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Pharmacy Lookup



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## Plan Options

### Medical

Preferred Blue Saver \$1500

[View Summary](#)  [View SBC](#) 

HMO Blue NE Ded \$1000


















[View Summary](#)  [View SBC](#) 

### Dental

Dental Blue Freedom with Ortho 

## Helpful Resources

### Plan Info

- [Quick Start - HMO Blue New England](#) 
- [Quick Start - PPO](#) 
- [Emergency Room Alternatives](#) 
- [Telehealth Brochure](#) 
- [Dental Quick Start for Large Group](#) 
- [ahealthyme](#) 
- [Nurse Hotline](#) 
- [Pregnancy and Baby](#) 
- [2019 Fitness Benefit](#) 
- [2019 Weight Loss Benefit](#) 
- [Commitment To Confidentiality](#) 
- [How To Choose A PCP](#) 
- [MyBlue Fact Sheet](#) 
- [Mail Service Pharmacy Brochure & Form](#) 
- [Maintenance Medication List](#) 
- [\\$9 Generic Medications List](#) 
- [2018 Pharmacy Formulary](#) 

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## SUMMARY OF BENEFITS



# Preferred Blue<sup>®</sup> PPO Saver

Plan-Year Deductible: \$1,500/\$3,000

## Hampshire College

**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<sup>®</sup> or Google Play<sup>™</sup>.



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 most benefits under this plan. If you are not sure when your plan year begins, contact Blue Cross Blue Shield of Massachusetts. Your deductible is **\$1,500** per individual membership (or **\$3,000** per family membership) for in-network and out-of-network services combined. **The entire family deductible must be satisfied before benefits are provided for any one member enrolled under a family membership.**

## 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 Member Service at the number on your ID card.
- Visit the Blue Cross Blue Shield of Massachusetts website at [bluecrossma.com/findadoctor](https://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 subscriber certificate. 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 **\$4,500** per member (or **\$9,000** 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). After meeting your deductible, you pay nothing per visit for in-network or out-of-network emergency room services. This copayment is waived if you are admitted to the hospital or for an observation stay. See the chart for your cost share.

## Telehealth Services

You are covered for certain medical and behavioral health services for conditions that can be treated through video visits from an approved Telehealth provider. These Telehealth services are available by using your computer or mobile device when you prefer not to make an in-person visit for any reason to a doctor or therapist. For a list of Telehealth providers, visit the Blue Cross Blue Shield of Massachusetts website at [bluecrossma.com](https://bluecrossma.com); consult the Provider Directory; or call the Member Service number on your ID card.

## 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 subscriber certificate 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 subscriber certificate (and riders, if any) for exact coverage details.



# Your Medical Benefits

Covered Services	Your Cost In-Network	Your Cost Out-of-Network
<b>Preventive Care</b> Well-child care exams, including routine tests, according to age-based schedule as follows: <ul style="list-style-type: none"><li>• 10 visits during the first year of life</li><li>• Three visits during the second year of life (age 1 to age 2)</li><li>• Two visits for age 2</li><li>• One visit per calendar year for age 3 and older</li></ul>	Nothing, no deductible	20% coinsurance, no deductible
Routine adult physical exams, including related tests (one per calendar year)	Nothing, no deductible	20% coinsurance, no deductible
Routine GYN exams, including related lab tests (one per calendar year)	Nothing, no deductible	20% coinsurance, no deductible
Routine hearing exams, including related tests	Nothing, no deductible	20% coinsurance, no deductible
Hearing aids (up to \$2,000 per ear every 36 months for a member age 21 or younger)	All charges beyond the maximum after deductible	20% coinsurance after deductible and all charges beyond the maximum
Routine vision exams (one every 24 months)	Nothing, no deductible	20% coinsurance, no deductible
Family planning services—office visits	Nothing, no deductible	20% coinsurance, no deductible
<b>Outpatient Care</b> Emergency room visits	Nothing after deductible	Nothing after deductible
Office or health center visits	Nothing after deductible	20% coinsurance after deductible
Chiropractors' office visits	Nothing after deductible	20% coinsurance after deductible
Mental health or substance abuse treatment	Nothing after deductible	20% coinsurance after deductible
Short-term rehabilitation therapy—physical and occupational (up to 60 visits per calendar year*)	Nothing after deductible	20% coinsurance after deductible
Speech, hearing, and language disorder treatment—speech therapy	Nothing after deductible	20% coinsurance after deductible
Diagnostic X-rays and lab tests, including CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	Nothing after deductible	20% coinsurance after deductible
Home health care and hospice services	Nothing after deductible	20% coinsurance after deductible
Oxygen and equipment for its administration	Nothing after deductible	20% coinsurance after deductible
Durable medical equipment—such as wheelchairs, crutches, hospital beds	20% coinsurance after deductible**	40% coinsurance after deductible**
Prosthetic devices	20% coinsurance after deductible	40% coinsurance after deductible
Surgery and related anesthesia	Nothing after deductible	20% coinsurance after deductible
<b>Inpatient Care (including maternity care)</b> General or chronic disease hospital care (as many days as medically necessary)	Nothing after deductible	20% coinsurance after deductible
Mental hospital or substance abuse facility care (as many days as medically necessary)	Nothing after deductible	20% coinsurance after deductible
Rehabilitation hospital care (up to 60 days per calendar year)	Nothing after deductible	20% coinsurance after deductible
Skilled nursing facility care (up to 100 days per calendar year)	Nothing after deductible	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).

Prescription Drug Benefits*	Your Cost In-Network**	Your Cost Out-of-Network**
At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill)	\$10 after deductible for Tier 1 \$25 after deductible for Tier 2 \$45 after deductible for Tier 3	\$20 after deductible for Tier 1 \$50 after deductible for Tier 2 \$90 after deductible for Tier 3
Through the designated mail service pharmacy (up to a 90-day formulary supply for each prescription or refill)	\$20 after deductible for Tier 1*** \$50 after deductible for Tier 2 \$135 after deductible 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, no deductible. For more information, go to [bluecrossma.com/mail-service-pharmacy](http://bluecrossma.com/mail-service-pharmacy).

## Get the Most from Your Plan

Visit us at [bluecrossma.com](http://bluecrossma.com) or call 1-800-358-2227 to learn about discounts, savings, resources, and special programs available to you, like those listed below.

<b>Fitness Reimbursement: a benefit that rewards participation in qualified fitness programs</b> 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 subscriber certificate for details.)	Reimbursement for up to 3 consecutive months membership fees of one membership or, alternatively up to 10 fitness classes, per individual or family per calendar year
<b>Weight Loss Reimbursement: a benefit that rewards participation in a qualified weight loss program</b> 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 subscriber certificate for details.)	Reimbursement for up to 3 months participation fees, per individual or family per calendar year
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 1-800-358-2227, or visit us online at [bluecrossma.com](http://bluecrossma.com).

Interested in receiving information from us via e-mail? Go to [bluecrossma.com/email](http://bluecrossma.com/email) to sign up.

**Limitations and Exclusions.** These pages summarize the benefits of your health care plan. Your subscriber certificate and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the subscriber certificate 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 subscriber certificate and riders.

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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 [bluecrossma.com/coverage-info](https://bluecrossma.com/coverage-info).

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](https://bluecrossma.com/sbcglossary) or call 1-800-358-2227 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall <u>deductible</u>?</b>	<b>\$1,500</b> individual contract / <b>\$3,000</b> family contract.	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 policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
<b>Are there services covered before you meet your <u>deductible</u>?</b>	Yes. In-network prenatal care; preventive care.	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 <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <u>deductibles</u> for specific services?</b>	No.	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>	<b>\$4,500</b> member / <b>\$9,000</b> 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.
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	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> .
<b>Will you pay less if you use a <u>network provider</u>?</b>	Yes. See <a href="https://bluecrossma.com/findadoctor">bluecrossma.com/findadoctor</a> 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 charge</u> and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
<b>Do you need a <u>referral</u> to see a <u>specialist</u>?</b>	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)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	No charge	20% coinsurance	Deductible applies first
	<u>Specialist</u> visit	No charge; No charge / chiropractor visit	20% coinsurance; 20% coinsurance / chiropractor visit	Deductible applies first
	<u>Preventive care/screening/immunization</u>	No charge	20% coinsurance	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.
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	No charge	20% coinsurance	Deductible applies first; pre-authorization may be required
	Imaging (CT/PET scans, MRIs)	No charge	20% coinsurance	Deductible applies first; pre-authorization may be required
<b>If you need drugs to treat your illness or condition</b> More information about <u>prescription drug coverage</u> is available at <a href="https://bluecrossma.com/medications">bluecrossma.com/medications</a>	Generic drugs	\$10 / retail supply or \$20 / mail service supply	\$20 / retail supply and all charges for mail service	Deductible applies first; 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	\$25 / retail supply or \$50 / mail service supply	\$50 / retail supply and all charges for mail service	
	Non-preferred brand drugs	\$45 / retail supply or \$135 / mail service supply	\$90 / retail supply and all charges for mail service	
	<u>Specialty drugs</u>	Applicable cost share (generic, preferred, non-preferred)	Not covered	Deductible applies first; when obtained from a designated specialty pharmacy; pre-authorization required for certain drugs
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	No charge	20% coinsurance	Deductible applies first
	Physician/surgeon fees	No charge	20% coinsurance	Deductible applies first

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)	
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	No charge	No charge	Deductible applies first
	<u>Emergency medical transportation</u>	No charge	No charge	Deductible applies first
	<u>Urgent care</u>	No charge	20% coinsurance	Deductible applies first
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	No charge	20% coinsurance	Deductible applies first; pre-authorization required
	Physician/surgeon fees	No charge	20% coinsurance	Deductible applies first; pre-authorization required
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	No charge	20% coinsurance	Deductible applies first; pre-authorization required for certain services
	Inpatient services	No charge	20% coinsurance	Deductible applies first; pre-authorization required for certain services
<b>If you are pregnant</b>	Office visits	No charge	20% coinsurance	Deductible applies first except for in-network prenatal care; 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	No charge	20% coinsurance	

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)	
<b>If you need help recovering or have other special health needs</b>	<u>Home health care</u>	No charge	20% coinsurance	Deductible applies first; pre-authorization required
	<u>Rehabilitation services</u>	No charge	20% coinsurance	Deductible applies first; limited to 60 visits per calendar year (other than for autism, home health care, and speech therapy)
	<u>Habilitation services</u>	No charge	20% coinsurance	Deductible applies first; rehabilitation therapy coverage limits apply; coverage limits waived for early intervention services for eligible children
	<u>Skilled nursing care</u>	No charge	20% coinsurance	Deductible applies first; limited to 100 days per calendar year; pre-authorization required
	<u>Durable medical equipment</u>	20% coinsurance	40% coinsurance	Deductible applies first; 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; pre-authorization required for certain services
<b>If your child needs dental or eye care</b>	Children's eye exam	No charge	20% coinsurance	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

## 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        | • Cosmetic surgery    | • Long-term care       |
| • Children's glasses | • Dental care (Adult) | • 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  | • Infertility treatment                               | • Routine foot care (only for patients with systemic circulatory disease)                    |
| • Chiropractic care  | • Non-emergency care when traveling outside the U.S.  | • Weight loss programs (three months in qualified program(s) per contract per calendar year) |
| • Hearing aids (\$2,000 per ear every 36 months for members age 21 or younger) | • Routine eye care - adult (one exam every 24 months) |  |



**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](http://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](http://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](http://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](http://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](http://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.) You may also contact The Office of Patient Protection at 1-800-436-7757 or [www.mass.gov/hpc/opp](http://www.mass.gov/hpc/opp).

**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	\$1,500
■ Delivery fee copay	\$0
■ Facility fee copay	\$0
■ 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*)

<b>Total Example Cost</b>	<b>\$12,713</b>
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#### In this example, Peg would pay:

Cost Sharing	
Deductibles	\$1,500
Copayments	\$16
Coinsurance	\$0

What isn't covered	
Limits or exclusions	\$60

<b>The total Peg would pay is</b>	<b>\$1,576</b>
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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	\$1,500
■ Specialist visit copay	\$0
■ Primary care visit copay	\$0
■ 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*)

<b>Total Example Cost</b>	<b>\$7,389</b>
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#### In this example, Joe would pay:

Cost Sharing	
Deductibles	\$1,500
Copayments	\$1,118
Coinsurance	\$0

What isn't covered	
Limits or exclusions	\$55

<b>The total Joe would pay is</b>	<b>\$2,673</b>
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### Jacquie's Simple Fracture

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

■ The plan's overall deductible	\$1,500
■ Specialist visit copay	\$0
■ Emergency room copay	\$0
■ 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*)

<b>Total Example Cost</b>	<b>\$1,925</b>
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#### In this example, Jacquie would pay:

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

What isn't covered	
Limits or exclusions	\$0

<b>The total Jacquie would pay is</b>	<b>\$1,500</b>
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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.

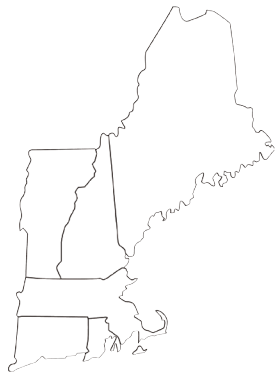
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# HMO Blue New England \$1,000 Deductible

Plan-Year Deductible: \$1,000/\$2,000

## Hampshire College



**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](https://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 subscriber certificate.

## Your Deductible

Your deductible is the amount of money you pay out-of-pocket each plan year before you can receive coverage for most 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 **\$1,000** per member (or **\$2,000** per family). Your deductible for prescription drug benefits is **\$250** per member (or **\$500** 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 **\$2,000** per member (or **\$4,000** per family).

## Emergency Room Services

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

## Telehealth Services

You are covered for certain medical and behavioral health services for conditions that can be treated through video visits from an approved Telehealth provider. These Telehealth services are available by using your computer or mobile device when you prefer not to make an in-person visit for any reason to a doctor or therapist. For a list of Telehealth providers, visit the Blue Cross Blue Shield of Massachusetts website at [bluecrossma.com](https://bluecrossma.com); consult the Provider Directory; or call the Member Service number on your ID card.

## Service Area

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

## When Outside the Service Area

If you're traveling outside the service area and you need urgent or emergency care, you should go to the nearest appropriate health care facility. You are covered for the urgent or emergency care visit and one follow-up visit while outside the service area. Any additional follow-up care must be arranged by your PCP. See your subscriber certificate 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 subscriber certificate (and riders, if any) for exact coverage details.

# Your Medical Benefits

Covered Services	Your Cost
<b>Preventive Care</b>	
Well-child care visits	Nothing, no deductible
Routine adult physical exams, including related tests	Nothing, no deductible
Routine GYN exams, including related lab tests (one per calendar year)	Nothing, no deductible
Routine hearing exams, including routine tests	Nothing, no deductible
Hearing aids (up to \$2,000 per ear every 36 months for a member age 21 or younger)	All charges beyond the maximum, no deductible
Routine vision exams (one every 24 months)	Nothing, no deductible
Family planning services—office visits	Nothing, no deductible
<b>Outpatient Care</b>	
Emergency room visits	\$200 per visit, no deductible (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	\$25 per visit, no deductible
• Other covered providers	\$35 per visit, no deductible
Chiropractors' office visits	\$35 per visit, no deductible
Mental health or substance abuse treatment	\$25 per visit, no deductible
Short-term rehabilitation therapy—physical and occupational (up to 60 visits per calendar year*)	\$35 per visit after deductible
Speech, hearing, and language disorder treatment—speech therapy	\$35 per visit after deductible
Diagnostic X-rays and lab tests, including CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	Nothing after deductible
Home health care and hospice services	Nothing, no deductible
Oxygen and equipment for its administration	Nothing after deductible
Durable medical equipment—such as wheelchairs, crutches, hospital beds	20% coinsurance after deductible**
Prosthetic devices	20% coinsurance after deductible
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	\$25 per visit***, no deductible
• Other covered providers	\$35 per visit***, no deductible
Surgery in an ambulatory surgical facility, hospital outpatient department, or surgical day care unit	Nothing after deductible
<b>Inpatient Care (including maternity care)</b>	
General or chronic disease hospital care (as many days as medically necessary)	Nothing after deductible†
Mental hospital or substance abuse facility care (as many days as medically necessary)	Nothing, no deductible
Rehabilitation hospital care (up to 60 days per calendar year)	Nothing after deductible
Skilled nursing facility care (up to 100 days per calendar year)	Nothing 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.

\*\* 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.

† Deductible waived for mental health admissions.

Prescription Drug Benefits*	Your Cost**
At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill)	\$10 after deductible for Tier 1 \$35 after deductible for Tier 2 \$60 after deductible for Tier 3
Through the designated mail service pharmacy (up to a 90-day formulary supply for each prescription or refill)	\$20 after deductible for Tier 1*** \$70 after deductible for Tier 2 \$120 after deductible 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, no deductible. For more information, go to [bluecrossma.com/mail-service-pharmacy](http://bluecrossma.com/mail-service-pharmacy).

## Get the Most from Your Plan

Visit us at [bluecrossma.com](http://bluecrossma.com) or call 1-800-358-2227 to learn about discounts, savings, resources, and special programs available to you, like those listed below.

<b>Fitness Reimbursement: a benefit that rewards participation in qualified fitness programs</b> 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 subscriber certificate for details.)	Reimbursement for up to 3 consecutive months membership fees of one membership or, alternatively up to 10 fitness classes, per individual or family per calendar year
<b>Weight Loss Reimbursement: a benefit that rewards participation in a qualified weight loss program</b> 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 subscriber certificate for details.)	Reimbursement for up to 3 months participation fees, per individual or family per calendar year
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 1-800-358-2227, or visit us online at [bluecrossma.com](http://bluecrossma.com).

Interested in receiving information from us via e-mail? Go to [bluecrossma.com/email](http://bluecrossma.com/email) to sign up.

**Limitations and Exclusions.** These pages summarize the benefits of your health care plan. Your subscriber certificate and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the subscriber certificate 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 subscriber certificate and riders.



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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 [bluecrossma.com/coverage-info](https://bluecrossma.com/coverage-info).

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](https://bluecrossma.com/sbcglossary) or call 1-800-358-2227 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall <u>deductible</u>?</b>	<b>\$1,000</b> member / <b>\$2,000</b> family.	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> .
<b>Are there services covered before you meet your <u>deductible</u>?</b>	Yes. Preventive care, prenatal care, emergency room, mail service prescription drugs, most office visits, mental health services, emergency transportation, home health care, and hospice services.	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 <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <u>deductibles</u> for specific services?</b>	Yes. For retail prescription drugs, <b>\$250</b> member / <b>\$500</b> 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.
<b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>	<b>\$2,000</b> member / <b>\$4,000</b> 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.
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	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> .
<b>Will you pay less if you use a <u>network provider</u>?</b>	Yes. See <a href="https://bluecrossma.com/findadoctor">bluecrossma.com/findadoctor</a> 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 charge</u> and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
<b>Do you need a <u>referral</u> to see a <u>specialist</u>?</b>	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> .



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 <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$25 / 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	Deductible applies first; pre-authorization required for certain services
	Imaging (CT/PET scans, MRIs)	No charge	Not covered	Deductible applies first; pre-authorization required for certain services
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at <a href="https://bluecrossma.com/medications">bluecrossma.com/medications</a>	Generic drugs	\$10 / retail supply or \$20 / 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	\$35 / retail supply or \$70 / mail service supply	Not covered	
	Non-preferred brand drugs	\$60 / retail supply or \$120 / 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

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 have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	Not covered	Deductible applies first; pre-authorization required for certain services
	Physician/surgeon fees	No charge	Not covered	Deductible applies first; pre-authorization required for certain services
If you need immediate medical attention	<u>Emergency room care</u>	\$200 / visit	\$200 / 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)	No charge	Not covered	Deductible applies first; pre-authorization required
	Physician/surgeon fees	No charge	Not covered	Deductible applies first; pre-authorization required
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$25 / visit	Not covered	Pre-authorization required for certain services
	Inpatient services	No charge	Not covered	Pre-authorization required for certain services
If you are pregnant	Office visits	No charge	Not covered	Deductible applies first for childbirth/delivery facility services; 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	No charge	Not covered	

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)	
<b>If you need help recovering or have other special health needs</b>	<u>Home health care</u>	No charge	Not covered	Pre-authorization required
	<u>Rehabilitation services</u>	\$35 / visit	Not covered	Deductible applies first; 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>	\$35 / visit	Not covered	Deductible applies first; 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>	No charge	Not covered	Deductible applies first; limited to 100 days per calendar year; pre-authorization required
	<u>Durable medical equipment</u>	20% coinsurance	Not covered	Deductible applies first; cost share waived for one breast pump per birth
	<u>Hospice services</u>	No charge	Not covered	Pre-authorization required for certain services
<b>If your child needs dental or eye care</b>	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 for members with a cleft palate / cleft lip condition	Not covered	Limited to members under age 18

**Excluded Services & Other Covered Services:**

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none"><li>• Acupuncture</li><li>• Children's glasses</li><li>• Cosmetic surgery</li></ul>	<ul style="list-style-type: none"><li>• Dental care (Adult)</li><li>• Long-term care</li><li>• Non-emergency care when traveling outside the U.S.</li></ul>	<ul style="list-style-type: none"><li>• Private-duty nursing</li></ul>
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"><li>• Bariatric surgery</li><li>• Chiropractic care</li><li>• Hearing aids (\$2,000 per ear every 36 months for members age 21 or younger)</li></ul>	<ul style="list-style-type: none"><li>• Infertility treatment</li><li>• Routine eye care - adult (one exam every 24 months)</li><li>• Routine foot care (only for patients with systemic circulatory disease)</li></ul>	<ul style="list-style-type: none"><li>• Weight loss programs (three months in qualified program(s) per contract per calendar year)</li></ul>

**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](http://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](http://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](http://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](http://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](http://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.) You may also contact The Office of Patient Protection at 1-800-436-7757 or [www.mass.gov/hpc/opp](http://www.mass.gov/hpc/opp).

