



MASSACHUSETTS

Quick Start Guide

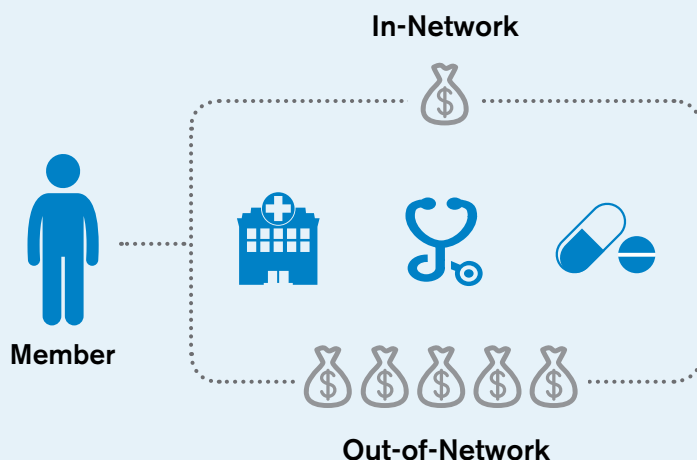


Preferred Blue PPO[®] Options v.5

This health plan includes a tiered-provider network called Preferred Blue PPO Options v.5. Members in this plan pay different levels of cost share (copayments, co-insurance, and deductibles) depending on the benefits tier of the provider furnishing the services. A provider's benefits tier may change. Overall changes to the benefits tiers of providers will happen no more than once each calendar year. For help in finding the benefits tier of a provider, visit the online provider search tool at bluecrossma.com/findadoctor and search for Preferred Blue PPO Options v.5.

PPO: Preferred Provider Organization

- Greater flexibility than an HMO
- You have a network of doctors to choose from, but you don't need to name one doctor as your primary care provider (PCP)
- If you use doctors and hospitals from outside of your PPO network, it may cost more
- You don't need a referral from your PCP to see a specialist
- Your out-of-pocket health care costs may be higher
- Some plans have deductibles before benefits are paid, and the amount varies between plans



Medical Care Within Massachusetts

Where you receive care will determine your out-of-pocket costs for most services. Preferred Blue PPO Options v.5 rewards you with lower costs for choosing Enhanced Benefits Tier and Standard Benefits Tier preferred providers in Massachusetts. These preferred providers and general hospitals are assigned to one of three tiers based on certain quality and cost measures, which are outlined on the next page. You can check how preferred providers performed against these quality and cost benchmarks by using the Choose Providers section of our website, bluecrossma.com/blueoptions.

Before you choose a provider or receive care, it's important to consider the tier of both your preferred provider and the preferred hospital where your provider has admitting privileges.

- For example, if you require hospital care within Massachusetts and your Enhanced Benefits Tier preferred provider refers you to an Enhanced Benefits Tier preferred hospital, you pay the lowest copay for both your preferred provider and hospital services.
- Or, if your Enhanced Benefits Tier preferred provider refers you to a Basic Benefits Tier preferred hospital, you pay the lowest copay for preferred provider services, but the highest copay for hospital services, except in an emergency.



Enhanced Benefits Tier

This includes Massachusetts hospitals and PCPs that meet the standards for quality and low cost relative to our benchmark.



Standard Benefits Tier

This includes Massachusetts hospitals and PCPs that meet the standards for quality and are moderate cost relative to our benchmark, and hospitals that don't meet the standards for quality but are low or moderate cost relative to our benchmark. Also includes providers without sufficient data for measurement on one or both benchmarks. To ensure members have provider access in certain geographic areas, the Standard Benefits Tier includes some providers whose scores would otherwise put them in the Basic Benefits Tier.



Basic Benefits Tier

This includes Massachusetts hospitals that are high cost relative to our benchmark and PCPs that don't meet the standards for quality or are high cost relative to our benchmark.

