

Welcome

City of Holyoke



Welcome to Blue Cross Blue Shield of Massachusetts. Should you have any questions regarding your health plan please contact our member service department at the number on your identification card. Additional resources are also available through our website: Bluecrossma.com.

- Member Central
- Find a Doctor
- Pharmacy Lookup
- Contact Us
- Blue365[®]
- ahealthyme[®]

Visit: http://saleskits.bluecrossma.com/2016/City_of_Holyoke

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Network Blue New EnglandSM

\$1,000 Deductible

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

City of Holyoke



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 Network Blue New England, 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 www.bluecrossma.com; consult the Provider Directory; or call the Physician Selection Service at **1-800-821-1388**.

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

Referrals

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

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

Your Deductible

Your deductible is the amount of money you pay out-of-pocket each plan year before you can receive coverage for 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 **\$1,000** per member (or **\$2,000** 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 payments), and coinsurance for covered services. Your out-of-pocket maximum is **\$2,000** per member (or **\$4,000** per family).

Emergency Care

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 on the opposite page 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 www.bluecrossma.com; consult the Provider Directory; or call the Physician Selection Service at **1-800-821-1388**.

Service Area

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

When Outside the Service Area

If you're traveling outside the service area and you need urgent or emergency care, you should go to the nearest appropriate health care facility. You are covered for the urgent or emergency care visit and one follow-up visit while outside the service area. Any additional follow-up care must be arranged by your PCP. See your benefit description for more information.

Dependent Benefits

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

Your Medical Benefits

Covered Services	Your Cost
Preventive Care	
Well-child care visits	Nothing, 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	Nothing, no deductible
Routine vision exams (one every 24 months)	Nothing, no deductible
Family planning services—office visits	Nothing, no deductible
Outpatient Care	
Emergency room visits	\$150 per visit, no deductible (waived if admitted or for observation stay)
Office visits	\$20 per visit, no deductible
Chiropractors' office visits	\$20 per visit, no deductible
Mental health and substance abuse treatment	\$20 per visit, no deductible
Short-term rehabilitation therapy—physical and occupational (up to 60 visits per calendar year*)	\$20 per visit after deductible
Speech, hearing, and language disorder treatment—speech therapy	\$20 per visit after deductible
Diagnostic X-rays, lab tests, and other 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	\$20 per visit***, no deductible
Surgery in an ambulatory surgical facility, hospital outpatient department, or surgical day care unit	Nothing after deductible
Inpatient Care (including maternity care)	
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.

Prescription Drug Benefits*	Your Cost**
At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill)	No deductible \$15 for Tier 1 [†] \$30 for Tier 2 \$50 for Tier 3
Through the designated mail service pharmacy (up to a 90-day formulary supply for each prescription or refill)	No deductible \$30 for Tier 1 [†] \$60 for Tier 2 \$100 for Tier 3

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

** Cost share waived for certain orally-administered anticancer drugs.

† Cost share waived for birth control.

Get the Most from Your Plan

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

Wellness Participation Program Reimbursement for a membership at a health club or for fitness classes This fitness program applies for fees paid to: privately-owned or privately-sponsored health clubs or fitness facilities, including individual health clubs and fitness centers; YMCAs; YWCAs; Jewish Community Centers; and municipal fitness centers. (See your benefit description for details.)	\$150 per calendar year per policy
Reimbursement for participation in a qualified weight loss program This weight loss program applies for fees paid to: a qualified hospital-based weight loss program or a Blue Cross Blue Shield of Massachusetts designated weight loss program. (See your benefit description for details.)	\$150 per calendar year per policy
Blue Care Line SM —A 24-hour nurse line to answer your health care questions—call 1-888-247-BLUE (2583)	No additional charge



Scan here to visit our Plan Education Center to learn more about your plan.

Questions?

For questions about Blue Cross Blue Shield of Massachusetts, call **1-800-782-3675**, or visit us online at www.bluecrossma.com. Interested in receiving information from us via e-mail?

Go to www.bluecrossma.com/email to sign up.

Limitations and Exclusions. These pages summarize the benefits of your health care plan. Your benefit description and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the benefit description and riders will govern. Some of the services not covered are: cosmetic surgery; custodial care; hearing aids for members over age 21; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your benefit description and riders.

Note: Blue Cross and Blue Shield of Massachusetts, Inc. administers claims payment only and does not assume financial risk for claims.



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at <http://www.holyoke.org/departments/personnel/> or by calling **1-800-782-3675**.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u>?	\$1,000 member / \$2,000 family. Does not apply to preventive care, prenatal care, emergency room, prescription drugs, most office visits, mental health services, emergency transportation, home health care, and hospice services.	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. \$2,000 member / \$4,000 family.	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u>?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Does this plan use a <u>network of providers</u>?	Yes. See www.bluecrossma.com/findadoctor or call 1-800-821-1388 for a list of network providers.	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a <u>specialist</u>?	Yes.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have the plan's permission before you see the specialist .
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 6. See your policy or plan document for additional information about excluded services .

Questions: Call **1-800-782-3675** or visit us at www.bluecrossma.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.bluecrossma.com/sbcglossary or call **1-800-782-3675** to request a copy.



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** (or provider's charge if it is less than the **allowed amount**) for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000 (and it is less than the provider's charge), your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts. (If you are eligible to elect a Health Reimbursement Account (HRA), Flexible Spending Account (FSA) or you have elected a Health Savings Account (HSA), you may have access to additional funds to help cover certain **out-of-pocket** expenses such as **copayments**, **coinsurance**, **deductibles** and costs related to services not otherwise covered.)

Common Medical Event	Services You May Need	Your cost if you use		Limitations & Exceptions
		In-Network	Out-of-Network	
If you visit a health care <u>provider's office or clinic</u>	Primary care visit to treat an injury or illness	\$20 / visit	Not covered	--- none ---
	Specialist visit	\$20 / visit	Not covered	--- none ---
	Other practitioner office visit	\$20 / chiropractor visit	Not covered	--- none ---
	Preventive care/screening/immunization	No charge	Not covered	GYN exam limited to one exam per calendar year
If you have a test	Diagnostic test (x-ray, blood work)	No charge	Not covered	Deductible applies first
	Imaging (CT/PET scans, MRIs)	No charge	Not covered	Deductible applies first; pre-authorization required for certain services

Common Medical Event	Services You May Need	Your cost if you use		Limitations & Exceptions
		In-Network	Out-of-Network	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bluecrossma.com/medications .	Generic drugs	\$15 / retail supply or \$30 / mail service supply	Not covered	Up to 30-day retail (90-day mail service) supply; cost share may be waived for certain covered drugs and supplies; pre-authorization required for certain drugs
	Preferred brand drugs	\$30 / retail supply or \$60 / mail service supply	Not covered	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
	Non-preferred brand drugs	\$50 / retail supply or \$100 / mail service supply	Not covered	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
	Specialty drugs	Applicable cost share (generic, preferred, non-preferred)	Not covered	When obtained from a designated specialty pharmacy; pre-authorization required for certain drugs
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	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	Emergency room services	\$150 / visit	\$150 / visit	Copayment waived if admitted or for observation stay
	Emergency medical transportation	No charge	No charge	--- none ---
	Urgent care	\$20 / visit	\$20 / visit	Out-of-network coverage limited to out of service area

Common Medical Event	Services You May Need	Your cost if you use		Limitations & Exceptions
		In-Network	Out-of-Network	
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	Not covered	Deductible applies first; pre-authorization required
	Physician/surgeon fee	No charge	Not covered	Deductible applies first; pre-authorization required
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$20 / visit	Not covered	Pre-authorization required for certain services
	Mental/Behavioral health inpatient services	No charge	Not covered	Pre-authorization required
	Substance use disorder outpatient services	\$20 / visit	Not covered	Pre-authorization required for certain services
	Substance use disorder inpatient services	No charge	Not covered	Pre-authorization required for certain services
If you are pregnant	Prenatal and postnatal care	No charge	Not covered	--- none ---
	Delivery and all inpatient services	No charge	Not covered	Deductible applies first
If you need help recovering or have other special health needs	Home health care	No charge	Not covered	Pre-authorization required
	Rehabilitation services	\$20 / 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
	Habilitation services	\$20 / 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
	Skilled nursing care	No charge	Not covered	Deductible applies first; limited to 100 days per calendar year; pre-authorization required
	Durable medical equipment	20% coinsurance	Not covered	Deductible applies first; cost share waived for one breast pump per birth
	Hospice service	No charge	Not covered	Pre-authorization required for certain services

Common Medical Event	Services You May Need	Your cost if you use		Limitations & Exceptions
		In-Network	Out-of-Network	
If your child needs dental or eye care	Eye exam	No charge	Not covered	Limited to one exam every 24 months
	Glasses	Not covered	Not covered	--- none ---
	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 Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Children's glasses
- Cosmetic surgery
- Dental care (adult)
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Bariatric surgery
- Chiropractic care
- Hearing aids (\$2,000 per ear every 36 months for members age 21 or younger)
- Infertility treatment
- Routine eye care - adult (one exam every 24 months)
- Routine foot care (only for patients with systemic circulatory disease)
- Weight loss programs (\$150 per calendar year per policy)

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact your plan sponsor. Note: A plan sponsor is usually the member's employer or organization that provides group health coverage to the member. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact the Member Service number listed on your ID card or contact your plan sponsor. Note: A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Assistance

To obtain language assistance, please call the toll-free Member Service number on your ID card.

SPANISH (Español): Para obtener asistencia en español, llame al número gratuito de Servicio de Atención al Miembro que figura en su tarjeta de identificación.

TAGALOG (Tagalog): Kung kailangan ninyo ng tulong sa Tagalog tumawag sa libheng numero ng telepono ng Serbisyo sa Miyembro na nakasulat sa inyong ID card.

CHINESE (中文): 如果您需要中文語言幫助，請撥打會員卡上的客戶服務免費電話號碼

NAVAJO (Dine): Dinek'ehjí shika' a'dowoł ninizingo, kwojí hodiilné t'áá jííkeh béesh bee' hane'jí T'áá doolé'é bina'ishdiłkidgo yeeháká'adoojah éí binumber bee néého'dolzin biniiyé naanitinígíí bikáá' doo.

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 page.*—————

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$6,370
- Patient pays \$1,170

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$1,000
Copays	\$20
Coinsurance	\$0
Limits or exclusions	\$150
Total	\$1,170

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$3,350
- Patient pays \$2,050

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$140
Copays	\$1,830
Coinsurance	\$0
Limits or exclusions	\$80
Total	\$2,050

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-800-782-3675 or visit us at www.bluecrossma.com.

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MCC Compliance

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



MASSACHUSETTS

Your Pharmacy Program



Pharmacy Program Overview

Our pharmacy program is designed to provide you and your doctor with access to a wide variety of safe, clinically effective medications. We have carefully developed a substantial formulary that includes many medications at affordable cost share levels.

Effective January 1, 2016

About This Guide

This guide is up-to-date as of January 1, 2016, and is subject to change. Keep this guide handy, and use it as a reference whenever you need coverage information about a specific medication. To get the most current coverage information about a specific medication, visit our website at www.bluecrossma.com/medications.

- **Top Covered Medications**—includes many commonly prescribed covered medications and your cost share tier that applies
- **Over-the-Counter Medications**—includes a list of over-the-counter medications that are covered when prescribed for you by your doctor
- **Quality Care Dosing**—includes a list of medications subject to Quality Care Dosing limits
- **Prior Authorization**—includes a list of medications that require Prior Authorization
- **Specialty Pharmacy Medications**—includes a list of medications that are available through pharmacies in the Specialty Pharmacy Network
- **Step Therapy**—includes a list of medications subject to Step Therapy
- **Medication Resource List Index**—includes all prescription medications listed in this booklet, along with the page(s) on which they can be found.

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Overview

Online Resources

From our main website, www.bluecrossma.com, to the www.express-scripts.com website, we offer a variety of online resources to help you manage your medications.

- **Search for Medication Information.** To learn whether your medications will be covered, you can visit www.bluecrossma.com/medications, and use the **Medication Look Up** feature. You can use this tool before you enroll. (The medication information represents our standard pharmacy coverage; your individual coverage may vary.) Our 2016 formulary changes will not be reflected in this tool until January 1, 2016.
- **Member Central.** Want more detailed information about your health care coverage, claims, or deductibles? You can log on to Member Central by going to our website, www.bluecrossma.com/member-central. To register, click **Create an Account**, on the upper right-hand side of the page.
 - If you're already registered, just log in with your user name and password.
- **Express Scripts Online.** Once registered with Member Central, you can also get immediate, online access to information about your specific pharmacy benefit by visiting Express Scripts Inc., (ESI), our pharmacy management partner, at www.express-scripts.com. Once there, you'll have access to:
 - Price a Drug
 - Find a Pharmacy
 - Mail Service features (which allow you to order refills and renew prescriptions)

Mail Service Pharmacy

With the Mail Service Pharmacy (administered by ESI), you can enjoy the convenience of having certain prescriptions delivered to you. Depending on your specific coverage, you can use the Mail Service Pharmacy to order up to a 90-day supply of certain long-term maintenance medications (like those used to treat high blood pressure), for less than you may normally pay at a retail pharmacy.

It's convenient, cost-effective, and all information is handled in accordance with our confidentiality policy.

If you would like to use the Mail Service Pharmacy, you can download an order form and find additional information on our website. Go to www.bluecrossma.com/pharmacy and choose Mail Service Pharmacy from the menu on the left-hand side. If you'd like our **Mail Service Pharmacy** brochure mailed to you, please call **1-800-262-BLUE (2583)**.

Overview

Your Pharmacy Cost Share

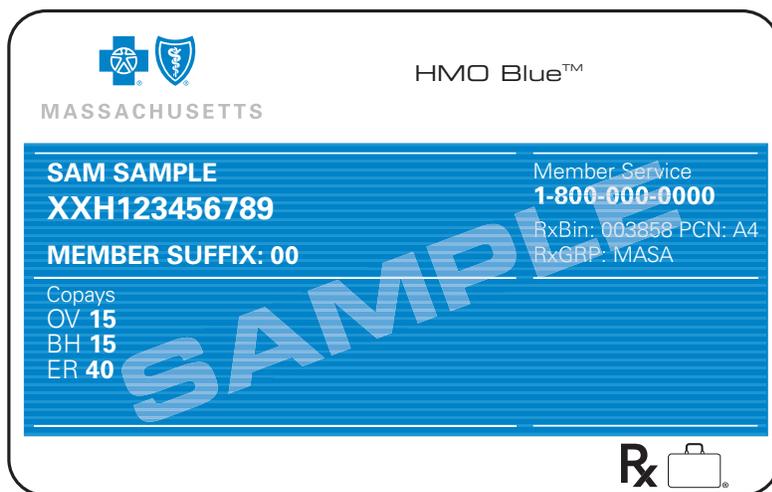
Our pharmacy program formulary is based on a tiered cost share structure. When you fill a prescription, the amount you pay the pharmacy (your prescription cost share) is determined by the tier your medication is on. Medications are placed on tiers according to a variety of factors, including what they are used for, their cost, and whether equivalent or alternative medications are available. The pharmacy will advise you of the amount you owe. Usually, you will pay the least amount of cost share for Tier 1 medications and the most for Tier 3 medications in a three-tier cost share benefit structure. In a four-tier cost share benefit structure, usually, you will pay the least amount of cost share for Tier 1 medications and the most for Tier 4 medications..

Your cost share may include your copayment, co-insurance, and deductibles. For more about your specific prescription benefits, 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.

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 medications that are made to order by a pharmacist when existing, commercially available medications do not meet your specific needs as determined by your provider. Some compounded medications may need prior authorization, have Quality Care Dosing guidelines, or require a formulary exception.

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 below.



Top Covered Medications

Top Covered Medications

Our pharmacy formulary includes over 4,000 covered prescription medications. The following sample list includes covered medications most commonly prescribed for our members.

This list is up-to-date as of January 1, 2016, and is subject to change at any time. You can find the most up-to-date formulary information about a specific prescription medication on our website at www.bluecrossma.com/medications.

Please note that this is only a sample of top prescribed medications based on our standard three-tier formulary.

For more information about your specific prescription benefits, 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.

The following covered medication list is based on our standard formulary. The tier that is assigned to the drug is the tier used in a three-tier cost share benefit structure. For members with a two-tier or four-tier cost share benefit structure, please log on to the Blue Cross and Blue Shield web site at www.bluecrossma.com/medications and use the Medication Lookup feature.

Top Covered Medications

Abilify (ST)	Tier 3	Buprenorphine/Naloxone (PA) (QCD)	Tier 2
Acetaminophen/Codeine	Tier 1	Bupropion	Tier 1
Acyclovir	Tier 1	Bupropion SR (QCD)	Tier 1
Adapalene	Tier 1	Bupropion XL (QCD)	Tier 1
Advair Diskus (ST) (QCD)	Tier 3	Buspirone	Tier 1
Albuterol Sulfate	Tier 1	Butalbital/Acetaminophen/Caffeine	Tier 1
Alendronate (QCD)	Tier 1	Camila	Tier 1
Allopurinol	Tier 1	Carisoprodol	Tier 1
Alprazolam	Tier 1	Cartia XT	Tier 1
Altavera	Tier 1	Carvedilol	Tier 1
Alyacen	Tier 1	Cefadroxil	Tier 1
Amitriptylene	Tier 1	Cefdinir	Tier 1
Amlodipine (QCD)	Tier 1	Cefuroxime	Tier 1
Amlodipine/Benazepril	Tier 1	Celecoxib (ST) (QCD)	Tier 1
Amoxicillin	Tier 1	Cephalexin	Tier 1
Amoxicillin TR/Potassium Calvulanate	Tier 1	Chantix	Tier 2
Amphetamine Salt Combination	Tier 1	Chlorhexidine Gluconate	Tier 1
Amphetamine/Dextroamphetamine ER (QCD)	Tier 2	Chlorthalidne	Tier 1
Anastrozole	Tier 1	Cialis	Tier 3
Androgel	Tier 2	Ciprodex	Tier 2
Apri	Tier 1	Ciprofloxacin	Tier 1
Aripiprazole	Tier 1	Citalopram (QCD)	Tier 1
Armour Thyroid	Tier 3	Clindamycin HCL	Tier 1
Asacol HD	Tier 2	Clindamycin Phosphate	Tier 1
Atenolol	Tier 1	Clindamycin/Benzoyl Peroxide	Tier 1
Atorvastatin (QCD)	Tier 1	Clobetasol	Tier 1
Aviane	Tier 1	Clonazepam	Tier 1
Azelastine Nasal Spray (QCD)	Tier 1	Clonidine	Tier 1
Azithromycin	Tier 1	Clopidogrel	Tier 1
Baclofen	Tier 1	Clotrimazole/Betamethasone	Tier 1
BD Ultra-Fine Pen Needle	Tier 2	Colcrys	Tier 2
Benicar (ST)	Tier 2	Crestor (ST) (QCD)	Tier 2
Benzonatate	Tier 1	Cryselle	Tier 1
Betamethasone	Tier 1	Cyanocobalamin Injection	Tier 1
Budesonide	Tier 1	Cyclobenzaprine	Tier 1

* (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
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 (ST) step therapy required

Top Covered Medications

Desogestrel/Ethinyl Estradiol	Tier 1	Fluocinonide	Tier 1
Desonide	Tier 1	Fluoride	Tier 1
Dexamethasone	Tier 1	Fluoxetine (QCD)	Tier 1
Dexmethylphenidate ER (QCD)	Tier 1	Folic Acid	Tier 1
Diazepam	Tier 1	Furosemide	Tier 1
Diclofenac Sodium	Tier 1	Gabapentin	Tier 1
Dicyclomine	Tier 1	Gemfibrozil	Tier 1
Diltiazem ER	Tier 1	Gildess FE	Tier 1
Divalproex Sodium	Tier 1	Glimepiride	Tier 1
Divalproex Sodium ER	Tier 1	Glipizide	Tier 1
Donepezil	Tier 1	Glipizide ER	Tier 1
Dorzolamide/Timolol	Tier 1	Glipizide XL	Tier 1
Doxazosin	Tier 1	Glyburide	Tier 1
Doxycycline Hyclate	Tier 1	Guanfacine	Tier 1
Doxycycline Monohydrate	Tier 1	Guanfacine ER	Tier 1
Dulera (ST) (QCD)	Tier 2	Humalog (QCD)	Tier 2
Duloxetine (QCD)	Tier 1	Humalog Kwikpen (QCD)	Tier 2
Econazole Nitrate	Tier 1	Humira (PA) (QCD)	Tier 2
Enalapril	Tier 1	Hydrochlorothiazide	Tier 1
Enbrel (PA) (QCD)	Tier 2	Hydrocodone/Acetaminophen	Tier 1
Enoxaparin Sodium (QCD)	Tier 1	Hydrocortisone	Tier 1
Enpresse	Tier 1	Hydromorphone (PA)	Tier 1
Epipen (QCD)	Tier 2	Hydroxychloroquine	Tier 1
Epi-Pen Jr (QCD)	Tier 2	Hydroxyzine	Tier 1
Erythromycin	Tier 1	Hydroxyzine Pamoate	Tier 1
Escitalopram (QCD)	Tier 1	Ibuprofen	Tier 1
Esomeprazole (PA) (QCD)	Tier 2	Indomethacin	Tier 1
Estrace Cream	Tier 2	Insulin Syringes	Tier 2
Estradiol	Tier 1	Invokana (ST)	Tier 2
Eszopiclone (QCD)	Tier 1	lophen C NR	Tier 1
Fenofibrate	Tier 1	Irbesartan	Tier 1
Fentanyl (PA) (QCD)	Tier 1	Isosorbide Mononitrate ER	Tier 1
Finasteride	Tier 1	Januvia (ST)	Tier 2
Flovent HFA (QCD)	Tier 2	Junel	Tier 1
Fluconazole	Tier 1	Junel FE	Tier 1