**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	\$1,000
■ Delivery fee copay	\$0
■ Facility fee copay	\$0
■ 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*)

<b>Total Example Cost</b>	<b>\$12,713</b>
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#### In this example, Peg would pay:

Cost Sharing	
Deductibles*	\$1,018
Copayments	\$0
Coinsurance	\$0

What isn't covered	
Limits or exclusions	\$60

<b>The total Peg would pay is</b>	<b>\$1,078</b>
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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	\$1,000
■ Specialist visit copay	\$35
■ Primary care visit copay	\$25
■ 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*)

<b>Total Example Cost</b>	<b>\$7,389</b>
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#### In this example, Joe would pay:

Cost Sharing	
Deductibles*	\$384
Copayments	\$1,249
Coinsurance	\$0

What isn't covered	
Limits or exclusions	\$55

<b>The total Joe would pay is</b>	<b>\$1,688</b>
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### Jacque's Simple Fracture

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

■ The plan's overall deductible	\$1,000
■ Specialist visit copay	\$35
■ Emergency room copay	\$200
■ 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*)

<b>Total Example Cost</b>	<b>\$1,925</b>
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#### In this example, Jacque would pay:

Cost Sharing	
Deductibles	\$216
Copayments	\$270
Coinsurance	\$0

What isn't covered	
Limits or exclusions	\$0

<b>The total Jacque would pay is</b>	<b>\$486</b>
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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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MASSACHUSETTS

## SUMMARY OF BENEFITS



# Dental Blue<sup>®</sup> Freedom

(with Orthodontics)

## Hampshire College

**Dental Blue<sup>®</sup>**  
*The right choice*

# Dental Blue Freedom with Orthodontics

Preventive Benefit Group	Basic Benefit Group	Major Benefit Group
No Deductible	\$50 Per Member/\$150 Per Family Calendar-Year Deductible	
Full Coverage	80% Coverage	50% Coverage
\$1,500 Calendar-Year Benefit Maximum (in-network and out-of-network combined)		
<b>Diagnostic</b> <ul style="list-style-type: none"> <li>One complete initial oral exam, including initial dental history and charting of the teeth and supporting structures</li> <li>Full mouth X-rays, seven or more films, or panoramic X-ray with bitewing X-rays once each 60 months</li> <li>Bitewing X-rays once each six months</li> <li>Single tooth X-rays as needed</li> <li>Study models and casts used in planning treatment once each 60 months</li> <li>Periodic or routine oral exams once each six months</li> <li>Emergency exams</li> </ul> <b>Preventive</b> <ul style="list-style-type: none"> <li>Routine cleaning, scaling, and polishing of the teeth once each six months</li> <li>Fluoride treatment (members under age 19) once each six months</li> <li>Sealants on permanent pre-molar and molar surfaces (members under age 14). Benefits are provided for one application per bicuspid or molar surface each 48 months.</li> <li>Space maintainers needed due to premature tooth loss (members under age 19)</li> </ul>	<b>Restorative</b> <ul style="list-style-type: none"> <li>Amalgam (silver) fillings (limited to one filling for each tooth surface in a 12-month period)</li> <li>Composite resin (tooth color) fillings (limited to one filling for each tooth surface in a 12-month period)</li> <li>Pin retention for fillings</li> <li>Stainless steel crowns on baby teeth and on first permanent adult molars (members under age 16)</li> </ul> <b>Oral Surgery</b> <ul style="list-style-type: none"> <li>Tooth extraction</li> <li>Root removal</li> <li>Biopsies</li> </ul> <b>Periodontics (gum and bone)</b> <ul style="list-style-type: none"> <li>Periodontal scaling and root planing once per quadrant each 24 months</li> <li>Periodontal surgery once per quadrant each 36 months</li> <li>Periodontal maintenance following active periodontal therapy once each three months</li> </ul> <b>Endodontics (roots and pulp)</b> <ul style="list-style-type: none"> <li>Root canal therapy (permanent teeth, once in a lifetime per tooth)</li> <li>Retreatment root canal therapy on permanent teeth, once in a lifetime for each tooth</li> <li>Therapeutic pulpotomy on primary or permanent teeth (members under age 16)</li> <li>Other endodontic surgery intended to treat or remove the dental root</li> </ul> <b>Prosthetic Maintenance</b> <ul style="list-style-type: none"> <li>Repair of partial or complete dentures, crowns, and bridges once each 12 months</li> <li>Adding teeth to an existing complete or partial denture</li> <li>Rebase or reline of dentures once each 36 months</li> <li>Recementing of crowns, inlays, onlays, and fixed bridgework once each 12 months</li> </ul> <b>Other Services</b> <ul style="list-style-type: none"> <li>Occlusal adjustments once each 24 months</li> <li>Services to treat root sensitivity</li> <li>General anesthesia when administered in conjunction with covered surgical services</li> <li>Emergency dental care to treat acute pain or to prevent permanent harm to a member*</li> </ul>	<b>Prosthodontics (teeth replacement)</b> <ul style="list-style-type: none"> <li>Complete or partial dentures (including services to fabricate, measure, fit, and adjust them) once each 60 months for each arch</li> <li>Fixed bridges (including services to fabricate, measure, fit, and adjust them) once each 60 months for each tooth</li> <li>Replacement of dentures and bridges once each 60 months when the existing appliance can't be made serviceable</li> <li>Adding teeth to an existing bridge</li> <li>Temporary partial dentures to replace any of the six upper or six lower front teeth (only covered if they are installed immediately following the loss of teeth and during the period of healing)</li> </ul> <b>Major Restorative (members age 16 or older)</b> <ul style="list-style-type: none"> <li>Crowns, once each 60 months for each tooth</li> <li>Metallic, porcelain, and composite resin inlays. Benefits are provided for an amalgam filling toward the cost of a metallic, porcelain, or composite resin inlay, once each 60 months for each tooth. You pay any balance.</li> <li>Metallic, porcelain, and composite resin onlays, once each 60 months for each tooth</li> <li>Replacement of crowns, once each 60 months for each tooth</li> <li>Replacement of metallic, porcelain, and composite resin inlays. Benefits are provided for an amalgam filling toward the cost of a metallic, porcelain, or composite resin inlay, once each 60 months for each tooth. You pay any balance.</li> <li>Replacement of metallic, porcelain, and composite resin onlays, once each 60 months for each tooth</li> <li>Post and core or crown buildup, once each 60 months for each tooth</li> </ul> <b>Implants (members age 16 or older)</b> <ul style="list-style-type: none"> <li>Single tooth dental endosteal implants (the fixture and abutment portion) in addition to the allowance for the crown for the implant, once each 60 month period, when the implant replaces permanent teeth through the second molars</li> </ul>
		<b>Orthodontic Benefit Group</b> <p>Full coverage for members up to age 19 No deductible</p> <ul style="list-style-type: none"> <li>Complete orthodontic exam</li> <li>Comprehensive or limited active orthodontic treatment, including appliances</li> </ul>
		<b>\$1,000 Lifetime Benefit Maximum</b>

\* Emergency care services are not subject to the calendar-year deductible. When you require emergency care by an out-of-network dentist, benefits are provided at the same level as an in-network dentist.

Welcome to Dental Blue Freedom, a dental plan designed to manage the cost of dental services.

## Your Dentist

Dental Blue Freedom offers a large network of dentists, including dentists in Massachusetts and Rhode Island who participate with Blue Cross Blue Shield of Massachusetts. Dental Blue Freedom members also have access to participating dentists nationwide. When searching for a network dentist, Dental Blue Freedom members can choose from the Dental Blue PPO (Preferred Dentist) or Dental Blue (Participating Dentist) networks. Using a network dentist will minimize your out-of-pocket expenses.

If you would like help choosing a dentist, or already have a dentist and want to know if she or he participates with your plan, you can call the dentist, look at the current dental provider directory, or call Member Service at the toll-free phone number shown on your Dental Blue ID card. You can also access the online dental provider directory at [bluecrossma.com](http://bluecrossma.com).

## Your Benefits

You will receive the greatest value if you visit a preferred dentist, because you will maximize the amount of benefits received under your plan.

The dental benefits your plan covers are subject to the deductible and coinsurance (if applicable), and benefit maximum amounts shown in the chart. The chart also shows the percentage of costs your plan will pay for covered dental services. Many of the covered services have specific time or age limits.

## Pre-Treatment Estimates

If your dentist expects that your dental treatment will involve covered services that will cost more than \$250, Blue Cross Blue Shield recommends that your dentist send a copy of the “treatment plan” to Blue Cross Blue Shield before services are provided. A treatment plan is a detailed description of the procedures that the dentist plans to perform and includes an estimate of the charge for each service. Once the treatment plan is reviewed, you and your dentist will be notified of the benefits available.

Remember, the payment estimate is based on your eligibility status and the amount of your calendar-year or lifetime benefit maximum at the time the estimate is received and reviewed. (The actual payment may differ if your available calendar-year or lifetime benefit maximum or eligibility status has changed.)

## Multi-Stage Procedures

Your dental plan provides benefits for multi-stage procedures (procedures that require more than one visit, such as crowns, dentures and root canals) as long as you are enrolled in the plan on the date that the multi-stage procedure is completed. A participating dentist will send a claim for a multi-stage procedure to Blue Cross Blue Shield only after the completion date of the procedure. You will be responsible for all charges for multi-stage procedures if your plan has been cancelled before the completion date of the procedure.

## How Network Dentists Are Paid

### Preferred Dentists

You will receive the greatest value if you visit a preferred dentist, because you will maximize the amount of benefits received under your plan.

Payments are calculated based on the provisions of the Blue Cross and Blue Shield preferred dentist’s payment agreement and the dentist’s allowed charge that is in effect at the time the covered dental service is furnished. Preferred dentists agree to accept the allowed charge as payment in full. You pay your deductible and coinsurance (if applicable), and all charges beyond your calendar-year or lifetime benefit maximum.

### Participating Dentists

For dentists who participate with Blue Cross Blue Shield, but do not have a Blue Cross Blue Shield preferred provider contract, benefits are calculated based on the provisions of the participating dentist’s payment agreement and the dentist’s allowed charge. These dentists agree to accept the allowed charge as payment in full. You pay your deductible and coinsurance (if applicable), and all charges beyond your calendar-year or lifetime benefit maximum.

## How Out-of-Network Dentists Are Paid

### Non-Preferred or Non-Participating Dentists

Benefits for covered services by a non-preferred or non-participating dentist are provided based on the allowed charge or the dentist’s actual charge, whichever is less. The allowed charge is based on a schedule of charges. You may be responsible for any difference between the dentist’s actual charge or the allowed charge, whichever is less. You are also responsible for your deductible and coinsurance (if applicable), and charges beyond your calendar-year or lifetime benefit maximum.

## Orthodontic Benefits

Your plan includes orthodontic coverage. The lifetime benefit maximum is not part of your calendar-year benefit maximum; it applies only to orthodontic services. You are responsible for your coinsurance and any charges beyond your lifetime benefit maximum. Benefits are available on your effective date. If your orthodontic treatment began before you were covered under Dental Blue Freedom, a monthly fee will be paid for your remaining orthodontic visits until either your treatment is completed or the lifetime benefit maximum is exhausted, whichever comes first.

## When Coverage Begins

You are covered, without a waiting period, from the date you enroll in the plan.

## 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 plan description (and riders, if any) for exact coverage details.

## Accumulated Maximum Rollover Benefits

This dental plan includes an Accumulated Maximum Rollover Benefit. This rollover benefit allows you to roll over a certain dollar amount of your unused annual dental benefits for use in the future. There are limits and restrictions on this benefit. Refer to the Accumulated Dental Maximum Rollover brochure for further information.

## Enhanced Dental Benefits

Enhanced Dental Benefits for certain dental care services are available for members who have been diagnosed with diabetes, coronary artery disease, oral cancer, or who are pregnant. Contact Member Service for more information.

## If You Have to File a Claim

Network dentists will send claims directly to Blue Cross Blue Shield. All you have to do is show them your Dental Blue ID card. The payment will be sent directly to your dentist as long as the claims are received within one year of the completed service.

If you receive care from an out-of-network dentist, you will typically need to submit the claim yourself. Before submitting your claim, get an Attending Dentist's Statement form from Member Service.

After your dentist fills out the form, send it and your original itemized bills to Blue Cross Blue Shield of Massachusetts, P. O. Box 986030, Boston, MA 02298. All member-submitted claims must be submitted within two years of the date of service.

If you have a grievance, see your plan description for instructions on how to file a grievance.

## Other Information

Coordination of benefits applies to plan members who are covered by another plan for health care expenses. Coordination of benefits ensures that payments from other insurance or health care plans do not exceed the total charges billed for covered services.

Your plan description has a subrogation clause, which means that Blue Cross Blue Shield can recover payments if a member has already been paid for the same claim by a third party.

## Questions?

For questions about Blue Cross Blue Shield of Massachusetts, call **1-800-358-2227**, or visit us online at **[bluecrossma.com](http://bluecrossma.com)**.

Interested in receiving information from us via e-mail? Go to **[bluecrossma.com/email](http://bluecrossma.com/email)** to sign up.

**Limitations and Exclusions.** These pages summarize the benefits of your dental plan. Your plan description and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the plan description and riders will govern. For a complete list of limitations and exclusions, refer to your plan description and riders.



# Accumulated Maximum Rollover



At Blue Cross Blue Shield of Massachusetts, we understand that oral health is a critical part of overall health. That's why we offer a dental benefit that will allow you to roll over a portion of your unused dental benefits from year to year.

This means that you can accumulate benefit dollars to help offset higher out-of-pocket costs for complex procedures.

This benefit applies to you automatically if you:

- Receive at least one service during the benefit period
- Remain a member of the plan throughout the benefit period
- Do not exceed the claim payment threshold in the benefit period

## How Maximum Rollover Works

Beginning 60 days after the last day of your benefit period, your rollover amount will be added to your maximum benefit amount, increasing it for you to use that year and beyond (see below for amounts and maximums).

There is no cost to you. You don't need to do anything. In order to figure out the amount of benefit dollars that are eligible to roll over, just use the chart below. Start by searching for your benefit period maximum in the first column. If Blue Cross Blue Shield of Massachusetts does not pay out more claims dollars on your behalf than the amount in the 2nd column, your benefit maximum for the next year will increase by the amount in the 3rd column.

And, your rollover amount keeps growing and is available for you to use as long as your employer offers this rollover benefit.\* The last column will show you the total amount of additional benefit dollars you can earn. It's one more way Blue Cross Blue Shield of Massachusetts is striving to improve health care for all our members.

If your dental plan's annual maximum benefit amount is:	And if your total claims don't exceed this amount for the benefit period:*	Then we will roll over this amount for you to use next year and beyond:*	However, rollover totals will be capped at this amount:*
\$500–\$749	\$200	\$150	\$500
\$750–\$999	\$300	\$200	\$500
\$1,000–\$1,249	\$500	\$350	\$1,000
\$1,250–\$1,499	\$600	\$450	\$1,250
\$1,500–\$1,999	\$700	\$500	\$1,250
\$2,000–\$2,499	\$800	\$600	\$1,500
\$2,500–\$2,999	\$900	\$700	\$1,500
\$3,000 or more	\$1,000	\$750	\$1,500

\*This is not an FSA. The amount reflects your benefit maximum for a given year.

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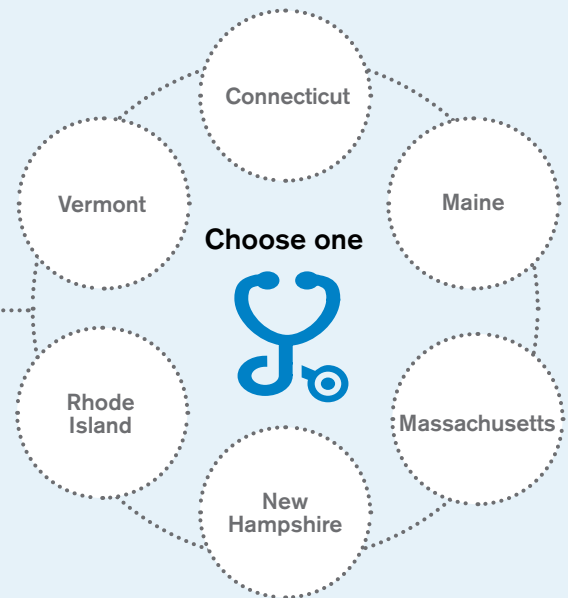
# Quick Start Guide



HMO Blue  
New England

# HMO Blue New England

As a member of our HMO Blue New England health plan, you must choose a primary care provider (PCP) for you and each member of your family. You can choose from any of the provider networks in the six New England states (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont).



## Your Primary Care Provider

### To Find a Primary Care Provider:

- Visit our website at [bluecrossma.com/findadoctor](http://bluecrossma.com/findadoctor)
- Call our Physician Selection Service at 1-800-821-1388

### Referral Information for Medical Services

If you and your PCP decide you need to see a specialist, you'll be referred to one your PCP determines is right for your specific treatment. It's an important decision, and the top priority is keeping you healthy. When making or confirming your appointment, you should make sure your PCP has been in touch with the specialist's office and has provided the referral, if needed.

Examples of services that don't require a referral:

- Routine OB/GYN care provided by a network provider
- One routine eye exam every 24 months provided by a network provider
- Emergency care

### To Find Providers

To find a doctor, dentist, behavioral health provider, hospital, or other health care provider, you can:

- Visit our website at [bluecrossma.com/findadoctor](http://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. Be sure to contact your primary care provider within 48 hours, so that he or she can evaluate your condition and coordinate any follow-up care.

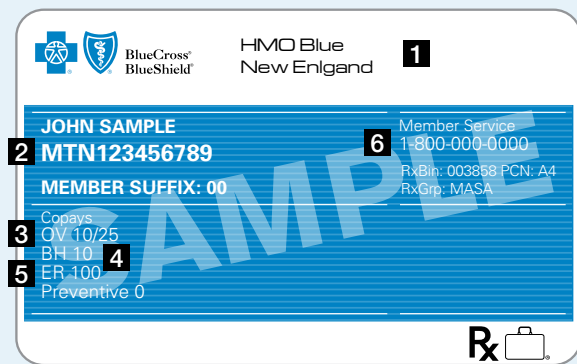
### BlueCard® Program

Your Blue Cross 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](http://provider.bcbs.com).

# 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 cost share 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 cost share amounts.



- 1 Plan name
- 2 Your ID number
- 3 Office visit cost share for PCP or specialist
- 4 Behavioral health office visit cost share
- 5 Emergency room cost share (waived if admitted)
- 6 Number to call for questions about your plan

## Get the Most from Your Plan



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](http://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](http://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/myblue](http://bluecrossma.com/myblue), or call Member Service at the number on your ID card.



### 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 is a quality alternative to face-to-face doctor visits, and could help you 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](http://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](https://facebook.com/BCBSMA)) or Twitter (@BCBSMA)—or sign up for email by going to [bluecrossma.com/email](mailto:bluecrossma.com/email).

## Get the Most from Your Plan



**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](http://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](http://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** to **73529**, or call **1-844-779-8813**. Make sure to have your Blue Cross Member ID card ready.

## For More Information



### Online Tutorials

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### 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. ET. TTY: 711.



### 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](http://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)**

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. ET. You can also request a new ID card by logging in to [bluecrossma.com/myblue](http://bluecrossma.com/myblue).



### 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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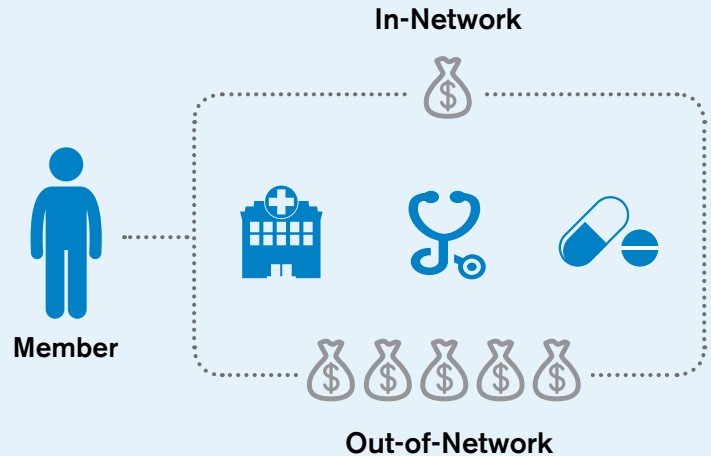
# Quick Start Guide



PPO

# 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



## Your Choice

Your health care plan is a preferred provider organization plan. With this plan, you have the option of selecting in-network (preferred) or out-of-network (non-preferred) providers. The choice is always yours to make, **but you may be responsible for much higher out-of-pocket costs when you seek care out of network.**

### Know How to Get the Highest Coverage

You receive the highest level of benefits (that is, in-network benefits) when you choose preferred providers. Before you receive care, check to see if the health care provider or facility you chose or were referred to is part of the local Blue Cross plan's PPO network.

### How to Find a Preferred Provider

To find a preferred provider, you can:

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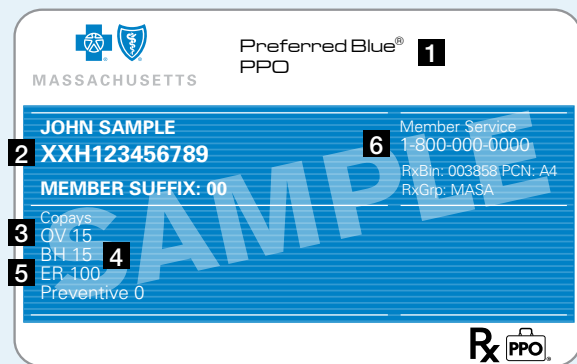
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Twitter: @BCBSMAservice



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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. ET.

