YOUR EKIT CONTENTS

PLAN OPTIONS
MEDICAL: Network Blue New England
Deductible HMO
SBC –

HELPFUL RESOURCES

- Quick Start – HMO Blue New England
- Emergency Room Alternatives
- Well Connection
- City of Boston Out of Area
- ahealthyme
- 2022 Fitness $150 Reimbursement
- 2022 Weight-Loss $150
- OVIA Maternity Care
- Livongo for Diabetes Management
- Livongo Q&A
- Hinge Health for Chronic Back and
- Blue Card Program Brochure
- Mail Service Brochure and Form

Effective: 7/1/2022

WELCOME CITY OF BOSTON NETWORK BLUE NE HMO PLAN

GET THE MOST OUT OF YOUR PLAN

YOUR PLAN IN YOUR HAND
Get an instant snapshot of your health care.

Get Started
Register for MyBlue at bluecrossma.org or download the app.
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The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, see [www.boston.gov/city-workers](http://www.boston.gov/city-workers). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at [blucrossma.org/sbcglossary](http://blucrossma.org/sbcglossary) or call 1-888-714-0189 to request a copy.

<table>
<thead>
<tr>
<th>Important Questions</th>
<th>Answers</th>
<th>Why This Matters</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the overall deductible?</td>
<td>$100 member / $200 family.</td>
<td>Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.</td>
</tr>
<tr>
<td>Are there services covered before you meet your deductible?</td>
<td>Yes. Preventive care, prenatal care, prescription drugs, most office visits, therapy visits, and mental health services.</td>
<td>This plan covers some items and services even if you haven’t yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>.</td>
</tr>
<tr>
<td>Are there other deductibles for specific services?</td>
<td>No.</td>
<td>You don’t have to meet deductibles for specific services.</td>
</tr>
<tr>
<td>What is the out-of-pocket limit for this plan?</td>
<td>$4,500 member / $9,000 family.</td>
<td>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.</td>
</tr>
<tr>
<td>What is not included in the out-of-pocket limit?</td>
<td>Premiums, balance-billing charges, and health care this plan doesn’t cover.</td>
<td>Even though you pay these expenses, they don't count toward the out-of-pocket limit.</td>
</tr>
<tr>
<td>Will you pay less if you use a network provider?</td>
<td>Yes. See <a href="http://bluecrossma.com/findadoctor">bluecrossma.com/findadoctor</a> or call the Member Service number on your ID card for a list of network providers.</td>
<td>This plan uses a provider network. You will pay less if you use a provider in the plan’s network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider’s charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.</td>
</tr>
<tr>
<td>Do you need a referral to see a specialist?</td>
<td>Yes.</td>
<td>This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist.</td>
</tr>
<tr>
<td>Common Medical Event</td>
<td>Services You May Need</td>
<td>In-Network (You will pay the least)</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>------------------------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>If you visit a health care provider’s office or clinic</td>
<td>Primary care visit to treat an injury or illness</td>
<td>$20 / visit</td>
</tr>
<tr>
<td></td>
<td>Specialist visit</td>
<td>$35 / visit</td>
</tr>
<tr>
<td></td>
<td>Preventive care/screening/immunization</td>
<td>No charge</td>
</tr>
<tr>
<td>If you have a test</td>
<td>Diagnostic test (x-ray, blood work)</td>
<td>No charge</td>
</tr>
<tr>
<td></td>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>$100</td>
</tr>
<tr>
<td>Common Medical Event</td>
<td>Services You May Need</td>
<td>What You Will Pay</td>
</tr>
<tr>
<td>----------------------</td>
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</tr>
</tbody>
</table>
| **If you need drugs to treat your illness or condition**  
More information about prescription drug coverage is available at bluecrossma.org/medication | Generic drugs | $10 / retail supply or $20 / mail order supply | Not covered  
Up to 30-day retail (90-day mail order) 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 order supply | Not covered |
| | Non-preferred brand drugs | $55 / retail supply or $135 / mail order supply | Not covered  
When obtained from a designated specialty pharmacy; pre-authorization required for certain drugs |
| | Specialty drugs | Applicable cost share (generic, preferred, non-preferred) | Not covered |
| **If you have outpatient surgery** | Facility fee (e.g., ambulatory surgery center) | $100 / outpatient admission | Not covered  
Deductible applies first; copayment limited to $100 per member per plan year for all day surgery admissions; 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 care | $100 / visit | $100 / visit  
Deductible applies first; copayment waived if admitted or for observation stay |
| | Emergency medical transportation | No charge | No charge  
Deductible applies first |
| | Urgent care | $20 / visit | $20 / visit  
Out-of-network coverage limited to out of service area; a telehealth cost share may be applicable |