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Kelnor	Tier 1	Methocarbamol	Tier 1
Ketoconazole	Tier 1	Methotrexate	Tier 1
Ketorolac Tromethamine	Tier 1	Methylphenidate	Tier 1
Klor Con	Tier 1	Methylphenidate CD (QCD)	Tier 1
Labetalol	Tier 1	Methylphenidate ER (QCD)	Tier 1
Lamotrigine	Tier 1	Methylprednisolone	Tier 1
Lansoprazole (PA) (QCD)	Tier 2	Metoprolol Succinate	Tier 1
Lantus (QCD)	Tier 2	Metoprolol Tartrate	Tier 1
Lantus Solostar (QCD)	Tier 2	Metronidazole	Tier 1
Latanoprost	Tier 1	Microgestin FE	Tier 1
Levetiracetam	Tier 1	Minastrin FE	Tier 1
Levofloxacin	Tier 1	Minocycline	Tier 1
Levonorgestrel/Ethinyl Estradiol	Tier 1	Mirtazapine	Tier 1
Levothyroxine	Tier 1	Modafinil (PA)	Tier 1
Levoxyl	Tier 1	Mometasone Furoate	Tier 1
Lidocaine Patch (QCD)	Tier 1	Montelukast	Tier 1
Liothyronine	Tier 1	Morphine Sulfate ER (PA) (QCD)	Tier 1
Lisinopril	Tier 1	Multivitamin/Fluoride	Tier 1
Lisinopril HCTZ	Tier 1	Mupirocin	Tier 1
Lithium Carbonate	Tier 1	Nabumetone	Tier 1
Lithium Carbonate ER	Tier 1	Nadolol	Tier 1
Lo Loestrin FE	Tier 3	Naproxen	Tier 1
Lorazepam	Tier 1	Necon	Tier 1
Loryna	Tier 1	Nifedipine ER	Tier 1
Losartan	Tier 1	Nitrofurantoin Mono/Macro	Tier 1
Losartan HCTZ	Tier 1	Nitrostat	Tier 2
Lovastatin	Tier 1	Norethindrone	Tier 1
Ludent Fluoride	Tier 1	Norgestimate/Ethinyl Estradiol	Tier 1
Lutera	Tier 1	Nortrel	Tier 1
Lyrica (PA)	Tier 3	Nortriptyline	Tier 1
Medroxyprogesterone	Tier 1	Nuvaring	Tier 1
Meloxicam (QCD)	Tier 1	Nystatin	Tier 1
Metformin	Tier 1	Ocella	Tier 1
Metformin ER	Tier 1	Ofloxacin	Tier 1
Methimazole	Tier 1	Olanzapine	Tier 1

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Omeprazole (QCD)	Tier 1	Ranitidine	Tier 1
Ondansetron (QCD)	Tier 1	Reclipsen	Tier 1
Ondasetron ODT (QCD)	Tier 1	Restasis (PA) (QCD)	Tier 3
Orsythia	Tier 1	Risperidone	Tier 1
Ortho Tri-Cyclen Lo	Tier 3	Rizatriptan (QCD)	Tier 1
Oxcarbazepine	Tier 1	Ropinirole	Tier 1
Oxybutynin ER	Tier 1	Sertraline (QCD)	Tier 1
Oxycodone	Tier 1	Simvastatin	Tier 1
Oxycodone/Acetaminophen	Tier 1	Sodium Sulfacetamide/Sulfur	Tier 1
OxyContin (PA) (QCD)	Tier 1	Spiriva (QCD)	Tier 2
Pantoprazole (QCD)	Tier 1	Spirolactone	Tier 1
Paroxetine	Tier 1	Sprintec	Tier 1
Paroxetine CR (QCD)	Tier 1	Strattera (PA) (QCD)	Tier 3
Penicillin V Potassium	Tier 1	Suboxone (PA) (QCD)	Tier 2
Phenazopyridine	Tier 1	Sulfamethoxazole/Trimethoprim	Tier 1
Pioglitazone (QCD)	Tier 1	Sumatriptan (QCD)	Tier 1
Polymyxin B Sulfate/Trimethoprim	Tier 1	Symbicort (ST) (QCD)	Tier 2
Potassium Chloride	Tier 1	Synthroid	Tier 3
Pramipexole	Tier 1	Tamoxifen	Tier 1
Pravastatin (QCD)	Tier 1	Tamsulosin	Tier 1
Prednisolone	Tier 1	Temazepam	Tier 1
Prednisolone Sodium Phosphate	Tier 1	Terazosin	Tier 1
Prednisone	Tier 1	Terbinafine	Tier 1
Premarin	Tier 2	Testosterone Cypionate	Tier 1
Prenatal Plus	Tier 1	Timolol	Tier 1
Proair HFA (QCD)	Tier 2	Tizanidine	Tier 1
Progesterone	Tier 1	Tobramycin/Dexamethasone	Tier 1
Promethazine	Tier 1	Topiramate	Tier 1
Propranolol	Tier 1	Tramadol	Tier 1
Propranolol ER	Tier 1	Trazodone	Tier 1
Pulmicort Flexhaler (QCD)	Tier 2	Tretinoin (PA)	Tier 1
Quetiapine	Tier 1	Triamcinolone	Tier 1
Quinapril	Tier 1	Tri-Linyah	Tier 1
QVAR (QCD)	Tier 2	Trinaterene HCTZ	Tier 1
Ramipril	Tier 1	Trinessa	Tier 1

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Top Covered Medications

Tri-Previfem	Tier 1
Tri-Sprintec	Tier 1
Vagifem	Tier 2
Valacyclovir	Tier 1
Valsartan	Tier 1
Valsartan HCTZ	Tier 1
Venlafaxine	Tier 1
Venlafaxine ER (QCD)	Tier 1
Verapamil ER	Tier 1
Viagra	Tier 3
Viorele	Tier 1
Vitamin D2	Tier 1
Voltaren Solution	Tier 2
Warfarin	Tier 1
Xarelto	Tier 2
Zetia (ST) (QCD)	Tier 3
Zolmitriptan (QCD)	Tier 1
Zolmitriptan ODT (QCD)	Tier 1
Zolpidem (QCD)	Tier 1
Zolpidem ER (QCD)	Tier 1

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Over-the-Counter Medications

Over-the-Counter Medications

For non-grandfathered health plans under the Affordable Care Act, the following list includes over-the-counter medications that are covered with no cost share when they are prescribed for you by your doctor. This list is up to date as of January 1, 2016, and is subject to change at any time.

- **Generic Aspirin (81mg)** is covered for females of all ages and males age 45–79.
- **Generic Folic Acid** is covered for females up to age 50.
- **Generic Iron** is covered for infants up to 12 months old.
- **Generic Smoking Cessation** is covered for up to two 90-day supplies per calendar year.
- **Generic Vitamin D** is covered for females of child bearing age and males age 65 and older.
- **Generic women's contraceptives** (e.g. female condoms, sponges, and spermicide) are covered.

Quality Care Dosing

Quality Care Dosing

Our Quality Care Dosing program helps to ensure that the quantity and dose of medications you receive comply with Food and Drug Administration (FDA) recommendations, as well as manufacturer and clinical information. When you fill a prescription for one of the following medications, it is 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.

We will get your doctor's approval before making any changes to your prescribed medications.

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

Please note: Your doctor may request an exception from the guidelines for medications that are subject to Quality Care Dosing (when medically necessary).

This list of medications that are in our Quality Care Dosing program is up-to-date as of January 1, 2016, and may change from time to time.

Quality Care Dosing

Abstral * (PA)
 AcipHex * (PA)
 Actiq * (PA)
 Actonel (ST)
 ACTOplus Met (ST)
 ACTOplus Met XR (ST)
 Actos (ST)
 Acular PF
 Acular *
 Acular LS *
 Adderall XR
 Advair Diskus (ST)
 Advair HFA (ST)
 Advicor (ST)
 Aerobid *
 Aerobid-M *
 Aerospan *
 Akynzeo *
 Alendronate Sodium
 Alora *
 Alosetron
 Alrex *
 Alsuma *
 Altoprev (ST)
 Alupent inhaler
 Alvesco *
 Ambien *
 Ambien CR *
 Amerge
 Amitiza
 Amlodipine
 Amlodipine-Atorvastatin
 Ampyra (PA) (SP)
 Anzemet *
 Aplenzin ER *

Aptenzio XR *
 Aranesp * (PA) (SP) (SPO)
 Arava *
 Arcapta Neohaler *
 Arnuity Ellipta *
 Arixtra *
 Asmanex Twisthaler *
 Astelin
 Astepro *
 Atelvia DR * (ST)
 Atorvastatin
 Atrovent (nasal spray)
 Atrovent HFA
 Auvi-Q *
 Avandamet (ST)
 Avandia (ST)
 Avinza *
 Avonex (SP) (SPO)
 Axert *
 Azelastine (nasal spray)
 Azmacort *
 Beconase AQ *
 Belsomra *
 Belviq (PA)
 Betaseron (SP) (SPO)
 Binosto * (PA)
 Boniva tablets * (ST)
 Breo Ellipta * (ST)
 Brintellix *
 Brisdelle *
 Budeprion SR
 Budeprion XL
 Budesonide (nebulas)
 Budesonide (nasal spray)
 Bunavail (PA)

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Quality Care Dosing

Buprenorphine (PA)
 Buprenorphine-Naloxone (PA)
 Buprenex (PA)
 Bupropion SR
 Bupropion XL
 Butorphanol NS
 Butrans *
 Bydureon
 Byetta
 Cabergoline
 Caduet * (ST)
 Cardura *
 Cardura XL *
 Catapres TTS
 Celebrex (ST)
 Celecoxib (ST)
 Celexa *
 Cesamet *
 Cholbam
 Ciclodin solution/kit
 Ciclopirox nail lacquer
 Citalopram
 Climara
 Climara Pro
 Clonidine patch
 CNL 8 nail kit *
 Combivent
 Combivent Respimat
 Concerta
 Contrave (PA)
 Copaxone (SP) (SPO)
 Cosentyx * (PA)
 Crestor (ST)
 Crolom ophthalmic
 Cromolyn ophthalmic

Cymbalta
 Daklinza ** (PA) (SP)
 Desvenlafaxine ER *
 Dexilant * (PA)
 Dexmethylphenidate ER
 Dexmethylphenidate XR
 Dextroamphetamine/Amphetamine ER
 Diflucan (150 mg only)
 Dihydroergotamine (nasal spray)
 Doxazosin
 Dulera (ST)
 Duloxetine
 Duloxetine DR
 Duragesic * (PA)
 Dymista *
 Edluar *
 Effexor XR *
 Embeda *
 Emend
 Enbrel (PA) (SP) (SPO)
 Enoxaparin
 Epinephrine injection
 Epi-Pen Auto-Injector
 Epogen * (PA) (SP) (SPO)
 Escitalopram
 Esomeprazole (PA)
 Esomeprazole Strontium * (PA) (QCD)
 Estraderm
 Estradiol patch
 Estrasorb *
 Estrogel *
 Eszopiclone
 Evamist *
 Evzio
 Exalgo *

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Quality Care Dosing

Extavia (SP) (SPO)
 Fanciclovir
 Famvir *
 Farydak (PA)
 Farxiga * (ST)
 Fentanyl oral/mucosal (PA)
 Fentanyl patch (PA)
 Fentora * (PA)
 Fetzima *
 Flovent/HFA
 Fluconazole (150 mg only)
 Flunisolide
 Fluoxetine
 Fluoxetine DR
 Fluticasone
 Fluvastatin XR
 Fluvastatin
 Fluvoxamine
 Fluvoxamine CR
 Focalin XR *
 Fondaparinux
 Foradil
 Forfivo XL *
 Forteo (PA) (SP) (SPO)
 Fosamax * (ST)
 Fosamax Plus D (ST)
 Fragmin *
 Frova *
 Fulyzaq (PA)
 Gatifloxacin
 Gilenya (SP)
 Glatopa
 Glucose testing strips (all)
 Glyxambi *
 Granisetron

Granisol
 Granix
 Grastek (PA)
 Harvoni (PA) (SP)
 Hetlioz (PA)
 Humira (PA) (SP) (SPO)
 Hydromorphone ER (PA)
 Hysingla ER * (PA)
 Hytrin *
 Ibandronate
 Ibrance (PA) (SP)
 Imitrex
 Incruse Ellipta * (ST)
 Infergen (PA) (SP) (SPO)
 Invokana (ST)
 Insulins (all)
 Intermezzo *
 Ipratropium NS
 Irenka DR *
 Itraconazole
 Jardiance (ST)
 Kadian * (PA)
 Kerydin *
 Ketorolac ophthalmic
 Khedezla *
 Kytril *
 Lamisil *
 Lansoprazole (PA)
 Lansoprazole/Amoxicillin/Clarithromycin
 Lazanda * (PA)
 Leflunomide
 Lescol * (ST)
 Lescol XL * (ST)
 Lexapro
 Lidocaine Patch

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Quality Care Dosing

Lidoderm
 Linzess
 Lipitor * (ST)
 Liptruzet **
 Livalo * (ST)
 Lotronex
 Lovastatin
 Lovenox *
 Lunesta
 Luvox CR *
 Lysteda *
 Maxair Autohaler *
 Maxalt *
 Maxalt-MLT *
 Meloxicam
 Menostar *
 Metadate CD
 Methylphenidate CD
 Methylphenidate ER
 Mevacor * (ST)
 Migranal
 Minivelle
 Mirtazapine
 Mirtazapine Rapid Dissolve
 Mobic *
 Morphine Sulfate ER (PA)
 Movantik
 Moxeza *
 MS Contin (PA)
 Naratriptan
 Nasonex *
 NebuPent
 Neulasta (SP)
 Neupogen (SP)
 Nexium * (PA)

Norvasc *
 Olanzapine-Fluoxetine
 Olopatadine Nasal
 Omeprazole
 Omeprazole-Sod. Bicarbonate * (PA)
 Omnaris *
 Omontys (PA) (SP)
 Ondansetron
 Ondansetron ODT
 Onmel *
 Onsolis * (PA)
 Opana ER * (PA)
 Oralair (PA)
 Oramorph SR * (PA)
 Otezla (PA)
 Oxycodone ER (PA)
 OxyContin (PA)
 Oxymorphone ER (PA)
 Pantoprazole
 Paroxetine
 Paroxetine CR
 Patanase *
 Paxil *
 Paxil CR *
 Pediaprox-4
 Pegasys (SP) (SPO)
 PEG-Intron (SP) (SPO)
 Penlac *
 Pexeva *
 Pioglitazone (ST)
 Pioglitazone-Glimepiride (ST)
 Pioglitazone-Metformin (ST)
 Plegridy * (SP)
 Praluent ** (SP)
 Pravachol * (ST)

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Quality Care Dosing

Pravastatin
 Prevacid * (PA)
 PrevPac *
 Prilosec * (PA)
 Pristiq *
 ProAir HFA
 ProAir Respiclick
 Procrit (PA) (SP) (SPO)
 Protonix * (PA)
 Proventil HFA *
 Prozac *
 Prozac Weekly *
 Pulmicort Flexhaler
 Pulmicort Respules
 QNASL *
 Qualaquin
 Qutenza (SP)
 QVAR
 Rabeprazole (PA)
 Ragwitek (PA)
 Rapaflox
 Rebif (SP) (SPO)
 Relpax *
 Remeron *
 Remeron Soltab *
 Repatha ** (SP)
 Restasis (PA)
 Rhinocort Aqua *
 Risedronate
 Ritalin LA *
 Rizatriptan
 Rozerem
 Sancuso *
 Sarafem *
 Saxenda (PA)

Selferma
 Serevent Diskus
 Sertraline
 Silenor *
 Simcor * (ST)
 Simponi (PA) (SP) (SPO)
 Simvastatin
 Sonata
 Spiriva
 Sporanox *
 Stiolto Respimat
 Strattera (PA17)
 Striverdi Respimat
 Suboxone (PA)
 Subsys * (PA)
 Subutex (PA)
 Sumatriptan
 Sumavel Dosepro *
 Symbicort (ST)
 Symbyax
 Synjardy **
 Tanzeum
 Technivie ** (PA) (SP)
 Terazolin
 Terbinafine
 Terbinex *
 Tivorbex *
 Toujeo Solostar *
 Tranexamic Acid
 Treximet *
 Trulicity (ST)
 Tudorza
 Valacyclovir
 Valtrex
 Venlafaxine ER capsule

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 (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
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Quality Care Dosing

Venlafaxine ER tablet
Ventolin HFA *
Veramyst *
Victoza (ST)
Viekira PAK * (PA) (SP)
Vigamox *
Viibryd *
Vivelle
Vivelle-Dot
Vytorin * (ST)
Vyvanse *
Wellbutrin SR *
Wellbutrin XL *
Xartemis XR * (PA)
Xifaxan
Xigduo * (ST)
Xopenex HFA *
Zaleplon
Zarxio
Zegerid * (PA)
Zetia (ST)
Zetonna *
Zocor * (ST)
Zofran *
Zofran ODT *
Zohydro ER * (PA)
Zolmitriptan
Zolmitriptan ODT
Zoloft *
Zolpidem
Zolpidem ER
Zolpimist *
Zomig *
Zomig ZMT *
Zubsolv **

Zuplenz *
Zydelig (SP)
Zymar *
Zymaxid *

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Prior Authorization

Prior Authorization

Your doctor is required to obtain prior authorization before prescribing specific medications. This ensures that your doctor has determined that this medication is necessary to treat you, based on specific medical standards.

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

Another part of our prior authorization program is step therapy. Please refer to page 22 for a list of medications that require step therapy.

This list of medications that require prior authorization is up-to-date as of January 1, 2016, and may change from time to time.