Medical Care Outside Massachusetts

You can also choose to get care from preferred providers outside of Massachusetts. In some out-of-state PPO service areas, different levels of preferred providers may not be available. In this case, your copay will be the same as it would be for an Enhanced Benefits Tier preferred provider.

You can also choose to get care outside the network with non-preferred providers, though your costs will be higher than when you choose preferred (in-network) providers.

Note: Preferred providers were measured based on their HMO patients as part of their provider group, and hospitals were measured based on their individual facility performance. Provider groups can be composed of an individual provider or a number of providers who practice together. Tier placement is based on cost and quality benchmarks where measurable data is available. Providers without sufficient data for either cost or quality are placed in the Standard Benefits Tier. PCPs that don't meet benchmarks for quality or moderate cost and hospitals that do not meet benchmarks for moderate cost or that use nonstandard reimbursement are placed in the Basic Benefits Tier.

Frequently Asked Questions

Q: Are preferred specialists included in benefits tiers?

A: No. You'll be responsible for the specialist-level copay, typically equal to that of a Basic Benefits Tier PCP.

There are times when you may pay a lower copay for specialty care. This will happen if the preferred provider that you select is listed in the Preferred Blue PPO Options v.5 provider directory as an Enhanced Benefits Tier or Standard Benefits Tier preferred provider (as well as a preferred specialist).

Note: In some out-of-state PPO service areas, different levels of preferred providers may not be available. In this case, your copay will be the same as it would be for an Enhanced Benefits Tier preferred provider.

Q: Are mental health and substance use disorder providers included in these tiers?

A: No. Mental health and substance use disorder providers aren't currently tiered. The copay for behavioral health providers is typically equal to that of Enhanced Benefits Tier providers.

Q: How can I tell what the copay is for each tier?

A: The easiest way to tell what your costs will be is to look at the benefits summary or other plan information you received from your employer. If you didn't receive that information, you can also log in to your account on Member Central at bluecrossma.com/membercentral and select Review My Benefits.

Q: Is the coverage for emergency room services the same for providers across all tiers?

A: Yes. Because you may not be able to choose your hospital in emergency situations, the copay for emergency room treatment is the same regardless of the hospital tier. If you're admitted through the emergency room, you'll be responsible for the Enhanced Benefits Tier hospital copay, regardless of the hospital tier.

Q: My hospital or provider is in the Basic Benefits Tier. Does that mean that they're not good?

A: Preferred providers and general hospitals in the Basic Benefits Tier have scored below our quality benchmark or below our moderate cost benchmark. However, all our network providers are credentialed according to our quality criteria, which meets or exceeds nationally recognized standards and requirements.

A provider's tier level should be one of several resources you use to evaluate a particular provider or hospital. The tier level for preferred providers who practice together is based on a combination of their group's performance on certain quality-of-care measures and a cost comparison with other providers in their geographic region or peer group.

You can find more information about our cost and quality benchmarks at bluecrossma.com/blueoptions.

Q: What happens if my preferred provider is unavailable on the day of my appointment?

A: A provider covering for your preferred provider will likely to see you, but be aware: you are responsible for your copay based on the tier of the covering provider. Preferred providers in the same practice are typically in the same tier, but be sure to check with the covering provider to avoid unexpected costs.

Q: How do I know if my preferred provider or hospital has changed tiers?

A: To check which tiers your doctors and hospitals are in or to search for a new PCP by tier, use the Choose Providers section of our website at bluecrossma.com/blueoptions. We periodically update provider and hospital tiers.

Q: How does Blue Cross ensure the accuracy of its quality and cost information?

A: We perform an internal data check based on our Provider Incentive Program and other quality-related measures. We allow provider groups to review their performance results before publishing them. Also, provider groups can submit corrections, which are reviewed against measurement specifications. Corrections that meet the measurement criteria are incorporated to produce an accurate report.