You can also request a new ID card by logging into [bluecrossma.com/myblue](http://bluecrossma.com/myblue).



### 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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# Your Mail Service

## Pharmacy Benefit



As a member of Blue Cross Blue Shield of Massachusetts, you can buy certain medications at the Express Scripts mail service pharmacy.

It's a great way to save by purchasing prescriptions on a long-term basis.

### Check Out These Benefits!

**Savings:** The biggest advantage of the mail service pharmacy is that for most long-term maintenance medications you can order up to a 90-day supply. Often times, using mail service results in the lowest possible out-of-pocket costs to you as a member.

**Convenience:** Your medications will be delivered to your home, postage paid, within 14 days of mailing your new prescription.

**Confidentiality:** If you have questions, you can call Express Scripts toll-free, 24 hours a day. Registered pharmacists are available to answer your questions about your prescriptions confidentially. Call **1-800-892-5119**.

**Special-Needs Services Available:** For the convenience of our hearing-impaired members, Express Scripts is TTY-ready, and has installed a separate toll-free number for you to use with your TTY equipment. The number is **1-800-305-5376**.

For our vision-impaired members, upon special request with your order, Express Scripts can provide Braille labels for your medication.

And for our non-English-speaking members, Express Scripts can provide translation services when you call the toll-free line.

Refer to your benefit literature for specific coverage information.

### Three Easy Steps To Use Mail Service

For long-term prescriptions, use our mail service pharmacy to save.

1. Ask your doctor to prescribe medications for up to a 90-day supply, plus refills when applicable. (If you're already taking medication on a long-term basis, ask your doctor for a new prescription.)
2. Complete the attached Mail Order Form for each member submitting a prescription. Be sure to answer all of the questions.
3. Seal the form, prescriptions, and the appropriate copayment in the pocket in this brochure (do not send cash). Then simply mail it in. Be sure to write your ID number exactly as it appears on your ID card.

Your order will be quickly processed and sent to you by mail or UPS. Allow 14 days for delivery from the date you mail the order. To prevent delays, do not fill medications that are needed quickly or short-term medications (e.g. antibiotics) via mail service.

### Confidential Subscriber/Patient Profile

Please write your ID number, name, and address on the attached form. Then complete the Patient Profile for you and each of your dependents submitting prescriptions, indicating any drug allergies, and health conditions. Express Scripts will use this information to check any potential drug interactions when you have prescriptions filled. If there are no drug allergies, please check "None" in the box provided.

## Instructions

### New Prescriptions:

- Have your doctor/provider write the prescription for up to a 90-day supply
- To prevent any delays, make sure that an approved formulary exception (if applicable) for any medications that are non-covered or require prior authorization is on file before you place your order
- Complete all information requested on the attached Mail Order Form
- Select your preference for Safety Caps in the appropriate box
- Ensure that the patient's full name, age, ID number, and address appear on each prescription
- Find out the appropriate copayment necessary for the medication prescribed
- Place prescriptions and copayments in return envelope and mail

### Refills:

- Call 1-800-892-5119 or visit [www.express-scripts.com](http://www.express-scripts.com) to refill your order, or
- Place refill slips and copayments in the return envelope and mail it

Make all checks or money orders payable to "Express Scripts".  
Do not send cash. If paying by credit card, complete the information under "Credit Card Information."

## What Do I Do in Emergency Situations?

When you need medication immediately, simply have your prescription filled at a local pharmacy. If you need medication immediately, but will be taking it on an ongoing basis, you can ask your doctor to write two prescriptions:

- You can fill the first prescription at a local participating pharmacy;
- Send the second prescription (up to a 90-day supply), along with your copayment, to Express Scripts immediately.

## About Your Prescription

Blue Cross Blue Shield of Massachusetts maintains a list of covered prescription drugs. If you have any questions about whether or not your medications are covered, or subject to Quality Care Dosing, Step Therapy, or Prior Authorization, please visit [www.bluecrossma.com/pharmacy](http://www.bluecrossma.com/pharmacy) or call Blue Cross Blue Shield of Massachusetts Member Service at the number on the front of your ID card.

## Mail Service Questions

Call Express Scripts customer service 24 hours a day, 7 days a week. Pharmacy consultation is also available around-the-clock.

**Toll-free number:** 1-800-892-5119 (TTY: 1-800-305-5376)

## Answers to Your Questions

### How Do I Determine What Copayment Amount? I Should Include With My Order?

Check your benefit literature, and if you still have specific questions, call the Blue Cross Blue Shield of Massachusetts Member Service phone number listed on the front of your ID card.

### Why Did My Order Contain Generic Drugs?

#### When My Prescription Requested a Brand-Name Version?

When authorized by your doctor and permitted by applicable law, Express Scripts will dispense a generic drug. This usually saves you money, so whenever possible, ask your doctor to prescribe generic drugs.

### Why Isn't My Drug Available Through the ESI Mail Service?

Certain medications that require immediate administration or are used for short periods of time are inappropriate for mail service. In addition, for certain medications classified as specialty drugs, Blue Cross Blue Shield of Massachusetts has established a relationship with a preferred specialty pharmacy. They offer additional services that are not offered by our mail service pharmacy.

### How Do I Order Refills?

Simply call the toll-free number, 1-800-892-5119, and order your refills over the phone. You can also visit the Express Scripts website to refill your order ([www.express-scripts.com](http://www.express-scripts.com)). Once you have ordered through mail service, you will receive a refill slip with your prescription.

Enclose the slip and the appropriate copayment amount in the order envelope (which is provided).

### Please Note:

Certain controlled substances and several other prescribed medications may be subject to other dispensing limitations and to the professional judgment of the pharmacist. If you have any questions regarding your medication, please call Express Scripts customer service at 1-800-892-5119.

It's the patient's responsibility to report to Express Scripts any changes in drug allergies, health conditions, chronic diseases, and drug sensitivities.

Prescription information about members and dependents is used by Express Scripts to administer your prescription program. As part of the administration, Express Scripts reports that information to Blue Cross Blue Shield of Massachusetts. Express Scripts also uses the information and prescription data gathered from claims submitted nationwide for reporting and analysis, without identifying individual patients in accordance with applicable laws.



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Express Scripts, an independent company, administers your prescription benefit and its services are being provided on behalf of Blue Cross Blue Shield of Massachusetts. © Registered Marks of the Blue Cross and Blue Shield Association.

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147610M 32-7040

# Express Scripts Pharmacy Prescription Order Form

▶ To order online: sign in at [www.StartHomeDelivery.com](http://www.StartHomeDelivery.com) and follow the prompts. ◀

**To order by mail:** complete this form and ask your doctor to write your prescription for a 90-day supply or the maximum days supply allowed by your plan.

- Use ALL CAPITAL LETTERS in BLACK INK. Fill in the ovals as shown (●).
- Remember to mail your prescription with this completed form. Your medication will arrive within two weeks from the date we receive your first order.

NOTE: Standard shipping is FREE for online and mail orders.



1041

PATIENT 1 (CARDHOLDER)

ID Card Number

1041

First Name

1041

MI

Date of Birth (MM/DD/YYYY)

1041

Last Name

1041

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

1041

Shipping Address 2

1041

City

1041

State

Zip Code

1041

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

Email

1041

Please select one as your preferred telephone number

☐ Daytime Phone

1041

☐ Evening Phone

1041

☐ Cell Phone

1041

Doctor/Prescriber Last Name

1041

Doctor/Prescriber Phone Number

1041

PATIENT 2

First Name

1041

MI

Date of Birth (MM/DD/YYYY)

1041

Last Name

1041

Gender ☐ M ☐ F

Email

1041

Doctor/Prescriber Last Name

1041

Doctor/Prescriber Phone Number

1041

PAYMENT

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

☐ Apply to this order only

☐ Apply to all orders

Amount Enclosed

☐ Check Card

☐ Credit Card

☐ Check / Money Order

\$ 1041

Card #

1041

Exp. Date (MM/YY)

1041

Sign here to authorize card 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

REMINDER: This section must be removed before mailing.



1042

Patient 1 (Cardholder)		Patient 2	
Name: _____ <input type="radio"/> I want non-child resistant caps, when available. Date of Birth (MM/DD/YYYY) [ ][ ] / [ ][ ] / [ ][ ][ ][ ]		Name: _____ <input type="radio"/> I want non-child resistant caps, when available. Date of Birth (MM/DD/YYYY) [ ][ ] / [ ][ ] / [ ][ ][ ][ ]	
<b>DRUG ALLERGIES</b>	<b>List other Allergies here:</b> <input type="radio"/>	<b>No Known Allergies</b> 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)	<b>List other Allergies here:</b> <input type="radio"/>
	<b>HEALTH CONDITIONS</b>	<b>No Known Health Conditions</b> 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)	<b>List other Health Conditions here:</b> <input type="radio"/>
<b>OTC</b>	<b>List other OTC that you take on a regular basis:</b> <input type="radio"/>	<b>No Over-the-Counter Medications</b> Acetaminophen/Tylenol® Advil®/Aleve®/Motrin® Aspirin/Excedrin®	<b>List other OTC that you take on a regular basis:</b> <input type="radio"/>
<b>DEVICES</b>	<b>List Medical Devices here:</b> <input type="radio"/>	<b>No Medical Devices</b> Medical Devices (i.e., Glucose Testing Device, Insulin Pump, Nebulizer) and specify brand name and model.	<b>List Medical Devices here:</b> <input type="radio"/>
<b>OTHER</b>	<b>List other Prescription Medications here:</b> <input type="radio"/>	<b>No Other Prescriptions</b> Prescription Medications not filled through Express Scripts Pharmacy.	<b>List other Prescription Medications here:</b> <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   X  

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.

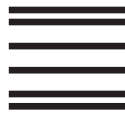
Please Note: Your order may be filled at any one of our Express Scripts Pharmacies located nationwide.

## Please note

Please note that all prescriptions requiring a formulary exception will not be processed without prior approval. To prevent any delays, make sure that an approved formulary exception (if applicable) is on file before you place your order.

Thank you for using our mail service  
prescription drug program.

MLRBENP



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 3580 ST LOUIS MO

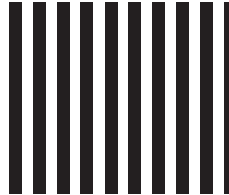
POSTAGE WILL BE PAID BY ADDRESSEE



EXPRESS SCRIPTS®

**Home Delivery Service**  
**PO Box 66566**  
**St Louis, MO 63166-9967**

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



### Did You Remember To...

- Complete all applicable information
- Include your ID number on the mail order form
- Enclose the original prescription, mail order form, and appropriate copayment
- Make checks or money orders payable to "Express Scripts", or include credit card information

Detach  
envelope  
to mail  
prescription  
order form



(Tear here)

Detach  
envelope  
to mail  
prescription  
order form



(Tear here)

Glue

Fold

Glue

Fold

Fold

Glue

Inside envelope

Inside envelope

Fold

Glue

Glue



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# Maintenance Medication List

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

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

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

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

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

\* Non-Covered Medication

**ANGIOTENSIN II RECEPTOR  
BLOCKERS & RENIN INHIBITOR  
(continued)**

TEKTURN<sup>\*</sup>  
TEKTURN HCT<sup>\*</sup>  
TELMISARTAN  
TELMISARTAN-  
HYDROCHLOROTHIAZID  
VALSARTAN  
VALSARTAN-HYDROCHLOROTHIAZIDE

**ANTIARRHYTHMIC AGENTS**

AMIODARONE HCL  
BETAPACE  
BETAPACE AF  
DISOPYRAMIDE PHOSPHATE  
FLECAINIDE ACETATE  
MEXILETINE HCL  
MULTAQ  
NORPACE  
NORPACE CR  
PACERONE  
PROPAFENONE HCL  
PROPAFENONE HCL ER  
QUINIDINE GLUCONATE  
QUINIDINE SULFATE  
RYTHMOL SR  
SORINE  
SOTALOL  
SOTALOL AF  
SOTYLIZE

**ANTIBIOTICS**

NEOMYCIN-BACITRACIN-POLYMYXIN  
NEO-POLYCIN

**ANTICHOLINERGICS &  
ANTISPASMODICS**

DARIFENACIN ER  
DETROL<sup>\*</sup>  
DETROL LA<sup>\*</sup>  
DITROPAN XL<sup>\*</sup>  
ENABLEX<sup>\*</sup>  
FLAVOXATE HCL  
GELNIQUE<sup>\*</sup>  
MYRBETRIQ  
OXYBUTYNIN CHLORIDE  
OXYBUTYNIN CHLORIDE ER  
OXYTROL<sup>\*</sup>

TOLTERODINE TARTRATE  
TOLTERODINE TARTRATE ER  
TOVIAZ<sup>\*</sup>  
TROSPIMUM CHLORIDE  
TROSPIMUM CHLORIDE ER  
VESICARE

**ANTICOAGULANTS**

PRADAXA

**ANTIMALARIALS**

HYDROXYCHLOROQUINE SULFATE  
PLAQUENIL<sup>\*</sup>  
PRIMAQUINE

**ANTIPARKINSONISM AGENTS**

AZILECT  
CARBIDOPA  
CARBIDOPA-LEVODOPA  
CARBIDOPA-LEVODOPA ER  
CARBIDOPA-LEVODOPA-  
ENTACAPONE  
COMTAN  
DUOPA  
ELDEPRYL  
ENTACAPONE  
GOCOVRI<sup>\*</sup>  
LODOSYN  
MIRAPEX  
MIRAPEX ER<sup>\*</sup>  
NEUPRO<sup>\*</sup>  
PRAMIPEXOLE DIHYDROCHLORIDE  
PRAMIPEXOLE ER  
RASAGILINE MESYLATE  
REQUIP<sup>\*</sup>  
REQUIP XL<sup>\*</sup>  
ROPINIROLE ER  
ROPINIROLE HCL  
RYTARY<sup>\*</sup>  
SELEGILINE HCL  
SINEMET 10-100  
SINEMET 25-100<sup>\*</sup>  
SINEMET 25-250  
SINEMET CR  
STALEVO 100  
STALEVO 125  
STALEVO 150  
STALEVO 200

STALEVO 50  
STALEVO 75  
TASMAR  
TOLCAPONE  
XADAGO<sup>\*</sup>  
ZELAPAR<sup>\*</sup>

**ANTIPLATELET DRUGS**

AGGRENOL  
ASPIRIN-DIPYRIDAMOLE ER  
BRILINTA<sup>\*</sup>  
CILOSTAZOL  
CLOPIDOGREL  
DIPYRIDAMOLE  
DURLAZA  
EFFIENT  
PLAVIX  
PRASUGREL HCL  
YOSPRALA<sup>\*</sup>  
ZONTIVITY<sup>\*</sup>  
METHIMAZOLE  
PROPYLTHIOURACIL  
SSKI  
TAPAZOLE

**ANXIOLYTICS**

BUSPIRONE HCL

**BENIGN PROSTATIC HYPERPLASIA  
(BPH) THERAPY**

ALFUZOSIN HCL ER  
AVODART  
DUTASTERIDE  
DUTASTERIDE-TAMSULOSIN  
FINASTERIDE  
FLOMAX  
JALYN  
PROSCAR  
RAPAFLO<sup>\*</sup>  
TAMSULOSIN HCL  
UROXATRAL