Prior Authorization

Abstral * (QCD)
 AcipHex * (QCD)
 Actemra (SP)
 Acthar (SP)
 Actiq * (QCD)
 Adcirca (SP)
 Amevive (MBO)
 Amphetamines (e.g Amphetamine, Methamphetamine, Liquadd, Procentra)
 Ampyra (QCD) (SP)
 Aralast (MBO)
 Aralast NP (MBO)
 Aranesp * (QCD) (SP) (SPO)
 Avinza * (QCD)
 Belviq
 Binosto *
 Boniva syringe * (SP)
 Botox (SP)
 Bunavail (QCD)
 Buprenorphine (QCD)
 Buprenorphine-Naloxone (QCD)
 Buprenex
 Butrans * (QCD)
 Ceredase (MBO)
 Cerezyme (MBO)
 Cimzia (SP) (SPO)
 Cinryze (MBO)
 Contrave (QCD)
 Cosentyx *
 Daklinza ** (QCD) (SP)
 Desoxyn (PA17)
 Dexilant * (QCD)
 Dextroamphetamines (e.g. Dexedrine) (PA17)
 Difucid *
 Diskets

Dolophine
 Duragesic * (QCD)
 Dysport
 Egrifta (SP)
 Elidel
 Embeda * (QCD)
 Enbrel (QCD) (SP) (SPO)
 Enteral formula
 Entyvio (SP)
 Epogen * (QCD) (SP) (SPO)
 Erbitux (MBO)
 Esomeprazole (QCD)
 Esomeprazole Strontium * (QCD)
 Euflexxa * (SPO)
 Exalgo * (QCD)
 Eylea (MBO)
 Factor VIII, VIIIa, IX, XIII (MBO)
 Farydak (SP)
 Fentanyl patch (QCD)
 Fentanyl oral/mucosal (QCD)
 Fentora * (QCD)
 First-lansoprazole
 First-omeprazole
 Forteo (QCD) (SP) (SPO)
 Fulyzaq (QCD)
 Gel-One * (SPO)
 Genotropin * (SP) (SPO)
 Geref
 Grastek (QCD)
 Harvoni (QCD)
 Hetlioz (QCD)
 Humatrope (SP) (SPO)
 Humira (QCD) (SP) (SPO)
 Hyalgan * (SPO)
 Hysingla ER * (QCD)

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Prior Authorization

Ibandronate injection/syringe

Ibrance (QCD) (SP)

Ilaris (SP) (SPO)

Increlix

Incivek (SP) (SPO)

Interferons (alpha, gamma)

Iplex

IV Immunoglobulin (MBO)

Kadian * (QCD)

Kalydeco

Kineret (SP) (SPO)

Lansoprazole (QCD)

Lazanda * (QCD)

Lenvima (SP)

Leukine (SP)

Lucentis (MBO)

Lynparza (SP)

Lyrica

Macugen (MBO)

Makena (SP)

Mekinist

Methadone

Methadose

Modafinil

Monovisc * (SPO)

Morphine Sulfate CR (QCD)

Morphine Sulfate ER (QCD)

MS Contin (QCD)

Myalept (SP)

Nexium * (QCD)

Norditropin * (SP) (SPO)

Nucynta ER *

Nutritional Supplements

Nutropin * (SP) (SPO)

Nuvigil * (PA17)

Olysio (SP)

Omeprazole-Sod. Bicarbonate * (QCD)

Omnitrope (SP) (SPO)

Omontys (SP) (SPO)

Onsolis * (QCD)

Opana ER * (QCD)

Opdivo (SP)

Oralair (QCD)

Oramorph SR * (QCD)

Orencia (SP)

Orthovisc * (SPO)

Otezla (QCD) (SP)

Oxycodone ER (QCD)

Oxycontin (QCD)

Oxymorphone ER (QCD)

Preservative-Free Morphine (MBO)

Prevacid * (QCD)

Prilosec * (QCD)

Procrit (QCD) (SP) (SPO)

Prolastin (MBO)

Prolastin C (MBO)

Proleukin (SP)

Prolia (SP) (SPO)

Protonix * (QCD)

Protopic

Protropin (SPO)

Provigil (PA17)

Rabeprazole (QCD)

Ragwitek (QCD)

Raptiva

Reclast (MBO)

Regranex

Remicade (SP)

Respiratory SyncytialVirus IG/Synagis (SP)

Restasis (QCD)

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Prior Authorization

Revatio * (SP)
 Rituxan (SP)
 Saizen * (SP) (SPO)
 Saxenda (QCD)
 Serostim
 Sildenafil (SP)
 Simponi (QCD) (SP) (SPO)
 Sovaldi (SP)
 Stelara * (SP) (SPO)
 Strattera (PA17) (QCD)
 Suboxone (QCD)
 Subsys * (QCD)
 Supartz * (SPO)
 Synvisc * (SPO)
 Synvisc One * (SPO)
 Tafenlar (PA) (SP)
 Technivie ** (QCD) (SP)
 Tev-Tropin * (SP) (SPO)
 Topical Retinoic Acid Derivatives (e.g. Retin-A) (PA30)
 TPN (total parenteral nutrition) (MBO)
 Tysabri (MBO)
 Vectibix (MBO)
 Victrelis (SP)
 Viekira PAK * (QCD)
 Xalkori (SP)
 Xartemis XR * (QCD)
 Xeljanz * (SP)
 Xenazine
 Xeomin
 Xgeva (SP) (SPO)
 Xiaflex (MBO)
 Xolair (MBO)
 Zegerid * (QCD)
 Zelboraf (SP)
 Zohydro ER * (QCD)

Zomactin * (SP) (SPO)
 Zometa (MBO)
 Zorbtive (SPO)
 Zubsolv (QCD)
 Zydelig (SP)
 Zykadia (SP)

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Specialty Pharmacy

Specialty Pharmacy Medications

Blue Cross Blue Shield of Massachusetts has set up a network of retail specialty pharmacies to dispense 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.

This list is up-to-date as of January 1, 2016. You can find the latest information about your medications and look up pharmacy contact information by visiting www.bluecrossma.com/pharmacy.

Network Pharmacy Information

AcariaHealth
1-866-892-1202
www.acariahealth.com

Accredo Health Group, Inc. /CuraScript
1-877-988-0058
www.accredo.com

CVS Caremark, Inc.
1-866-846-3096
www.caremark.com

OncoMed, the Oncology Pharmacy
1-877-662-6633
www.oncomed.net

Walgreens Specialty Pharmacy
1-800-649-2872 / Fax: 866-935-0719
www.walgreens.com/specialty

Network Pharmacy Information for Medications Most Commonly Used for Fertility

BriovaRx
1-800-850-9122
www.briovarx.com

Freedom Fertility Pharmacy
1-866-297-9452
www.freedomfertility.com

Metro Drugs
1-888-258-0106
www.metrodrugs.com

Village Fertility Pharmacy
1-877-334-1610
www.villagefertilitypharmacy.com

Walgreens
1-800-424-9002
www.walgreens.com/pharmacy/specialpharmacy.jsp

Specialty Pharmacy

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
 Aved
 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
 Cimzia (PA) (SPO)
 Cisplatin
 Cladribine
 Copaxone (QCD) (SPO)
 Cosentyx * (PA) (SPO)

Cosmegen
 Cyclophosphamide
 Cyramza
 Cytarabine
 Cytogam (PA)
 Cytoxan
 Dacarbazine
 Dactinomycin
 Daunorubicin HCL
 DaunoXome
 DDAVP *
 Depocyt
 Desmopressin Acetate
 Dexrazoxane
 Docefrez
 Docetaxel
 Doxil
 Doxorubicin HCl
 DTIC-Dome
 Duopa
 Dysport (PA)
 Egrifta (PA)
 Eligard
 Ellence
 Eloxatin
 Elspar
 Enbrel (PA) (QCD) (SPO)
 Entyvio (PA)
 Epirubicin
 Epogen * (PA) (QCD) (SPO)
 Ethyol
 Etopophos
 Etoposide
 Extavia * (QCD) (SPO)
 Faslodex

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Specialty Pharmacy

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)
 Glatopa (QCD) (SPO)
 Granix
 Herceptin
 Hizentra (PA)
 Humatrope (PA) (SPO)
 Humira (PA) (QCD) (SPO)
 Hycamtin
 HyQvia (PA)
 Ibandronate injection/syringe
 Idamycin PFS
 Idarubicin
 Ifex
 Ifosfamide

Ifosfamide/Mesna
 Ilaris (PA) (SPO)
 Increlex (PA) (SPO)
 Infergen (PA) (QCD) (SPO)
 Intron A (PA) (SPO)
 Irinotecan
 Istodax
 Kenalog
 Keytruda
 Kineret (PA) (SPO)
 Kynamro
 Lemtrada * (SPO)
 Leucovorin Calcium
 Leukine (PA)
 Leuprolide Acetate (SPO)
 Leustatin
 Lipodox
 Lipodox-50
 Lupaneta Pack
 Lupron Depot
 Lupron Depot-Ped
 Makena (PA)
 Marqibo
 Mesna
 Mesnex
 Methotrexate
 Mitomycin
 Mitoxantrone
 Mozobil
 Mustargen
 Myalept (PA)
 Mylotarg
 Myobloc (PA)
 Naptara
 Navelbine

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Specialty Pharmacy

Neosar

Neulasta (QCD)

Neumega

Neupogen (QCD)

Nipent

Norditropin * (PA) (SPO)

Norditropin Flexpro * (PA) (SPO)

Norditropin Nordiflex * (PA) (SPO)

Novantrone

Nplate

Nutropin (PA) (SPO)

Nutropin AQ (PA) (SPO)

Nutropin AQ Nuspin (PA) (SPO)

Octagam (PA)

Octreotide injection (SPO)

Omnitrope * (PA) (SPO)

Oncaspar

Onxol

Opdivo (PA)

Orencia (PA)

Otrexup *

Oxaliplatin

Paclitaxel

Pamidronate

Pamidronate disodium

Pegasys (QCD) (SPO)

Peg-Intron (QCD) (SPO)

Photofrin

Plegridy * (QCD)

Praluent ** (QCD)

Privigen (PA)

Procrit (PA) (QCD) (SPO)

Proleukin (PA)

Prolia (PA) (SPO)

Rebif (QCD) (SPO)

Remicade (PA)

Repatha ** (QCD)

Revatio * (PA)

Rituxan (PA)

Ruconest

Saizen * (PA) (SPO)

Sandostatin (SPO)

Sandostatin-LAR

Serostim (PA) (SPO)

Signafor

Signafor LAR

Simponi (PA) (QCD) (SPO)

Simponi Aria (PA)

Simulect

Somatuline

Somavert (SPO)

Stelara * (PA) (SPO)

Sylatron (PA)

Sylvant

Synagis (PA)

Synribo

Tarabine

Taxol

Taxotere

Teniposide

Tev-Tropin * (PA) (SPO)

TheraCys

Thiotepa

Thyrogen

Toposar

Totect

Trelstar

Trelstar LA

Trelstar Depot

Valstar

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Specialty Pharmacy

Velcade
 Vimzim
 VinBLAStine
 VinCRISStine
 Vinorelbine
 Vivitrol
 Vumon
 Xeomin (PA)
 Xgeva (PA) (SPO)
 Zaltrap
 Zanosar
 Zinecard
 Zoladex
 Zomacton * (PA) (SPO)
 Zorbtive (PA) (SPO)

Oral Medications

8-Mop
 Adcirca (PA)
 Adempas
 Afinitor
 Alkeran
 Ampyra (PA) (QCD)
 Aubagio
 Bethkis
 Bosulif
 Capecitabine
 Carbaglu
 Cerdelga **
 Cometriq
 Copegus (SPO)
 Cystagon
 Cytosan
 Daklinza ** (PA) (QCD)
 Daraprim
 Duopa

Erivedge
 Esbriet
 Etoposide
 Exjade
 Farydak (PA)
 Gilenya (QCD)
 Gilotrif
 Gleevec
 Havroni (PA) (QCD)
 Hetlioz (PA)
 Hycamtin
 Ibrance (PA)
 Iclusig
 Imbruvica
 Incivek (PA)
 Inlyta
 Iressa
 Jadenu
 Jakafi
 Kalydeco (PA)
 Kitabis PAK *
 Korlym
 Kuvan
 Lenvima (PA)
 Letairis
 Lynparza (PA)
 Mekinist
 Mesnex
 Moderiba
 Nexavar
 Northera *
 Ofev
 Oforta
 Olysio (PA)
 Onsolis * (PA) (QCD)

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Specialty Pharmacy

Opsumit
 Orenitram
 Orfadin (SPO)
 Orkambi **
 Otezla (PA) (QCD)
 Otezla Starter Pack (PA)
 Pomalyst
 Procysbi
 Promacta
 Pulmozyme (SPO)
 Raptiva (PA)
 Ravicti
 Rebetal (SPO)
 Revatio * (PA)
 Revlimid
 Ribapak (SPO)
 Ribasphere (SPO)
 Ribatab
 Ribavirin (SPO)
 Rilutek
 Riluzole
 Sabril
 Sildenafil (PA)
 Sovaldi (PA)
 Sprycel
 Stivarga
 Sucraid
 Sutent
 Tafenlar (PA)
 Tarceva
 Tassigna
 Tecfidera
 Technivie ** (PA) (QCD)
 Temodar
 Temozoloamide

Tetrabenazine
 Thalomid
 TOBI ampules (SPO)
 TOBI-Podhaler (SPO)
 Tobramycin ampules
 Tracleer
 Tykerb
 Tyvaso
 Viekira PAK * (PA) (QCD)
 Victrelis (PA)
 Votrient
 Xalkori (PA)
 Xeljanz *
 Xeloda
 Xenazine
 Xtandi (ST)
 Xyrem
 Zavesca
 Zelboraf (PA)
 Zolinza
 Zydelig (QCD)
 Zykadia (PA)
 Zytiga

Topical

Cystaran
 Panretin (SPO)
 Qutenza (QCD)
 Valchlor
 Zecuity *

Fertility Medications

Bravelle * (SPO)
 Cetrotide (SPO)
 Clomid
 Clomiphene
 Endometrin

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Specialty Pharmacy

Follistim AQ * (SPO)

Ganirelix * (SPO)

Gonal F/Gonal F RFF (SPO)

Gonal F Rff Rediject (SPO)

Human Chorionic Gonadotropin (HCG) (SPO)

Leuprolide (SPO)

Lupron Depot

Lupron Depot-Ped

Luveris (SPO)

Menopur (SPO)

Novarel

Ovidrel (SPO)

Pregnyl (SPO)

Repronex (SPO)

Serophene

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Step Therapy

Step Therapy

Step therapy is a key part of our prior authorization program that allows us to help your doctor provide you with an appropriate and affordable drug treatment. Before coverage is allowed for certain costly “second-step” medications, we require that you first try an effective, but less expensive, “first-step” medication. Some medications may have multiple steps.

This list is up-to-date as of January 1, 2016, and is subject to change at any time. For the most up-to-date list of medications that require step therapy, please visit our website www.bluecrossma.com/pharmacy, click on **Pharmacy Management Program**, and proceed to **Step Therapy**.

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Step Therapy

Atypical Antipsychotic Medications

Abilify
Abilify DiscMelt *
Abilify Maintenna *
Clozaril
Fanapt *
FazaClo *
Geodon
Haldol
Haldol Decanoate
Invega *
Invega Sustenna
Invega Trinza
Latuda *
Loxitane
Rexulti **
Risperdal
Risperdal Consta
Risperdal M-Tab *
Saphris *
Seroquel
Seroquel XR
Symbyax (QCD)
Zyprexa
Zyprexa IM *
Zyprexa Relprevv *
Zyprexa Zydis

Asthma Management

Accolate *
Advair Diskus (QCD)
Advair HFA (QCD)
Anoro Ellipta (QCD)
Breo Ellipta * (QCD)
Dulera (QCD)
Incruse Ellipta * (QCD)

Singulair
Stiolto Respimat (QCD)
Symbicort (QCD)
Zafirlukast
Zyflo *
Zyflo CR *

Cholesterol Treatment

Advicor (QCD)
Altoprev * (QCD)
Caduet * (QCD)
Crestor (QCD)
Juxtapid
Kynamro (SP)
Lescol * (QCD)
Lescol XL * (QCD)
Lipitor * (QCD)
Liptruzet * (QCD)
Livalo * (QCD)
Mevacor * (QCD)
Pravachol * (QCD)
Simcor * (QCD)
Vytorin * (QCD)
Zetia (QCD)
Zocor * (QCD)

Diabetes Management

ACTOplus Met (QCD)
ACTOplus Met XR (QCD)
Actos (QCD)
Avandamet (QCD)
Avandaryl
Avandia (QCD)
Duetact
Farxiga *
Fortamet *
Glucophage *

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Step Therapy

Glucophage XR *
Glumetza *
Glyxambi * (QCD)
Invokana (QCD)
Invokamet (QCD)
Janumet
Janumet XR
Januvia
Jardiance
Jentadueto *
Kazano *
Kombiglyze XR
Nesina *
Onglyza
Oseni *
Pioglitazone (QCD)
Pioglitazone-Glimepiride (QCD)
Pioglitazone-Metformin (QCD)
Prandin *
Prandimet *
Tradjenta *
Trulicity (QCD)
Victoza (QCD)
Xigduo * (QCD)
Glaucoma
Lumigan
Rescula *
Travatan
Travatan Z
Xalatan
Heart/Blood Modifiers/Circulation
Amturnide *
Atacand *
Atacand HCT *
Avalide

Avapro
Azor
Benicar
Benicar HCT
Cozaar *
Diovan
Diovan HCT
Edarbi *
Edarbyclor *
Exforge
Exforge-HCT
Hyzaar *
Micardis *
Micardis HCT *
Tekamlo *
Tekturna *
Tekturna HCT *
Teveten *
Teveten HCT *
Tribenzor
Twynsta *
Valturna *

Osteoporosis Treatment (Oral)

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

Pain Relievers (Cox II Inhibitors)

Celebrex (QCD)
Celecoxib (QCD)

Prostate Treatment

Avodart
Jalyn

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Step Therapy

Proscar *

Prostate Cancer - Oral

Xtandi

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

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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Non-Covered Medication

Non-Covered Medication

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 drug is approved, it will be covered at the highest tier or cost share. 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, 2016, 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, www.bluecrossma.com/medications and proceed to the **Medications that are not Covered** section.

Non-Covered Medication

Abilify DiscMelt (ST)
 Abilify Maintenna (ST)
 Absorica
 Abstral (PA) (QCD)
 Acanya
 Accolate (ST)
 Accu-Chek diabetic testing supplies (QCD)
 AccuNeb
 Accupril
 Accuretic
 Accutane
 Aceon
 AcipHex (PA) (QCD)
 Acticlate
 Actigall
 Actiq (PA) (QCD)
 Activella
 Acular (QCD)
 Acular LS (QCD)
 Acuvail
 Aczone
 Adalat CC
 Adazin
 Adderall
 Adoxa CK
 Adoxa TT
 Advanced Allergy Collection Kit
 Advocate Redi-Code diabetic testing supplies (QCD)
 Aerobid (QCD)
 Aerobid-M (QCD)
 Aerospan (QCD)
 Afrezza
 Airet
 Akynzeo (QCD)
 Alivycin Antipruritic SG gel

Aleveer
 Alodox
 Aloquin
 Alora (QCD)
 Alrex (QCD)
 Alsuma (QCD)
 Altabax
 Altace
 Altoprev (QCD) (ST)
 Aluvea
 Alvesco (QCD)
 Ambien (QCD)
 Ambien CR (QCD)
 Amrix
 Amturnide (ST)
 Anafranil
 Analpram Advanced
 Analpram-E kit
 Angeliq
 Antara
 Anzemet (QCD)
 Apidra
 Aplenzen ER (QCD)
 Appformin-D
 Aptensio XR (QCD)
 Aqua Glycolic HC
 Aranesp (PA) (QCD) (SP) (SPO)
 Arava (QCD)
 Arcapta Neohaler (QCD)
 Arixtra (QCD)
 Arnuity Ellipta (QCD)
 Ascensia diabetic testing supplies (QCD)
 Asmanex Twisthaler (QCD)
 Assure diabetic testing supplies (QCD)
 Astepro (QCD)

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Non-Covered Medication

Atacand (ST)
 Atacand HCT (ST)
 Atelvia DR (QCD) (ST)
 Ativan
 Atopiclair
 Atralin
 Atrapro Dermal Spray
 Atrapro CP
 Atrapro Hydrogel
 Atropen
 Augmentin XR
 Aurstat
 Auryxia
 Auvi-Q (QCD)
 Avelox
 Avidoxy
 Avidoxy DK
 Avinza (PA) (QCD)
 Avita
 Axert (QCD)
 Axid
 Azasite
 Azmacort (QCD)
 B-D diabetic testing supplies (QCD)
 Beconase AQ (QCD)
 Belsomra (QCD)
 BenzaClin kit
 Besivance
 BG-Star diabetic testing supplies (QCD)
 Binosto (QCD) (ST)
 Bionect
 Boniva syringe (PA) (SP)
 Boniva tablets (QCD) (ST)
 Bravelle (SP)
 Breo Ellipta (QCD) (ST)

Brevicon
 Brilinta
 Brintellix (QCD)
 Brisdelle (QCD)
 Bromday
 Brovana
 Butrans (PA) (QCD)
 Bystolic
 Caduet (QCD)
 Calcitriol Topical
 Cambia
 Caphosol
 Capoten
 Careone diabetic testing supplies (QCD)
 Caresens N diabetic testing supplies (QCD)
 Cardene
 Cardene SR
 Cardizem CD
 Cardizem LA
 Cardura XL (QCD)
 Cataflam
 Ceclor
 Ceclor CD
 Cedax
 Celexa (QCD)
 Cem-Urea
 Cenestin
 Centany
 Centany AT
 Cesamet (QCD)
 Cetraxel
 Chenodal
 Chibroxin Ocumeter
 Cipro-XR
 Cleanse and Treat

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Non-Covered Medication

Cleervue-M
 Cleocin T
 Clever Choice Voice diabetic testing supplies (QCD)
 Clindacin ETZ Kit
 Clindacin PAC
 Clindagel
 Clindamax
 Clindareach
 Clindets
 Clobeta + Plus
 Clobex
 Clodan Kit
 CNL 8 nail kit (QCD)
 Colazal
 CoLyte
 Combigan
 Combunox
 Contour Next diabetic testing supplies (QCD)
 Conzip
 Coreg
 Coreg CR
 Corlanor
 Cosentyx (PA) (QCD)
 Cosopt PF
 Cozaar (ST)
 CVS Advanced diabetic testing supplies (QCD)
 Cymbalta (QCD)
 Daliresp
 Darvocet N-100
 Daypro
 Daytrana
 DDAVP
 Demulen
 Depo-Sub Q Provera 104
 Derma-Smoothe/FS

