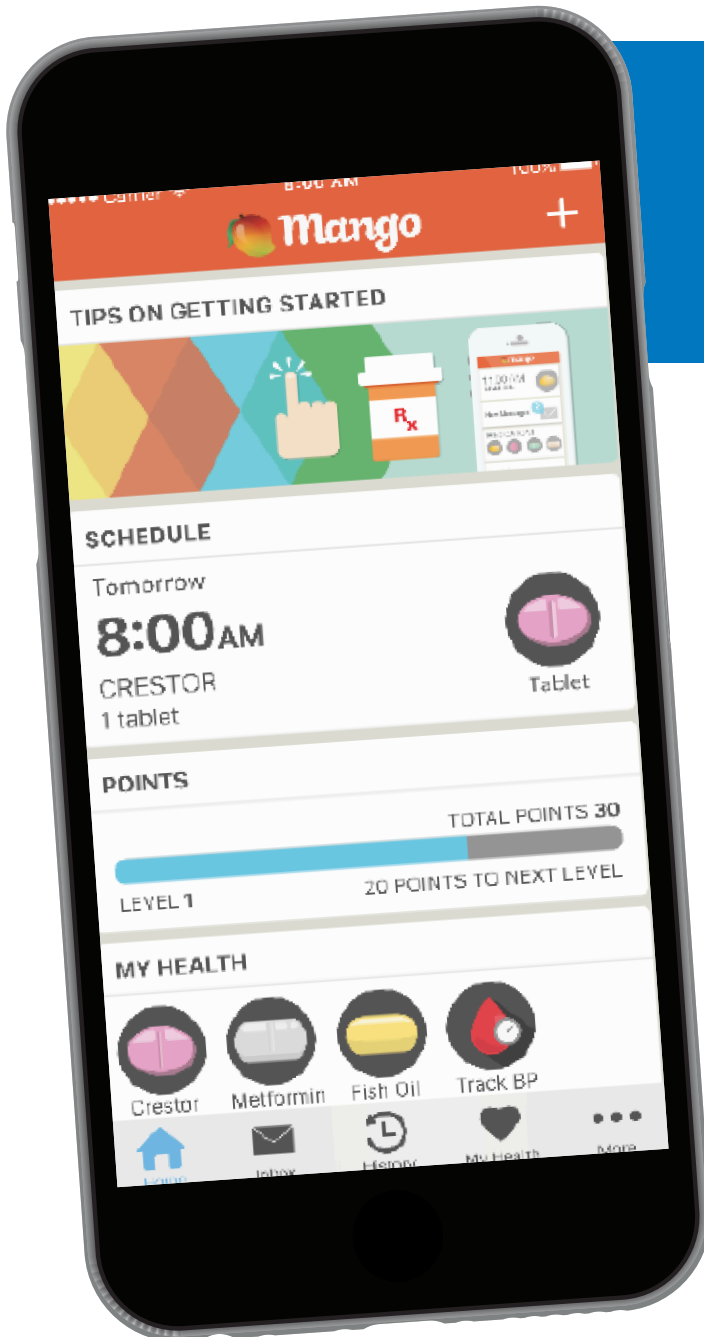
Features:

- Available at no added cost
- One-click prescription drug refills
- Daily reminders for healthy habits
- IOS and Android compatibility
- Self-reporting, with photos

Download the Mango Health App

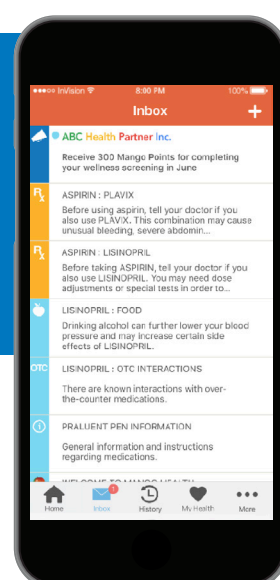
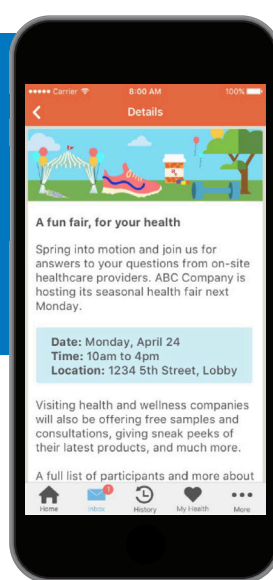
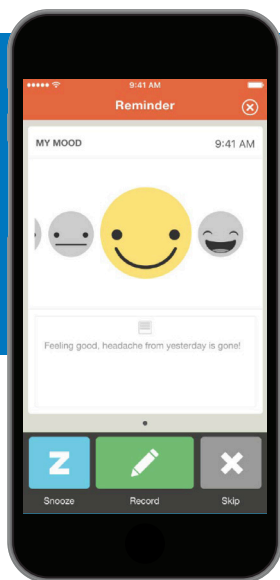
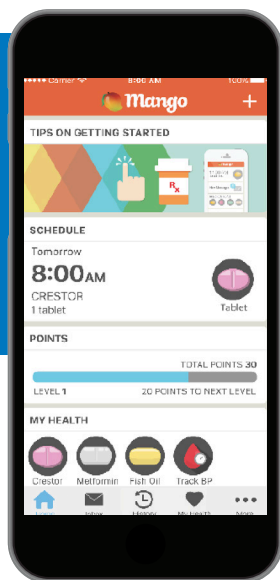


Learn more: mangohealth.com



Get Started with Mango Health

Download the Mango Health app and receive a \$15 Amazon gift card.



Get Started and Get Rewarded

If you're eligible, you'll receive a postcard from Mango Health with instructions and a personalized activation code. Download the Mango Health app on your smartphone or favorite device and use your activation code to sign up and automatically earn a **\$15 Amazon gift card**.

Create Your Routine

Customize your own routine of healthy habits.

Stay on Track

Get automatic reminders that help you stick to your personal goals.

Earn Rewards

Each time you take your medication on time, and stick to other healthy habits, you earn points that can be cashed in for exciting rewards.

Questions?

Contact Member Service using the number on your Blue Cross Member ID card.



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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).