**BETA AGONISTS INHALERS**

ARCAPTA NEOHALER<sup>\*</sup>  
BROVANA<sup>\*</sup>  
PERFOROMIST  
SEREVENT DISKUS  
STRIVERDI RESPIMAT

<sup>\*</sup> Non-Covered Medication

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

\* Non-Covered Medication

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

\* Non-Covered Medication

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

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

**UNIFINE PENTIPS PLUS**

VANISHPOINT

YALE NEEDLE

YALE NEEDLES

**INSULIN THERAPY**

ADMELOG\*

ADMELOG SOLOSTAR\*

AFREZZA

APIDRA\*

APIDRA SOLOSTAR\*

BASAGLAR KWIKPEN U-100\*

FIASP\*

FIASP FLEXTOUCH\*

HUMALOG

HUMALOG JUNIOR KWIKPEN

HUMALOG KWIKPEN U-100

HUMALOG KWIKPEN U-200

HUMALOG MIX 50-50

HUMALOG MIX 50-50 KWIKPEN

HUMALOG MIX 75-25

HUMALOG MIX 75-25 KWIKPEN

HUMULIN 70/30 KWIKPEN

HUMULIN 70-30

HUMULIN N

HUMULIN N KWIKPEN

HUMULIN R

HUMULIN R U-500

HUMULIN R U-500 KWIKPEN

LANTUS

LANTUS SOLOSTAR

LEVEMIR\*

LEVEMIR FLEXTOUCH\*

NOVOLIN 70-30\*

NOVOLIN N\*

NOVOLIN R\*

NOVOLOG\*

NOVOLOG FLEXPEN\*

NOVOLOG MIX 70-30\*

NOVOLOG MIX 70-30 FLEXPEN\*

SOLIQUA 100-33\*

TOUJEO SOLOSTAR

TRESIBA FLEXTOUCH U-100\*

TRESIBA FLEXTOUCH U-200\*

XULTOPHY 100-3.6\*

**LIPID/CHOLESTEROL LOWERING  
AGENTS**

ALTOPREV\*

AMLODIPINE-ATORVASTATIN

ANTARA\*

ATORVASTATIN CALCIUM

CADUET\*

CHOLESTYRAMINE

CHOLESTYRAMINE LIGHT

COLESTID

COLESTIPOL HCL

CRESTOR\*

EZETIMIBE

EZETIMIBE-SIMVASTATIN

FENOFIBRATE

FENOFIBRIC ACID

FENOGLIDE\*

FIBRICOR\*

FLOLIPID\*

FLUVASTATIN ER

FLUVASTATIN SODIUM

GEMFIBROZIL

LESCOL\*

LESCOL XL\*

LIPITOR\*

LIPOFEN\*

LIVALO\*

LOPID

LOVASTATIN

LOVAZA\*

NIACIN ER

NIASPAN

OMEGA-3 ACID ETHYL ESTERS

PRAVACHOL\*

PRAVASTATIN SODIUM

PREVALITE

QUESTRAN

QUESTRAN LIGHT

ROSUVASTATIN CALCIUM

SIMVASTATIN

TRICOR\*

TRIGLIDE\*

TRIKLO

TRILIPIX\*

VASCEPA\*



**MISCELLANEOUS  
PSYCHOTHERAPEUTIC AGENTS**

ERGOLOID MESYLATES

**MISCELLANEOUS PULMONARY  
AGENTS**

ACCOLATE\*

ADEMPAS

ADVAIR DISKUS

ADVAIR HFA

AIRDUO RESPICLICK\*

ANORO ELLIPTA

ATROVENT HFA

BEVESPI AEROSPHERE\*

BREO ELLIPTA\*

CROMOLYN SODIUM

DULERA

FLUTICASONE-SALMETEROL

INCRUSE ELLIPTA

IPRATROPIUM BROMIDE

LETAIRIS

LONHALA MAGNAIR REFILL\*

LONHALA MAGNAIR STARTER\*

MONTELUKAST SODIUM

OPSUMIT

SEEBRI NEOHALER\*

SINGULAIR\*

SPIRIVA

SPIRIVA RESPIMAT

STIOLTO RESPIMAT

SYMBICORT

TRACLEER

TRELEGY ELLIPTA\*

TUDORZA PRESSAIR

UTIBRON NEOHALER\*

ZAFIRLUKAST

ZILEUTON ER

ZYFLO\*

ZYFLO CR\*

**MISCELLANEOUS  
RHEUMATOLOGICAL AGENTS**

CUPRIMINE

DEPEN

RIDAURA

SAVELLA

**MISCELLANEOUS UROLOGICALS**

POTASSIUM CITRATE ER

STENDRA

UROCIT-K

**MONOPHASIC /BIPHASIC /TRIPHASIC  
AGENTS**

BEYAZ

BREVICON\*

CYCLESSA

DROSPIRENONE-ETH ESTRAD-  
LEVOMEF

ESTROSTEP FE

FAYOSIM

LEVONORG-ETH ESTRAD ETH  
ESTRAD

LO LOESTRIN FE

LOESTRIN

LOESTRIN FE

LOSEASONIQUE\*

MELODETTA 24 FE

MIBELAS 24 FE

MICROGESTIN 24 FE

MINASTRIN 24 FE\*

MIRCETTE

NATAZIA\*

NORETHIN-ETH ESTRA-FERROUS FUM

ORTHO TRI-CYCLEN

ORTHO TRI-CYCLEN LO

ORTHO-CYCLEN

ORTHO-NOVUM

QUARTETTE\*

RAJANI

RIVELSA

SAFYRAL

SEASONIQUE\*

TAYTULLA\*

TRI-NORINYL\*

TYDEMY

YASMIN 28

YAZ

**MUSCLE RELAXANTS &  
ANTISPASMODIC AGENTS**

BACLOFEN

DANTRIUM

DANTROLENE SODIUM

**MYASTHENIA GRAVIS**

MESTINON

PYRIDOSTIGMINE BROMIDE

PYRIDOSTIGMINE BROMIDE ER

**NON-INSULIN HYPOGLYCEMIC  
AGENTS**

ACARBOSE

ACTOPLUS MET

ACTOPLUS MET XR

ACTOS

ADLYXIN\*

ALOGLIPTIN\*

ALOGLIPTIN-METFORMIN\*

ALOGLIPTIN-PIOGLITAZONE\*

AMARYL

AVANDAMET

AVANDIA

BYDUREON

BYDUREON BCISE

BYDUREON PEN

BYETTA

CHLORPROPAMIDE

CYCLOSET

DM2\*

DUETACT

FARXIGA\*

FORTAMET\*

GLIMEPIRIDE

GLIPIZIDE

GLIPIZIDE ER

GLIPIZIDE XL

GLIPIZIDE-METFORMIN

GLUCOPHAGE\*

GLUCOPHAGE XR\*

GLUCOTROL

GLUCOTROL XL

GLUCOVANCE

GLUMETZA\*

GLYBURIDE

GLYBURIDE MICRONIZED

GLYBURIDE-METFORMIN HCL

GLYNASE

GLYSET

GLYXAMBI\*

INVOKAMET

INVOKAMET XR

INVOKANA

JANUMET

JANUMET XR

JANUVIA

JARDIANCE



**NON-INSULIN HYPOGLYCEMIC AGENTS (continued)**

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

**NSAIDS**

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

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

VOPAC MDS\*

XRYLIX\*

ZORVOLEX\*

**NSAIDS- SPECIFIC COX-II INHIBITORS**

CELEBREX

CELECOXIB

**ORAL DRUGS FOR GLAUCOMA**

ACETAZOLAMIDE

METHAZOLAMIDE

NEPTAZANE

**OSTEOPOROSIS THERAPY**

ACTONEL

ALENDRONATE SODIUM

ATELVIA\*

BINOSTO\*

BONIVA\*

FOSAMAX\*

FOSAMAX PLUS D

IBANDRONATE SODIUM

RISEDRONATE SODIUM

RISEDRONATE SODIUM DR

**OTHER ANTIHYPERTENSIVE COMBINATIONS**

ACCURETIC\*

AMLODIPINE BESYLATE-BENAZEPRIL

AMLODIPINE-OLMESARTAN

AMLODIPINE-VALSARTAN

AMLODIPINE-VALSARTAN-HCTZ

ATENOLOL-CHLORTHALIDONE

AZOR\*

BENAZEPRIL-  
HYDROCHLOROTHIAZIDE

BISOPROLOL-  
HYDROCHLOROTHIAZIDE

BYVALSON\*

CAPTOPRIL-HYDROCHLOROTHIAZIDE

CLOPRES

CORZIDE

DUTOPROL

ENALAPRIL-HYDROCHLOROTHIAZIDE

EXFORGE\*

EXFORGE HCT\*

FOSINOPRIL-  
HYDROCHLOROTHIAZIDE

LISINOPRIL-HYDROCHLOROTHIAZIDE

LOPRESSOR HCT

LOTENSIN HCT\*

\* Non-Covered Medication

OTHER ANTIHYPERTENSIVE COMBINATIONS (continued)
LOTREL
METHYLDOPA-HYDROCHLOROTHIAZIDE
METOPROLOL SUCCINATE ER-HCTZ
METOPROLOL-HYDROCHLOROTHIAZIDE
MOEXIPRIL-HYDROCHLOROTHIAZIDE
NADOLOL-BENDROFLUMETHIAZIDE
OLMESARTAN-AMLODIPINE-HCTZ
PRESTALIA*
PROPRANOLOL-HYDROCHLOROTHIAZID
QUINAPRIL-HYDROCHLOROTHIAZIDE
TARKA
TELMISARTAN-AMLODIPINE
TENORETIC 100
TENORETIC 50
TRANDOLAPRIL-VERAPAMIL ER
TRIBENZOR*
TWYNST*
VASERETIC*
ZESTORETIC
ZIAC
OTHER GLAUCOMA DRUGS
AZOPT
BIMATOPROST
COMBIGAN*
COSOPT
COSOPT PF*
DORZOLAMIDE HCL
DORZOLAMIDE-TIMOLOL
LATANOPROST
LUMIGAN
SIMBRINZA*
TRAVATAN Z
TRUSOPT
VYZULTA*
XALATAN
ZIOPATAN*
OTHER ULCER THERAPY
CARAFATE
SUCRALFATE
POTASSIUM
EFFER-K
K EFFERVESCENT
KLOR-CON

KLOR-CON 10
KLOR-CON 8
KLOR-CON M10
KLOR-CON M15
KLOR-CON M20
KLOR-CON SPRINKLE
KLOR-CON-EF
K-TAB ER
POTABA
POTASSIUM BICARBONATE
POTASSIUM CHLORIDE
PROGESTINS
AYGESTIN
MEDROXYPROGESTERONE ACETATE
NORETHINDRONE ACETATE
ORTHO MICRONOR
PROGESTERONE
PROMETRIUM
PROVERA
PROSTAGLANDINS
CYTOTEC
MISOPROSTOL
SALICYLATES
DIFLUNISAL
SELECTIVE SEROTONIN REUPTAKE INHIBITORS
BRISDELLE*
CELEXA*
CITALOPRAM HBR
ESCITALOPRAM OXALATE
FLUOXETINE DR
FLUOXETINE HCL
FLUVOXAMINE MALEATE
FLUVOXAMINE MALEATE ER
LEXAPRO*
PAROXETINE CR
PAROXETINE ER
PAROXETINE HCL
PAROXETINE MESYLATE
PAXIL*
PAXIL CR*
PEXEVA*
PROZAC*
SARAFEM*
SERTRALINE HCL
VIIBRYD*
ZOLOFT*

SPECIALIZED OB/GYN DRUGS
ISOXSUPRINE HCL
SYMPATHOMIMETICS
ALPHAGAN P
APRACLONIDINE HCL
BRIMONIDINE TARTRATE
IOPIDINE
THIAZIDE & RELATED DIURETICS
ALDACTAZIDE
ALDACTONE
AMILORIDE HCL
AMILORIDE-HYDROCHLOROTHIAZIDE
BUMETANIDE
CAROSPIR
CHLOROTHIAZIDE
CHLORTHALIDONE
DEMADEX
DIURIL
DYAZIDE
DYRENIUM
EDECRIN
EPLERENONE
ETHACRYNIC ACID
FUROSEMIDE
HYDROCHLOROTHIAZIDE
INDAPAMIDE
INSpra
LASIX
MAXZIDE
MAXZIDE-25 MG
METHYCLOTHIAZIDE
METOLAZONE
MICROZIDE
SPIRONOLACTONE
SPIRONOLACTONE-HCTZ
TORSEMIDE
TRIAMTERENE-HCTZ
TRIAMTERENE-HYDROCHLOROTHIAZID
THYROID HORMONES
ARMOUR THYROID
CYTOMEL
LEVO-T
LEVOTHYROXINE SODIUM
LEVXYL
LIOthyronine Sodium
NATURE-THROID

\* Non-Covered Medication

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

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# \$9 Generic Medications List

Blue Cross Blue Shield of Massachusetts offers our members 90-day supplies of certain generic medications for just \$9 when the prescription is filled through the Express Scripts Mail Service Pharmacy. The following list includes those medications that are available for \$9. Normal prescription guidelines apply, which in some cases results in prescription supplies for fewer than 90 days. This list is up-to-date as of January 2018. You can find the latest information about your medications by visiting [bluecrossma.com/medications](http://bluecrossma.com/medications).

If your copayment for a 90-day supply through the mail pharmacy is less than \$9, you will pay the lesser amount. \$9 price is based only on quantities stated below. The price of the medication may differ if the quantity purchased is different. The \$9 price is subject to change, so you should always confirm your cost prior to filling a prescription.

To price drugs, log in to MyBlue at [bluecrossma.com/myblue](http://bluecrossma.com/myblue) and select Review My Pharmacy Benefits under the Manage Your Plan section. Next, click the Express Scripts Account link.

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
<b>ANESTHETICS</b>			
LIDOCAINE HCL	20MG/ML	SOLUTION	300
<b>ANTIARTHRITICS</b>			
ALLOPURINOL	100MG	TABLET	90
ALLOPURINOL	300MG	TABLET	90
MELOXICAM	7.5MG	TABLET	90
MELOXICAM	15MG	TABLET	90
INDOMETHACIN	25MG	CAPSULE	180
IBUPROFEN	400MG	TABLET	270
IBUPROFEN	600MG	TABLET	180
IBUPROFEN	800MG	TABLET	180
NAPROXEN	250MG	TABLET	180
NAPROXEN	375MG	TABLET	180
NAPROXEN	500MG	TABLET	180
DICLOFENAC SODIUM	50MG	TABLET DR	180
DICLOFENAC SODIUM	75MG	TABLET DR	180
NAPROXEN SODIUM	275MG	TABLET	180
NAPROXEN SODIUM	220MG	TABLET	180
<b>ANTIASTHMATICS</b>			
ALBUTEROL SULFATE	2MG/5ML	SYRUP	1440
ALBUTEROL SULFATE	0.83MG/ML	SOLUTION	225
IPRATROPIUM BROMIDE	0.2MG/ML	SOLUTION	225

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
<b>ANTIBIOTICS</b>			
NEO/POLYMYX B SULF/ DEXAMETH	3.5-10K-.1	OINT.(GM)	4
POLYMYXIN B SULFATE/TMP	10K U-0.1%	DROPS	30
SULFACETAMIDE SODIUM	0.1	DROPS	15
ERYTHROMYCIN BASE	5MG/G	OINT.(GM)	4
GENTAMICIN SULFATE	0.003	DROPS	15
PENICILLIN V POTASSIUM	250MG/5ML	SUSP RECON	300
PENICILLIN V POTASSIUM	250MG/5ML	SUSP RECON	300
PENICILLIN V POTASSIUM	250MG	TABLET	84
AMOXICILLIN TRIHYDRATE	250MG	CAPSULE	90
AMOXICILLIN TRIHYDRATE	500MG	CAPSULE	90
AMOXICILLIN TRIHYDRATE	125MG/5ML	SUSP RECON	240
AMOXICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON	300
AMOXICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON	300
AMOXICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON	300
CEPHALEXIN MONOHYDRATE	250MG	CAPSULE	84
CEPHALEXIN MONOHYDRATE	500MG	CAPSULE	90
ISONIAZID	300MG	TABLET	90
METRONIDAZOLE	250MG	TABLET	84
METRONIDAZOLE	500MG	TABLET	42
CIPROFLOXACIN HCL	250MG	TABLET	42
CIPROFLOXACIN HCL	500MG	TABLET	60
AMOXICILLIN	500 MG	TABLET	90
SULFAMETHOXAZOLE/ TRIMETHOPRIM	400-80MG	TABLET	84
SULFAMETHOXAZOLE/ TRIMETHOPRIM	800-160MG	TABLET	60
AMOXICILLIN TRIHYDRATE	400MG/5ML	SUSP RECON	150
AMOXICILLIN TRIHYDRATE	200MG/5ML	SUSP RECON	150
<b>ANTICOAGULANTS</b>			
WARFARIN SODIUM	10MG	TABLET	90
WARFARIN SODIUM	2MG	TABLET	90
WARFARIN SODIUM	1MG	TABLET	90
WARFARIN SODIUM	5MG	TABLET	90
WARFARIN SODIUM	2.5MG	TABLET	90
WARFARIN SODIUM	7.5MG	TABLET	90
WARFARIN SODIUM	3MG	TABLET	90

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
WARFARIN SODIUM	4MG	TABLET	90
WARFARIN SODIUM	6MG	TABLET	90
<b>ANTIFUNGALS</b>			
FLUCONAZOLE	150MG	TABLET	3
TERBINAFINE	250MG	TABLET	90
<b>ANTIHISTAMINES</b>			
HYDROXYZINE PAMOATE	25MG	CAPSULE	90
PROMETHAZINE HCL	6.25MG/5ML	SYRUP	540
PROMETHAZINE HCL	12.5MG	TABLET	90
PROMETHAZINE HCL	25MG	TABLET	90
PROMETHAZINE HCL	50MG	TABLET	90
<b>ANTIHYPERGLYCEMICS</b>			
GLYBURIDE	1.25MG	TABLET	90
GLYBURIDE	2.5MG	TABLET	90
GLYBURIDE	5MG	TABLET	90
GLYBURIDE,MICRONIZED	1.5MG	TABLET	90
GLYBURIDE,MICRONIZED	3MG	TABLET	90
GLYBURIDE,MICRONIZED	6MG	TABLET	90
GLIMEPIRIDE	1MG	TABLET	90
GLIMEPIRIDE	2MG	TABLET	90
GLIMEPIRIDE	4MG	TABLET	90
METFORMIN HCL	500MG	TABLET	180
METFORMIN HCL	850MG	TABLET	180
GLIPIZIDE	5MG	TABLET	90
GLIPIZIDE	10MG	TABLET	180
GLIPIZIDE	5MG	TAB OSM 24	90
METFORMIN HCL	1000MG	TABLET	180
METFORMIN HCL	500MG	TAB.SR 24H	180
GLYBURIDE/METFORMIN HCL	5MG-500MG	TABLET	180
<b>ANTINEOPLASTICS</b>			
MEGESTROL ACETATE	20MG	TABLET	180
<b>ANTIPARKINSON DRUGS</b>			
TRIHENYDROXYPHENIDYL HCL	2MG	TABLET	180
BENZTROPINE MESYLATE	0.5MG	TABLET	180
BENZTROPINE MESYLATE	1MG	TABLET	90
BENZTROPINE MESYLATE	2MG	TABLET	90
<b>ANTIVIRALS</b>			
ACYCLOVIR	200MG	CAPSULE	90

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
<b>CARDIAC DRUGS</b>			
ISOSORBIDE MONONITRATE	10MG	TABLET	180
DILTIAZEM HCL	120MG	CAP.SR 24H	90
VERAPAMIL HCL	120MG	TABLET	180
VERAPAMIL HCL	80MG	TABLET	180
DILTIAZEM HCL	30MG	TABLET	180
DILTIAZEM HCL	60MG	TABLET	180
AMIODARONE HCL	200MG	TABLET	90
VERAPAMIL HCL	240MG	TABLET SA	90
VERAPAMIL HCL	180MG	TABLET SA	90
VERAPAMIL HCL	120MG	TABLET SA	180
ISOSORBIDE MONONITRATE	60MG	TAB.SR 24H	90
ISOSORBIDE MONONITRATE	30MG	TAB.SR 24H	90
<b>CARDIOVASCULAR</b>			
ENALAPRIL MALEATE	5MG	TABLET	90
ENALAPRIL MALEATE	10MG	TABLET	90
ENALAPRIL MALEATE	20MG	TABLET	90
ENALAPRIL MALEATE	2.5MG	TABLET	90
HYDRALAZINE HCL	10MG	TABLET	180
HYDRALAZINE HCL	100MG	TABLET	270
HYDRALAZINE HCL	25MG	TABLET	90
HYDRALAZINE HCL	50MG	TABLET	270
PRAZOSIN HCL	1MG	CAPSULE	90
CLONIDINE HCL	0.1MG	TABLET	180
CLONIDINE HCL	0.2MG	TABLET	180
CLONIDINE HCL	0.3MG	TABLET	90
METHYLDOPA	250MG	TABLET	180
METHYLDOPA	500MG	TABLET	180
CARVEDILOL	25MG	TABLET	180
CARVEDILOL	12.5MG	TABLET	180
CARVEDILOL	3.125MG	TABLET	180
CARVEDILOL	6.25MG	TABLET	180
LABETALOL HCL	300MG	TABLET	180
LABETALOL HCL	200MG	TABLET	180
LABETALOL HCL	100MG	TABLET	180
METOPROLOL TARTRATE	25MG	TABLET	180
PROPRANOLOL HCL	10MG	TABLET	180
METOPROLOL TARTRATE	100MG	TABLET	180



DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
METOPROLOL TARTRATE	50MG	TABLET	180
ATENOLOL	100MG	TABLET	90
ATENOLOL	50MG	TABLET	90
ATENOLOL	25MG	TABLET	90
QUINAPRIL HCL	10MG	TABLET	90
QUINAPRIL HCL	20MG	TABLET	90
QUINAPRIL HCL	5MG	TABLET	90
QUINAPRIL HCL	40MG	TABLET	90
GUANFACINE HCL	1MG	TABLET	90
GUANFACINE HCL	2MG	TABLET	90
BENAZEPRIL/ HYDROCHLOROTHIAZIDE	5-6.25MG	TABLET	90
BENAZEPRIL/ HYDROCHLOROTHIAZIDE	10-12.5MG	TABLET	90
BENAZEPRIL/ HYDROCHLOROTHIAZIDE	20-12.5MG	TABLET	90
BENAZEPRIL/ HYDROCHLOROTHIAZIDE	20-25MG	TABLET	90
DOXAZOSIN MESYLATE	1MG	TABLET	90
DOXAZOSIN MESYLATE	2MG	TABLET	90
DOXAZOSIN MESYLATE	4MG	TABLET	90
DOXAZOSIN MESYLATE	8MG	TABLET	90
SOTALOL HCL	80MG	TABLET	90
SOTALOL HCL	240MG	TABLET	180
BISOPROL/ HYDROCHLOROTHIAZIDE	2.5-6.25MG	TABLET	90
BISOPROL/ HYDROCHLOROTHIAZIDE	5-6.25MG	TABLET	90
BISOPROL/ HYDROCHLOROTHIAZIDE	10-6.25MG	TABLET	90
LOVASTATIN	20MG	TABLET	90
LOVASTATIN	40MG	TABLET	90
LOVASTATIN	10MG	TABLET	90
TERAZOSIN HCL	1MG	CAPSULE	90
TERAZOSIN HCL	2MG	CAPSULE	90
TERAZOSIN HCL	5MG	CAPSULE	90
TERAZOSIN HCL	10MG	CAPSULE	90
LISINOPRIL	5MG	TABLET	90
LISINOPRIL	10MG	TABLET	90
LISINOPRIL	20MG	TABLET	90

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
LISINOPRIL	40MG	TABLET	90
LISINOPRIL	2.5MG	TABLET	90
LISINOPRIL	30MG	TABLET	90
RAMIPRIL	1.25MG	CAPSULE	90
RAMIPRIL	2.5MG	CAPSULE	90
RAMIPRIL	5MG	CAPSULE	90
RAMIPRIL	10MG	CAPSULE	90
BENAZEPRIL HCL	5MG	TABLET	90
BENAZEPRIL HCL	10MG	TABLET	90
BENAZEPRIL HCL	20MG	TABLET	90
BENAZEPRIL HCL	40MG	TABLET	90
PRAVASTATIN SODIUM	10MG	TABLET	90
PRAVASTATIN SODIUM	20MG	TABLET	90
PRAVASTATIN SODIUM	40MG	TABLET	90
ENALAPRIL/ HYDROCHLOROTHIAZIDE	5-12.5MG	TABLET	90
BISOPROLOL FUMARATE	10MG	TABLET	90
BISOPROLOL FUMARATE	5MG	TABLET	90
ATENOLOL/CHLORTHALIDONE	50MG-25MG	TABLET	90
ATENOLOL/CHLORTHALIDONE	100-25MG	TABLET	90
LISINOPRIL/ HYDROCHLOROTHIAZIDE	20-12.5MG	TABLET	90
LISINOPRIL/ HYDROCHLOROTHIAZIDE	20-25MG	TABLET	90
LISINOPRIL/ HYDROCHLOROTHIAZIDE	10-12.5MG	TABLET	90
<b>CNS DRUGS</b>			
PRIMIDONE	250MG	TABLET	180
PRIMIDONE	50MG	TABLET	180
<b>CONTRACEPTIVES</b>			
NORGESTIMATE-ETHINYL ESTRADIOL	7DAYSX3 28	TABLET	84
LEVONORGESTREL-ETH ESTRA	0.15-0.03	TABLET	84
<b>COUGH/COLD PREPARATIONS</b>			
D-METHORPHAN HB/ PROMETH HCL	15-6.25/5	SYRUP	360
BENZONATATE	100MG	CAPSULE	42

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
<b>DIURETICS</b>			
INDAPAMIDE	2.5MG	TABLET	90
INDAPAMIDE	1.25MG	TABLET	90
TORSEMIDE	5MG	TABLET	90
TORSEMIDE	10MG	TABLET	90
TORSEMIDE	20MG	TABLET	90
TORSEMIDE	100MG	TABLET	90
SPIRONOLACTONE	25MG	TABLET	90
CHLOROTHIAZIDE	250 MG	TABLET	90
HYDROCHLOROTHIAZIDE	12.5MG	CAPSULE	90
HYDROCHLOROTHIAZIDE	25MG	TABLET	90
HYDROCHLOROTHIAZIDE	50MG	TABLET	90
FUROSEMIDE	20MG	TABLET	90
FUROSEMIDE	40MG	TABLET	90
FUROSEMIDE	80MG	TABLET	90
AMILORIDE/ HYDROCHLOROTHIAZIDE	5MG-50MG	TABLET	90
TRIAMTERENE/ HYDROCHLOROTHIAZID	37.5-25MG	CAPSULE	90
TRIAMTERENE/ HYDROCHLOROTHIAZID	75-50MG	TABLET	90
TRIAMTERENE/ HYDROCHLOROTHIAZID	37.5-25MG	TABLET	90
<b>EENT PREPS</b>			
TIMOLOL MALEATE	0.0025	DROPS	15
TIMOLOL MALEATE	0.0025	DROPS	15
TIMOLOL MALEATE	0.0025	DROPS	15
TIMOLOL MALEATE	0.005	DROPS	15
TIMOLOL MALEATE	0.005	DROPS	15
TIMOLOL MALEATE	0.005	DROPS	15
LEVOBUNOLOL HCL	0.005	DROPS	15
LEVOBUNOLOL HCL	0.005	DROPS	15
LEVOBUNOLOL HCL	0.005	DROPS	15
<b>ELECT/CALORIC/H2O</b>			
POTASSIUM CHLORIDE	10MEQ	TAB PRT SR	90