Dermacin RX Silpak
 Derasilk RX SDS
 Dermacin RX Surgical Pharmpak
 Dermapak Plus
 Dermasorb-AF
 Dermasorb-HC
 Dermasorb-TA
 Dermasorb-XM
 DermOtic
 Desogen
 Desonil + Plus
 DesOwen kit
 Desvenlafaxine ER (QCD)
 Detrol (ST)
 Detrol LA (ST)
 Dexedrine (PA)
 Dexilant (PA) (QCD)
 Difucid (PA)
 Dilacor XR
 Dilaudid
 Dipentum
 Dispermox
 Ditropan (ST)
 Ditropan XL (ST)
 Divigel
 Duavee
 Duexis
 Duragesic (PA) (QCD)
 Durezol
 Dyloject
 Dymista (QCD)
 Dynabac
 Dynacin
 Dynacirc
 Dynacirc CR

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Non-Covered Medication

Dytan

Easy Max diabetic testing supplies (QCD)

Easy Step diabetic testing supplies (QCD)

Easy Talk diabetic testing supplies (QCD)

Easy Touch diabetic testing supplies (QCD)

Easy-Trak diabetic testing supplies (QCD)

Edarbi (ST)

Edarbiclor (ST)

Edluar (QCD)

Effexor

Effexor XR (QCD)

Elenza

Elestrin

Eletone

Embeda (QCD)

Embrace diabetic testing supplies (QCD)

Emsam

Enablex (ST)

Enjuvia

Epaned

EpiCeram

Epiduo

Epiduo Forte

Episil

Epogen (PA) (SP) (SPO)

Equetro

Ertaczo

Esomeprazole Strontium (QCD) (ST)

Estrace

Estrasorb (QCD)

Estrogel (QCD)

Euflexxa (PA) (SPO)

Evamist (QCD)

Evoclin

ExacTech diabetic testing supplies (QCD)

Exalgo (PA) (QCD)

Extavia

Extina

Factive

Falessa kit

Famvir (QCD)

Fanapt (ST)

Farxiga (ST)

FazaClo (ST)

Femtrace

Fenoglide

Fentora (PA) (QCD)

Fertinex (SP)

Fetzima (QCD)

Fexmid

Fibracor

Fifty50 diabetic testing supplies (QCD)

Finacea Plus

Fioricet

Fiorinal

Fiorinal with Codeine

Flagyl

Flagyl ER

Flagyl IV

Flector

Flonase (QCD)

Fluoroplex

FML Forte

Focalin

Focalin XR (QCD)

Follistim AQ (SP)

Fora V12 diabetic testing supplies (QCD)

Forfivo XL (QCD)

Fortamet (ST)

Fortesta (ST)

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Non-Covered Medication

Fosamax (QCD) (ST)
 Fragmin (QCD)
 Freestyle diabetic testing supplies (QCD)
 Fresh Kote
 Frova (QCD)
 Ganirelix (SP) (SPO)
 Garamide
 Gel-One (PA) (SPO)
 Gelclair
 Gelnique (ST)
 GelX
 Genotropin (PA) (SP) (SPO)
 GE 100 diabetic testing supplies (QCD)
 Giazio
 Glucocard diabetic testing supplies (QCD)
 Glucometer diabetic testing supplies (QCD)
 Glucophage
 Glucophage XR
 Glumetza
 Glyxambi (QCD) (ST)
 Gmate diabetic testing supplies (QCD)
 GoLyteLy
 Halonate
 Halotin
 Healthpro diabetic testing supplies (QCD)
 Helidac
 Horizant
 HPR
 HPR Plus
 HPR Plus Hydrogel Kit
 Hyalgan (PA) (SPO)
 Hydrocortisone-Lidocaine kit
 Hylase
 Hylatopic
 Hylatopic Plus

Hylatopic Plus-Aurstat
 Hylira
 Hysingla ER (PA) (QCD)
 Hytrin (QCD)
 Hyzaar (ST)
 IB-Stat
 IC400 kit
 IC800 kit
 Ilevro
 Imuran
 Incruse Ellipta (QCD) (ST)
 Inderal LA
 Inderal XL
 Innohep
 InnoPran XL
 Intermezzo (QCD)
 Intuniv
 Invega (ST)
 Iquix
 Irenka DR (QCD)
 Istalol
 Jentadueto (ST)
 Jublia
 Kadian (PA) (QCD)
 Kapvay
 Kazano (ST)
 Keppra XR
 Keralyt kit
 Kerydin (QCD)
 Ketocon + Plus
 Khedezla (QCD)
 Kitabis PAK (SP)
 Klonopin
 Kro Premium diabetic testing supplies (QCD)
 Kytril (QCD)

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Non-Covered Medication

Lamictal ODT
 Lamisil (QCD)
 Lamisil Granules (QCD)
 Latuda (ST)
 Lazanda (PA) (QCD)
 Lemtrada (SP) (SPO)
 Lescol (QCD) (ST)
 Lescol XL (QCD) (ST)
 Levaquin
 Levemir (QCD)
 Levlén
 Lexapro (QCD)
 Lexxel
 Lialda
 Lidodextrapine
 Lidovex
 Lidovir
 Lipitor (QCD) (ST)
 Lipofen
 Liptruzet (QCD) (ST)
 Livalo (QCD) (ST)
 Livixil PAK
 Lodine
 Lodine XL
 Lofibra
 Lopressor
 Lorabid
 Lorenza
 LoSeasonique
 Lotensin
 Lotensin HCT
 Loutrex
 Lovaza
 Lovenox (QCD)
 Lunesta (QCD)

Luvox CR (QCD)
 Luzu
 Lysteda (QCD)
 Lytensopril
 MAC Patch
 Mavik
 Maxair Autohaler (QCD)
 Maxalt (QCD)
 Maxalt-MLT (QCD)
 Maxipime
 MB Hydrogel
 Medrox Patch
 Megace ES
 Menostar (QCD)
 Metaglip
 Metozolv ODT
 Metrogel kit
 Mevacor (QCD) (ST)
 Micardis (ST)
 Micardis HCT (ST)
 Minocin
 Minocin Combo Pack
 Mirapex ER (ST)
 Mobic (QCD)
 Momexin
 Monodox
 Monopril
 Monopril HCT
 Monovisc (PA) (SPO)
 Morgidox
 MoviPrep
 Moxatag
 Moxeza (QCD)
 Myoxin
 Myrbetriq

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Non-Covered Medication

Namzaric
 Naprelan
 Naprelan CR
 Naprosyn
 Naprosyn EC
 Nasarel (QCD)
 Nasonex (QCD)
 Natazia
 Natesto Nasal (ST)
 Neo-Synalar Kit
 Neosalus
 Neosalus CP
 Nesina (ST)
 Neuac Kit
 Neumaxin
 Neupro
 Neurontin
 Nevanac
 Nexiclon XR
 Nexium (PA) (QCD)
 Niravam
 Norditropin (PA) (SP) (SPO)
 Norinyl
 Noroxin
 Nor-Q-D
 Northera (SP)
 Norvasc (QCD)
 Novacort
 Nova Max diabetic testing supplies (QCD)
 Novolin Insulin products
 Novolog Insulin products
 NuCort
 Nucynta
 Nucynta ER (PA)
 NuLytely

NutriDox
 Nuvessa
 Nuvigil (PA)
 Ocudox kit
 Oleptro ER
 Olux
 Omeprazole-Sod. Bicarbonate (PA) (QCD)
 Omnaris (QCD)
 Omnicef
 Omnitrope (PA) (SP) (SPO)
 Onexton
 Onmel (QCD)
 Onsolis (PA) (QCD)
 Opana
 Opana ER (PA) (QCD)
 Optase
 Oracea
 Oramorph SR (PA) (QCD)
 Orapred ODT
 Oravig
 Oroxin
 Ortho-Prefest
 Orthovisc (PA) (SPO)
 Oseni (ST)
 Osphena
 Otrexup (SP)
 Ovcon
 Oxecta
 Oxytrol (ST)
 Pain Relief Patch
 Pamelor
 Pamine FQ
 Pancreaze
 Paptase
 Patanase (QCD)

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Non-Covered Medication

Paxil (QCD)
 Paxil CR (QCD)
 PCE
 PCE Dispertab
 Pediderm AF
 Pediderm HC
 Pediderm TA
 Penlac (QCD)
 Pennsaid
 Pepcid
 Percocet
 Pertzye
 Pexeva (QCD)
 Phoslyra
 Picato
 Plaquenil
 Plegridy (QCD) (SP)
 PR-Cream
 Pram-HCA
 Pramcort
 Pramoxone E
 PrandiMet (ST)
 Pravachol (QCD) (ST)
 Precision QID diabetic supplies (QCD)
 Precision X-Tra diabetic supplies (QCD)
 Prepopik
 Presera
 Prestalia
 Prestige diabetic testing supplies (QCD)
 Prevacid (PA) (QCD)
 Prevacid NapraPAC
 PrevPac
 Prilosec (PA) (QCD)
 Prinivil
 Prinzide

Pristiq (QCD)
 Procentra (PA)
 Procort
 Prodigy diabetic testing supplies (QCD)
 Prolensa
 Promiseb
 Promiseb Light
 Proquin XR
 Protonix (PA) (QCD)
 Proventil HFA (QCD)
 Proventil inhaler (QCD)
 Proventil
 Proventil Repetab
 Provenza
 Prozac (QCD)
 Prozac Weekly (QCD)
 Purinethol
 Pylera
 QNASL (QCD)
 Quartette
 Quillivant XR
 Quixin
 RadiaPlex Rx
 Radigel
 Raniclor
 Rapaflo
 Rasuvio
 Rayos
 Reciphexamine
 Recothrom
 Relafen
 Relion diabetic testing supplies (QCD)
 Relpax (QCD)
 Relyyks
 Relyyt

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Non-Covered Medication

Remeron (QCD)
 Remeron Soltab (QCD)
 Renovo
 Requip (ST)
 Requip XL (ST)
 Rescula (ST)
 Restoril
 Retin-A Micro (PA30)
 Rhinocort Aqua (QCD)
 Rinnovi
 Risperdal M-Tab (ST)
 Ritalin
 Ritalin LA (QCD)
 Ritalin SR
 Rosadan
 Rosanil
 Rybix ODT
 Rynatan
 Rytary ER
 Rythmol
 Ryzolt
 Saizen (PA) (SP) (SPO)
 Salicylic Acid-Ceramide kit
 Salkera
 Salvax
 Salvax Duo
 Salvax Duo Plus
 Sanctura (ST)
 Sanctura XR (ST)
 Sancuso (QCD)
 Saphris (ST)
 Sarafem (QCD)
 Savaysa
 Scalacort
 Scar

Seasonique
 Senophylline
 Silenor (QCD)
 Silvera
 Silvrstat
 Simbrinza
 Simcor (QCD) (ST)
 Sinelee
 Sinemet
 Sitavig
 Skelid
 Sklice
 Smart Sense diabetic testing supplies (QCD)
 Sof-Tact diabetic supplies (QCD)
 Solaice
 Solaraze
 Solodyn
 Soltamox
 Solus V2 diabetic testing supplies (QCD)
 Soma
 Sonata (QCD)
 Soolantra
 Spectracef
 Sporanox (QCD)
 Sprix
 Stavzor
 Stelara (PA) (SPO)
 Striant
 Subsys (PA) (QCD)
 Sular
 Sumadan
 Sumavel Dosepro (QCD)
 Sumaxin
 Sumaxin CP
 Sumaxin TS

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Non-Covered Medication

Supartz (PA) (SPO)
 Suprep
 Synalar Combo-Pack
 Synalar TS
 Synvexia TC
 Synvisc (PA) (SPO)
 Synvisc-One (PA) (SPO)
 Tagamet
 Tekamlo (ST)
 Tekturna (ST)
 Tekturna HCT (ST)
 Tenormin
 Tequin
 Terbinex (QCD)
 Tersi
 Test N'Go diabetic testing supplies (QCD)
 Testim (ST)
 Testone Kit
 Testosterone gel (Fortesta Authorized product) (ST)
 Testosterone gel (Testim Authorized product) (ST)
 Testosterone gel (Vogelxo Authorized product) (ST)
 Testosterone CIK Kit (ST)
 Tetrax
 Teveten (ST)
 Teveten HCT (ST)
 Tev-Tropin (PA) (SP) (SPO)
 Therapentin
 Theraproxen
 Tiamate
 Tiazac
 Tindamax
 Tirosint
 Tivorbex (QCD)
 TL-Triseb
 TobraDex ST

Tofranil
 Tornalate
 Toujeo Solostar (QCD)
 Toviaz (ST)
 Tradjenta (ST)
 Tranxene T-Tab
 Tretin-X (PA)
 Treximet (QCD)
 Trezix
 Tricor
 Triglide
 Tri-Levlen
 Trilipix
 Trinalin
 Tri-Norinyl
 TriOxin
 Tritec
 Tropazone
 True Metrix diabetic supplies (QCD)
 TrueTest diabetic supplies (QCD)
 TrueTrack diabetic supplies (QCD)
 Twynsta (ST)
 Ultracet
 Ultram/ER
 Ultrasal ER
 Ultravate PAC
 Ultravate X
 Ultressa
 Unistrip 1 diabetic testing supplies (QCD)
 Up & Up diabetic testing supplies (QCD)
 Uramaxin
 Urea kit
 Valium
 Valturna (ST)
 Vanos

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Non-Covered Medication

Vantin

Vascepa

Vaseretic

Vasolex

Vasotec

Vectical

Vectrin

Velma

Velphoro

Veltin (PA30)

Ventolin HFA (QCD)

Veramyst (QCD)

Veregen

Vexa

Vexol

Viekira PAK (PA) (SP)

Vigamox (QCD)

Viiibryd (QCD)

Vimovo

Virasal

Vogelxo (ST)

Voltaren

Voltaren XR

Vusion

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Vyvance (QCD)

Wavesense diabetic testing supplies (QCD)

Welchol

Wellbutrin

Wellbutrin SR (QCD)

Wellbutrin XL (QCD)

Xanax

Xanax XR

X-Clair

Xartemis XR (PA) (QCD)

Xeljanz (SP)

Xenaderm

Xerese

Xibrom

Xifaxan

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Xolegel

Xolox

Xopenex HFA (QCD)

Xopenex nebules

Xyralid

Z-Pram

Zanaflex

Zantac

Zebeta

Zecuity (SP)

Zegerid (PA) (QCD)

Zelapar

Zenieve

Zestril

Zetonna (QCD)

Ziana

Zinotic

Zinotic ES

Zipsor

Zithromax

Zmax

Zocor (QCD) (ST)

Zofran (QCD)

Zofran ODT (QCD)

Zohydro ER (PA) (QCD)

Zolofl (QCD)

Zolpimist (QCD)

Zomacton (PA) (SPO)

Zomig (QCD)

* (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

Non-Covered Medication

Zomig ZMT (QCD)

Zontivity

Zovirax

Zuplenz (QCD)

Zyflo (ST)

Zyflo CR (ST)

Zymar (QCD)

Zymaxid

Zypram

Zyprexa IM (ST)

Zyprexa Relprevv (ST)

Zytopic

* (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

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New Medication Approval Process

New Medication Approval Process

Our Pharmacy and Therapeutics 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 formulary as they are approved by our Pharmacy and Therapeutics Committee throughout the year.

While under review, new medications will not be covered by your plan. As with other medications that are not covered, your doctor may request coverage when medically necessary. If a non-covered drug is approved, it will be covered at the highest tier or cost share.



MASSACHUSETTS



MASSACHUSETTS

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 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 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). 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.



MASSACHUSETTS



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



1042

Patient 1 (Cardholder)

Name: _____

I want non-child resistant caps, when available.

Date of Birth (MM/DD/YYYY)

□□ / □□ / □□□□

Date of Birth is required for patient identification.

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

Patient 2

Name: _____

I want non-child resistant caps, when available.

Date of Birth (MM/DD/YYYY)

□□ / □□ / □□□□

REMINDER: This section must be removed before mailing.

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

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

Signature Required _____

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

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

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

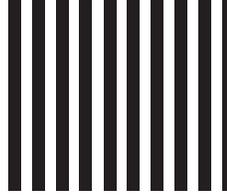


EXPRESS SCRIPTS®

Home Delivery Service
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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)

Pref

Glue

Fold

Glue

Pref

Inside envelope

Glue

Fold

Glue

Glue

Inside envelope



MASSACHUSETTS

\$9 Medications

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 July 1, 2015, and may be updated from time to time.

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 medication.

Antibiotics, Antifungals, Antivirals

Drug Name/Strength	\$9 Quantity
AMOXICILLIN TRIHYDRATE 250MG CAPSULE	90
AMOXICILLIN TRIHYDRATE 500MG CAPSULE	90
CEPHALEXIN MONOHYDRATE 250MG CAPSULE	84
CEPHALEXIN MONOHYDRATE 500MG CAPSULE	90
CIPROFLOXACIN HCL 250MG TABLET	42
CIPROFLOXACIN HCL 500MG TABLET	60
FLUCONAZOLE 150MG TABLET	3
ISONIAZID 300MG TABLET	90
PENICILLIN V POTASSIUM 250MG TABLET	84
SULFAMETHOXAZOLE/TRIMETHOPRIM 400-80MG TABLET	84
SULFAMETHOXAZOLE/TRIMETHOPRIM 800-160MG TABLET	60
TERBINAFINE HCL 250MG TABLET	90

Anticoagulants

Drug Name/Strength	\$9 Quantity
WARFARIN SODIUM 10MG TABLET	90
WARFARIN SODIUM 1MG TABLET	90
WARFARIN SODIUM 2.5MG TABLET	90
WARFARIN SODIUM 2MG TABLET	90
WARFARIN SODIUM 3MG TABLET	90
WARFARIN SODIUM 4MG TABLET	90
WARFARIN SODIUM 5MG TABLET	90
WARFARIN SODIUM 6MG TABLET	90
WARFARIN SODIUM 7.5MG TABLET	90

Antiseizure Medications

Drug Name/Strength	\$9 Quantity
PRIMIDONE 50 MG TABLET	180

Arthritis, Pain

Drug Name/Strength	\$9 Quantity
INDOMETHACIN 25MG CAPSULE	180
MELOXICAM 15MG TABLET	90
MELOXICAM 7.5MG TABLET	90
NAPROXEN 500 MG TABLET	180
NAPROXEN SODIUM 220 MG TABLET	90

Asthma, Respiratory

Drug Name/Strength	\$9 Quantity
IPRATROPIUM BROMIDE 0.2MG/ML SOLUTION	225mL

Heart Health & Blood Pressure

Drug Name/Strength	\$9 Quantity
ATENOLOL 100MG TABLET	90
ATENOLOL 25MG TABLET	90
ATENOLOL 50MG TABLET	90
ATENOLOL/CHLORTHALIDONE 100-25MG TABLET	90
ATENOLOL/CHLORTHALIDONE 50MG-25MG TABLET	90
BENAZEPRIL HCL 10MG TABLET	90
BENAZEPRIL HCL 20MG TABLET	90
BENAZEPRIL HCL 40MG TABLET	90
BENAZEPRIL HCL 5MG TABLET	90
BENAZEPRIL/HCTZ 10-12.5MG TABLET	90
BENAZEPRIL/HCTZ 20-12.5MG TABLET	90
BENAZEPRIL/HCTZ 20-25MG TABLET	90

Heart Health & Blood Pressure (cont.)

Drug Name/Strength	\$9 Quantity
BENAZEPRIL/HCTZ 5MG/6.25MG TABLET	90
BISOPROLOL/HYDROCHLOROTHIAZIDE 10-6.25MG TABLET	90
BISOPROLOL/HYDROCHLOROTHIAZIDE 2.5-6.25MG TABLET	90
BISOPROLOL/HYDROCHLOROTHIAZIDE 5-6.25MG TABLET	90
BISOPROLOL FUMARATE 10MG TABLET	90
BISOPROLOL FUMARATE 5MG TABLET	90
CARVEDILOL 12.5MG TABLET	180
CARVEDILOL 25MG TABLET	180
CARVEDILOL 3.125MG TABLET	180
CARVEDILOL 6.25MG TABLET	180
CLONIDINE HCL 0.1MG TABLET	90
CLONIDINE HCL 0.2MG TABLET	90
DOXAZOSIN MESYLATE 1MG TABLET	90
DOXAZOSIN MESYLATE 2MG TABLET	90
DOXAZOSIN MESYLATE 4MG TABLET	90
DOXAZOSIN MESYLATE 8MG TABLET	90
ENALAPRIL MALEATE 10MG TABLET	90
ENALAPRIL MALEATE 2.5MG TABLET	90
ENALAPRIL MALEATE 20MG TABLET	90
ENALAPRIL MALEATE 5MG TABLET	90
ENALAPRIL/HYDROCHLOROTHIAZIDE 5-12.5MG TABLET	90
FUROSEMIDE 20MG TABLET	90
FUROSEMIDE 40MG TABLET	90
FUROSEMIDE 80MG TABLET	90
GUANFACINE HCL 1MG TABLET	90
HYDRALAZINE HCL 100 MG TABLET	270
HYDRALAZINE HCL 10MG TABLET	90
HYDRALAZINE HCL 25MG TABLET	90
HYDRALAZINE HCL 50 MG TABLET	270
HYDROCHLOROTHIAZIDE 12.5MG CAPSULE	90
HYDROCHLOROTHIAZIDE 25MG TABLET	90
HYDROCHLOROTHIAZIDE 50MG TABLET	90
ISOSORBIDE MONONITRATE 30MG TAB.SR 24H	90

Heart Health & Blood Pressure (cont.)