Make Informed Health Care Decisions

Preferred Blue PPO Options v.5 is a preferred provider organization health plan. You have the option of selecting in-network (preferred) or out-of-network (non-preferred) providers. The choice is always yours to make; **however**, you may be responsible for much higher out-of-pocket costs when you seek out-of-network care.

Within the Preferred Blue PPO Options v.5 network, certain preferred providers and preferred general hospitals are ranked into three benefits tiers based on cost and nationally accepted quality performance criteria.

Getting Started with Your Plan

To start taking advantage of Preferred Blue PPO Options v.5, you can research which tiers your provider and hospital are in or search for a new provider or hospital by tier.

To Find a Provider or Check the Tier of Your Providers or Hospitals:

- Visit our Find a Doctor website at bluecrossma.com/findadoctor
- Call our Physician Selection Service at 1-800-821-1388

To Find Other Providers:

To find other network providers who aren't tiered, such as specialists, dentists, behavioral health providers, hospitals, other health care providers, or out-of-Massachusetts providers:

- Visit our website at bluecrossma.com/findadoctor
- Call Member Service at the number on the front of your ID card

Emergency Care

If you have a medical or behavioral health emergency, call 911 (or your local emergency number) or go directly to the nearest medical facility.

BlueCard® Program

Your Blue Cross ID card is widely recognized, and the BlueCard program allows you to receive urgent and emergency care services from any hospital or provider in the United States that participates in a Blue Cross plan. For a listing of participating providers and hospitals, call 1-800-810-BLUE (2583). For more information, visit the BlueCard website at provider.bcbs.com.

Get the Most from Your Plan



MyBlue

An easier way to access your health care plan and claims information. You can:

- View detailed plan information (benefits, deductible)
- View health financial accounts
- Access claims and review history in one convenient spot
- Quickly access commonly used tools and services

Register or log in now at bluecrossma.com/myblue.



ahealthyme®—Everything to Live a Healthier Life

Here you'll find interactive tools and comprehensive information that will help you assess your health and create a personalized action plan. You'll also be able to track your progress in real time. Learn more at ahealthyme.com.



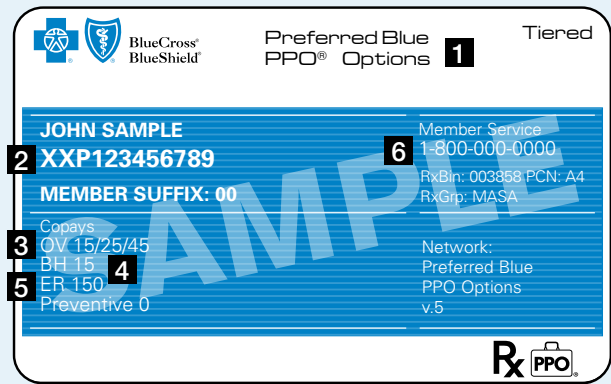
Fitness and Weight-Loss Reimbursements

Interested in a healthier lifestyle? You may have access to reimbursements for participating in a qualified fitness or weight-loss program. For more information, check your benefit material, log in at bluecrossma.com/membercentral, or call Member Service at the number on your ID card.

Know How to Read Your ID Card

Your member ID card contains important information, including our Member Service telephone number, your ID number, and your plan's copay for office visits, behavioral health visits, and emergency room visits. Be sure to always carry your ID card with you, and show it to all of your providers so they can update your records.

To the right is a sample ID card. Information shown on your ID card may be different based on your plan benefits. Check your ID card for your specific copay amounts.



- 1 Plan name
- 2 Your ID number
- 3 Office visit copay for Enhanced Benefits Tier/Standard Benefits Tier/Basic Benefits Tier or other covered providers
- 4 Behavioral health office visit copay
- 5 Emergency room copay (waived if admitted)
- 6 Number to call for questions about your plan



Telehealth—Real-Time Video Visits

Do you need care that is convenient and easy to access wherever you are? With Telehealth, you can have real-time video visits with a doctor or therapist using your computer, smartphone, or tablet. Telehealth can be a quality alternative to face-to-face doctor visits, and could help avoid costly emergency room trips for simple conditions. To see if you have coverage for Telehealth, please refer to your plan benefits or visit bluecrossma.com/telehealth to learn more.