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
<b>GASTROINTESTINAL</b>			
METOCLOPRAMIDE HCL	5MG/5ML	SOLUTION	180
LACTULOSE	10G/15ML	SOLUTION	960
RANITIDINE HCL	300MG	TABLET	90
PROCHLORPERAZINE MALEATE	10MG	TABLET	90
MECLIZINE HCL	12.5MG	TABLET	180
DICYCLOMINE HCL	10MG	CAPSULE	270
DICYCLOMINE HCL	20MG	TABLET	180
METOCLOPRAMIDE HCL	10MG	TABLET	180
METOCLOPRAMIDE HCL	5MG	TABLET	180
FAMOTIDINE	40MG	TABLET	90
<b>HORMONES</b>			
ESTRADIOL	1MG	TABLET	90
ESTRADIOL	2MG	TABLET	90
ESTRADIOL	0.5MG	TABLET	90
MEDROXYPROGESTERONE ACET	10MG	TABLET	42
MEDROXYPROGESTERONE ACET	2.5MG	TABLET	90
MEDROXYPROGESTERONE ACET	5MG	TABLET	90
PREDNISONE	1MG	TABLET	90
PREDNISONE	10MG	TABLET	90
PREDNISONE	2.5MG	TABLET	90
PREDNISONE	20MG	TABLET	90
PREDNISONE	5MG	TABLET	90
DEXAMETHASONE	0.5MG	TABLET	90
DEXAMETHASONE	0.75MG	TABLET	90
DEXAMETHASONE	4MG	TABLET	18
METHYLPREDNISOLONE	4MG	TAB DS PK	63
<b>MUSCLE RELAXANTS</b>			
CYCLOBENZAPRINE HCL	5MG	TABLET	90
TIZANIDINE HCL	2MG	TABLET	180
TIZANIDINE HCL	4MG	TABLET	180
ORPHENADRINE CITRATE	100MG	TABLET SA	90
BACLOFEN	10MG	TABLET	180
CYCLOBENZAPRINE HCL	10MG	TABLET	90

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
PSYCHOTHERAPEUTIC DRUGS			
CLORAZEPATE DIPOTASSIUM	15MG	TABLET	90
CLORAZEPATE DIPOTASSIUM	3.75MG	TABLET	180
CLORAZEPATE DIPOTASSIUM	7.5MG	TABLET	90
FLUPHENAZINE HCL	1MG	TABLET	180
FLUPHENAZINE HCL	10MG	TABLET	90
FLUPHENAZINE HCL	2.5MG	TABLET	90
TRIFLUOPERAZINE HCL	1MG	TABLET	90
TRIFLUOPERAZINE HCL	10MG	TABLET	90
TRIFLUOPERAZINE HCL	2MG	TABLET	90
TRIFLUOPERAZINE HCL	5MG	TABLET	90
THIORIDAZINE HCL	25MG	TABLET	180
THIORIDAZINE HCL	50MG	TABLET	90
HALOPERIDOL	0.5MG	TABLET	90
HALOPERIDOL	1MG	TABLET	90
HALOPERIDOL	2MG	TABLET	90
HALOPERIDOL	5MG	TABLET	90
LITHIUM CARBONATE	300MG	CAPSULE	270
CITALOPRAM HYDROBROMIDE	20MG	TABLET	90
CITALOPRAM HYDROBROMIDE	40MG	TABLET	90
CITALOPRAM HYDROBROMIDE	10MG	TABLET	90
FLUOXETINE HCL	10MG	CAPSULE	90
FLUOXETINE HCL	20MG	CAPSULE	90
FLUOXETINE HCL	40MG	CAPSULE	90
PAROXETINE HCL	10MG	TABLET	90
PAROXETINE HCL	20MG	TABLET	90
PAROXETINE HCL	30MG	TABLET	90
PAROXETINE HCL	40MG	TABLET	90
SERTRALINE HCL	25MG	TABLET	90
TRAZODONE HCL	50MG	TABLET	90
TRAZODONE HCL	100MG	TABLET	90
TRAZODONE HCL	150MG	TABLET	90
NORTRIPTYLINE HCL	10MG	CAPSULE	90
NORTRIPTYLINE HCL	25MG	CAPSULE	90
IMIPRAMINE HCL	10MG	TABLET	90
IMIPRAMINE HCL	25MG	TABLET	90
IMIPRAMINE HCL	50MG	TABLET	90
DOXEPIN HCL	10MG	CAPSULE	90
DOXEPIN HCL	25MG	CAPSULE	90

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
MIRTAZAPINE	15MG	TABLET	90
MIRTAZAPINE	30MG	TABLET	90
MIRTAZAPINE	45MG	TABLET	90
BUSPIRONE HCL	5MG	TABLET	180
BUSPIRONE HCL	10MG	TABLET	180
BUSPIRONE HCL	15MG	TABLET	180
<b>SEDATIVE/HYPNOTICS</b>			
FLURAZEPAM HCL	15MG	CAPSULE	90
<b>SKIN PREPS</b>			
HYDROCORTISONE	0.01	CREAM(GM)	90
HYDROCORTISONE	0.025	CREAM(GM)	90
TRIAMCINOLONE ACETONIDE	0.005	CREAM(GM)	45
<b>THYROID PREPS</b>			
LEVOTHYROXINE SODIUM	112MCG	TABLET	90
LEVOTHYROXINE SODIUM	25MCG	TABLET	90
LEVOTHYROXINE SODIUM	50MCG	TABLET	90
LEVOTHYROXINE SODIUM	100MCG	TABLET	90
LEVOTHYROXINE SODIUM	75MCG	TABLET	90
LEVOTHYROXINE SODIUM	200MCG	TABLET	90
LEVOTHYROXINE SODIUM	125MCG	TABLET	90
LEVOTHYROXINE SODIUM	150MCG	TABLET	90
LEVOTHYROXINE SODIUM	175MCG	TABLET	90
LEVOTHYROXINE SODIUM	88MCG	TABLET	90
LEVOTHYROXINE SODIUM	137MCG	TABLET	90
<b>UNCLASSIFIED DRUG PRODUCTS</b>			
ALENDRONATE SODIUM	35MG	TABLET	12
OXYBUTYNIN CHLORIDE	5MG	TABLET	180
ALENDRONATE SODIUM	10MG	TABLET	90
ALENDRONATE SODIUM	5MG	TABLET	90
CHLORHEXIDINE GLUCONATE	0.0012	MOUTHWASH	1419
ALENDRONATE SODIUM	70MG	TABLET	12
<b>VITAMINS</b>			
FOLIC ACID	1MG	TABLET	90

1. The \$9 or less price applies to a 90-day supply of each generic drug. Cost may vary based on prescription quantity or day supply. A processing fee may apply. The coverage and prices of certain medications are also subject to the specific terms of your plan. In applicable states, sales tax may be added to the cost of your prescriptions. Medications and pricing are subject to change without notice. Drug list is valid until Dec. 31, 2018. Changes are made available to your Plan Sponsor. Pre-packaged drugs are only available for \$9 in the package sizes specified on the list. Cost of standard shipping is included as part of your prescription benefit plan.

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# Learn About Your Pharmacy Program

Effective January 1, 2018

This guide provides an overview of the program, and lists some of the medications covered under your plan, including:

- Over-the-Counter Medications
- Quality Care Dosing Medications
- Prior Authorization Medications
- Specialty Pharmacy Medications
- Step Therapy Medications



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# Pharmacy Program Overview

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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, 2018, 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](http://bluecrossma.com/medications).

## Mail Service Pharmacy

You can have certain prescriptions delivered right to your door when you order online through Express Scripts®, our pharmacy manager, at [express-scripts.com](http://express-scripts.com). You'll also be able to purchase a 90-day supply of some maintenance medications, such as those used to treat high blood pressure, for less money than you'd pay at a retail pharmacy.

To use the Mail Service Pharmacy, download the order form at [bluecrossma.com/pharmacy](http://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](http://bluecrossma.com/medications). Your individual coverage may vary. Changes to our current medications usually take place on January 1st and July 1st.

### 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](http://bluecrossma.com/myblue).

### Express Scripts

Get information about your specific pharmacy coverage by visiting [express-scripts.com](http://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 are 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.

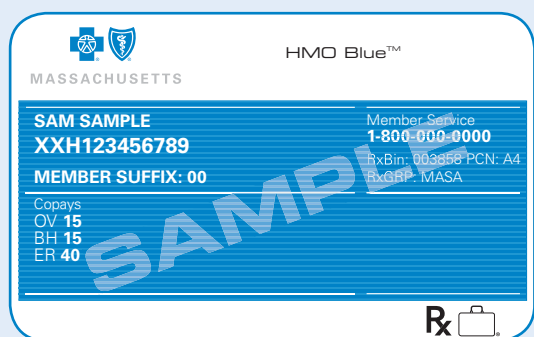
The amount you pay may include your copayment, co-insurance, and deductibles. For more about your specific prescription benefit costs, review the information in your benefit literature, which you should have received when you enrolled in your plan, or call the Member Service number listed on the front 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

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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, 2018, 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 ages 65 and older
- **Generic contraceptives** (e.g., female condoms, sponges, and spermicide) are covered

# Quality Care Dosing

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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.

This list of medications in our Quality Care Dosing program is up-to-date as of January 1, 2018, 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](https://bluecrossma.com/pharmacy), click on **Pharmacy Management Program**, and proceed to the **Quality Care Dosing** section.

# Quality Care Dosing

Abstral * (PA)	Amlodipine-Atorvastatin	Binosto * (PA)	Combivent
AcipHex * (PA)	Ampyra (PA) (SP)	Boniva tablets * (ST)	Combivent Respimat
Actiq * (PA)	Anoro Ellipta	Breo Ellipta *	Concerta
Actonel (ST)	Anzemet *	Brisdelle *	Cotempla XR ODT *
ACTOplus Met (ST)	Aplenzin ER *	Budeprion SR	Contrave (PA)
ACTOplus Met XR (ST)	Aptenzio XR *	Budeprion XL	Copaxone (SP) (SPO)
Actos (ST)	Aranesp * (PA) (SP) (SPO)	Budesonide (nebules)	Cosentyx (PA)
Acular PF	Arava *	Bunavail	Crestor *
Acular *	Arcapta Neohaler *	Buprenorphine	Crolom ophthalmic
Acular LS *	Arnuity Ellipta	Buprenorphine-Naloxone	Cromolyn ophthalmic
Adderall XR	Arixtra *	Buprenex	Cymbalta
Adlyxin * (ST)	Arymo ER * (PA)	Buprenorphine patch (PA)	Daklinza * (PA) (SP)
Advair Diskus (PA)	Armonair RespiClick *	Bupropion SR	Daysee
Advair HFA (PA)	Ashlyna	Bupropion XL	Desvenlafaxine ER *
Advicor	Asmanex Twisthaler *	Butorphanol NS	Dexilant * (PA)
Adyphren *	Astelin	Butrans (PA)	Dexmethylphenidate ER
Adzenys XR *	Astepro *	Bydureon (ST)	Dexmethylphenidate XR
Aerobid *	Atelvia DR * (ST)	Byetta (ST)	Dextroamphetamine/ Amphetamine ER
Aerobid-M *	Atomoxetine (PA)	Cabergoline	Diclofenac gel
Aerospan *	Atorvastatin	Caduet *	Diclofenac solution
Air Duo * (PA)	Atrovent (nasal spray)	Camrese	Diflucan (150 mg only)
Akynzeo *	Atrovent HFA	Camrese Lo	Dihydroergotamine (nasal spray)
Alendronate Sodium	Auvi-Q *	Cardura *	DM 2 Kit *
Alora *	Avandamet (ST)	Cardura XL *	Doxazosin
Alosetron	Avandia (ST)	Catapres TTS	Dulera (PA)
Alrex *	Avinza *	Celebrex (ST)	Duloxetine
Alsuma *	Avonex (SP) (SPO)	Celecoxib (ST)	Duloxetine DR
Altoprev *	Axert *	Celexa *	Duragesic * (PA)
Alupent inhaler	Azelastine (nasal spray)	Cesamet *	Edluar *
Alvesco *	Azmacort *	Cholbam	Effexor XR *
Ambien *	Basaglar *	Ciclodin solution/kit	Eletriptan
Ambien CR *	Belbuca (PA)	Ciclopirox nail lacquer	Embeda *
Amethia	Belsomra *	Citalopram	Emend
Amethis Lo	Belviq (PA)	Climara	Emverm **
Amerge	Belviq XR (PA)	Climara Pro	Enbrel (PA) (SP) (SPO)
Amitiza	Betaseron (SP) (SPO)	Clonidine patch	Enoxaparin
Amlodipine	Bevespi AeroSphere *	CNL 8 nail kit *	

\* non-covered medication; Quality Care Dosing limits apply for members with approved formulary exceptions

\*\* new to market drug; non-covered while under review quantity limits apply to members with approved formulary exceptions (MBO) medical benefit only  
(PA) prior authorization required  
(PA17) prior authorization required for members who are 17 years of age or older

(PA30) prior authorization required for members age 30 and older

(QCD) Quality Care Dosing limits apply  
(SP) medication is part of the specialty pharmacy benefit  
(SPO) pharmacy benefit only  
(ST) step therapy required

# Quality Care Dosing

Epclusa (PA) (SP)	Focalin XR *	Ipratropium NS	Lunesta
Epinephrine injection	Fondaparinux	Irenka DR *	Luvox CR *
Epi-Pen Auto-Injector	Foradil	Itraconazole	Lysteda *
Epogen * (PA) (SP) (SPO)	Forfivo XL *	Jardiance (ST)	Mavyret ** (PA) (SP)
Escitalopram	Forteo (PA) (SP) (SPO)	Jolessa	Maxair Autohaler *
Esomeprazole (PA)	Fosamax * (ST)	Kadian * (PA)	Maxalt *
Esomeprazole Strontium * (PA)	Fosamax Plus D (ST)	Kalydeco (PA) (SP)	Maxalt-MLT *
Estraderm	Fragmin *	Kerydin *	Meloxicam
Estradiol patch	Frova *	Ketorolac ophthalmic	Menostar *
Estrasorb *	Frovatriptan	Keveyis	Metadate CD
Estrogel *	Gatifloxacin	Kevzara (PA) (SP)	Methylphenidate CD
Eszopiclone	Glatiramer (SP) (SPO)	Khedeza *	Methylphenidate ER
Evamist *	Glatopa (SP) (SPO)	Kytril *	Methylphenidate LA
Evzio	Glucose testing strips (all)	Lamisil *	Mevacor *
Exalgo *	Glyxambi *	Lansoprazole	Migranal
Extavia (SP) (SPO)	Granisetron	Lansoprazole/Amoxicillin/Clarithromycin	Migranow Kit *
Ezetimibe	Granol	Lazanda * (PA)	Minivelle
Exetimibe/Simvastatin	Granix	Leflunomide	Mirtazapine
Famciclovir	Grastek (PA)	Lescol *	Mirtazapine Rapid Dissolve
Famvir *	Harvoni (PA) (SP)	Lescol XL *	Mobic *
Farydak (PA)	Hetlioz (PA)	Levalbuterol HFA *	Morphabond ER * (PA)
Farxiga * (ST)	Humira (PA) (SP) (SPO)	Levonorgestrel/Ethinyl Estradiol	Morphine Sulfate ER (PA)
Fayosim	Hydromorphone ER (PA)	Levonorgestrel/Ethinyl Estradiol/Ethinyl Estradiol	Movantik
Fentanyl oral/mucosal (PA)	Hysingla ER * (PA)	Lexapro	Moxeza *
Fentanyl patch (PA)	Hytrin *	Lidocaine 5% cream	MS Contin (PA)
Fentora * (PA)	Ibandronate	Lidocaine Patch	Mydayis *
Fetzima *	Ibrance (PA) (SP)	Lidoderm	Naptara
Flovent/HFA	Imitrex	Linze	Naratriptan
Fluconazole (150 mg only)	Impavido	Lipitor *	Narcan
Fluoxetine	Incruse Ellipta (PA)	Liptruzet *	NebuPent
Fluoxetine DR	Infergen (PA) (SP) (SPO)	Livalo *	Neulasta (SP)
Fluticasone/Salmeterol (PA)	Insulins (all)	LoSeasonique *	Neupogen (SP)
Fluvastatin XR	Intermezzo *	Lotronex	Nexium * (PA)
Fluvastatin	Introvale	Lovastatin	Norvasc *
Fluvoxamine	Invokamet (ST)	Lovenox *	Nucynta ER * (PA)
Fluvoxamine CR	Invokamet XR (ST)		Nuplazid
	Invokana (ST)		Ocaliva **

\* non-covered medication; Quality Care Dosing limits apply for members with approved formulary exceptions

\*\* new to market drug; non-covered while under review quantity limits apply to members with approved formulary exceptions (MBO) medical benefit only (PA) prior authorization required (PA17) prior authorization required for members who are 17 years of age or older

(PA30) prior authorization required for members age 30 and older

(QCD) Quality Care Dosing limits apply

(SP) medication is part of the specialty pharmacy benefit

(SPO) pharmacy benefit only

(ST) step therapy required

# Quality Care Dosing

Odomzo	Plegridy * (SP)	Rivelsa	Terazosin
Olanzapine-Fluoxetine	Praluent (PA) (SP)	Rizatriptan	Terbinafine
Olopatadine Nasal	Pravachol *	Rozerem	Terbinex *
Olysio * (PA) (SP)	Pravastatin	Rosuvastatin	Tivorbex *
Omeprazole	Prevacid * (PA)	Sancuso *	Toujeo Solostar
Omeprazole-Sod. Bicarbonate * (PA)	PrevPac *	Sarafem *	Tranexamic Acid
OmePPI (PA)	Prilosec * (PA)	Saxenda (PA)	Tremfya ** (SP)
Omontys (PA) (SP)	Pristiq *	Seasonique *	Tresiba *
Ondansetron	Pristiq ER *	Seebri Neohaler *	Treximet *
Ondansetron ODT	ProAir HFA	Selferma	Trintellix *
Onmel *	ProAir Respiclick	Serevent Diskus	Triptodur (SP)
Onsolis * (PA)	Procrit (PA) (SP) (SPO)	Sertraline	Trulance *
Onezeta Xsail *	Protonix * (PA)	Setlakin	Trulicity (ST)
Opana ER * (PA)	Proventil HFA *	Silenor *	Tudorza
Oralair (PA)	Prozac *	Siliq ** (SP)	Tymlos (PA) (SP) (SPO)
Oramorph SR * (PA)	Prozac Weekly *	Simcor *	Utibron Neohaler *
Orkambi (PA) (SP)	Pulmicort Flexhaler	Simponi (PA) (SP) (SPO)	Valacylovir
Otezla (PA)	Pulmicort Respules	Simvastatin	Valtrex
Oxycodone ER (PA)	Quaaliquin	Soliqua * (ST)	Varubi
OxyContin (PA)	Quartette *	Sonata	Venlafaxine ER capsule
Oxymorphone ER (PA)	Quasense	Sovaldi * (PA) (SP)	Venlafaxine ER tablet
Pantoprazole	Quillichew *	Spiriva	Ventolin HFA *
Paroxetine	Quinine Sulfate	Sporanox *	Viberzi *
Paroxetine CR	Qutenza (SP)	Stiolto Respimat	Victoza (ST)
Patanase *	QVAR	Strattera (PA17)	Viekira PAK * (PA) (SP)
Paxil *	Rabeprazole	Striverdi Respimat	Viekira XR * (PA) (SP)
Paxil CR *	Ragwitek (PA)	Suboxone	Vigamox *
Pediaprox-4	Rapaflox	Subsys * (PA)	Viibryd *
Pegasys (SP) (SPO)	Rebif (SP) (SPO)	Subutex	Vivelle
PEG-Intron (SP) (SPO)	Relpax *	Sumatriptan	Vivelle-Dot
Penlac *	Remeron *	Sumavel Dosepro *	Vivitrol (SPO)
Pennsaid *	Remeron Soltab *	Symbicort (PA)	Vivlodex *
Pexeva *	Repatha * (PA) (SP)	Symbyax	Voltaren gel
Pioglitazone (ST)	Restasis (PA)	Synjardy (ST)	Vosevi (PA) (SP)
Pioglitazone-Glimepiride (ST)	Rexulti *	Taltz * (PA) (SP)	Vytorin *
Pioglitazone-Metformin (ST)	Risedronate	Tanzeum * (ST)	Vyvanse *
	Ritalin LA *	Technivie * (PA) (SP)	Wellbutrin SR *

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\*\* new to market drug; non-covered while under review quantity limits apply to members with approved formulary exceptions (MBO) medical benefit only (PA) prior authorization required (PA17) prior authorization required for members who are 17 years of age or older

(PA30) prior authorization required for members age 30 and older

(QCD) Quality Care Dosing limits apply

(SP) medication is part of the specialty pharmacy benefit

(SPO) pharmacy benefit only

(ST) step therapy required



# Quality Care Dosing

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Wellbutrin XL *	Zymar *
Xartemis XR * (PA)	Zymaxid *
Xeljanz (PA) (SP)	
Xeljanz XR (PA) (SP)	
Xermelo	
Xiidra (PA)	
Xifaxan	
Xigduo * (ST)	
Xopenex HFA *	
Xtampza ER * (PA)	
Xultophy * (ST)	
Xuriden	
Yosprala * (PA)	
Zaleplon	
Zarxio	
Zegerid * (PA)	
Zembrace Symtouch *	
Zepatier * (PA) (SP)	
Zetia *	
Zinbryta * (SP)	
Zocor *	
Zofran *	
Zofran ODT *	
Zohydro ER * (PA)	
Zolmitriptan	
Zolmitriptan ODT	
Zoloft *	
Zolpidem	
Zolpidem CR	
Zolpidem SL	
Zolpimist *	
Zomig *	
Zomig ZMT *	
Zubsolv	
Zuplenz *	
Zydelig (PA) (SP)	
Zynbryta **	

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# Prior Authorization

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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.

This list of medications that require prior authorization is up-to-date as of January 1, 2018, 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](http://bluecrossma.com/pharmacy), click on **Pharmacy Management Program**, and proceed to **Prior Authorization**.