Drug Name/Strength	\$9 Quantity
ISOSORBIDE MONONITRATE 60MG TAB.SR 24H	90
LISINAPRIL 5MG TABLET	90
LISINAPRIL 10MG TABLET	90
LISINAPRIL 2.5MG TABLET	90
LISINAPRIL 20MG TABLET	90
LISINAPRIL 30MG TABLET	90
LISINAPRIL 40MG TABLET	90
LISINAPRIL/HYDROCHLOROTHIAZIDE 10-12.5MG TABLET	90
LISINAPRIL/HYDROCHLOROTHIAZIDE 20-12.5 MG TABLET	90
LISINAPRIL/HYDROCHLOROTHIAZIDE 20-25MG TABLET	90
METHYLDOPA 250MG TABLET	180
METHYLDOPA 500MG TABLET	90
METOPROLOL TARTRATE 100MG TABLET	180
METOPROLOL TARTRATE 25MG TABLET	180
METOPROLOL TARTRATE 50MG TABLET	180
PRAZOSIN HCL 1MG CAPSULE	90
PRAZOSIN HCL 2MG CAPSULE	90
PROPRANOLOL HCL 10MG TABLET	180
PROPRANOLOL HCL 80MG TABLET	180
RAMIPRIL 1.25 MG CAPSULE	90
RAMIPRIL 10 MG CAPSULE	90
RAMIPRIL 2.5MG CAPSULE	90
RAMIPRIL 5 MG CAPSULE	90
SOTALOL HCL 80MG TABLET	90
SPIRONOLACTONE 25MG TABLET	90
TERAZOSIN HCL 10MG CAPSULE	90
TERAZOSIN HCL 1MG CAPSULE	90
TERAZOSIN HCL 2MG CAPSULE	90
TERAZOSIN HCL 5MG CAPSULE	90
TORSEMIDE 5 MG TABLET	90
TRIAMTERENE/HYDROCHLOROTHIAZIDE 37.5-25MG TABLET	90
TRIAMTERENE/HYDROCHLOROTHIAZIDE 75-50MG TABLET	90
VERAPAMIL HCL 120MG TABLET	90
VERAPAMIL HCL 80MG TABLET	90

Cold and Allergy Therapy

Drug Name/Strength	\$9 Quantity
BENZONATATE 100MG CAPSULE	42
CETIRIZINE HCL 5 MG TABLET	90
D-METHORPHAN HB/PROMETH HCL 15-6.25/5 SYRUP	360mL
PROMETHAZINE HCL 25MG TABLET	36
PROMETHAZINE HCL 6.25MG/5ML SYRUP	540mL

Diabetes

Drug Name/Strength	\$9 Quantity
GLIMEPIRIDE 1MG TABLET	90
GLIMEPIRIDE 2MG TABLET	90
GLIMEPIRIDE 4MG TABLET	90
GLIPIZIDE 10MG TABLET	180
GLIPIZIDE 5MG TABLET	90
GLYBURIDE, MICRONIZED 3MG TABLET	90
GLYBURIDE, MICRONIZED 6MG TABLET	90
METFORMIN HCL 1000MG TABLET	180
METFORMIN HCL 500MG TAB.SR 24H	180
METFORMIN HCL 500MG TABLET	180
METFORMIN HCL 850MG TABLET	180

Heartburn, Ulcer

Drug Name/Strength	\$9 Quantity
CIMETIDINE 800MG TABLET	90
FAMOTIDINE 20MG TABLET	180
RANITIDINE HCL 150MG TABLET	180
RANITIDINE HCL 300MG TABLET	90

High Cholesterol

Drug Name/Strength	\$9 Quantity
LOVASTATIN 10 MG TABLET	90
LOVASTATIN 20 MG TABLET	90
LOVASTATIN 40 MG TABLET	90

Mental Health/Behavioral Health

Drug Name/Strength	\$9 Quantity
CLORAZEPATE DIPOTASSIUM 15 MG TABLET	90
CLORAZEPATE DIPOTASSIUM 3.75 MG TABLET	180

Mental Health/Behavioral Health (cont.)

Drug Name/Strength	\$9 Quantity
CLORAZEPATE DIPOTASSIUM 7.5 MG TABLET	90
FLUOXETINE HCL 10MG CAPSULE	90
FLUOXETINE HCL 20MG CAPSULE	90
FLUOXETINE HCL 40MG CAPSULE	90
FLUPHENAZINE HCL 1MG TABLET	90
HALOPERIDOL 0.5MG TABLET	90
HALOPERIDOL 1MG TABLET	90
HALOPERIDOL 2MG TABLET	90
HALOPERIDOL 5MG TABLET	90
IMIPRAMINE HCL 10 MG TABLET	90
IMIPRAMINE HCL 25 MG TABLET	90
IMIPRAMINE HCL 50MG TABLET	90
LITHIUM CARBONATE 300MG CAPSULE	270
MIRTAZAPINE 45 MG TABLET	90
PAROXETINE HCL 10MG TABLET	90
PAROXETINE HCL 20MG TABLET	90
PAROXETINE HCL 30MG TABLET	90
PROCHLORPERAZINE MALEATE 10MG TABLET	90
THIORIDAZINE HCL 25MG TABLET	90
THIORIDAZINE HCL 50MG TABLET	90
THIOTHIXENE 2MG CAPSULE	90
TRAZODONE HCL 100MG TABLET	90
TRAZODONE HCL 150MG TABLET	90
TRAZODONE HCL 50MG TABLET	90

Muscle Relaxants

Drug Name/Strength	\$9 Quantity
BACLOFEN 10MG TABLET	90
CYCLOBENZAPRINE HCL 10MG TABLET	90
CYCLOBENZAPRINE HCL 5 MG TABLET	90
ORPHENADRINE CITRATE 100MG TABLET SA	90

Other GI Drugs

Drug Name/Strength	\$9 Quantity
LACTULOSE 10G/15ML SOLUTION	711mL
METOCLOPRAMIDE HCL 10MG TABLET	180

Other Medications

Drug Name/Strength	\$9 Quantity
ALLOPURINOL 100MG TABLET	90
ALLOPURINOL 300MG TABLET	90
CHLORHEXIDINE GLUCONATE 0.12% MOUTHWASH	1419mL
DEXAMETHASONE 0.5MG TABLET	90
DEXAMETHASONE 0.75MG TABLET	36
DEXAMETHASONE 4MG TABLET	18
OXYBUTYNIN CHLORIDE 5MG TABLET	180
PREDNISON 10MG TABLET	90
PREDNISON 2.5MG TABLET	90
PREDNISON 20MG TABLET	90
PREDNISON 5MG TABLET	90

Parkinson's Disease

Drug Name/Strength	\$9 Quantity
BENZTROPINE MESYLATE 2MG TABLET	90
TRIHENXYPHENIDYL HCL 2MG TABLET	180

Skin Conditions

Drug Name/Strength	\$9 Quantity
HYDROCORTISONE 1% CREAM(GM)	85.05gm
HYDROCORTISONE 2.5 % CREAM/APPL	90gm
HYDROCORTISONE 2.5% CREAM(GM)	90gm
LIDOCAINE HCL 20MG/ML SOLUTION	300mL
SELENIUM SULFIDE 2.5% SUSPENSION	360mL

Thyroid Therapy

Drug Name/Strength	\$9 Quantity
LEVOTHYROXINE SODIUM 100MCG TABLET	90
LEVOTHYROXINE SODIUM 112MCG TABLET	90
LEVOTHYROXINE SODIUM 125MCG TABLET	90

Thyroid Therapy (cont.)

Drug Name/Strength	\$9 Quantity
LEVOTHYROXINE SODIUM 137MCG TABLET	90
LEVOTHYROXINE SODIUM 150MCG TABLET	90
LEVOTHYROXINE SODIUM 175MCG TABLET	90
LEVOTHYROXINE SODIUM 200MCG TABLET	90
LEVOTHYROXINE SODIUM 25MCG TABLET	90
LEVOTHYROXINE SODIUM 50MCG TABLET	90
LEVOTHYROXINE SODIUM 75MCG TABLET	90
LEVOTHYROXINE SODIUM 88MCG TABLET	90

Vitamins and Electrolytes

Drug Name/Strength	\$9 Quantity
FOLIC ACID 1MG TABLET	90

Women's health

Drug Name/Strength	\$9 Quantity
ESTRADIOL 0.5MG TABLET	90
ESTRADIOL 1MG TABLET	90
ESTRADIOL 2MG TABLET	90
MEDROXYPROGESTERONE ACET 10MG TABLET	30
MEDROXYPROGESTERONE ACET 2.5MG TABLET	90
MEDROXYPROGESTERONE ACET 5MG TABLET	90
MEGESTROL ACETATE 20MG 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, 2014. Changes are made available to your Plan Sponsor. To price drugs, log on at Express-Scripts.com and select "Price a Medication" under the "Manage Prescriptions" menu. Prepackaged drugs are only available for \$9 in the package sizes specified on the list.

² Cost of standard shipping is included as part of your prescription benefit plan.





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Everything to live a healthier life

Programs, discounts,
and tools to help
you stay healthy

Everything You Need to **Live a Healthier Life**

All in One Place

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Whatever your health goals are—from losing weight to managing stress—ahealthyme can help you get there.



Access & Convenience



Discounts & Deals



Pregnancy & Parenthood



Alternative Medicine & Services

Español

Encuentra estos programas, herramientas y recursos disponibles en español que te ayudarán a mantenerte saludable.

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Create your own action plan with

- A health assessment that gives you a personal wellness score
- Self-paced workshops on topics like healthy eating and quitting smoking
- Nutrition and exercise trackers to keep you motivated



Healthy resources

Learn about health your way

- Read articles, tips, and our Healthy Times newsletter
- Watch videos and listen to podcasts
- Take quizzes, risk assessments, and more



Español

Recursos saludables para conocer
el camino hacia una buena salud.

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www.paramisalud.com

Access &
Convenience



Connected

Always on the go? No problem.
Access our collection of mobile
applications anywhere, anytime.

Web, Apps, Texts & Social



There's so much you can do on the go

- Find a doctor or hospital
- Manage your prescriptions
- Get weekly health tips via text throughout pregnancy and motherhood
- Follow us on Facebook, Twitter, and YouTube
- Track your progress toward your fitness and nutrition goals

Go to

www.bluecrossma.com/mobile

Deals

From gym memberships and diet programs to family activities, we have just the deal for you.

Blue365®

The screenshot shows the Blue365 website interface. At the top, there's a navigation bar with 'MASSACHUSETTS', 'Blue365', 'BROWSE DEALS', 'HOW IT WORKS', and 'Log In | Register'. Below the navigation, a banner reads 'Blue365 offers exclusive health and wellness deals, keeping you healthy and happy, every day of the year.' The main featured deal is for 'BODY BAR INC' offering '30% Off Body Bar Flex Senior Fit Package at Body Bar Inc.' with a '31 DAYS REMAINING' timer and a 'BUY NOW' button. Below this, there are three smaller deal cards: 'PERSONAL CARE' for 'BELTONE Free Screenings', 'PERSONAL CARE' for 'HEALING THREADS 18% Off Medical Garments', and 'EXPERIENCES' for 'FAIRMONT HOTELS 10% Off Room Rate'. A 'VIEW NOW' button is visible at the bottom of the page.

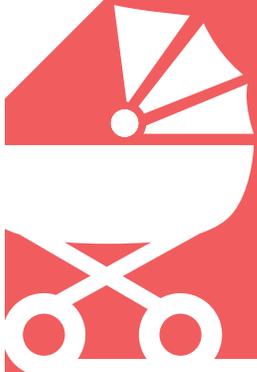
EXPERIENCES
 Families stay together, stay together! Starting after the summer with family fun activities.
[View at BlueCross offers](#)

FITNESS
 Staying in shape never felt so good. Start saving on all your favorite things.
[View at BlueCross offers](#)

HEALTHY EATING
 Personalized meal planning to help you eat better, whether you're trying to lose weight or just boost your energy.
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Get special savings, 365 days a year

- **Healthy Choices:** fitness, weight management, food and nutrition, and stress management
- **Health Care Resources:** financial services and assessments, information about prescription drugs, hearing and vision care, and insurance tips
- **Recreation and Travel:** arts and entertainment, outdoor recreation, and travel tips



Family

Have questions about pregnancy, labor, and what to expect during your baby's first year?

We can help answer your questions.

Living Healthy Babies®



A trusted, online resource for new parents

- **Pregnancy Prep:** understand your body and plan ahead with ovulation calculators
- **Pregnancy:** know what to expect in each trimester and download a birth plan
- **New Parents:** learn more about your baby's first year

Go to www.livinghealthybabies.com

Español

¿Tienes preguntas sobre el embarazo, el parto y qué esperar durante el primer año de tu bebé?

Visita <http://espanol.livinghealthybabies.com>



Alternative

Save on alternative services
nationwide like massage therapy
and acupuncture.

Living Healthy NaturallySM



A complementary approach to health

- **Services:** massage therapy, acupuncture, pilates, yoga, and much more
- **Discounts:** save up to 30 percent on select services or medicine
- **Peace of Mind:** relax knowing all practitioners meet requirements for education, training, and facilities

Go to

www.bluecrossma.com/alternative-care

We are here to help



Member Service

For questions about your health coverage, claims, and benefits.

Call the number on your Blue Cross ID card, Monday through Friday, 8:00 a.m. to 6:00 p.m. ET.

Español

Estamos para responder a tus preguntas sobre tu plan médico. Llama al número que se encuentra en tu tarjeta de identificación de Blue Cross.



Member Central

Review your claims and benefits information, order a new ID card, change your primary care provider, and do so much more.

www.bluecrossma.com/membercentral



Blue Care LineSM

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 nurse who can help guide your care.

Español

Si tienes preguntas sobre tu salud, puedes comunicarte con un enfermero disponible las 24 horas del día, los 7 días de la semana.

1-888-247-BLUE (2583)



MASSACHUSETTS

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55-0630 (3/15)



MASSACHUSETTS

Fitness Reimbursement

Wellness Participation Program



Your Blue Cross Blue Shield of Massachusetts health plan can save you up to \$150¹ annually in qualified health club membership fees or for fitness classes taken at a qualified health club.

3 Easy Steps to Getting Reimbursed²

1. 
Choose
 Start by picking a qualified health club.

2. 
Complete
 Once you pay for the program, fill out the attached form.

3. 
Mail
 Send the completed form to the address listed at the bottom.

Important Information

- The reimbursement is for each individual (or family) health plan and can only be submitted once each calendar year.
- Keep copies of all your paperwork and proof of payment in case you are denied reimbursement.
 Proof of payment includes the following:
 - Itemized, dated, paid receipts from your health club
 - Bank or credit card statements
 - Paycheck stubs if your club fees are automatically deducted from that account
- Receipts or statements should include the name of the family member enrolled in the club and the individual charges for a full reimbursement of health club fees or fitness classes.
- The dollar amount you receive may be considered taxable income. Consult your tax advisor about how to treat this reimbursement on your taxes.

A qualified health club is:

A full-service health club with a variety of exercise equipment, including:

- Cardiovascular equipment like treadmills and bikes
- Strength-training equipment like free weights and weight machines

To receive the fitness reimbursement for a qualified pay-as-you-go health club, get paid receipts from the club for your records.

What doesn't qualify?

You can't receive the fitness reimbursement for expenses for personal training, lessons, coaching, equipment, clothing, or any of the clubs below:

- Martial arts or yoga centers
- Gymnastics, tennis, aerobic, or pool-only facilities
- Country clubs or social clubs
- Sports teams or leagues

Be sure to talk with your doctor before starting an exercise program.

1. Most plans offer a \$150 Fitness Reimbursement, but your employer may have elected a different amount. Please refer to your plan information to confirm.

2. Before starting, check to see if your plan includes the Wellness Participation program. Blue Cross will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment.

Fitness Reimbursement Form³

To verify this reimbursement is within your plan, log in to Member Central at www.bluecrossma.com/membercentral or call Member Service at the number on your ID card. Submit this form once per calendar year, no later than March 31 of the following year.

PLEASE PRINT ALL INFORMATION CLEARLY

Subscriber Information (Policyholder)

Identification Number (including first 3 letters) Subscriber's Last Name First Name Middle Initial

Address—Number and Street City State Zip Code

Employer's Name

Member and Claim Information

Member's Last Name First Name Middle Initial Date of Birth: Mo. Day Yr.

Mailing Address—Number and Street (if different from subscriber's) City State Zip Code

Gender

Male

Female

Claim is for (check one):

Subscriber (policyholder)

Spouse (of policyholder)

Ex-Spouse

Dependent (up to age 26)

Other (specify) _____

Name, Address, and Phone Number of Qualified Health Club

I am due \$ _____ for the following reimbursement (check one):

Membership at a qualified health club. My monthly fee is \$ _____.

Fitness classes at a qualified health club.
My fee per class is \$ _____.

Health Plan Year

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

I authorize the release of any information to Blue Cross Blue Shield of Massachusetts about my health club membership. 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 may require additional evidence of health club membership and proof of payment for my membership before reimbursement is provided.

Subscriber's or

Member's Signature: _____ Date: _____

Questions?

To verify this reimbursement is within your plan or for further information, please log in to the Member Central website at www.bluecrossma.com/membercentral or call Member Service at the number on the front of your ID card.

Please complete and mail this form to:

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

3. Blue Cross will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment.

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147578M 55-0773 (4/15)





MASSACHUSETTS

Weight Loss Reimbursement

Wellness Participation Program



Your Blue Cross Blue Shield of Massachusetts health plan can save you up to \$150¹ annually in qualified Weight Watchers[®] and hospital-based weight-loss programs.

3 Easy Steps to Getting Reimbursed²



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 and proof of payment to the address listed at the bottom.

Important Information

- The reimbursement is for each individual (or family) health plan and can only be submitted once each calendar year.
- Keep copies of all your paperwork and proof of payment in case you are denied reimbursement. Proof of payment includes the following:
 - Paid receipts from qualified program
 - Weight Watchers Membership Book
- Receipts, statement, or Weight Watchers Membership Book should include the name of the family member enrolled in the program, the amount paid per session(s), and the date(s) paid.
- The dollar amount you receive may be considered taxable income. Consult your tax advisor about how to treat this reimbursement on your taxes.

Be sure to check with your doctor before starting any weight-loss program.

A qualified weight-loss program is:

- Weight Watchers meetings
- Weight Watchers At Work
- A hospital-based weight-loss program

What doesn't qualify?

- Weight Watchers Online
- Weight Watchers At Home
- Fees paid for individual nutrition-counseling sessions, food, books, videos, or scales

1. Most plans offer a \$150 reimbursement, but your employer may have elected a different amount. Please refer to your plan information to confirm.
 2. Before starting, check to see if your plan includes the Wellness Participation program. Blue Cross will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment.

Weight-Loss Reimbursement Form³

To verify this reimbursement is within your plan, log in to Member Central at www.bluecrossma.com/membercentral or call Member Service at the number on your ID card. Submit this form when you have paid receipts from a qualified weight-loss program, once per calendar year, no later than March 31 of the following year.

PLEASE PRINT ALL INFORMATION CLEARLY

Subscriber Information (Policyholder)

Identification Number (including first 3 letters) Subscriber's Last Name First Name Middle Initial

Address—Number and Street City State Zip Code

Employer's Name

Member and Claim Information

Member's Last Name First Name Middle Initial Date of Birth: Mo. Day Yr.

Mailing Address—Number and Street (if different from subscriber's) City State Zip Code

Gender

- Male
 Female

Claim is for (check one):

- Subscriber (policyholder) Ex-Spouse Other (specify) _____
 Spouse (of policyholder) Dependent (up to age 26)

Class or Program Information Required:

Attach 8.5" x 11" photocopies of paid receipts from your qualified weight-loss program. Receipts must show Blue Cross Blue Shield of Massachusetts member's name, name or logo of program, amount paid per session(s), and date(s) paid. For qualified Weight Watchers programs, a photocopy of your program Membership Book showing this information is required.

Name and Address of Class or Program

Health Plan Year

Total Amount Submitted: \$ _____

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

I authorize the release of any information to Blue Cross and Blue Shield of Massachusetts about my weight-loss program. 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.

Subscriber's or

Member's Signature: _____ Date: _____

Questions?

To verify this reimbursement is within your plan or for further information, please log in to the Member Central website at www.bluecrossma.com/membercentral or call Member Service at the number on the front of your ID card.

Please complete and mail this form (including copies of paid receipts) to:

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

3. Blue Cross will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment.



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 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 Ovuline—developer of mobile reproductive apps Ovia Fertility and Ovia Pregnancy—to give our members tools to support conception and healthy pregnancies. Go to ovuline.com to download.



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 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.



MASSACHUSETTS

Blue Care lineSM

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.