<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>What You Will Pay</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>In-Network (You will pay the least)</td>
<td>Out-of-Network (You will pay the most)</td>
</tr>
<tr>
<td><strong>If you have a hospital stay</strong></td>
<td>Facility fee (e.g., hospital room)</td>
<td>$100 / admission</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>No charge</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>If you need mental health, behavioral health, or substance abuse services</strong></td>
<td>Outpatient services</td>
<td>$20 / visit</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Inpatient services</td>
<td>No charge</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>If you are pregnant</strong></td>
<td>Office visits</td>
<td>No charge</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery professional services</td>
<td>No charge</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery facility services</td>
<td>$100 / admission</td>
<td>Not covered</td>
</tr>
<tr>
<td>Common Medical Event</td>
<td>Services You May Need</td>
<td>What You Will Pay</td>
<td>Limitations, Exceptions, &amp; Other Important Information</td>
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<td>---------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In-Network (You will pay the least)</td>
<td>Out-of-Network (You will pay the most)</td>
</tr>
<tr>
<td>If you need help recovering or have other special health needs</td>
<td>Home health care</td>
<td>No charge</td>
<td>Not covered</td>
</tr>
<tr>
<td>Rehabilitation services</td>
<td></td>
<td>$20 / visit for outpatient services; $100 / admission for inpatient services</td>
<td>Not covered</td>
</tr>
<tr>
<td>Habilitation services</td>
<td></td>
<td>$20 / visit</td>
<td>Not covered</td>
</tr>
<tr>
<td>Skilled nursing care</td>
<td></td>
<td>$100 / admission</td>
<td>Not covered</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td></td>
<td>No charge</td>
<td>Not covered</td>
</tr>
<tr>
<td>Hospice services</td>
<td></td>
<td>No charge</td>
<td>Not covered</td>
</tr>
<tr>
<td>Common Medical Event</td>
<td>Services You May Need</td>
<td>What You Will Pay</td>
<td>Limitations, Exceptions, &amp; Other Important Information</td>
</tr>
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<tr>
<td></td>
<td></td>
<td>In-Network (You will pay the least)</td>
<td>Out-of-Network (You will pay the most)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$20 / visit</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Limited to one exam per plan year</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Limited to children under age 13 (two visits per plan year) and under age 18 with a cleft palate / cleft lip condition</td>
<td></td>
</tr>
<tr>
<td>If your child needs dental or eye care</td>
<td>Children’s eye exam</td>
<td>$20 / visit</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Children’s glasses</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Children’s dental check-up</td>
<td>No charge</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Excluded Services &amp; Other Covered Services:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Acupuncture</td>
<td>• Dental care (Adult)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Children’s glasses</td>
<td>• Long-term care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Chiropractic care</td>
<td>• Non-emergency care when traveling outside the U.S.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Cosmetic surgery</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other Covered Services (Limitations may apply to these services. This isn’t a complete list. Please see your plan document.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Bariatric surgery</td>
<td>• Infertility treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Hearing aids ($2,000 per ear every 36 months for members age 21 or younger)</td>
<td>• Routine eye care - adult (one exam per plan year)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Routine foot care (only for patients with systemic circulatory disease)</td>
<td></td>
</tr>
</tbody>
</table>
Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform and the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. Your state insurance department might also be able to help. If you are a Massachusetts resident, you can contact the Massachusetts Division of Insurance at 1-877-563-4467 or www.mass.gov/doi. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596. For more information about possibly buying individual coverage through a state exchange, you can contact your state’s marketplace, if applicable. If you are a Massachusetts resident, contact the Massachusetts Health Connector by visiting www.mahealthconnector.org. For more information on your rights to continue your employer coverage, contact your plan sponsor. (A plan sponsor is usually the member’s employer or organization that provides group health coverage to the member.)