MYBLUE Member App

Get instant, secure access to your health care information from the convenience of your mobile device.

- Access an interactive ID card, and email a copy to your doctor.
- Direct dial important phone numbers like Member Service.
- Review recent claims, prescriptions, and doctor visits.
- Find nearby doctors, dentists, and hospitals.
- View information for dependents under 18.

Download the app from the [App Store](#)™ or [Google Play](#)™.



Go Digital

Whenever, wherever, it's easy to stay in touch with Blue Cross. Get the information and resources you need to keep up with important health topics, understand your benefits—and live a happier, healthier life. Connect with us on Facebook (facebook.com/BCBSMA) or Twitter ([@BCBSMA](https://twitter.com/BCBSMA))—or sign up for email by going to bluecrossma.com/email.



Blue365®

Because health is a big deal

Blue365 offers exclusive health and wellness deals, keeping you healthy and happy, every day of the year. From gym memberships and diet programs to family activities, we have just the deal for you. To see all that Blue365 has to offer, go to blue365deals.com.



Living Healthy Babies®—From Preconception Through Your Baby's First Year

Have questions about pregnancy, labor, and what to expect during your baby's first year? We can help answer your questions. Visit livinghealthybabies.com today.



Stay Connected with the Blue Cross MA Message Wire

Blue Cross MA Message Wire is a new communication channel that sends important information—like wellness tips, screening reminders, member discounts, and plan information—straight to your phone. Sign-up is quick and easy. Text [bluecrossma](text:bluecrossma) to 73529, or call 1-844-779-8813. Make sure to have your Blue Cross Member ID card ready.

For More Information

Online Tutorials

View our engaging online tutorials to quickly and easily understand how your plan works at bluecrossma.com/tutorial.

Member Service (See front of your ID card for phone number)

For general questions about your coverage, call Member Service, Monday through Friday, 8:00 a.m. to 6:00 p.m. E.T. TTY: 711.
Twitter: @BCBSMAservice

Find a Doctor & Estimate Costs

Our Find a Doctor & Estimate Costs tool makes it easy for you to find what you need.

- Search for doctors, dentists, hospitals, and other health care providers
- Get cost estimates for over 1,600 procedures
- Read and write reviews
- Compare up to ten doctors at a time
- And more

Put more control in your hands by visiting bluecrossma.com/findadoctor, or call Member Service at the number on the front of your ID card.

For questions about out-of-country provider access and services, call 1-800-810-BLUE (2583).

Blue Care® Line 1-888-247-BLUE (2583)

Use this number for questions about your health if you're hurt or sick and not sure where to get care. Call us 24/7 to speak directly to a registered nurse who can help guide your care.

Lost Member ID Card 1-800-253-5210

Order a new member ID card by calling 1-800-253-5210, Monday through Friday, 8:00 a.m. to 6:00 p.m. E.T. You can also request a new ID card by logging into bluecrossma.com/membercentral.

Mail Service Pharmacy 1-800-892-5119

If you have prescription drug coverage, call 1-800-892-5119 anytime, 24 hours a day, 7 days a week, to learn more.



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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.

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 النقي للصم والبكم "TTY": 711).

Mon-Khmer, Cambodian/ខ្មែរ: ការជូនជំនាញ៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅដុំនៃកាតសមាជិកតាមលេខនៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (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 नि:शुल्क 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 ભાષાીય 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:

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

Laos/ລາວ: ຂໍຂວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາຝ່າຍບໍລິການສະມາຊິກທີ່ຫາຍດວກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

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