MASSACHUSETTS

Non-Hospital Imaging Centers and Clinical/Diagnostic Labs

Presented below are the non-hospital imaging (MRI/CT/PET) and diagnostic laboratory providers that are part of your network in Massachusetts. These facilities generally provide the same services you would receive at hospitals, but at a lower cost. If you are a member of a Blue Options health plan, or a plan with Hospital Choice Cost Share benefits, you would pay the lowest out-of-pocket costs at these locations.

Clinical/Diagnostic Labs

Facility Name	Street	Suite	City	State	Phone
Ameripath Cleveland Inc.	138 Haverhill Street		Andover	MA	(978) 475-7520
Institute for Dermatology PC	22 Mill Street	Suite 206	Arlington	MA	(781) 641-0390
Ameripath Florida	22 Mill Street	Suite 107	Arlington	MA	(781) 641-1941
Ameripath Florida	562 Washington Street		Attleboro	MA	(508) 399-8140
Ameripath Florida	250 Hampton Street		Auburn	MA	(508) 721-0939
Ameripath Florida	14 Crosby Drive		Bedford	MA	(781) 275-0855
Ameripath Florida	221 Boston Road	Suite 1	Billerica	MA	(978) 667-5212
Ameripath Florida	One Kneeland Street		Boston	MA	(617) 636-6510
Ameripath Florida	305 South Street	3rd Floor	Boston	MA	(617) 983-6668
Ameripath Florida	1340 Boylston Street	1st Floor	Boston	MA	(617) 236-2233
Myriad Genetic Laboratories	319 Longwood Avenue		Boston	MA	(617) 731-2240
Perkinelmer Laboratories	340 Wood Road	Suite 302	Braintree	MA	(781) 849-7993
LabCorp	11 Nevins Street	Suite 204	Brighton	MA	(617) 789-3438
Litholink Corporation	280 Washington Street	Suite 101	Brighton	MA	(617) 562-1533
Quest Diagnostics Massachusetts	736 Cambridge Street	5th Floor	Brighton	MA	(617) 779-6417
Ameripath New York	77 Warren Street	1st Floor, Room 158	Brighton	MA	(617) 562-5349
Ameripath New York	2 Jonathan Drive		Brockton	MA	(508) 583-2000
Ameripath New York	210 Quincy Avenue		Brockton	MA	(508) 586-5955
Precision Testing Laboratories	830 Oak Street	Suite 103	Brockton	MA	(508) 588-0308
Bakotic Pathology Associates	One Pearl Street		Brockton	MA	(508) 584-2010
Veracyte, Inc.	1101 Beacon Street	1st Floor	Brookline	MA	(617) 566-2810
Good Start Genetics Inc.	1180 Beacon Street	Suite 1D	Brookline	MA	(617) 232-5733
Sequenom Center for Molecular Medicine LLC	One Brookline Place	Suite 120	Brookline	MA	(617) 735-8870
Ameritox Ltd	237 Putnam Avenue		Cambridge	MA	(617) 714-0800

This document gives general information about our tiered network plan designs. There are currently three tiered provider networks called HMO Blue Options v.4, HMO Blue New England Options v.4, and Preferred Blue PPO Options v.4. In our tiered plans, members pay different levels of cost share (copayments, coinsurance, and/or deductibles) depending on the benefits tier of the provider furnishing the services. A provider's benefits tier may change. Overall changes to the benefits tiers of providers will happen no more than once each calendar year. For help in finding the benefits tier of a provider, visit the online provider search tool at www.bluecrossma.com and search for the appropriate network.

Clinical/Diagnostic Labs

Facility Name	Street	Suite	City	State	Phone
Sequenom Center for Molecular Medicine LLC	840 Memorial Drive	Suite 101	Cambridge	MA	(617) 492-7083
Progenity Inc.	575 Mount Auburn Street	Unit B103	Cambridge	MA	(617) 547-4502
Progenity Inc.	39 Village Square		Chelmsford	MA	(978) 256-1268
Ariosa Diagnostics Inc.	201 Highland Street	2nd Floor	Clinton	MA	(978) 368-1601
Natera Inc.	223 Chief Justice Cushing Highway		Cohasset	MA	(781) 383-0180
Dominion Diagnostics LLC	140 Commonwealth Avenue		Danvers	MA	(978) 777-6060
Exact Sciences Laboratories LLC	501 Main Street	Suite 6A	Dennis	MA	(508) 385-5251
Millennium Health LLC	2110 Dorchester Avenue		Dorchester	MA	(617) 296-1231
Ameripath New York LLC	15 West Street		Douglas	MA	(508) 476-2365
Aegis Sciences Corporation	101 President Avenue		Fall River	MA	(508) 324-4105
Veracyte Inc.	301 New Boston Road		Fall River	MA	(508) 678-8585
Athena Diagnostics	851 Middle Street	2nd Floor	Fall River	MA	(877) 868-2191
Esoterix	350 Gifford Street	Suite 15-17	Falmouth	MA	(508) 540-2642
Baystate Reference Laboratories	12 Bramble Bush Drive		Falmouth	MA	(774) 763-2675
Diagnostic Laboratory Medicine	275 Nichols Road	4th Floor	Fitchburg	MA	(978) 342-1613
Faulkner Medical Laboratories	326 Nichols Road	1st Floor	Fitchburg	MA	(978) 342-1613
Quest Diagnostics	47 Ashby State Road		Fitchburg	MA	(978) 345-2161
Clinical Science Laboratory	76 Summer Street	Suite 110	Fitchburg	MA	(978) 342-0691
Tufts Oral Pathology Services	190 Nonotuck Street	Suite 104	Florence	MA	(413) 584-3864
Franey Medical Laboratories	10 Commercial Street		Foxboro	MA	(508) 698-1721
Center for Human Genetics	70 Walnut Street		Foxboro	MA	(508) 543-0954
Family Care Medical Center	297 Union Avenue		Framingham	MA	(508) 665-4221
Commonwealth Laboratories	354 Waverly Street		Framingham	MA	(508) 879-1352
Dianon Systems	61 Lincoln Street	Suite 308	Framingham	MA	(508) 370-7341
Life Laboratories	135 Webster Street		Hanover	MA	(781) 871-2005
Boston Fertility Lab	253 Pleasant Lake Avenue		Harwich	MA	(508) 430-1592
Imugen	One Park Way		Haverhill	MA	(978) 521-3203
Childhood Lead Screening Laboratory	108R Merrimack Street		Haverhill	MA	(978) 556-0533
Clinigen	One Parkway		Haverhill	MA	(978) 521-3200
Quest Diagnostics	209 Summer Street		Haverhill	MA	(978) 374-3712
Quest Diagnostics	62 Brown Street	Suite 202	Haverhill	MA	(978) 556-5655
Quest Diagnostics	215 Summer Street	Suite 14	Haverhill	MA	(978) 372-2722
Quest Diagnostics	52 Boyden Road	Suite 203	Holden	MA	(508) 829-8262
Quest Diagnostics	51 Main Street	1st Floor, Main Street Medical Building	Hyannis	MA	(508) 778-4100
Quest Diagnostics	69 Camp Street	Suite 3	Hyannis	MA	(508) 790-0151

Clinical/Diagnostic Labs

Facility Name	Street	Suite	City	State	Phone
Quest Diagnostics	136 High Street		Lancaster	MA	(978) 368-1683
Quest Diagnostics	101 Amesbury Street	Suite 204	Lawrence	MA	(978) 688-1919
Quest Diagnostics	25 Marston Street	Suite 304	Lawrence	MA	(978) 557-5636
Quest Diagnostics	54 Main Street	Suite 005	Leominster	MA	(978) 537-7788
Quest Diagnostics	14 Manning Avenue	3rd Floor	Leominster	MA	(978) 466-9625
Quest Diagnostics	79 Erdman Way		Leominster	MA	(978) 466-9009
Quest Diagnostics	80 Erdman Way	2nd Floor	Leominster	MA	(978) 466-3494
Quest Diagnostics	85 North Main Street		Leominster	MA	(978) 466-5785
Quest Diagnostics	700 Rogers Street		Lowell	MA	(978) 458-7980
Quest Diagnostics	817 Merrimack Street		Lowell	MA	(978) 458-7980
Quest Diagnostics	702 Rogers Street, Route 38		Lowell	MA	(978) 970-1455
Quest Diagnostics	380 Pleasant Street	Suite 21	Malden	MA	(781) 397-9980
Quest Diagnostics	410 Ferry Street		Malden	MA	(781) 322-8502
Quest Diagnostics	51 Francis Avenue		Mansfield	MA	(800) 255-6106
Quest Diagnostics	200 Forest Street		Marlboro	MA	(508) 798-1600
Quest Diagnostics	200 Forest Street	Suite 3119	Marlboro	MA	(844) 362-9801
Quest Diagnostics	340 Maple Street	1st Floor	Marlboro	MA	(508) 229-7847
Quest Diagnostics	640 Bolton Street		Marlboro	MA	(508) 303-1990
Quest Diagnostics	52 Mercantile Way		Mashpee	MA	(508) 888-7546
Quest Diagnostics	One City Hall Plaza		Melrose	MA	(781) 665-0788
Quest Diagnostics	50 Tremont Street		Melrose	MA	(781) 979-0806
Quest Diagnostics	380R Merrimack Street		Methuen	MA	(978) 975-9878
Quest Diagnostics	421 Merrimack Street		Methuen	MA	(978) 685-2316
Quest Diagnostics	60 East Street	Suite 2300	Methuen	MA	(978) 688-5828
Quest Diagnostics	9 Branch Street		Methuen	MA	(978) 688-4745
Quest Diagnostics	One Branch Street		Methuen	MA	(978) 688-4745
Quest Diagnostics	511 West Grove Street	Suite 2	Middleboro	MA	(508) 947-1122
Quest Diagnostics	91 Water Street		Milford	MA	(508) 482-9210
Quest Diagnostics	1400 Centre Street	Suite 208	Newton	MA	(617) 244-0923
Quest Diagnostics	31 Pine Street		Norfolk	MA	(508) 384-1312
Quest Diagnostics	65 Walnut Street		Norfolk	MA	(781) 237-0002
Quest Diagnostics	170 Pleasant Street		North Andover	MA	(978) 989-0870
Quest Diagnostics	565 Turnpike Street	1st Floor	North Andover	MA	(978) 208-7010
Quest Diagnostics	200 Sutton Street	Suite 135	North Andover	MA	(978) 685-0063
Quest Diagnostics	500 East Washington Street	Suite 22	North Attleboro	MA	(508) 643-4880
Quest Diagnostics	49 State Road	Suite 202	North Dartmouth	MA	(508) 487-2062
Quest Diagnostics	100 Worcester Street	Unit 6	North Grafton	MA	(508) 839-3283
Quest Diagnostics	112 Main Street		Northboro	MA	(508) 393-3704

Clinical/Diagnostic Labs

Facility Name	Street	Suite	City	State	Phone
Quest Diagnostics	95 Chapel Street	Suite G5	Norwood	MA	(781) 762-1108
Quest Diagnostics	315 Norwood Park South		Norwood	MA	(781) 255-0770
Quest Diagnostics	335 Morse Street	1st Floor	Norwood	MA	(781) 769-5128
Quest Diagnostics	825 Washington Street		Norwood	MA	(781) 255-0231
Quest Diagnostics	886 Washington Street	Suite 2	Norwood	MA	(781) 762-4238
Quest Diagnostics	95 Chapel Street		Norwood	MA	(781) 762-1712
Quest Diagnostics	229 Cranberry Highway		Orleans	MA	(508) 255-2010
Quest Diagnostics	23 West Bay Road		Osterville	MA	(508) 428-0973
Quest Diagnostics	200 Corporate Place	Suite 7	Peabody	MA	(800) 618-9992
Quest Diagnostics	42 Summer Street		Pittsfield	MA	(413) 499-8718
Quest Diagnostics	57 Long Pond Road		Plymouth	MA	(508) 747-1570
Quest Diagnostics	49 Harry Kemp Way		Provincetown	MA	(508) 487-2062
Quest Diagnostics	500 Congress Street	Suite 1E	Quincy	MA	(617) 773-0080
Quest Diagnostics	675 Paramount Drive	Suite 102	Raynham	MA	(508) 824-0838
Quest Diagnostics	39 Norman Street		Salem	MA	(781) 659-0704
Quest Diagnostics	26 Julio Drive		Shrewsbury	MA	(508) 845-3615
Quest Diagnostics	604 Main Street		Shrewsbury	MA	(508) 845-6521
Quest Diagnostics	33 Bow Street		Somerville	MA	(617) 623-9600
Quest Diagnostics	73 Pleasant Street		South Weymouth	MA	(781) 335-4208
Quest Diagnostics	79 North Street		Southbridge	MA	(774) 241-0368
Quest Diagnostics	369 Main Street		Spencer	MA	(508) 885-5936
Quest Diagnostics	759 Chestnut Street		Springfield	MA	(413) 794-1303
Quest Diagnostics	1515 Allen Street		Springfield	MA	(413) 783-9114
Quest Diagnostics	299 Carew Street	Lower Level	Springfield	MA	(413) 748-9500
Quest Diagnostics	780 Chestnut Street		Springfield	MA	(413) 788-7714
Quest Diagnostics	966 Park Street	Suite B-7	Stoughton	MA	(781) 297-5208
Quest Diagnostics	188 Worcester Providence Turnpike		Sutton	MA	(508) 865-6360
Quest Diagnostics	72 Washington Street	1st Floor	Taunton	MA	(508) 432-7764
Quest Diagnostics	1000 East Street		Walpole	MA	(508) 734-5131
Quest Diagnostics	1426 Main Street	Suite G	Walpole	MA	(508) 660-2975
Quest Diagnostics	764A Main Street		Waltham	MA	(781) 893-1995
Quest Diagnostics	130 2nd Avenue		Waltham	MA	(781) 434-6500
Quest Diagnostics	20 Hope Avenue	Suite 311	Waltham	MA	(781) 647-0347
Quest Diagnostics	6 Lexington Street		Waltham	MA	(781) 899-2100
Quest Diagnostics	106 Main Street	Suite 4	Wareham	MA	(508) 295-0477
Quest Diagnostics	72 Cudworth Road		Webster	MA	(508) 461-0019
Quest Diagnostics	3130 State Highway, Route 6		Wellfleet	MA	(508) 349-6404

Clinical/Diagnostic Labs

Facility Name	Street	Suite	City	State	Phone
Quest Diagnostics	242 Woodland Street		West Boylston	MA	(508) 835-3028
Quest Diagnostics	1421 Orleans Road, Route 39		West Harwich	MA	(508) 432-7764
Quest Diagnostics	2081 Centre Street		West Roxbury	MA	(617) 325-2167
Quest Diagnostics	3400 Computer Drive		Westboro	MA	(800) 872-3572
Quest Diagnostics	154 East Main Street		Westboro	MA	(508) 836-3674
Quest Diagnostics	33 East Main Street		Westboro	MA	(508) 366-1271
Quest Diagnostics	851 Main Street		Weymouth	MA	(781) 335-4208
Quest Diagnostics	64 Concord Street	Suite D	Wilmington	MA	(978) 694-1581
Quest Diagnostics	12 Gill Street		Woburn	MA	(781) 244-9899
Quest Diagnostics	300 TradeCenter	Suite 6540	Woburn	MA	(800) 667-8893
Quest Diagnostics	150A New Boston Street		Woburn	MA	(844) 267-9674
Quest Diagnostics	415 Main Street	4th Floor	Worcester	MA	(508) 831-0703
Quest Diagnostics	377 Plantation Street		Worcester	MA	(508) 756-2886
Quest Diagnostics	10 Winthrop Street	1st Floor	Worcester	MA	(508) 754-8268
Quest Diagnostics	100 MLK Jr. Boulevard		Worcester	MA	(508) 754-0178
Quest Diagnostics	12 Winthrop Street	Suite 102C	Worcester	MA	(508) 831-0624
Quest Diagnostics	121 Lincoln Street	Unit 13	Worcester	MA	(508) 751-4685
Quest Diagnostics	255 Park Avenue		Worcester	MA	(508) 755-7450
Quest Diagnostics	291 Lincoln Street	Suite 100	Worcester	MA	(508) 755-7573
Quest Diagnostics	338 Plantation Street		Worcester	MA	(508) 755-4896
Quest Diagnostics	40 Converse Street	2nd Floor	Worcester	MA	(508) 792-3656
Quest Diagnostics	85 Prescott Street	3rd Floor	Worcester	MA	(508) 755-5414
Quest Diagnostics	One West Boylston Street		Worcester	MA	(508) 853-1208
Quest Diagnostics	123 Summer Street		Worcester	MA	(508) 363-6263
Quest Diagnostics	140 West Boylston Drive		Worcester	MA	(508) 856-0327
Quest Diagnostics	141 Massasoit Road		Worcester	MA	(508) 752-5237
Quest Diagnostics	352 Belmont Street		Worcester	MA	(508) 757-8005
LabCorp	24 Common Street		Wrentham	MA	(508) 384-2630
LabCorp	667 South Street, Wampum Corner		Wrentham	MA	(508) 384-8532
Ambry Genetics Corporation	7 Dunning Street		Claremont	NH	(603) 542-8873
Quest Diagnostics	195 Hanover Street		Portsmouth	NH	(800) 258-1441
Quest Diagnostics	289 Main Street		Salem	NH	(603) 890-6018
Partners Community Physicians Organization	10 Risho Avenue		East Providence	RI	(401) 455-8400
Quest Diagnostics	211 Circuit Drive		North Kingstown	RI	(401) 667-0800

MRI Providers

Facility Name	Street	Suite	City	State	Phone
Shields MRI Brockton	2033 Main Street		Athol	MA	(800) 634-2468
Western Mass MRI Services	115 Mill Street		Belmont	MA	(617) 855-3385
Merrimack Valley Health Services	161 Granite Avenue		Boston	MA	(800) 258-4674
Shields MRI	2 Technology Park Drive	Suite B	Bourne	MA	(508) 759-8191
Shields MRI Boston Granite Ave	385 Western Avenue		Brighton	MA	(617) 621-2955
Shields MRI Weymouth	265 Westgate Drive		Brockton	MA	(800) 258-4674
Shields MRI Brighton	637 Washington Street		Brookline	MA	(617) 277-1614
Greater Springfield MRI Limited Partnership	187 Billerica Road		Chelmsford	MA	(978) 250-1866
McLean Hospital	480 Maple Street		Danvers	MA	(978) 304-8199
Center for Diagnostic Imaging	200 Providence Highway	Route 1	Dedham	MA	(781) 329-0600
Radiology Associates of Norwood	40 Allied Drive	Suite 112	Dedham	MA	(781) 329-3201
MetroWest MRI	265 Benton Drive		East Longmeadow	MA	(413) 525-1192
Baystate MRI and Imaging Center	761 Worcester Road		Framingham	MA	(508) 872-7674
UMass Memorial MRI and Imaging Center LLC	14 Cochituate Road		Framingham	MA	(800) 258-4674
Shields MRI and Imaging Center of Cape Cod LLC	164 High Street		Greenfield	MA	(413) 772-1900
Imaging Consultants Inc.	One Park Way		Haverhill	MA	(978) 469-0400
UMass Memorial Health Alliance MRI	One General Street		Lawrence	MA	(800) 852-4487
InMed Diagnostic Services of MA LLC	100 Hospital Road	Suite 1A	Leominster	MA	(978) 466-2725
Longwood MRI Specialists	295 Varnum Avenue		Lowell	MA	(800) 258-4674
UMass Memorial MRI Marlborough LLC	One Hospital Drive		Lowell	MA	(978) 934-8530
Shields MRI of Framingham LLC	157 Union Street		Marlboro	MA	(800) 258-4674
Aurora Breast MRI of Central Mass LLC	361 Allen Street		New Bedford	MA	(508) 997-5100
InMed Diagnostic Womens Center	25 Highland Avenue		Newburyport	MA	(888) 684-7674
Center for Diagnostic Imaging	100 Andover Bypass Street		North Andover	MA	(800) 852-4487
Franklin MRI Center LLC	10 Research Place		North Chelmsford	MA	(800) 258-4674
Aurora Breast MRI of Beverly Hospital	313 Faunce Corner Road		North Dartmouth	MA	(800) 258-4674
Shields MRI	246 East Main Street		Norton	MA	(866) 674-2174
UMass Memorial MRI and Imaging Center LLC	825 Washington Street	Suite 170	Norwood	MA	(781) 769-0153
UMass Memorial MRI and Imaging Center LLC	800 Washington Street		Norwood	MA	(781) 278-6355
Baystate MRI and Imaging Center/ Mary Lane Hospital	40 Wright Street		Palmer	MA	(800) 258-4674
Norwood MRI Center	One Orthopedics Drive		Peabody	MA	(978) 818-6272
Merrimack Valley Health Services	One Orthopedics Drive		Peabody	MA	(978) 818-6272
Shields Imaging of Lowell General	275 Sandwich Street		Plymouth	MA	(800) 245-5995
Winchester Hospital Shields MRI	271 Carew Street		Springfield	MA	(413) 739-0290