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, call 1-888-714-0189 or contact your plan sponsor. (A plan sponsor is usually the member’s employer or organization that provides group health coverage to the member.)

Does this plan provide Minimum Essential Coverage? Yes.
Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

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

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

To see examples of how this plan might cover costs for a sample medical situation, see the next section.
About these Coverage Examples:

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

<table>
<thead>
<tr>
<th>Peg is Having a Baby</th>
<th>Managing Joe's Type 2 Diabetes</th>
<th>Mia's Simple Fracture</th>
</tr>
</thead>
<tbody>
<tr>
<td>(9 months of in-network prenatal care and a hospital delivery)</td>
<td>(a year of routine in-network care of a well-controlled condition)</td>
<td>(in-network emergency room visit and follow-up care)</td>
</tr>
<tr>
<td>■ The plan’s overall deductible</td>
<td>■ The plan’s overall deductible</td>
<td>■ The plan’s overall deductible</td>
</tr>
<tr>
<td>■ Delivery fee copay</td>
<td>■ Specialist visit copay</td>
<td>$100</td>
</tr>
<tr>
<td>■ Facility fee copay</td>
<td>■ Primary care visit copay</td>
<td>$35</td>
</tr>
<tr>
<td>■ Diagnostic tests copay</td>
<td>■ Diagnostic tests copay</td>
<td>$20</td>
</tr>
<tr>
<td>■ Diagnostic tests copay</td>
<td></td>
<td>$0</td>
</tr>
</tbody>
</table>

This EXAMPLE event includes services like:

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

This EXAMPLE event includes services like:

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

This EXAMPLE event includes services like:

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

<table>
<thead>
<tr>
<th>Total Example Cost</th>
<th>$12,700</th>
<th>$5,600</th>
<th>$2,800</th>
</tr>
</thead>
</table>

In this example, Peg would pay:

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th>$100</th>
<th>$100</th>
<th>$100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copayments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coinsurance</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What isn't covered

- Limits or exclusions $60
- The total Peg would pay is $260

In this example, Joe would pay:

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th>$100</th>
<th>$1,200</th>
<th>$20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copayments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coinsurance</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What isn't covered

- Limits or exclusions $20
- The total Joe would pay is $1,320

In this example, Mia would pay:

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th>$100</th>
<th>$200</th>
<th>$300</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copayments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coinsurance</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What isn't covered

- Limits or exclusions $20
- The total Mia would pay is $300

The plan would be responsible for the other costs of these EXAMPLE covered services.
This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law.
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HMO BLUE NEW ENGLAND

IMPORTANT INFORMATION ABOUT YOUR PLAN

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

PCP REFERRAL IN NETWORK

HOW TO ACCESS IMPORTANT RESOURCES

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

Get Connected with Message Wire: We can send you important information about your health and wellness, relevant discounts, and plan information directly to your phone. Text bluecrossma to 73529, or call 1-844-779-8813 to join with your Blue Cross member ID number.

Visit ahealthyme®: Learn about your health and set personal goals for a healthy life. You can take a health assessment, sign up for wellness workshops, access health tools and resources, and more. Sign in to myblue.bluecrossma.com and select AHealthyMe from the drop-down menu in the top right corner for more information about ahealthyme.

Take Advantage of Discounts: Use Blue365®, a members-only website that offers local health and wellness deals, for discounts on health and fitness products, family events, spa services, and more. Sign in to myblue.bluecrossma.com, and select My Plan and then Discounts & Savings from the drop-down menu in the top right corner for more information about Blue365.

Sign In

Visit myblue.bluecrossma.com to create an account, or download the app from the App Store® or Google Play™.