# Prior Authorization

Abstral * (QCD)	Cotellic (SP)	Gel-One * (SPO)	Lucentis (MBO)
AcipHex * (QCD)	Cosentyx (SP) (SPO)	Gelsyn-3 * (SPO)	Lynparza
Actemra (SP)	Daklinza * (QCD) (SP)	Genotropin * (SP) (SPO)	Lyrica
Acthar (SP)	Desoxyn (PA17)	Geref	Macugen (MBO)
Actiq * (QCD)	Dexilant * (QCD)	Grastek (QCD)	Mavyret ** (QCD) (SP)
Adcirca (SP)	Dexedrine (PA17)	Harvoni (QCD) (SP)	Makena (SP)
Addyi *	Dextroamphetamines (PA17)	Hetlioz (QCD)	Mekinist
Advair HFA (QCD)	Dificid *	Humatrope (SP) (SPO)	Methadone
Air Duo * (QCD)	Diskets	Humira (QCD) (SP) (SPO)	Methadose
Alecensa (SP)	Dulera (QCD)	Hyalgan * (SPO)	Methamphetamine (PA17)
Amevive (MBO)	Dolophine	Hydromorphone ER	Modafinil
Amodafanil	Dupixent (SP)	Hydroxyprogesterone (SP)	Monovisc * (SPO)
Amphetamines (e.g Amphetamine, Methamphetamine, Liquadd, Procentra)	Duragesic * (QCD)	Hymovis * (SPO)	Morphabond ER * (QCD)
Ampyra (QCD) (SP)	Dysport (SP)	Hysingla ER * (QCD)	Morphine Sulfate CR (QCD)
Aralast (MBO)	Egrifta (SP)	Ibandronate injection/ syringe (SP)	Morphine Sulfate ER (QCD)
Aralast NP (MBO)	Elidel	Ibrance (QCD) (SP)	MS Contin (QCD)
Aranesp * (QCD) (SP) (SPO)	Embeda * (QCD)	Idhifa (SP)	Myalept (SP)
Arymo ER * (QCD)	Enbrel (QCD) (SP) (SPO)	Ilaris (SP) (SPO)	Myobloc (SP)
Atomoxetine (QCD)	Enteral formula	Increlex (SP) (SPO)	Nexium * (QCD)
Avinza * (QCD)	Entyvio * (SP)	Incruse Ellipta (QCD)	Norditropin * (SP) (SPO)
Belbuca * (QCD)	Epclusa (QCD) (SP)	Inflectra (SP)	Nucala (SP)
Belviq (QCD)	Epogen * (QCD) (SP) (SPO)	Interferons (alpha, gamma)	Nucynta ER * (QCD)
Belviq XR (QCD)	Erbitux (MBO)	Iplex	Nutritional Supplements
Binosto *	Esomeprazole (QCD)	IV Immunoglobulin (MBO)	Nutropin (SP) (SPO)
Boniva syringe * (SP)	Esomeprazole Strontium * (QCD)	Juxtapid (SP)	Nuvigil * (PA17)
Botox/Botulinum Toxin (SP)	Euflexxa * (SPO)	Kadian * (QCD)	Olysio * (QCD) (SP)
Buprenex	Evekeo *	Kalydeco (QCD) (SP)	Omeprazole-Sod. Bicarbonate * (QCD)
Buprenorphine patch (QCD)	Exalgo * (QCD)	Kevzara (SP)	OmePPI (QCD)
Butrans (QCD)	Eylea (MBO)	Kineret (SP) (SPO)	Omnitrope (SP) (SPO)
Ceredase (MBO)	Factor VIII, VIIIa, IX, XIII (MBO)	Kisqali (SP)	Omontys (SP) (SPO)
Cerezyme (SP)	Farydak (SP)	Kisqali Femara (SP)	Onsolis * (QCD)
Cimzia (SP) (SPO)	Fentanyl patch (QCD)	Kynamro (SP)	Opana ER * (QCD)
Cinqair (SP)	Fentanyl oral/mucosal (QCD)	Lazanda * (QCD)	Opdivo (SP)
Cinryze (MBO)	Fentora * (QCD)	Lenvima (SP)	Oralair (QCD)
Contrave (QCD)	Fluticasone/Salmeterol (QCD)	Leukine (SP)	Oramorph SR * (QCD)
	Forteo (QCD) (SP) (SPO)	Liquadd (PA17)	Orencia * (SP)

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# Prior Authorization

Orkambi (SP)	Sildenafil (SP)	Xolair (SP)
Orthovisc * (SPO)	Simponi (QCD) (SP) (SPO)	Xtampza ER (QCD)
Otezla (QCD) (SP)	Simponi Aria (SP)	Yosprala * (QCD)
Oxycodone ER (QCD)	Sovaldi * (QCD) (SP)	Zegerid * (QCD)
Oxycontin (QCD)	Spinraza (SP)	Zelboraf (SP)
Oxymorphone ER (QCD)	Stelara (SP) (SPO)	Zenzedi (PA17)
Praluent (QCD) (SP)	Strattera (PA17) (QCD)	Zepatier * (QCD) (SP)
Preservative-Free Morphine (MBO)	Subsys * (QCD)	Zohydro ER * (QCD)
Prevacid * (QCD)	Supartz * (SPO)	Zomactin * (SP) (SPO)
Prilosec * (QCD)	Symbicort (QCD)	Zometa (MBO)
Procentra (PA17)	Synvisc * (SPO)	Zorbtive (SPO)
Procrit (QCD) (SP) (SPO)	Synvisc One * (SPO)	Zydelig (QCD) (SP)
Prolastin (MBO)	Tacrolimus (topical)	Zykadia (SP)
Prolastin C (MBO)	Tafinlar (SP)	
Proleukin (SP)	Taltz * (QCD) (SP)	
Prolia (SP) (SPO)	Technivie * (QCD) (SP)	
Protonix * (QCD)	Tev-Tropin * (SP) (SPO)	
Protopic	Topical Retinoic Acid Derivatives (e.g. Retin-A) (PA30)	
Protropin (SPO)	TPN (total parenteral nutrition) (MBO)	
Provigil (PA17)	Tymlos (QCD) (SP) (SPO)	
Ragwitek (QCD)	Tysabri (MBO)	
Raptiva	Venclexta (SP)	
Reclast (MBO)	Vectibix (MBO)	
Regranex	Victrelis (SP)	
Remicade (SP)	Viekira XR * (QCD) (SP)	
Renflexis (SP)	Viekira PAK * (QCD) (SP)	
Repatha * (QCD) (SP)	Vosevi (QCD) (SP)	
Respiratory SyncytialVirus IG/ Synagis (SP)	Xalkori (SP)	
Restasis (QCD)	Xartemis XR * (QCD)	
Revatio * (SP)	Xeljanz (QCD) (SP)	
Rituxan (SP)	Xeljanz XR (QCD) (SP)	
Rydapt (SP)	Xeomin (SP)	
Saizen * (SP) (SPO)	Xgeva (SP) (SPO)	
SaizenPrep * (SP) (SPO)	Xiaflex (MBO)	
Saxenda (QCD)	Xiidra (QCD)	
Serostim (SP) (SPO)		

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# Specialty Pharmacy Medications

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Blue Cross Blue Shield of Massachusetts has set up a network of retail specialty pharmacies to provide certain medications classified as specialty. The following is a list of medications that can only be purchased from one of the pharmacies in this network in order for coverage to be available.

## Network Pharmacy Information

### **AcariaHealth**

1-866-892-1202  
[acariahealth.com](http://acariahealth.com)

### **Accredo Health Group, Inc./CuraScript**

1-877-988-0058  
[accredo.com](http://accredo.com)

### **AllCare Plus**

1-855-880-1091  
[allcarepluspharmacy.com](http://allcarepluspharmacy.com)

### **CVS Caremark, Inc.**

1-866-846-3096  
[caremark.com](http://caremark.com)

### **Onco360, Oncology Pharmacy Solutions**

1-877-662-6633  
[onco360.com](http://onco360.com)

### **AllianceRx Walgreens Prime**

1-800-649-2872 / Fax: 866-935-0719  
[alliancerxwp.com](http://alliancerxwp.com)

## Network Pharmacy Information for Medications Most Commonly Used for Fertility

### **AcariaHealth Fertility**

1-877-928-5125 / Fax: 866-927-9870  
[acariahealth.com/index.php/explore/infertility](http://acariahealth.com/index.php/explore/infertility)

### **BriovaRx**

1-800-850-9122  
[briovarx.com](http://briovarx.com)

### **Freedom Fertility Pharmacy**

1-866-297-9452  
[freedomfertility.com](http://freedomfertility.com)

### **Metro Drugs**

1-888-258-0106  
[metrodrugs.com](http://metrodrugs.com)

### **Village Fertility Pharmacy**

1-877-334-1610  
[villagefertilitypharmacy.com](http://villagefertilitypharmacy.com)

### **AllianceRx Walgreens Prime**

1-800-424-9002  
[alliancerxwp.com](http://alliancerxwp.com)

This list is up-to-date as of January 1, 2018, 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](http://bluecrossma.com/pharmacy).

# Specialty Pharmacy Medications

## Injectable Medications

Abraxane
Actemra (PA)
Acthar (PA)
Actimmune (PA) (SPO)
Adriamycin PFS
Adrucil
Alferon N (PA)
Alkeran
Apokyn
Aranesp * (PA) (QCD) (SPO)
Arcalyst Injection (SPO)
Aredia
Arzerra
Aveed
Avonex (QCD) (SPO)
Beleodaq
Betaseron (QCD) (SPO)
BiCNU
Bivigam (PA)
Bleomycin Sulfate
Blincyto
Boniva Injection * (PA)
Botox (PA)
Busulfex
Calcium Folate
Camptosar
Carboplatin
Carimune (PA)
Cerubidine
Cerezyme (PA)
Cimzia * (PA) (SPO)
Cinqair (PA)
Cisplatin
Cladribine
Copaxone (QCD) (SPO)

Cosentyx (PA) (SPO)
Cosmegen
Cuvitru (PA)
Cyclophosphamide
Cyramza
Cytarabine
Cytogam (PA)
Cytosan
Dacarbazine
Dactinomycin
Darzalex
Daunorubicin HCL
DaunoXome
DDAVP *
Depocyt
Desmopressin Acetate
Dexrazoxane
Docefrez
Docetaxel
Doxil
Doxorubicin HCl
DTIC-Dome
Dupixent (PA)
Dysport (PA)
Egrifta (PA)
Eligard
Ellence
Eloxatin
Elspar
Empliciti
Enbrel (PA) (QCD) (SPO)
Entyvio * (PA)
Epirubicin
Epogen * (PA) (QCD) (SPO)
Ethylol
Etopophos
Etoposide

Extavia * (QCD) (SPO)
Faslodex
Firazyr
Firmagon
Flebogamma (PA)
Floxuridine
Fludara
Fludarabine phosphate
Fluorouracil
Forteo (PA) (QCD) (SPO)
FUDR
Fusilev I.V.
Fuzeon (SPO)
Gammagard (PA)
Gammagard Liquid (PA)
GamaSTAN (PA)
Gammaked (PA)
Gammaplex (PA)
Gamunex (PA)
Gattex
Gazyva
Gemcitabine
Gemzar
Genotropin * (PA) (SPO)
Glatiramer (QCD) (SPO)
Glatopa (QCD) (SPO)
Granix
Herceptin
Hizentra (PA)
Humatrope (PA) (SPO)
Humira (PA) (QCD) (SPO)
Hycamtin
Hydroxyprogesterone (PA)
HyQvia (PA)
Ibandronate injection/syringe (PA)
Idamycin PFS

Idarubicin
Ifex
Ifosfamide
Ifosfamide/Mesna
Ilaris (PA) (SPO)
Imfinzi
Increlex (PA) (SPO)
Inflectra (PA)
Intron A (PA) (SPO)
Irinotecan
Istodax
Kenalog
Kevzara (PA)
Keytruda
Kineret (PA) (SPO)
Kynamro
Lemtrada * (SPO)
Levoleucovorin
Leucovorin Calcium
Leukine (PA)
Leuprolide Acetate (SPO)
Leustatin
Lipodox
Lipodox-50
Lupaneta Pack
Lupron Depot
Lupron Depot-Ped
Makena (PA)
Marqibo
Mesna
Mesnex
Methotrexate
Mircera
Mitomycin
Mitoxantrone
Mozobil
Mustargen

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# Specialty Pharmacy Medications

Myalept (PA)	Privigen (PA)	Tepadina	Afinitor
Mylotarg	Procrit (PA) (QCD) (SPO)	Tev-Tropin * (PA) (SPO)	Alcensa
Myobloc (PA)	Proleukin (PA)	TheraCys	Alkeran
Naptara	Prolia (PA) (SPO)	Thiotepa	Alunbrig
Navelbine	Radicava	Thyrogen	Ampyra (PA) (QCD)
Neosar	Rebif (QCD) (SPO)	Toposar	Aubagio
Neulasta (QCD)	Remicade (PA)	Totect	Bethkis
Neumega	Renflexis (PA)	Trelstar	Bosulif
Neupogen (QCD)	Repatha * (PA) (QCD)	Trelstar LA	Cabometyx
Nipent	Revatio * (PA)	Trelstar Depot	Capecitabine
Norditropin * (PA) (SPO)	Rituxan (PA)	Tremfya ** (QCD)	Carbaglu
Norditropin Flexpro * (PA) (SPO)	Ruconest	Triptodur (QCD)	Cayston
Norditropin Nordiflex * (PA) (SPO)	Saizen * (PA) (SPO)	Tymlos (PA) (QCD) (SPO)	Cerdelga
Novantrone	SaizenPrep * (PA) (SPO)	Unituxin	Cometriq
Nplate	Sandostatin (SPO)	Valstar	Copegus (SPO)
Nucala (PA)	Sandostatin-LAR	Velcade	Cotellic
Nutropin (PA) (SPO)	Serostim (PA) (SPO)	Vimizim	Cystagon
Nutropin AQ (PA) (SPO)	Signafor	VinBLASTine	Cytosan
Nutropin AQ Nuspin (PA) (SPO)	Signafor LAR	Vincasar PFS	Daklinza * (PA) (QCD)
Octagam (PA)	Siliq ** (QCD)	VinCRISTine	Daraprim
Octreotide injection (SPO)	Simponi (PA) (QCD) (SPO)	Vinorelbine	Duopa
Omnitrope * (PA) (SPO)	Simponi Aria * (PA)	Vivitrol	Epclusa (PA) (QCD)
Oncaspar	Simulect	Vumon	Erivedge
Opdivo (PA)	Somatuline	Xeomin (PA)	Esbriet
Orencia * (PA)	Somavert (SPO)	Xgeva (PA) (SPO)	Erivedge
Otrexup *	Spinraza (PA)	Xolair (PA)	Etoposide
Oxaliplatin	Stelara (PA) (SPO)	Zaltrap	Exjade
Paclitaxel	Sylatron (PA)	Zanosar	Farydak (PA)
Pamidronate	Sylvant	Zarxio	Gilenya (QCD)
Pamidronate disodium	Synagis (PA)	Zinbryta * (QCD)	Gilotrif
Pegasys (QCD) (SPO)	Synribo	Zinecard	Gleevec
Peg-Intron (QCD) (SPO)	Taltz * (PA) (QCD)	Zoladex	Harvoni (PA) (QCD)
Photofrin	Tarabine	Zomacton * (PA) (SPO)	Hetlioz (PA)
Plegriby * (QCD)	Taxol	Zorbtive (PA) (SPO)	Hycamtin
Praluent (PA) (QCD)	Taxotere	<b>Oral Medications</b>	
	Tecentriq		
	Teniposide		
		Adcirca (PA)	Ibrance (PA)
		Adempas	Iclusig
			Idhifa (PA)

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# Specialty Pharmacy Medications

Imatinib	Procysbi	Tykerb	Follistim AQ * (SPO)
Imbruvica	Promacta	Tyvaso	Ganirelix * (SPO)
Inlyta	Pulmozyme (SPO)	Uptravi	Gonal F/Gonal F RFF (SPO)
Iressa	Ravicti	Veltassa *	Gonal F Rff Rediject (SPO)
Jadenu	Rebetol (SPO)	Venclexta (PA)	Human Chorionic Gonadotropin (HCG) (SPO)
Jakafi	Revatio * (PA)	Viekira PAK * (PA) (QCD)	Leuprolide (SPO)
Juxtapid (PA)	Revlimid	Viekira XR * (PA) (QCD)	Lupron Depot
Kalydeco (PA) (QCD)	Ribapak (SPO)	Vigabatrin	Lupron Depot-Ped
Kisqali (PA)	Ribasphere (SPO)	Vosevi (PA) (QCD)	Luveris (SPO)
Kisqali Femara (PA)	Ribatab	Votrient	Makena (PA)
Kitabis PAK *	Ribavirin (SPO)	Xalkori (PA)	Menopur (SPO)
Korlym	Rilutek	Xeljanz (PA) (QCD)	Novarel
Kuvan	Riluzole	Xeljanz XR (PA) (QCD)	Ovidrel (SPO)
Lenvima (PA)	Rubraca	Xeloda	Pregnyl (SPO)
Letairis	Rydapt (PA)	Xenazine	Repronex (SPO)
Lonsurf	Sabril	Xtandi	Serophene
Mavyret ** (PA) (QCD)	Samsca	Xyrem	
Mekinist	Sildenafil (PA)	Zavesca	
Mesnex	Sovaldi * (PA) (QCD)	Zelboraf (PA)	
Moderiba	Sprycel	Zepatier * (PA) (QCD)	
Nerlynx	Stivarga	Zolinza	
Nexavar	Sucraid	Zydelig (PA) (QCD)	
Ninlaro	Sutent	Zykadia (PA)	
Northera *	Tafinlar (PA)	Zytiga	
Nuplazid	Tagrisso	<b>Topical</b>	
Odomzo	Tarceva	Cystaran	
Ofev	Tasigna	Panretin (SPO)	
Oforta	Tecfidera	Qutenza (QCD)	
Olysio * (PA) (QCD)	Technivie * (PA) (QCD)	Valchlor	
Opsumit	Temodar	Zecuity *	
Orenitram	Temozoloamide	<b>Fertility Medications</b>	
Orfadin (SPO)	Tetrabenazine	Bravelle * (SPO)	
Orkambi (PA) (QCD)	Thalomid	Cetrotide (SPO)	
Otezla (PA) (QCD)	TOBI ampules (SPO)	Clomid	
Otezla Starter Pack (PA) (QCD)	TOBI-Podhaler (SPO)	Clomiphene	
Pomalyst	Tobramycin ampules	Endometrin	
	Tracleer		

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(PA30) prior authorization required for members age 30 and older

(QCD) Quality Care Dosing limits apply

(SP) medication is part of the specialty pharmacy benefit

(SPO) pharmacy benefit only

(ST) step therapy required



# Step Therapy

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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.

This list is up-to-date as of January 1, 2018, 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](http://bluecrossma.com/pharmacy), click on **Pharmacy Management Program**, and proceed to **Step Therapy**.

# Step Therapy

## Diabetes Management

Adlyxin * (QCD)
Alogliptin *
Alogliptin/Metformin *
Alogliptin/Pioglitazone *
ACTOplus Met (QCD)
ACTOplus Met XR (QCD)
Actos (QCD)
Avandamet (QCD)
Avandaryl
Avandia (QCD)
Byetta (QCD)
Bydureon (QCD)
Duetact
Farxiga * (QCD)
Fortamet *
Glucophage *
Glucophage XR *
Glumetza *
Glyxambi * (QCD)
Invokana (QCD)
Invokamet (QCD)
Invokamet XR (QCD)
Janumet
Janumet XR
Januvia
Jardiance
Jentadueto *
Jentadueto XR *
Kazano *
Kombiglyze XR
Metformin Film Coated ER *
Metformin ER *
Nesina *
Onglyza
Oseni *

Pioglitazone (QCD)
Pioglitazone-Glimepiride (QCD)
Pioglitazone-Metformin (QCD)
Prandin *
Prandimet *
Soliqua * (QCD)
Synjardy
Tanzeum * (QCD)
Tradjenta *
Trulicity (QCD)
Victoza (QCD)
Xigduo * (QCD)
Xultophy * (QCD)

## Glaucoma

Lumigan
Rescula *
Travatan
Travatan Z
Xalatan

## Osteoporosis Treatment (Oral)

Actonel (QCD)
Atelvia DR * (QCD)
Binosto * (QCD)
Boniva tablets * (QCD)
Fosamax * (QCD)
Fosamax Plus D (QCD)

## Pain Relievers (Cox II Inhibitors)

Capxib *
Celebrex (QCD)
Celecoxib (QCD)
Lidoxib *

## Prostate Treatment

Avodart
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Jalyn
Proscar *

## Parkinson's Disease Treatment

Mirapex
Mirapex ER *
Requip *
Requip XL *

## Overactive Bladder Treatment

Detrol *
Detrol LA *
Ditropan *
Ditropan XL *
Enablex *
Gelnique *
Oxytrol *
Myrbetriq
Sanctura *
Sanctura XR *
Toviaz *
Vesicare

## Topical Testosterone

Axiron
Fortesta *
Natesto Nasal *
Testim *
Testosterone gel (Fortesta Authorized product) *
Testosterone gel (Testim Authorized product) *
Testosterone gel (Vogelxo Authorized product) *
Testosterone CIK Kit *
Vogelxo *

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 \*\* new to market drug; non-covered while under review quantity limits apply to members with approved formulary exceptions (MBO) medical benefit only  
 (PA) prior authorization required  
 (PA17) prior authorization required for members who are 17 years of age or older

(PA30) prior authorization required for members age 30 and older  
 (QCD) Quality Care Dosing limits apply  
 (SP) medication is part of the specialty pharmacy benefit  
 (SPO) pharmacy benefit only  
 (ST) step therapy required

# Non-Covered Medication

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Your pharmacy program provides coverage for over 4,000 prescription medications. 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.

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

This list of non-covered medications is up-to-date as of January 1, 2018, 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](http://bluecrossma.com/medications) and proceed to the **Medications That Are Not Covered** section.