MRI Providers

Facility Name	Street	Suite	City	State	Phone
Aurora Imaging Corporation	80 Wason Avenue		Springfield	MA	(800) 258-4674
Massachusetts Bay Regional MRI Lp	3640 Main Street	Suite 101	Springfield	MA	(413) 781-9000
Center for Diagnostic Imaging	3640 Main Street	Suite 101	Springfield	MA	(413) 781-9000
Center for Diagnostic Imaging	3 Woodland Road	Suite 217	Stoneham	MA	(781) 662-4300
Center for Diagnostic Imaging	85 South Street		Ware	MA	800-258-4674
Stiles Road Imaging	165 Worcester Street		Wellesley	MA	(800) 476-0577
Shields Imaging of Lowell General	2 Iyanough Road		West Yarmouth	MA	(800) 258-4674
UMass Memorial MRI and Imaging Center	26 Rockway Avenue		Weymouth	MA	(800) 258-4674
Center for Diagnostic Imaging	200 Unicorn Park Drive	Suite 402	Woburn	MA	(781) 756-4008
Center for Diagnostic Imaging	800 West Cummings Park		Woburn	MA	(781) 932-8650
Center for Diagnostic Imaging	214 Shrewsbury Street		Worcester	MA	(800) 258-4674
Center for Diagnostic Imaging	67 Belmont Street		Worcester	MA	(508) 459-7480
Seacoast Regional MRI Inc.	119 Belmont Street		Worcester	MA	800-258-4674
Imaging Consultants Inc.	55 Lake Avenue North		Worcester	MA	(617) 376-7416
Shields Imaging of Lowell General	31 Stiles Road		Salem	NH	(603) 890-2700

CT Scan Providers

Facility Name	Street	Suite	City	State	Phone
New England Allergy Asthma	571 Union Avenue		Framingham	MA	(508) 848-2164
Baystate Dental and Medical Imaging	One Park Way		Haverhill	MA	(978) 469-0400
Charles River Medical Associates	411 Merrimack Street		Methuen	MA	(603) 421-2018
Stiles Road Imaging	555 Turnpike Street	Suite 31	North Andover	MA	(978) 683-4299
Center for Diagnostic Imaging	3640 Main Street	Suite 101	Springfield	MA	(413) 781-9000
Center for Diagnostic Imaging	3640 Main Street	Suite 101	Springfield	MA	(413) 781-9000
Center for Diagnostic Imaging	1208B VFW Parkway	Suite 301	West Roxbury	MA	(617) 323-7050
Stiles Road Imaging	31 Stiles Road		Salem	NH	(603) 890-2700

PET Scan Providers

Facility Name	Street	Suite	City	State	Phone
Steward PET Imaging	211 Park Street		Attleboro	MA	(866) 245-5995
Steward PET Imaging	200 Groton Road		Ayer	MA	(877) 877-8455
Steward PET Imaging	800 Washington Street		Boston	MA	(866) 258-4738
Steward PET Imaging	736 Cambridge Street		Brighton	MA	(877) 877-8455
Steward PET Imaging	235 North Pearl Street		Brockton	MA	(877) 877-8455
Steward PET Imaging	680 Centre Street		Brockton	MA	(866) 245-5995
Steward PET Imaging	535 Faunce Corner Road		Dartmouth	MA	(781) 762-8010
Steward PET Imaging	2100 Dorchester Avenue		Dorchester	MA	(877) 877-8455

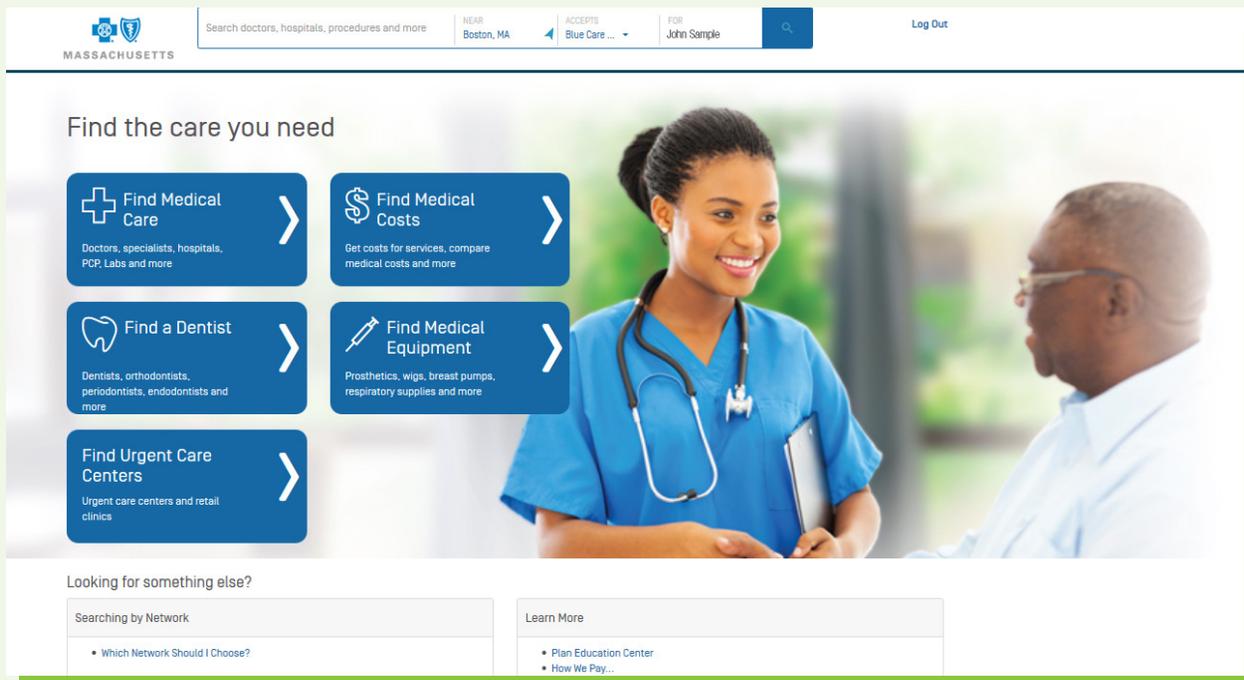
PET Scan Providers

Facility Name	Street	Suite	City	State	Phone
Baystate MRI and Imaging Center	795 Middle Street		Fall River	MA	(877) 877-8455
UMass Memorial MRI and Imaging Center LLC	76 Summer Street		Fitchburg	MA	(866) 245-5995
Imaging Consultants Inc.	275 Nichols Road		Fitchburg	MA	(866) 258-4738
Shields Imaging of Eastern Massachusetts South Shore Hospital Campus	70 Walnut Street		Foxboro	MA	(877) 877-8455
Steward PET Imaging	571 Union Avenue		Framingham	MA	(508) 848-2164
Cape Cod PET CT Services LLC/ Fontaine Medical Center	242 Green Street		Gardner	MA	(866) 245-5995
Charles River Medical Associates	525 Long Pond Drive		Harwich	MA	(866) 258-4738
Cape Cod PET CT Services LLC	575 Beech Street		Holyoke	MA	(877) 877-8455
Imaging Consultants Inc.	800 Falmouth Road	Suite 109	Mashpee	MA	(866) 245-5995
Imaging Consultants Inc.	30 Locust Street		Northampton	MA	(877) 877-8455
Imaging Consultants Inc.	800 Washington Street		Norwood	MA	(877) 877-8455
Imaging Consultants Inc.	275 Sandwich Street		Plymouth	MA	(866) 245-5995
Imaging Consultants Inc.	2 Jan Sebastian Drive		Sandwich	MA	(866) 258-4738
Imaging Consultants Inc.	55 Fogg Road		South Weymouth	MA	(800) 258-4674
Imaging Consultants Inc.	100 South Street		Southbridge	MA	(866) 245-5995
Imaging Consultants Inc.	80 Wason Avenue		Springfield	MA	(800) 258-4674
UMass Memorial MRI and Imaging Center	271 Carew Street		Springfield	MA	(866) 245-5995
PET CT Services by Tufts Medical Center and Shields	41 Montvale Avenue		Stoneham	MA	(866) 245-5995
Steward PET Imaging at Hawthorn Medical Associates	115 West Silver Street		Westfield	MA	(877) 877-8455
Steward PET Imaging	214 Shrewsbury Street		Worcester	MA	(800) 258-4674



Shop and Compare Costs for over 1,600 Procedures

Our new **Find a Doctor & Estimate Costs** tool lets you search for doctors, dentists, hospitals, and other healthcare providers. Plus, get a range of cost estimates, including your out-of-pocket costs, for over 1,600 common medical services performed by providers in your area.



The screenshot shows the website interface with the following elements:

- Header:** Search bar with text "Search doctors, hospitals, procedures and more". Filters for "NEAR Boston, MA", "ACCEPTS Blue Care...", and "FOR John Sample". A "Log Out" link is on the right.
- Main Section:** "Find the care you need" with five blue buttons:
 - Find Medical Care:** Doctors, specialists, hospitals, PCP, Labs and more.
 - Find Medical Costs:** Get costs for services, compare medical costs and more.
 - Find a Dentist:** Dentists, orthodontists, periodontists, endodontists and more.
 - Find Medical Equipment:** Prosthetics, wigs, breast pumps, respiratory supplies and more.
 - Find Urgent Care Centers:** Urgent care centers and retail clinics.
- Bottom Section:** "Looking for something else?" with two boxes:
 - Searching by Network:** Includes "Which Network Should I Choose?".
 - Learn More:** Includes "Plan Education Center" and "How We Pay...".

Log in to Begin

To get cost estimates, log in to your Member Central account.
Don't have an account? Create one at www.bluecrossma.com/findadoctor.

1 How to Search for Cost Estimates

In the search box, type the name of the procedure, or the area of your body for which you need care. Choose the service you're looking for from the drop-down menu. Once you make a selection, the search results will auto-populate based on your current location. Remember, you can change your location at any time!

Search by location, locally or nationwide, depending on your plan.

You can also **click Find Medical Costs** for a guided search.

Find the care you need

- Find Medical Care: Doctors, specialists, hospitals, PCP, Labs and more
- Find Medical Costs: Get costs for services, compare medical costs and more
- Find a Dentist: Dentists, orthodontists, periodontists, endodontists and more
- Find Medical Equipment: Prosthetics, wigs, breast pumps, respiratory supplies and more

2 Using the Results Page

Your results page will show you nearby providers, a range of your expected out-of-pocket costs, patient reviews of physicians, if available, a range of your health plan's expected costs, and if the provider is designated as a Blue Distinction Center.* You can narrow your results by specialty, quality, languages spoken, and more. To adjust your location, use the search box at the top of the page. You can also compare up to 10 providers at a time.

Click the **provider's name** for more information, including details of your expected out-of-pocket costs, directions, and quality ratings.

Knee Repair ACL (Arthroscopic)

Expected cost to you: \$943–\$1,375
Expected cost to your health plan: \$8,266–\$19,994

12 results for Knee Repair ACL (Arthroscopic)

For more information regarding your out-of-pocket costs for this procedure, please Review Your Benefits. If you require more details, Request a Written Estimate.

\$943 your expected cost Cost Details

- Mount Auburn Hospital (Intermediate Level of Care) PROVIDER NOT YET REVIEWED Blue Distinction (2) 1 OTHER AWARD
- \$943 expected cost
- Mount Auburn Hospital
- 330 Mount Auburn Street, Cambridge, MA 02138
- (617) 492-3500

\$955 your expected cost Cost Details

- Newton-Wellesley Hospital (Behavioral Health Hospital) PROVIDER NOT YET REVIEWED Blue Distinction (4) 1 OTHER AWARD
- \$955 expected cost
- Newton-Wellesley Hospital
- 2014 Washington Street, Newton, MA 02462
- (617) 243-6000

\$1,001 your expected cost Cost Details

Compare side-by-side
Compare any results by selecting them at left.

Best Value

Refine your results

- Basic
- Within 10 miles
- Accepting new patients (12)
- Any rating
- Specialties
- Any subspecialties
- Affiliations
- Any hospital affiliations
- Any medical group affiliation
- Location
- Tech Savvy Office
- Quality
- Any award
- Any Clinical Quality Measure
- Blue Distinction Recognition
- Any BDC- or BDC Specialty

*National Blue Distinction Centers for Specialty Care® are medical and surgical facilities that are recognized as the premier institutions in treating patients within their areas of expertise.

For more information regarding your out-of-pocket costs for this procedure, please Review Your Benefits. If you require more details, Request a Written Estimate.

Your Cost Estimate

Cost Estimate for Knee Repair ACL [Arthroscopic]

Total cost: **\$9,209**
\$943 Your expected cost
\$8,266 Your health plan's expected cost

[See breakdown of your cost](#)

Specialties

- Intermediate Level of Care

Networks Accepted

- Blue Care Elect (PPO/EPO)
- Blue Care Elect Network with Hospital Choice Cost Sharing feature
- HMD Blue
- HMD Blue Network with Hospital Choice Cost Sharing feature
- HMD Blue New England

Awards

The Joint Commission
Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards.
Blue Distinction Center+ for Cardiac Care

Blue Distinction Center+ for Knee and Hip Replacement

Ratings & Reviews

RECOMMENDATIONS
No recommendations yet

Overall Rating
Ratings are based on over 300 survey responses

Identifiers

- NPI: 1689670259
- BCA: 700IMAB12222000201102

3 Provider Details— What You Can Expect

This page highlights the total average cost of the procedure, including your expected out-of-pocket costs and the cost your health plan is expected to pay. You'll also find information like quality ratings based on patient experience, directions, specialties, and more.

To see a detailed breakdown of your costs, deductible, and out-of-pocket maximum if applicable, **click [See breakdown of your cost](#)**.

4 Cost Breakdown Page

Learn what your copay and co-insurance amount is, what Blue Cross pays, and how the overall cost of the procedure affects your plan's deductible and out-of-pocket maximum, if applicable.

Cost Estimate for Knee Repair ACL [Arthroscopic]

Total cost: **\$9,209**
\$943 Your expected cost
\$8,266 Your health plan's expected cost

Your cost breakdown: **\$943**
\$25 toward your deductible
\$918 Your coinsurance responsibility

1. Your plan today 2. With this procedure 3. In the future

Individual

You have spent **\$25** toward your deductible so far.

You pay: 100% Your health plan pays: 0%	You pay a portion. Your health plan pays a portion.	You pay: 0% Your health plan pays: 100%
Your deductible is \$50 You are responsible for 100% of your medical costs up to \$50.		Your out-of-pocket maximum is \$1,400. This is the cap of your medical expenses.

Family

Your family has spent **\$25** toward your family deductible so far.

You pay: 100% Your health plan pays: 0%	You pay a portion. Your health plan pays a portion.	You pay: 0% Your health plan pays: 100%
Your deductible is \$100 You are responsible for 100% of your medical costs up to \$100.		Your out-of-pocket maximum is \$2,800. This is the cap of your medical expenses.

Shop, Compare, Save

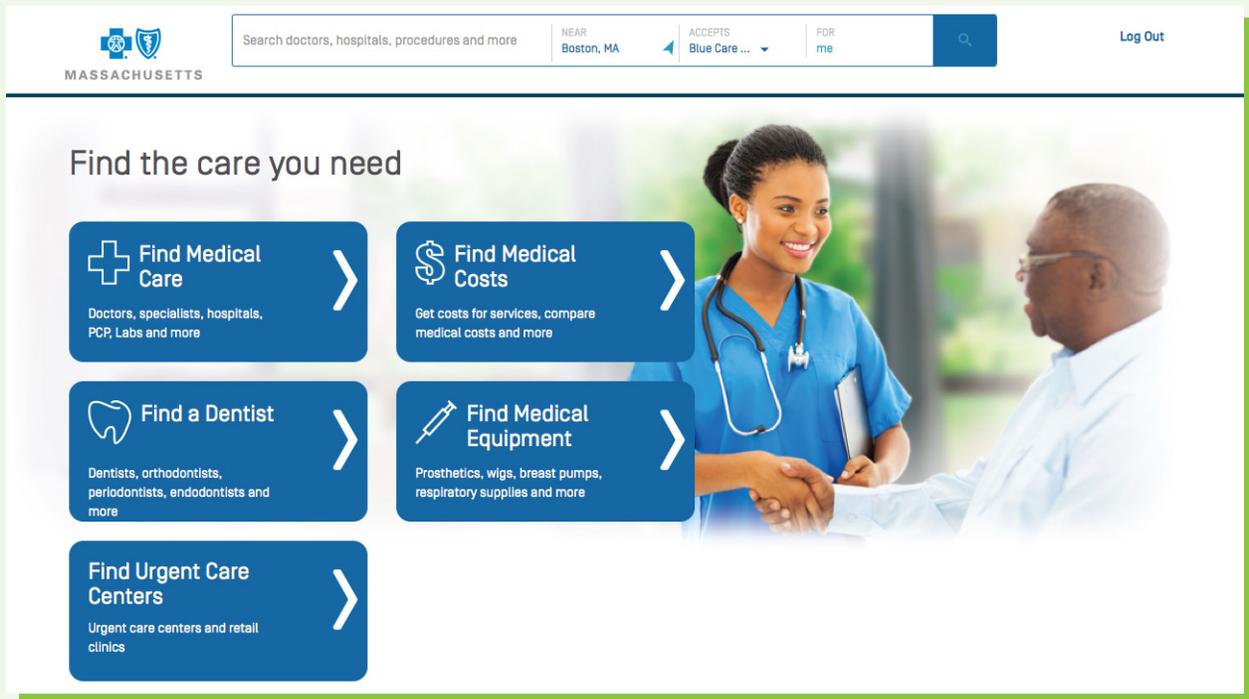
Find the care that's right for you at www.bluecrossma.com/findadoctor or by calling us at the number on your Blue Cross ID Card.



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Shop and Compare Costs for over 1,600 Procedures

Our new **Find a Doctor & Estimate Costs** tool lets you search for doctors, dentists, hospitals, and other healthcare providers. Plus, get a range of cost estimates for over 1,600 common medical services performed by providers in your area.



MASSACHUSETTS

Search doctors, hospitals, procedures and more

NEAR Boston, MA

ACCEPTS Blue Care ...

FOR me

Log Out

Find the care you need

- 
Find Medical Care

Doctors, specialists, hospitals, PCP, Labs and more
- 
Find Medical Costs

Get costs for services, compare medical costs and more
- 
Find a Dentist

Dentists, orthodontists, periodontists, endodontists and more
- 
Find Medical Equipment

Prosthetics, wigs, breast pumps, respiratory supplies and more
- Find Urgent Care Centers**

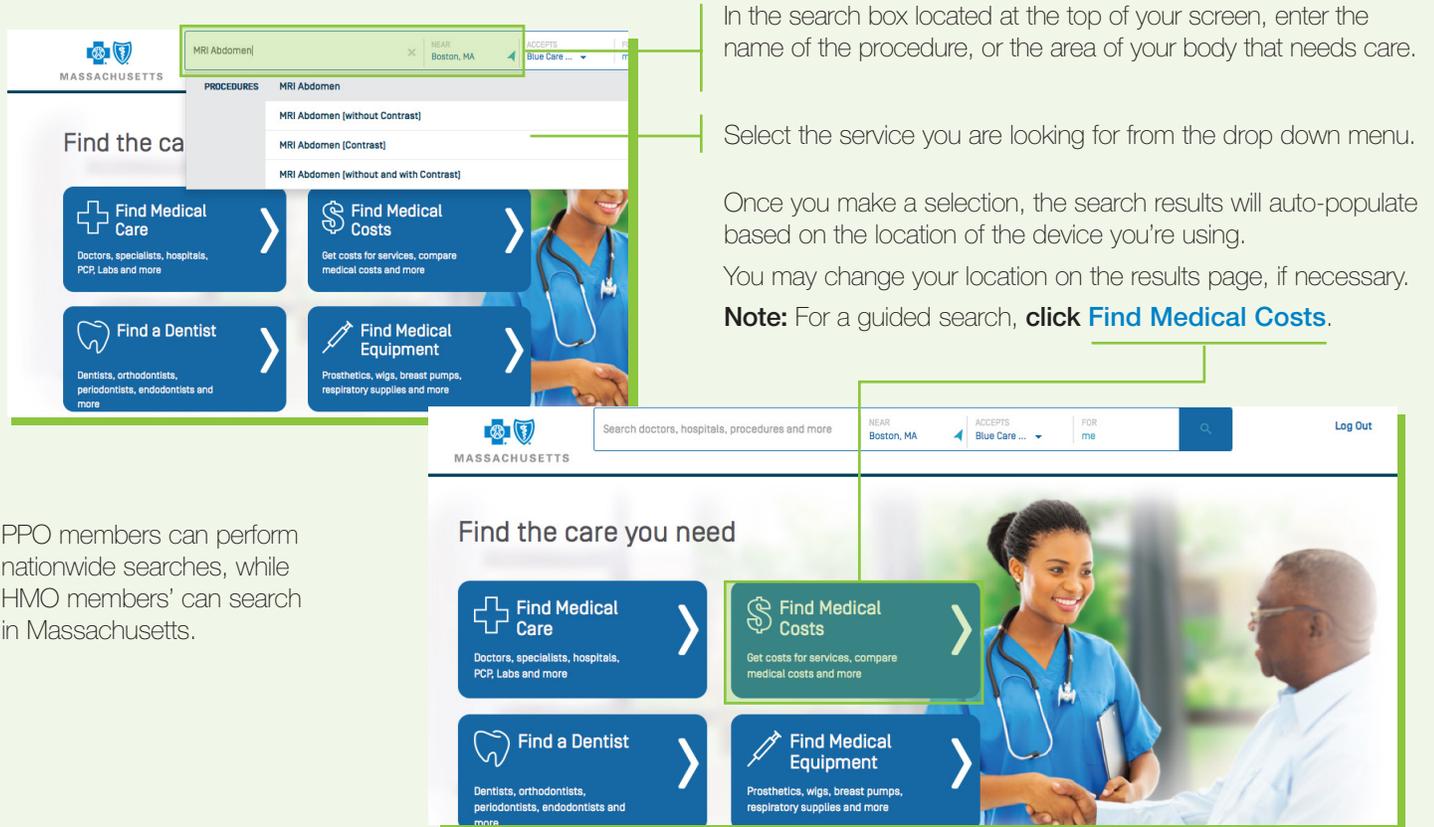
Urgent care centers and retail clinics



Start by Logging in to Member Central

Before you get started, log into your Member Central account to be automatically connected to your provider network. This will allow you to use the cost estimate feature when you access the Find a Doctor and Estimate Costs tool. Don't have an account? No problem—create one at www.bluecrossma.com/findadoctor.

