

HMO Blue® “Value Plus” Fact Sheet

Network: Massachusetts HMO Blue Network

Access: PCP Selection Required

Acceptable Product Combinations*:

HMO Blue “Value Plus” may be offered alongside one of our other products as follows:

Blue Choice \$10 Copay Plan; Blue Choice Value Plus; Blue Care Elect Preferred; CMM

* Combinations are representative (not exhaustive) acceptable product combinations for 5-50 eligible employee accounts.

BENEFIT DESIGN	MEMBER'S COST
Office visits/Routine checkups/Well-child visits	\$15 per visit
Emergency room visits (waived for observation stay or if admitted)	\$50 per visit
X-rays, laboratory tests, and other tests	No charge
Routine vision exams (one exam every 24 months)	\$15 per visit
Preventive dental for children under age 12	Not covered
Short-term rehabilitation therapy (up to 60 visits per calendar year)	\$15 per visit
Ambulatory day surgery	\$150 per admission
Durable medical equipment (up to \$750 per calendar year)	Charges beyond \$750 maximum
Chiropractor services (up to 12 visits per calendar year for members age 16 or older)	\$15 per visit
Inpatient care in a general hospital	\$250 per admission
Prescription drug benefit	
At designated retail pharmacies (up to a 30-day formulary supply for each prescription/refill or supply)	\$10 for generic* \$25 for preferred brand-name \$45 for non-preferred
Through mail-service drug program (up to a 90-day formulary supply for each prescription/refill or supply)	\$10 for generic* \$25 for preferred brand-name \$45 for non-preferred

* In a few instances, a generic drug or supply may be covered with a copayment other than the lowest copayment level.

Please note: There is no lifetime benefit maximum on HMO Blue “Value Plus”.

HMO Blue “Value Plus” has an out-of-pocket maximum of \$1,000 per member/\$2,000 per family per calendar year for inpatient, ambulatory day surgery, and emergency room copayments.

This fact sheet highlights some of the benefits of this HMO Blue “Value Plus” Plan. The subscriber certificate and all riders define the terms, limitations and conditions of the plan. Should any questions arise, the subscriber certificate and riders will govern. Please contact your sales executive for a copy of the subscriber certificate and riders.

HMO Blue® “Value Plus” Fact Sheet (continued)

BENEFIT DESIGN	MEMBER'S COST
Mental Health and Substance Abuse Treatment	
Biologically based conditions**	
Inpatient admissions in a general hospital or mental hospital	\$250 per admission
Outpatient visits	\$15 per visit
Non-biologically based mental conditions (includes drug addiction and alcoholism)	
Inpatient admissions in a general hospital	\$250 per admission
Inpatient admissions in a mental hospital or substance abuse treatment facility (up to 60 days per calendar year)	\$250 per admission
Outpatient visits (up to 24 visits per calendar year)	\$15 per visit
Alcoholism treatment (in addition to non-biologically based mental conditions)	
Inpatient admissions in a general hospital	\$250 per admission
Inpatient admissions in a substance abuse treatment facility (up to 30 days per calendar year)	\$250 per admission
Outpatient visits (up to 8 visits per calendar year)***	\$15 per visit

** Treatment for rape-related mental or emotional disorders and treatment for children under age 19 is covered to the same extent as biologically based conditions.

***The value of these visits is at least \$500 in each calendar year.

Please note: There is no lifetime benefit maximum on HMO Blue “Value Plus”.

HMO Blue “Value Plus” has an out-of-pocket maximum of \$1,000 per member/\$2,000 per family per calendar year for inpatient, ambulatory day surgery, and emergency room copayments.

This fact sheet highlights some of the benefits of this HMO Blue “Value Plus” Plan. The subscriber certificate and all riders define the terms, limitations and conditions of the plan. Should any questions arise, the subscriber certificate and riders will govern. Please contact your sales executive for a copy of the subscriber certificate and riders.