# Non-Covered Medication

Abilify	Adzenys XR (QCD)	Anzemet (QCD)	Avelox
Abilify DiscMelt	Aerobid (QCD)	Apidra	Avidoxy
Abilify Maintenna	Aerobid-M (QCD)	Aplenzin ER (QCD)	Avidoxy DK
Absorica	Aerospan (QCD)	Appformin-D	Avinza (PA) (QCD)
Abstral (PA) (QCD)	Agoneaze	Aptensio XR (QCD)	Avita
Acanya	Air Duo (PA) (QCD)	Aqua Glycolic HC	Axert (QCD)
Accolate	Airet	Aranesp (PA) (QCD) (SP) (SPO)	Axid
Accu-Chek diabetic testing supplies (QCD)	Akynzeo (QCD)	Arava (QCD)	Azasite
Accucaine	Alcortin-A	Arcapta Neohaler (QCD)	Azmacort (QCD)
AccuNeb	Aleveer	Arixtra (QCD)	Azor
Accupril	Alivycin Plus Kit	Arymo ER (PA) (QCD)	B-D diabetic testing supplies (QCD)
Accuretic	Alivycin Antipruritic SG gel	Armonair RespiClick (QCD)	Basaglar (QCD)
Accutane	Alodox	Arze-Ject-A kit	Belsomra (QCD)
Aceon	Alogliptin (ST)	Asacol HD	Benicar
AcipHex (PA) (QCD)	Alogliptin/Metformin (ST)	Ascensia diabetic testing supplies (QCD)	Benicar HCT
Acticlate	Alogliptin/Pioglitazone (ST)	Asmanex Twisthaler (QCD)	BenzaClin gel
Actigall	Aloquin	Assure diabetic testing supplies (QCD)	BenzaClin kit
Actiq (PA) (QCD)	Alora (QCD)	Astepro (QCD)	BenzaClin pump
Active Injection D	Alrex (QCD)	Astero	Besivance
Active-PAC	Alsuma (QCD)	Atacand	Betaloan SUK kit
Activella	Altabax	Atacand HCT	Bevespi AeroSphere (QCD)
Acular (QCD)	Altace	Atelvia DR (QCD) (ST)	BG-Star diabetic testing supplies (QCD)
Acular LS (QCD)	Altoprev (QCD)	Ativan	Binosto (QCD) (ST)
Acuvail	Aluvea	Atopiclair	Bionect
Aczone	Alvesco (QCD)	Atralin	Boniva syringe (PA) (SP)
Adalat CC	Ambien (QCD)	Atrapro Dermal Spray	Boniva tablets (QCD) (ST)
Adazin	Ambien CR (QCD)	Atrapro CP	Bravelle (SP)
Adderall	Amrix	Atrapro Hydrogel	Breo Ellipta (QCD)
Addyi (PA)	Amturnide	Atropen	Brevicon
Adlyxin (QCD) (ST)	Ana-Lex	Augmentin XR	Brilinta
Adoxa CK	Anafranil	Aurstat	Brisdelle (QCD)
Adoxa TT	Analpram Advanced	Auryxia	Bromday
Advanced Allergy Collection Kit	Analpram-E kit	Auvi-Q (QCD)	Bromsite
Advocate Redi-Code diabetic testing supplies (QCD)	Angeliq	Avalide	Brovana
Adyphren	Anodyne LPT	Avapro	Bystolic
	Antara		Byvalson
	Anusol HC Suppository		

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(PA30) prior authorization required for members age 30 and older

(QCD) Quality Care Dosing limits apply (SP) medication is part of the specialty pharmacy benefit (SPO) pharmacy benefit only (ST) step therapy required

# Non-Covered Medication

Caduet (QCD)	Clindacin PAC	Demulen	Dilacor XR
Calcitriol Topical	Clindagel	Depo-Sub Q Provera 104	Dilaudid
Cambia	Clindamax	Derma-Smoothe/FS	Diovan
Caphosol	Clindareach	Dermacin RX Cinolone-1 CPI	Diovan HCT
Capoten	Clindets	Dermacin Rx Chlorhexacin	Dipentum
Capxib (ST)	Clobeta + Plus	Dermacin Rx Empraciane	Dispermox
Careone diabetic testing supplies (QCD)	Clobex	Dermacin RX Prizopak	Ditropan (ST)
Caresens N diabetic testing supplies (QCD)	Clodan Kit	Dermacin RX PHN	Ditropan XL (ST)
Cardene	CNL 8 nail kit (QCD)	Dermacin RX Silpak	Divigel
Cardene SR	Colazal	Dermacin Silazone Pharmpak	DM2 Kit
Cardizem CD	CoLyte	Dermacin RX Surgical Pharmpak	DMT Suik
Cardizem LA	Combigan	Dermacin Rx Therazole Pak	Dolotranz
Cardura XL (QCD)	Combunox	Dermacin RX ZRM	Doubledex
Cataflam	Contour Next diabetic testing supplies (QCD)	Dermapak Plus Kit	Duac
Ceclor	Conzip	Dermasilk RX SDS	Duac CS
Ceclor CD	Cool diabetic testing supplies (QCD)	Dermasorb-AF	Duavee
Cedax	Coreg	Dermasorb-HC	Duexis
Celexa (QCD)	Coreg CR	Dermasorb-TA	Duragesic (PA) (QCD)
Cem-Urea	Corlanor	Dermasorb-XM	Durezol
Cenestin	Cosopt PF	Dermawerx SDS	Duzallo
Centany	Cotempla XR ODT (QCD)	Dermawerx Surgical Plus Pack	Dyloject
Centany AT	Cozaar	Dermazone	Dynabac
Ceracade Skin Barrier	Crestor (QCD)	Dermazyl	Dynacin
Ceramax	CVS Advanced diabetic testing supplies (QCD)	DermOtic	Dynacirc
Cesamet (QCD)	Cymbalta (QCD)	Desogen	Dynacirc CR
Cetraxel	D-Care 100X	Desonil + Plus	Dytan
Chenodal	Daklinza (PA) (QCD) (SP)	DesOwen kit	Easy Max diabetic testing supplies (QCD)
Chibroxin Ocumeter	Daliresp	Desvenlafaxine ER (QCD)	Easy Step diabetic testing supplies (QCD)
Cimzia (PA) (SP) (SPO)	Darvocet N-100	Detrol (ST)	Easy Talk diabetic testing supplies (QCD)
Cipro-XR	Daxbia	Detrol LA (ST)	Easy Touch diabetic testing supplies (QCD)
Cleanse and Treat	Daypro	Dexedrine (PA)	Easy-Trak diabetic testing supplies (QCD)
Cleervue-M	Daytrana	Dexilant (PA) (QCD)	Edarbi
Cleocin T	DDAVP	Diclo-Xrylix Sheet Kit	Edarbyclor
Clever Choice Voice diabetic testing supplies (QCD)	Delzicol	Diclotral	
Clindacin ETZ Kit	Delzicol DR	Diclozor	
		Dificid (PA)	

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(PA30) prior authorization required for members age 30 and older

(QCD) Quality Care Dosing limits apply

(SP) medication is part of the specialty pharmacy benefit

(SPO) pharmacy benefit only

(ST) step therapy required

# Non-Covered Medication

Edluar (QCD)	Exalgo (PA) (QCD)	Forfivo XL (QCD)	Healthpro diabetic testing supplies (QCD)
Effexor	Exforge	Fortamet (ST)	Helidac
Effexor XR (QCD)	Exforge HCT	Fortesta (ST)	Horizant
Elenza	Extavia (SP)	Fosamax (QCD) (ST)	HPR
Elestrin	Extina	Fragmin (QCD)	HPR Plus
Eletone	Factive	Freestyle diabetic testing supplies (QCD)	HPR Plus Hydrogel Kit
Elizia	Falessa kit	Frova (QCD)	Humana True Metrix diabetic testing supplies (QCD)
Embeda (QCD)	Famvir (QCD)	Ganirelix (SP) (SPO)	Hyalgan (PA) (SPO)
Embrace diabetic testing supplies (QCD)	Fanapt	Garamide	Hydrocortisone-Lidocaine kit
Emsam	Farxiga (ST)	Gel-One (PA) (SPO)	Hylase
Enablex (ST)	FazaClo	Gelclair	Hylatopic
Enjuvia	Femring	Gelnique (ST)	Hylatopic Plus
Entresto	Femtrace	Gelsyn-3 (PA) (SPO)	Hylatopic Plus-Aurstat
Entyvio (PA) (SP)	Fenoglide	GelX	Hylira
Epaned	Fentora (PA) (QCD)	Genotropin (PA) (SP) (SPO)	Hymovis (PA) (SPO)
EpiCeram	Fertinex (SP)	Geodon	Hysingla ER (PA) (QCD)
Epiduo	Fetzima (QCD)	Genestrip diabetic testing supplies (QCD)	Hytrin (QCD)
Epiduo Forte	Fexmid	GE 100 diabetic testing supplies (QCD)	Hyzaar
Epinephrine Snap-V	Fibracor	Gialax	IB-Stat
Episil	Fifty50 diabetic testing supplies (QCD)	Giazo	IC400 kit
Episnap Convenience Kit	Finacea Plus	Glucocard diabetic testing supplies (QCD)	IC800 kit
Epogen (PA) (SP) (SPO)	Fioricet	Glucometer diabetic testing supplies (QCD)	Illevo
Epy Kit	Fiorinal	Glucophage	Imuran
Equetro	Fiorinal with Codeine	Glucophage XR	Inderal LA
Ertaczo	Flagyl	Glumetza	Inderal XL
Esomeprazole Strontium (QCD) (ST)	Flagyl ER	Glyxambi (QCD) (ST)	Inflamma K
Estrace	Flagyl IV	Gmate diabetic testing supplies (QCD)	Innohep
Estrasorb (QCD)	Flector	GNP diabetic testing supplies (QCD)	InnoPran XL
Estrogel (QCD)	Flolipid	Gocovri	Intermezzo (QCD)
Eucrisa	Flumist	GoLytely	Intuniv
Euflexxa (PA) (SPO)	Fluoroplex	Halonate	Invega
Evamist (QCD)	FML Forte	Halotin	Iquix
Evekeo (PA)	Focalin		Irenka DR (QCD)
Evoclin	Focalin XR (QCD)		Istalol
ExacTech diabetic testing supplies (QCD)	Follistim AQ (SP)		Jentaduetto (ST)
	Fora V12 diabetic testing supplies (QCD)		Jentaduetto XR (ST)

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# Non-Covered Medication

Jublia	Lidotrex	Medroloan SUIK	Naprelan CR
Kadian (PA) (QCD)	Lidovex	Medroloan II SUIK	Napropak Cool Kit
Kapvay	Lidovir	Medrox Patch	Naprosyn
Kazano (ST)	Lidoxib (ST)	Megace ES	Naprosyn EC
Keppra XR	Lipitor (QCD)	Menostar (QCD)	Nascobal
Keralyt kit	Lipofen	Mentho-Caine Kit	Natazia
Kerydin (QCD)	Liprozone Pak	Mesalamine HD	Natesto Nasal (ST)
Ketocon + Plus	Liptruzet (QCD)	Metaglip	Neo-Synalar Kit
Khedeza (QCD)	Livalo (QCD)	Metformin ER (ST)	Neosalus
Kitabis PAK (SP)	Livixil PAK	Metformin Film Coated ER (ST)	Neosalus CP
Klonopin	Lodine	Metozolv ODT	Nesina (ST)
Kro Premium diabetic testing supplies (QCD)	Lodine XL	Metrogel kit	Neuac Kit
Kytril (QCD)	Lofibra	Mevacor (QCD)	Neumaxin
Lamictal ODT	Lopressor	Micardis	Neupro
Lamisil (QCD)	Loprox Kit	Micardis HCT	Neurontin
Lamisil Granules (QCD)	Lorabid	Microdot diabetic testing supplies	Nevanac
Latuda	Lorenza	Migranow	Nexiclon XR
Lazanda (PA) (QCD)	LoSeasonique (QCD)	Minastrin Fe Chewable	Nexium (PA) (QCD)
Lemtrada (SP) (SPO)	Lotensin	Minocin	Niravam
Lescol (QCD)	Lotensin HCT	Minocin Combo Pack	Norditropin (PA) (SP) (SPO)
Lescol XL (QCD)	Loutrex	Mirapex ER (ST)	Norinyl
Leva Set	Lovaza	Mobic (QCD)	Noroxin
Levalbuterol HFA (QCD)	Lovenox (QCD)	Momexin	Nor-Q-D
Levaquin	Lunesta (QCD)	Monodox	Northera (SP)
Levemir (QCD)	Luvox CR (QCD)	Monopril	Norvasc (QCD)
Levlen	Luzu	Monopril HCT	Novacort
Lexapro (QCD)	Lysteda (QCD)	Monovisc (PA) (SPO)	Nova Max diabetic testing supplies (QCD)
Lexxel	Lytenopril	Morgidox Kit	Novolin Insulin products
Liberty diabetic testing supplies (QCD)	MAC Patch	Morphabond ER (PA) (QCD)	Novolog Insulin products
Lido-Prilo Caine Pak	Marvona SUIK	MoviPrep	Noxipak
Lidocaine HC Kit	Mavik	Moxatag	NuCort
Lidocodex I	Maxair Autohaler (QCD)	Moxeza (QCD)	Nucynta
Lidodextrapine	Maxalt (QCD)	Mydayis (QCD)	Nucynta ER (PA) (QCD)
Lidopac	Maxalt-MLT (QCD)	Myoxin	Nudiclo SoluPak
Lidopril	Maxipime	Namzaric	Nudiclo TabPak
Lidotrans 5 Pac	MB Hydrogel	Naprelan	NuLyte
	Medolor Kit		

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# Non-Covered Medication

Nusurgepak Surgical Prep	Oxytrol (ST)	Pramosone E	Prozac Weekly (QCD)
Nutraseb	P-Care	PrandiMet (ST)	Purinethol
NutriaRx Pak	P-Care K	Pravachol (QCD)	Pylera
NutriDox	P-Care M	Precision QID diabetic supplies (QCD)	Qbrelis
Nuessa	P-Care MG	Precision X-Tra diabetic supplies (QCD)	Quartette (QCD)
Nuvigil (PA)	P-Care X	Premium diabetic testing supplies (QCD)	Quillichew ER
Nyata Kit	Pain Relief Patch	Prepopik	Quillivant XR
Ocudox kit	Paingo KFT	Presera	Quinja
Oleptro ER	Pamelor	Prestalia	Quixin
Olux	Pamine FQ	Prestige diabetic testing supplies (QCD)	RadiaPlex Rx
Olysio (PA) (QCD) (SP)	Pancreaze	Prevacid (PA) (QCD)	Radigel
Omnicef	Paptase	Prevacid NapraPAC	Raniclor
Omnitrope (PA) (SP) (SPO)	Patanase (QCD)	PrevPac	Rapaflo
Onexton	Paxil (QCD)	Prilolid	Rasuvio
Onmel (QCD)	Paxil CR (QCD)	Prilosec (PA) (QCD)	Rayaldee
Onsolis (PA) (QCD)	PCE	Prinivil	Rayos
Onzetra Xsail (QCD)	PCE Dispertab	Prinzide	Readysharp Betamethasone
Opana	Pediaderm AF	Pristiq (QCD)	Readysharp Bupivacaine
Opana ER (PA) (QCD)	Pediaderm HC	Pristiq ER (QCD)	Readysharp Dexamethasone
Optase	Pediaderm TA	Procentra (PA)	Readysharp Ketorolac
Optium diabetic testing supplies (QCD)	PediPak	Procort	Readysharp Lidocaine
Oracea	Penlac (QCD)	Prodigy diabetic testing supplies (QCD)	Readysharp Methylprednisolone
Oramorph SR (PA) (QCD)	Pennsaid (QCD)	Prolensa	Readysharp Triamcinolone
Orapred ODT	Pepcid	Promiseb	Reciphexamine
Oravig	Percocet	Promiseb Light	Recothrom
Orencia (PA) (SP)	Pertzye	Proquin XR	Regenecare
Oroxin	Pexeva (QCD)	Protonix (PA) (QCD)	Relador Pak
Ortho-Prefest	Pharmacist Choice diabetic testing supplies (QCD)	Proventil HFA (QCD)	Relador Pak Plus
Orthovisc (PA) (SPO)	Picato	Proventil inhaler (QCD)	Relafen
Oseni (ST)	Plaquenil	Proventil	Relion diabetic testing supplies (QCD)
Osmoprep	Plegridy (QCD) (SP)	Proventil Repetab	Relpax (QCD)
Osphena	POD Care 100K	Provenza	Relyyks
Otrexup (SP)	POD Care 100KG	Prozac (QCD)	Relyyt
Ovcon	PR-Cream		Remeron (QCD)
Oxaydo	Pram-HCA		Remeron Soltab (QCD)
Oxecta	Pramcort		Renovo

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(PA30) prior authorization required for members age 30 and older

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(ST) step therapy required



# Non-Covered Medication

Repatha (PA) (QCD) (SP)	Seasonique (QCD)	Sporanox (QCD)	Testim (ST)
Requip (ST)	Sebuderm	Spritam	Testone Kit
Requip XL (ST)	Seebri Neohaler (QCD)	Sprix	Testosterone gel (Fortesta Authorized product) (ST)
Rescula (ST)	Senophylline	Stavzor	Testosterone gel (Testim Authorized product) (ST)
Restoril	Sernivo	Striant	Testosterone gel (Vogelxo Authorized product) (ST)
Retin-A Micro (PA30)	Seroquel	Subsys (PA) (QCD)	Testosterone CIK Kit (ST)
Revatio (PA) (SP)	Seroquel XR	Suclear	Tetrix
Rexulti (QCD)	Silazone-II	Sular	Teveten (ST)
Rinnovi	Silenor (QCD)	Sumadan	Teveten HCT (ST)
Risperdal M-Tab	Silvera	Sumavel Dosepro (QCD)	Tev-Tropin (PA) (SP) (SPO)
Ritalin	Silvrstat	Sumaxin	Therapentin
Ritalin LA (QCD)	Simbrinza	Sumaxin CP	Theraproxen
Ritalin SR	Simcor (QCD)	Sumaxin TS	Tiamate
Rosadan	Sinelee	Supartz (PA) (SPO)	Tiazac
Rosanol	Sinemet	Suprep	Tindamax
Rybix ODT	Singulair	Sure Result Tak Pack	Tirosint
Rynatan	Sitavig	Sustol	Tivorbex (QCD)
Rytary ER	Skelid	Synalar Combo-Pack	TL-Triseb
Rythmol	Sklice	Synalar TS	TobraDex ST
Ryzolt	Smart Sense diabetic testing supplies (QCD)	Synvexia TC	Tofranil
Saizen (PA) (SP) (SPO)	SmartRx Gaba-V	Synvisc (PA) (SPO)	Tolak
SaizenPrep (PA) (SP) (SPO)	SmartRx GabaKit	Synvisc-One (PA) (SPO)	Tornalate
Salicylic Acid 6% Kit	Sof-Tact diabetic testing supplies (QCD)	Tagamet	Toronova SUIK
Salicylic Acid-Ceramide kit	Solaice	Taltz (PA) (QCD) (SP)	Toronova II SUIK
Salkera	Solaraze	Tanzeum (QCD) (ST)	Toviaz (ST)
Salvax	Soliqua (QCD) (ST)	Targadox	Tradjenta (ST)
Salvax Duo	Solodyn	Taytulla	Tranxene T-Tab
Salvax Duo Plus	Soltamox	Technivie (PA) (QCD) (SP)	Tranzarel
SanadermRx Skin Repair	Solupak	Tekamlo	Tresiba (QCD)
Sanctura (ST)	Solus V2 diabetic testing supplies (QCD)	Tekturna	Tretin-X (PA)
Sanctura XR (ST)	Soma	Tekturna HCT	Treximet (QCD)
Sancuso (QCD)	Sonata (QCD)	Tenormin	Trezix
Saphris	Soolantra	Tequin	Tribenzor
Sarafem (QCD)	Sovaldi (PA) (QCD) (SP)	Terbinex (QCD)	Tricor
Savaysa	Spectracef	Tersi	Triglide
Scalacort		Test N'Go diabetic testing supplies (QCD)	
Scar			

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\*\* new to market drug; non-covered while under review quantity limits apply to members with approved formulary exceptions (MBO) medical benefit only  
(PA) prior authorization required  
(PA17) prior authorization required for members who are 17 years of age or older

(PA30) prior authorization required for members age 30 and older

(QCD) Quality Care Dosing limits apply  
(SP) medication is part of the specialty pharmacy benefit  
(SPO) pharmacy benefit only  
(ST) step therapy required