How to Search for Cost Estimates



In the search box located at the top of your screen, enter the name of the procedure, or the area of your body that needs care.

Select the service you are looking for from the drop down menu.

Once you make a selection, the search results will auto-populate based on the location of the device you're using.

You may change your location on the results page, if necessary.

Note: For a guided search, **click Find Medical Costs.**

PPO members can perform nationwide searches, while HMO members' can search in Massachusetts.

Using the Results Page

Your results page will show you nearby providers, their address, phone number, an estimated range of the costs charged by the providers in your results, patient reviews of physicians, if available, and if the provider is designated as a Blue Distinction Center.¹

To adjust your location, use the search box at the top of the page. You can also compare up to 10 providers at a time.

You can refine your results by specialty, quality, languages spoken, and more.

Click the **provider's name** for more information, including your deductible and out-of-pocket maximum amounts, the maximum estimated out-of-pocket cost you may be responsible to pay for the service, quality ratings, directions, and more.

The screenshot displays a search results page for 'MRI Abdomen'. At the top, it shows the expected total cost range of \$818-\$2,557. Below this, there are 23 results listed. Each result includes the provider's name, address, phone number, and an expected total cost. A green box highlights the 'Longwood MRI Specialists' provider, and a line points from the text on the left to this provider's name. The right side of the page features a 'Refine your results' section with various filters such as 'Basic', 'Specialties', 'Affiliations', 'Location', 'Quality', and 'Blue Distinction Recognition'.

Expected total cost	Provider Name	Address	Phone
\$818	Longwood MRI Specialists	837 Washington Street, Brookline, MA 02446	(817) 277-1614
\$985	Center for Diagnostic Imaging	200 Providence Highway Route 1, Dedham, MA 02026	(781) 329-0800
\$1,027	Newton Wellesley Orthopedic Associates	2000 Washington Street Suite 341, Newton Lower Falls, MA 02462	(817) 984-0024
\$1,038	Shields MRI Brighton	385 Western Avenue, Brighton, MA 02135	

1. Blue Distinction Centers are hospitals recognized for their expertise in delivering specialty care.

Provider Details Page—What You Can Expect

This page highlights the total average expected cost of the procedure, your deductible and out-of-pocket maximum amounts, and the maximum estimated cost for the procedure. You'll also find quality ratings, directions, specialties and more!

You can access your benefits by clicking on the Review Your Benefits link.

1. View your deductible and out-of-pocket maximum amounts. As well as your estimated maximum out-of-pocket for the service. You can also click on the Review Your Benefits link to understand if you have a deductible, co-insurance, or copayment for the service.
2. View the Your Cost Estimate section to see an estimated average cost charged by the provider you selected.
3. See the Ratings and Review section if the provider you selected is a physician for additional information on patient experience.
4. You can view the Quality section to research quality ratings, if available.

The screenshot shows a user interface for a provider details page. At the top, there is a light blue box with text: "You have an individual deductible of \$750 and a family deductible of \$1500. You have an individual out-of-pocket maximum of \$3000 and a family out-of-pocket maximum of \$8000. Your maximum estimated cost for this procedure would not exceed \$1269. For more information regarding your out-of-pocket costs for this procedure, please Review Your Benefits. If you require more details, Request a Written Estimate." Below this are four main sections: "Your Cost Estimate" showing a "Cost Estimate for MRI Abdomen" with a "Total cost: \$1,269" and "\$1,269 Total procedure cost"; "Specialties" listing "Behavioral Health Hospital"; "Networks Accepted" listing various insurance plans like "Blue Care Elect (PPO/EPO)", "HMO Blue New England Options v.4", "HMO Blue Options v.4", "HMO Blue Options v.5", and "Medex Choice"; and "Ratings & Reviews" showing "RECOMMENDATIONS" (0% of patients would recommend this provider) and "Overall Rating" (5 stars). There is also an "Awards" section for "Blue Distinction Center+ Cardiac" and "Blue Distinction Centers+ for Knee and Hip".

Shop, Compare, Save

Find the care that's right for you at www.bluecrossma.com/findadoctor or by calling us at the number on your Blue Cross ID Card.

Home is where

Telehealth is...

In fact, Telehealth is wherever
you need to be.



When registering on the American Well site for the first time, members will be asked for a service key. Your service key is: BCBSMA

Your health care plan includes a convenient new benefit: Telehealth online video visits.

Quick access to see a doctor

We're happy to introduce a new option for getting medical care for you and your family. Using your smartphone, computer, or tablet, you can access Telehealth services to speak with a doctor or therapist anytime you need care including after business hours and on weekends.

Telehealth covers both medical and behavioral health care for conditions that can be treated through video visits. With Telehealth, you can see a doctor or therapist anywhere you have online access, including your home, workplace, or wherever else you may be.

Two easy ways to receive Telehealth care



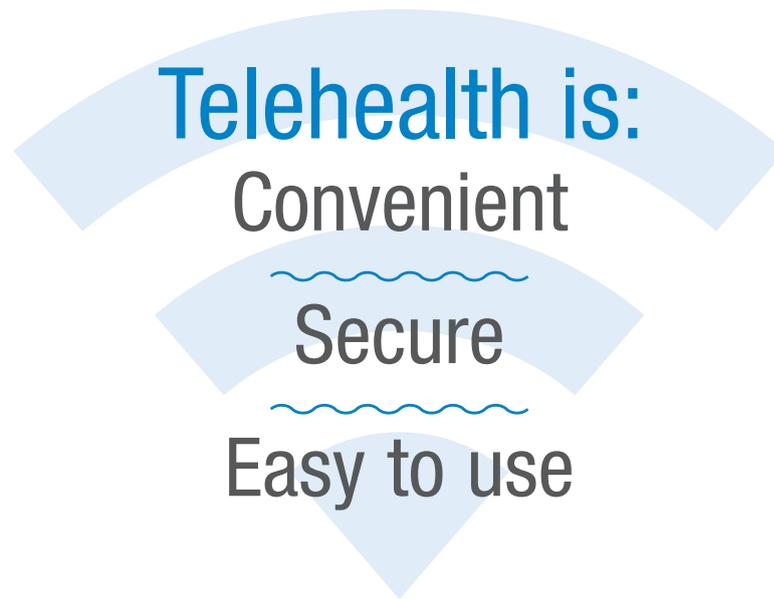
1. Check with your local doctor or use our Find a Doctor tool on Member Central to identify doctors in the network who offer Telehealth services.



2. Visit **bluecrossma.com/telehealth** to connect to our national network of online doctors and therapists who offer Telehealth services powered by American Well, an independent company.

Since a video visit typically takes about 10 minutes,
you'll have more time to spend doing the things that matter most to you!

Visit **www.bluecrossma.com/telehealth**
to learn more about Telehealth.



How to begin a Telehealth video visit

Local network doctors who offer Telehealth services will have their own way to begin a video visit. Usually, this is as simple as going to the doctor's website or using an app on your mobile device. To get started, ask your local doctor how to access his or her Telehealth service.

To access our national Telehealth service provided by American Well, visit **bluecrossma.com/telehealth** using your smart phone, computer, or any mobile device.

What to expect from your Telehealth visit

Your doctor can review your medical and behavioral health history, answer questions, and diagnose, treat, and prescribe medication.

Telehealth medical appointments usually take about 10 minutes, while behavioral health appointments can be 30 minutes.

The benefits of Telehealth include:

- Coverage for brief medical and behavioral health video visits (Please refer to your plan's Summary of Benefits for specific coverage details.)
- Real-time interactive access to talk with a doctor or therapist through our local or national provider networks
- On-demand medical professional consultations, available 24/7/365, and convenient scheduling of behavioral health visits
- Quality health care experience—featuring the expansive provider network, exemplary customer service, and dedication to excellence that Blue Cross is known for
- Eliminate exposure to others' illnesses in waiting rooms
- More time to spend with family or friends
- Avoid costly emergency room visits for simple conditions
- Web and mobile visits supported

Telehealth delivers quality health care, at your convenience, at any time.

Covered Services	When to Use	Examples of Treatable Conditions	
 Medical Convenience Care	<p>Patients see a doctor online for a range of issues, including minor illnesses and injuries, symptoms from chronic conditions, and even general health and wellness concerns.</p> <p>Often reasons include:</p> <ul style="list-style-type: none"> + Time savings + Alternative to ER + Doctor's office is closed + Follow up with existing doctor 	<ul style="list-style-type: none"> + Bronchitis + Cough + Sinus infection + Sore throat 	<ul style="list-style-type: none"> + Urinary tract infection + Fever + Pinkeye + Cold and flu
 Behavioral Health	<p>Telehealth provides reliable and convenient therapy visits with trained and certified professionals. Patients see therapists online for a variety of reasons.</p> <p>Often reasons include:</p> <ul style="list-style-type: none"> + Not wanting to be seen waiting outside a therapist's office + Experiencing depression or anxiety due to grief, divorce, parenthood, or other major life changes 	<ul style="list-style-type: none"> + Depression + Anxiety + Stress management + Sleep difficulties + Relationship challenges 	<ul style="list-style-type: none"> + Child behavior difficulties + Coping with chronic health problems + Smoking cessation

Visit www.bluecrossma.com/telehealth
to learn more about Telehealth care.

Glossary of Health Coverage and Medical Terms

- This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)
- **Bold blue** text indicates a term defined in this Glossary.
- See page 4 for an example showing how **deductibles**, **co-insurance** and **out-of-pocket limits** work together in a real life situation.

Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your **provider** charges more than the allowed amount, you may have to pay the difference. (See **Balance Billing**.)

Appeal

A request for your health insurer or **plan** to review a decision or a **grievance** again.

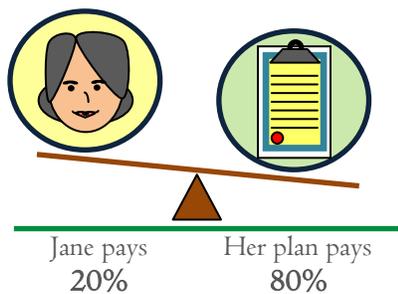
Balance Billing

When a **provider** bills you for the difference between the provider's charge and the **allowed amount**. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A **preferred provider** may **not** balance bill you for covered services.

Co-insurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the **allowed amount** for the service.

You pay co-insurance **plus** any **deductibles** you owe. For example, if the **health insurance** or **plan's** allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.



(See page 4 for a detailed example.)

Complications of Pregnancy

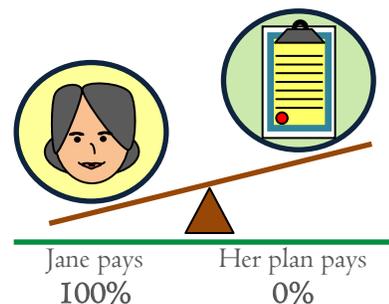
Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section aren't complications of pregnancy.

Co-payment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible

The amount you owe for health care services your **health insurance** or **plan** covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.



(See page 4 for a detailed example.)

Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care **provider** for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

Emergency Medical Condition

An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Medical Transportation

Ambulance services for an **emergency medical condition**.

Emergency Room Care

Emergency services you get in an emergency room.

Emergency Services

Evaluation of an **emergency medical condition** and treatment to keep the condition from getting worse.

Excluded Services

Health care services that your **health insurance** or **plan** doesn't pay for or cover.

Grievance

A complaint that you communicate to your health insurer or **plan**.

Habilitation Services

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance

A contract that requires your health insurer to pay some or all of your health care costs in exchange for a **premium**.

Home Health Care

Health care services a person receives at home.

Hospice Services

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.

In-network Co-insurance

The percent (for example, 20%) you pay of the **allowed amount** for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network co-insurance usually costs you less than **out-of-network co-insurance**.

In-network Co-payment

A fixed amount (for example, \$15) you pay for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network co-payments usually are less than **out-of-network co-payments**.

Medically Necessary

Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Network

The facilities, **providers** and suppliers your health insurer or **plan** has contracted with to provide health care services.

Non-Preferred Provider

A **provider** who doesn't have a contract with your health insurer or **plan** to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your **health insurance** or plan, or if your health insurance or plan has a "tiered" **network** and you must pay extra to see some providers.

Out-of-network Co-insurance

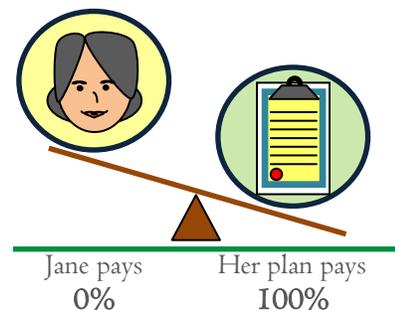
The percent (for example, 40%) you pay of the **allowed amount** for covered health care services to providers who do **not** contract with your **health insurance** or **plan**. Out-of-network co-insurance usually costs you more than **in-network co-insurance**.

Out-of-network Co-payment

A fixed amount (for example, \$30) you pay for covered health care services from providers who do **not** contract with your **health insurance** or **plan**. Out-of-network co-payments usually are more than **in-network co-payments**.

Out-of-Pocket Limit

The most you pay during a policy period (usually a year) before your **health insurance** or **plan** begins to pay 100% of the **allowed amount**. This limit never includes your **premium**, **balance-billed** charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your **co-payments**, **deductibles**, **co-insurance** payments, out-of-network payments or other expenses toward this limit.



(See page 4 for a detailed example.)

Physician Services

Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

Plan

A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

Preauthorization

A decision by your health insurer or **plan** that a health care service, treatment plan, **prescription drug** or **durable medical equipment** is **medically necessary**. Sometimes called prior authorization, prior approval or precertification. Your **health insurance** or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Preferred Provider

A **provider** who has a contract with your health insurer or **plan** to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your **health insurance** or plan has a "tiered" **network** and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

Premium

The amount that must be paid for your **health insurance** or **plan**. You and/or your employer usually pay it monthly, quarterly or yearly.

Prescription Drug Coverage

Health insurance or **plan** that helps pay for **prescription drugs** and medications.

Prescription Drugs

Drugs and medications that by law require a prescription.

Primary Care Physician

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary Care Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

Reconstructive Surgery

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries or medical conditions.

Rehabilitation Services

Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Skilled Nursing Care

Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

Specialist

A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a **provider** who has more training in a specific area of health care.

UCR (Usual, Customary and Reasonable)

The amount paid for a medical service in a geographic area based on what **providers** in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the **allowed amount**.

Urgent Care

Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require **emergency room care**.

How You and Your Insurer Share Costs - Example

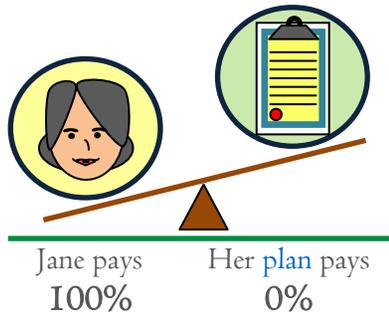
Jane's Plan Deductible: \$1,500

Co-insurance: 20%

Out-of-Pocket Limit: \$5,000

January 1st
Beginning of Coverage
Period

December 31st
End of Coverage Period



Jane hasn't reached her \$1,500 deductible yet

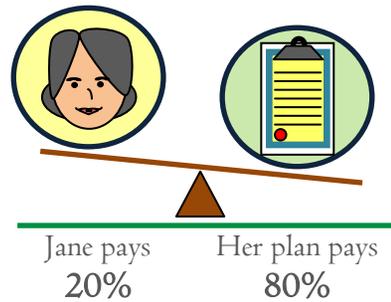
Her plan doesn't pay any of the costs.

Office visit costs: \$125

Jane pays: \$125

Her plan pays: \$0

more costs



Jane reaches her \$1,500 deductible, co-insurance begins

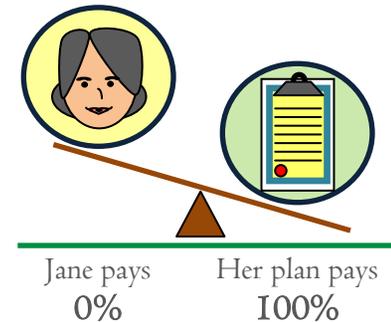
Jane has seen a doctor several times and paid \$1,500 in total. Her plan pays some of the costs for her next visit.

Office visit costs: \$75

Jane pays: 20% of \$75 = \$15

Her plan pays: 80% of \$75 = \$60

more costs



Jane reaches her \$5,000 out-of-pocket limit

Jane has seen the doctor often and paid \$5,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.

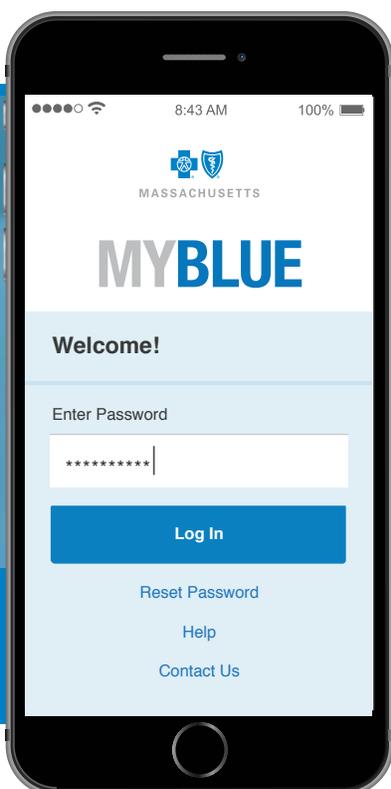
Office visit costs: \$200

Jane pays: \$0

Her plan pays: \$200



MASSACHUSETTS



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 past claims history.

Personalized health care, right at their fingertips:



Use the interactive ID card to direct-dial important numbers, or email a PDF version to a doctor.



Get access to recent claims history and see copayment amounts.



Review recent doctor visits, including date, specialty, and contact information.



See prescriptions history, including dosage and who prescribed it.



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



View dependents under age 18, and keep track of their information.

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 stand alone Part D plans, or those with standalone dental, vision, or wellness coverage cannot use the app.



MASSACHUSETTS

Mammograms

Your Best Weapon Against Breast Cancer

Mammograms don't prevent cancer, but they do help in the early detection of all types of breast cancer. With early detection, the disease has less time to develop, giving patients more treatment options and a higher chance of success.

What is a Mammogram?

A mammogram is a low-dose X-ray used for the early detection of breast cancer. It's recommended that all women over 50 have routine mammograms. However, they should not replace self-exams or routine clinical exams.

If You're Pregnant

Studies have shown mammograms pose little or no risk to the fetus. If you show symptoms of breast cancer, your doctor may recommend one.

Learn More

To learn more about mammograms and breast cancer, please visit www.bluecrossma.com/member-central, and search for breast care.



Mammograms are fast (usually about 20 minutes) and virtually **pain-free.**

Talk to your doctor about mammograms and when you should get one.

Continued

Questions?

Our goal is to help you stay healthy. If you have any questions, call Member Service at the number on the front of your ID card.

Preparation for Your Appointment

Your doctor's name: _____

Your doctor's phone number: _____

Mammography appointment is with: _____

Phone number for your appointment: _____

Date of appointment: _____

Time of appointment: _____

Location: _____

Personal notes (for example, questions to ask the doctor, family history notes, etc.)