# Non-Covered Medication

Tri-Levlen	Vantin	Whytederm Surgipak	Zetyocaine
Trilipix	Vascepa	Whytederm Trilasil Pack	Ziana
Trilipix DR	Vaseretic	Wound Debride 4% Lidocaine	Zinbryta (QCD) (SP)
Triloan SUIK	Vasolex	Xanax	Zinotic
Triloan II SUIK	Vasotec	Xanax XR	Zinotic ES
Trinalin	Vectical	X-Clair	Zipsor
Trintellix (QCD)	Vectrin	Xartemis XR (PA) (QCD)	Zithromax
Tri-Norinyl	Velma	Xenaderm	Zmax
TriOxin	Velphoro	Xerese	Zocor (QCD)
Tri-Sila Topical	Veltassa (SP)	Xibrom	Zofran (QCD)
Tritec	Veltin (PA30)	Xifaxan	Zofran ODT (QCD)
Tropazone	Ventolin HFA (QCD)	Xigduo (QCD) (ST)	Zohydro ER (PA) (QCD)
True Metrix diabetic supplies (QCD)	Veregen	Xilapak	Zolofit (QCD)
TrueTest diabetic supplies (QCD)	Vexa	Xolegel	Zolpimist (QCD)
TrueTrack diabetic supplies (QCD)	Vexol	Xolox	Zomacton (PA) (SPO)
Trulance (QCD)	Viberzi (QCD)	Xopenex HFA (QCD)	Zomig (QCD)
Twynsta	Viekira XR (PA) (QCD) (SP)	Xopenex nebulas	Zomig ZMT (QCD)
Ultracet	Viekira PAK (PA) (QCD) (SP)	Xrylident	Zontivity
Ultram	Vigamox (QCD)	Xrylix	Zorvolex
Ultram ER	Viibryd (QCD)	Xtampza ER (PA) (QCD)	Zovirax
Ultraseal ER	Vimovo	Xultophy (QCD) (ST)	Zuplenz (QCD)
Ultravate PAC	Virasal	Xyralid	Zurampic
Ultravate X	Vivlodex	Yosprala (PA) (QCD)	Zyflo
Ultressa	Vogelxo (ST)	Z-Pram	Zyflo CR
Unistrip 1 diabetic testing supplies (QCD)	Voltaren	Zanabin Antipruritic Gel	Zymar (QCD)
Up & Up diabetic testing supplies (QCD)	Voltaren XR	Zanaflex	Zymaxid
Uramaxin	Vopac MDS	Zantac	Zypram
Urea kit	Vraylar	Zebeta	Zyprexa
Utibron NeoHaler (QCD)	Vusion	Zecuity (SP)	Zyprexa IM
Vacustim Silver Kit	Vytorin (QCD)	Zegerid (PA) (QCD)	Zyprexa Relprevv
Valium	Vyvanse (QCD)	Zelapar	Zyprexa Zydis
Valturna	Wavesense diabetic testing supplies (QCD)	Zembrace Symtouch (QCD)	Zytopic
Vanos	Welchol	Zenievea	
	Wellbutrin	Zepatier (PA) (QCD) (SP)	
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	Wellbutrin XL (QCD)	Zestril	
		Zetia (QCD)	

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(SPO) pharmacy benefit only

(ST) step therapy required

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# New Medication Approval Process

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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"><li>• Fever</li><li>• Dizziness</li><li>• Cuts</li><li>• General discomfort</li></ul>			24/7	No cost	Call the Blue Care Line at <a href="tel:1-888-247-BLUE">1-888-247-BLUE (2583)</a>
Well Connection	Live video visits with licensed doctors on your favorite device.	<ul style="list-style-type: none"><li>• Back pain</li><li>• Bronchitis</li><li>• Cough</li><li>• Diarrhea</li></ul>	<ul style="list-style-type: none"><li>• Fever</li><li>• Rashes</li><li>• Respiratory infections</li><li>• Sinus infections</li></ul>	<ul style="list-style-type: none"><li>• Sore throat</li><li>• Skin conditions</li><li>• Urinary tract infections</li></ul>	24/7 for medical care	\$\$	Download the Well Connection app, or visit <a href="https://wellconnection.com">wellconnection.com</a> .
		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"><li>• Cold &amp; flu</li><li>• Bronchitis</li><li>• Sinus &amp; respiratory infections</li><li>• Sore throat</li></ul>	<ul style="list-style-type: none"><li>• Diarrhea</li><li>• Gout</li><li>• Strep throat</li><li>• Urinary tract infections</li></ul>	<ul style="list-style-type: none"><li>• Pinkeye</li><li>• Hypertension</li><li>• Migraines</li><li>• Pneumonia</li></ul>	Days, evenings, weekends	\$\$	Visit Find a Doctor at <a href="https://findadoctor.bluecrossma.com/">findadoctor.bluecrossma.com/</a>  1. Select Urgent Care Centers 2. Refine your results by choosing Limited Services Clinics or Urgent Care Center under Specialties
Urgent Care Centers²	Local clinics that treat conditions that aren't life-threatening but require immediate treatment.	<ul style="list-style-type: none"><li>• Broken bones</li><li>• Digital X-rays</li><li>• Drug tests</li><li>• EKG test</li></ul>	<ul style="list-style-type: none"><li>• Lab tests</li><li>• Minor burns or injuries</li><li>• PPD/TB skin tests</li><li>• Pregnancy test</li><li>• Short-term (acute) illness</li></ul>	<ul style="list-style-type: none"><li>• Splints</li><li>• Stitches</li><li>• Sports &amp; school physicals</li><li>• Shots &amp; vaccines</li></ul>	Days, evenings, weekends	\$\$\$	Results are determined by your selected location and providers that participate in your network.
		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"> <li>• Possible heart attack</li> <li>• Stroke</li> <li>• Poisoning</li> <li>• Loss of consciousness</li> </ul>	24/7	\$\$\$\$\$\$	<ul style="list-style-type: none"> <li>• Call 911 or go to your nearest hospital</li> </ul>

## 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](https://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](https://wellconnection.com) to get started.



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

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

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

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



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## Getting Sick Isn't Convenient. Well Connection Is.

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



### Real Doctors. Real Doctor Visits.

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



**4.8 out of 5**

Doctor and provider  
rating from our members<sup>1</sup>

### How It Works

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

## Benefits of Well Connection



Medical  
24/7



Behavioral Health  
by Appointment



Secure  
and Confidential



Low Cost

Download the app or visit [wellconnection.com](https://wellconnection.com).



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

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

## Health Care for the Digital Age

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

### Types of Covered Services

#### Urgent Care

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

#### Behavioral Health

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

## Can I Have Live Video Visits with My Doctor?

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

## Find Out If You're Covered and What It Costs

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

\*If your plan includes telehealth benefits.

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

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

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

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



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# Quick Start Guide



## Dental Blue<sup>®</sup> for Large Employer Groups

Thank you for choosing Dental Blue. This guide will help you get the most from your plan by providing you with a summary of common benefits and services, as well as a general understanding of how your dental coverage works. For specific details, please refer to your subscriber certificate.

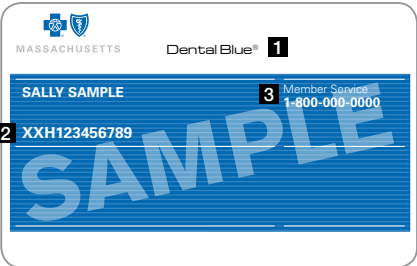
If you need help understanding of your plan, or if you have any questions, call Member Service at the number on the front of your ID card.

# How Dental Plans Work

Basic plans help offset the cost of diagnostic and preventive dental care. More comprehensive plans may also cover a percentage of restorative care. Most plans limit the benefit expenses per calendar year (or per lifetime, in the case of orthodontic benefits).

# Know How to Read Your ID Card

Your Dental Blue ID card contains important information like our Member Service telephone number and your ID number. Be sure to always carry your ID card with you, and show it to all of your providers so they can keep your records up to date.



- 1

Your plan name
- 2

Your ID Number
- 3

Your Member Service Telephone Number

# Our Networks

Dental Blue

Our traditional indemnity network offers access to more than 90 percent of dentists in Massachusetts and Rhode Island.

Dental Blue PPO

You'll receive the most coverage when you see one of the thousands of dentists in Massachusetts and Rhode Island who participate in our PPO network.

# Nationwide Network Access

If you're outside of Massachusetts, you'll have access to nearly 300,000 credentialed provider locations nationwide.

# What you should know before visiting a dentist:

## Which Plan Do You Have

Our plans include, Dental Blue, Dental Blue PPO, Dental Blue Select, and Dental Blue Freedom. Please refer to your benefit summary, or log in to MyBlue at [bluecrossma.com/myblue](http://bluecrossma.com/myblue) to view your plan details.

## What's Covered

- Your plan will cover one or more of the following:
- Preventive benefits for diagnostic and preventive care
  - Basic benefits for restorative care (fillings), oral surgery, periodontics (gum and bone), endodontics (roots and pulp), prosthetic maintenance, and other covered services
  - Major benefits for prosthodontics (teeth replacement) and restorative (crowns)
  - Orthodontic benefits for exams and appliances
  - Out-of-network benefits when you see a dentist not contracted with Dental Blue

## How Much Coverage You Have Within Each Benefit Group

You may have full, partial, or no coverage. See your subscriber certificate for details.

## If You Have A Deductible or Co-insurance

You may be responsible for some of the cost for services. Knowing your deductible and co-insurance amounts will help you understand what you have to pay.

## If You Qualify for Enhanced Dental Benefits

See page 2 for more information on the program.

# Our Plans

## Dental Blue®

Our traditional dental plan offers flexible dental coverage across a large network of dental providers. Qualified services are covered by the plan. You're only responsible for deductibles and co-insurance when a when you see an in-network provider.

## Dental Blue® PPO

You can choose to see any dentist you want. However, if you get care from a dentist in our Dental Blue PPO network, you'll receive the most coverage. Out-of-network dentists can charge more than what the plan covers, and you'll be responsible for paying the difference.

## Dental Blue® Select

Our incentive PPO plan offers the same flexibility as our traditional PPO plan but with a higher level of benefits when you choose to visit preferred providers.

## Dental Blue® Freedom

The largest selection of network dentists, plus the ability to see out-of-network dentists, gives you the most choice. You can visit any dentist in our Dental Blue and Dental Blue PPO networks and receive the most coverage. If you go out-of-network, you're still covered, but may have to pay higher out-of-pocket costs.

Plan Name	Network Coverage			
	Dental Blue	Dental Blue PPO	Nationwide Network Access	Out-of-Network Providers
Dental Blue	•		•	*
Dental Blue PPO		•	•	•
Dental Blue Select		•	•	•
Dental Blue Freedom	•	•	•	•

\* Refer to your subscriber certificate to see if you have out-of-network options.



## Your Claims

### Participating Dentists

Most participating dentists will send in your claims. We'll pay them directly if we receive the claim within two years of completed service.

### Non-Participating Dentists

If a dentist doesn't file the claim, download our dental claim form at [bluecrossma.com/myblue](http://bluecrossma.com/myblue). Mail the completed form to:

Blue Cross Blue Shield of Massachusetts  
Dental Operations  
P.O. Box 986030  
Boston, MA 02298

## Manage Your Dental Budget: Tips to help you plan for any out-of-pocket costs.

### Show Your Dental Blue ID Card Every Time You See A Dentist

This will ensure your claims are filed properly.

### Find Out What You Owe For Each Visit

Some plans require you to pay a deductible or co-insurance.

### Know Your Benefit Maximum

Once you reach the calendar-year limit and use any additional accumulated maximum rollover benefit, no more services will be covered until the following year.

### Monitor the Balance of Your Benefit Maximum

- Call Member Service at the number on the front of your ID card
- Log in to your MyBlue account at [bluecrossma.com/myblue](http://bluecrossma.com/myblue)

### Visit Dentists in Our Network

You'll receive the most coverage when you visit dentists that participate in our network.

## For More Information



### Member Service

For general questions about your coverage, call Member Service at the number on the front of your ID card, Monday through Friday, 8:00 a.m. to 6:00 p.m. E.T. TTY: 771.



### Find a Doctor or Dentist

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
- Read and write reviews
- Compare up to ten doctors at a time

Visit [bluecrossma.com/findadoctor](http://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).



### Enhanced Dental Benefits

Dental Blue offers the only condition-specific total health solution with a complete program focusing on at-risk members with diabetes, coronary artery disease, oral cancer, and women who are pregnant. Our Enhanced Dental Benefits offer additional, specific support, including full coverage for preventive and periodontal services that have been connected to improved overall health.



### MyBlue

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

- View detailed plan information (benefits, deductible)
- 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](http://bluecrossma.com/myblue).



### 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
- Download the app from the **App Store**® or **Google Play**™.



### Accumulated Maximum Rollover

Some plans allow you to rollover a portion of your unused dental benefits from year to year. This can help offset higher out-of-pocket costs for complex procedures. To find out if you have this benefit, call Member Service at the number on the front of your ID card, or log in to MyBlue at [bluecrossma.com/myblue](http://bluecrossma.com/myblue).

# Frequently Asked Questions

**Q: I only received two Dental Blue ID cards. How do I get additional cards for my family?**

A: You can order replacement and/or additional ID cards online through MyBlue at [bluecrossma.com/myblue](https://bluecrossma.com/myblue). You can also call Member Service at the number on the front of your ID card.

**Q: How do I find a dentist or specialty dental provider who is participating with my dental plan?**

A: You can use our online Find a Doctor & Estimate Costs tool at [bluecrossma.com/findadoctor](https://bluecrossma.com/findadoctor) to search for dentists and other specialty providers that participate in your plan. Log in for best results, or continue without logging in by choosing your current dental plan.

**Q: Do all Dental Blue members have nationwide network access?**

A: Yes, all dental members have access to the over 300,000 credentialed provider locations nationwide. To find a dentist, visit [bluecrossma.com/findadoctor](https://bluecrossma.com/findadoctor).

**Q: Where do I find my specific dental coverage information?**

A: You can look up your coverage information, including services and amounts covered, deductible, co-insurance, and annual benefit maximum, by logging in to MyBlue at [bluecrossma.com/myblue](https://bluecrossma.com/myblue), reviewing your subscriber certificate, or by calling Member Service at the number on your ID card.

**Q: My plan has a calendar-year maximum. Is that per person or do all my family's dental services apply toward one calendar-year maximum? How do I check to see if my maximum has been reached?**

A: Your calendar-year maximum applies individually for each person enrolled. To find out how much has been applied toward your plan maximum, you can log in to MyBlue at [bluecrossma.com/myblue](https://bluecrossma.com/myblue) for access to tools and resources that help you monitor your dental claims. You can also call Member Service at the number on the front of your ID card.

**Q: If my cleanings are covered at 100 percent, does that count toward my calendar-year maximum?**

A: Generally, all services paid by Dental Blue are applied toward your plan-year or calendar-year maximum. An exception is when a member is also enrolled in our condition-specific Enhanced Dental Benefits program. Under this program, deductibles and co-insurance do not apply to condition-specific services provided in addition to dental benefits already covered by your plan. Condition-specific services are also excluded from the calendar-year maximum. Call Member Service at the number on the front of your ID card for more information.

**Q: My previous plan had orthodontic coverage, and my child is in the middle of a 24-month treatment plan. Will some orthodontic services still be covered under my new Dental Blue plan?**

A: Any remaining orthodontic treatment received after your new plan's effective date will be covered based on your plan's orthodontic benefits and up to the applicable lifetime maximum. Not all plans include orthodontic coverage. Please review your Dental Blue plan specifics for more details.

**Q: How do I enroll in the Enhanced Dental Benefits program?**

A: Call Member Service at the number on the front of your ID card to request an enrollment form and to find out more information. You may also be automatically enrolled in the Enhanced Dental Benefits program if you have medical coverage through Blue Cross Blue Shield of Massachusetts and have been identified to have a qualifying medical condition.

**Q: My children are covered by both my dental plan and my spouse's dental plan. Am I able to coordinate benefits so I can reduce my out-of-pocket expenses?**

A: Yes, specific criteria determine which plan should be billed as the primary coverage when a family has duplicate coverage. If either coverage is a medical plan, that plan would be primary. When the family has both Dental Blue and coverage through another dental insurer, the primary coverage is determined based on the parents' birthdates. Review your benefit information by logging in to MyBlue at [bluecrossma.com/myblue](https://bluecrossma.com/myblue), or check your subscriber certificate for more details.



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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](http://www.ahealthyme.com/login) and sign up to begin your journey to healthier living.



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# Blue Care line<sup>SM</sup>

We're here for you 24/7

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



## We're here for you 24/7

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

## Know your options

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

## We'll call you

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

## Confidentiality

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

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# Maternity Care

Supporting you through pre-conception, pregnancy, childbirth, and caring for your new baby



Have questions about getting pregnant, pregnancy, labor, and what to expect during your baby's first year? We're here to help you with a full range of maternity programs and benefits. We encourage you to explore all your benefits for starting and growing your family.



## Ovia Fertility & Pregnancy Apps

We're partnering with Ovia Health™—developer of mobile reproductive apps Ovia™ Fertility and Ovia™ Pregnancy—to give our members tools to support conception and healthy pregnancies. Download—at no cost—by visiting the Apple App or Google Play store.



## Living Healthy Babies

Our Living Healthy Babies® website is always there when you need it, providing answers, educational resources, and interactive tools—including [guidelines for recommended doctor visits](#). From preparing for pregnancy, being pregnant, going through delivery, and what to expect during your baby's first year, we're here to guide you each step of the way. Learn more at [livinghealthybabies.com](#).



## Breast Pumps

New mothers can get a cost-free manual or dual electric breast pump. Learn more at [bluecrossma.com/breast-pump](#).



## Childbirth Course Reimbursement

Expectant mothers may be eligible for reimbursement up to \$90 for completing a childbirth course. Check with your employer or call Member Service at the number on your ID card to see if you have this benefit.



## Call-in Maternity Support

We offer specialized pregnancy and post-partum support to improve your health and help avoid complications. Call a Care Manager at **1-800-392-0098** Monday through Friday, 8:30 a.m. to 4:30 p.m. ET. For high-risk pregnancies, Nurse Care Managers are available.



## Call-in Maternity Depression Care

Many women may experience anxiety, mood swings, and crying spells known as “baby blues,” but this goes away in a week or two post-delivery. Others experience a more serious condition called postpartum depression, which can last up to a year. Our Maternity Depression program provides support, education, and treatment referral for pregnant women and new mothers who may be struggling with these symptoms. For help, call a Behavioral Health Care Manager at **1-800-524-4010, ext. 62398**, Monday through Friday, 8:30 a.m. to 4:30 p.m. ET.



## Blue Care Line

If you have concerns about a health issue, just call the **Blue Care Line®** 24/7. A nurse can answer your medical questions and help you decide where to get the right care. Call **1-888-247-BLUE (2583)**.



## Find a Doctor

To find a doctor or hospital near you, use our **Find a Doctor** tool, or call **1-800-588-5507** for help, Monday through Friday, 8:00 a.m. to 9:00 p.m. ET.

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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## Get money back each year for participating in a qualified fitness program.<sup>1</sup>

### Qualified for Fitness Reimbursement:

Blue Cross will reimburse your membership fees for **up to three consecutive months** (of one individual or family membership) or, alternatively, fees for **up to 10 fitness classes** 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<sup>1</sup>



### 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 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.

<sup>1</sup> To verify this reimbursement is offered for your plan, or for more information, log on to MyBlue at [bluecrossma.com/myblue](http://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.

# 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](http://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 three 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



Get money back each year for participating in a qualified weight loss program.

## Qualified for Weight-Loss Reimbursement:

Blue Cross will reimburse you for **up to three months of 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<sup>1</sup>



### 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 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](http://bluecrossma.com/myblue) or call the Member Service number on your ID card. Most plans offer the reimbursement shown, but refer to your plan information for specific details.



MASSACHUSETTS

# Weight-Loss Reimbursement Request

PLEASE PRINT ALL INFORMATION CLEARLY

To verify this reimbursement is offered within your plan, or for more information, please log on to MyBlue at [bluecrossma.com/myblue](http://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 three characters)	Subscriber's Last Name	First Name	Middle Initial
Address—Number and Street		City	State
			Zip Code
Employer's Name			

## Claim Information

Member's Last Name	First Name	Middle Initial	Date of Birth: MM/DD/YY
Gender (color in the entire box): <input type="checkbox"/> Male <input type="checkbox"/> Female	Claim is for (choose one and color in the entire box): <input type="checkbox"/> Subscriber (policyholder) <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Spouse (of policyholder) <input type="checkbox"/> Dependent (up to age 26)		
Name, Address, and Phone Number of Qualified Weight-Loss Program			
Total dollars requested: \$ _____			Calendar Year
Monthly program participation fee: \$ _____			

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

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

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

Subscriber's or  
Member's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Complete this form and mail it to:

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

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

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

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

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

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

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

### Our Commitment

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

### Collection of Information

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

### Use and Disclosure of Information

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

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

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



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

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

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

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

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

### Other Disclosures Require Your Written Authorization

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

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

### Your Privacy Rights

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

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

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

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

### About This Notice

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

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

**Blue Cross Blue Shield of Massachusetts**

**Privacy Officer**

**101 Huntington Ave.**

**Suite 1300**

**Boston, MA 02199-7611**

### WHCRA NOTICE

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

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

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

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

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

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

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



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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](http://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](http://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

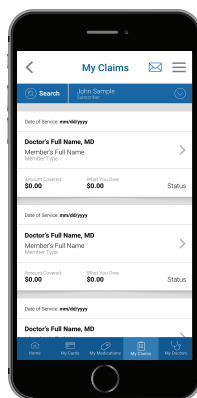
The MyBlue Member App gives members instant access to their personal health care information anytime they need it. A simple tap connects them to their doctor, recent prescriptions, and claims history.



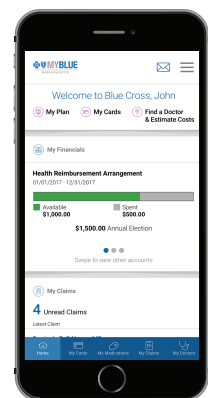
### Personalized health care, right at their fingertips:



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.



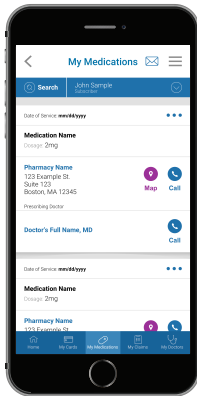
Get access to recent claims history and see copayment amounts.



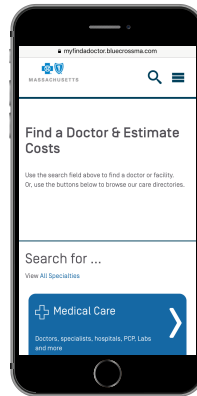
View financial account balances, like HealthEquity® or Alegeus



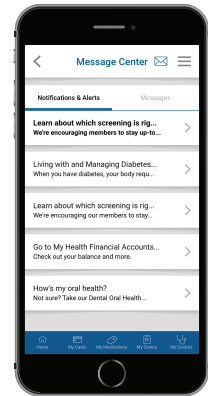
## Additional MyBlue Member App features:



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.

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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## 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](mailto: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](http://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](http://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).