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.
**HOW TO GET CARE**

Routine annual checkups with your PCP are one of the best ways you and your doctor can stay on top of your health. Choose a PCP to help manage your care and refer you to specialists.

**Finding a PCP:** Choose a PCP for yourself and every member of your family covered under your plan. Everyone doesn’t need to see the same PCP. When selecting a PCP, consider the hospital where your PCP has admitting privileges. Visit myfindadoctor.bluecrossma.com to search in your network.

**Seeing a Specialist:** If you need to see a specialist, your PCP must refer you for the care to be covered under your plan. Make sure your PCP has contacted the specialist’s office and provided the referral.

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

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

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

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**HOW TO READ YOUR ID CARD**

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

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

**HOW TO CONTACT US**

**General questions about your health plan coverage?**
**Member Service:** Call the number on the front of your member ID card (TTY: 711) Monday–Friday, 8:00 a.m.–6:00 p.m. ET. Or sign in to bluecrossma.com and select Review My Benefits to check what your plan covers and your costs.

**Health questions if you’re hurt or sick?**
24/7 Nurse Line: 1-888-247-BLUE (2583) Registered nurses are available at no cost.

**Questions about your prescription drug coverage?**
Mail Order Pharmacy: 1-800-892-5119 Available 24/7

**Order a new Blue Cross member ID card?**
Lost member ID card? Call 1-800-253-5210 Monday–Friday, 8:00 a.m.–6:00 p.m. ET.
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Advantages of Using the Mail Order Pharmacy

• You’ll pay less for a 90-day supply than you would for three 30-day supplies of your maintenance medications.
• Medications are shipped to you at no additional cost for standard shipping.
• With fewer refills and no trips to the pharmacy, you’ll be less likely to miss a dose.
• Get your prescriptions on time, every time with automatic refills.

How to Order Prescriptions

Express Scripts®, an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts, will deliver your prescriptions straight to your door. To order prescriptions, choose one of the following options. In most cases, Express Scripts will contact your doctor directly to arrange 90-day prescriptions, plus refills.

• Visit Express Scripts at express-scripts.com /starthd, and select Register
• Download the Express Scripts mobile app and select Register
• Call Express Scripts at 1-800-892-5119 (TTY: 1-800-305-5376), 24 hours a day.

Have Your Prescriptions Refilled Automatically

Worry Free Fills® are available for qualifying maintenance medications. When enrolled, Express Scripts will calculate when you’ll need your prescriptions and deliver them on time. They’ll contact you before processing each fill to confirm delivery, and the delivery date. Enroll in Worry Free Fills by choosing one of the following methods:

• Visit Express Scripts at express-scripts.com, and select Automatic Refills
• When refilling a prescription, answer yes when asked to enroll in Worry Free Fills
• Call Express Scripts at 1-800-892-5119 (TTY: 1-800-305-5376)

Save up to 33% When you use the mail order pharmacy.

*You can download and print a copy of the mail order form at express-scripts.com.
**Compared to three 30-day prescriptions purchased at a retail pharmacy.
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THE CARE YOU NEED. WHENEVER AND WHEREVER.

Because guidance and advice should happen round the clock. Learn more about your medical care options to save you time and money at bluecrossma.org.

You have more ways than ever to get expert medical opinions and advice. Right when you need them.

Learn More

Visit bluecrossma.org to review your medical care options.

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.
When you’re uncertain if your symptoms are serious or if an injury needs immediate care, get a nurse’s advice 24/7, even on holidays. And get answers at no additional cost to you. Speak to a registered nurse. Call 1-888-247-BLUE (2583).

**Best for:** advice on when to seek care or questions about your symptoms, or whether they might be serious.

See a licensed doctor online in real time, without leaving home. Doctors on call on your device visit wellconnection.com.

**Best for:** colds, minor cuts, cough, wheezing, sore throat, headache or migraine, mild allergies, fever, skin rash, anxiety, depression.

Go to your doctor’s office for scheduled checkups and for urgent health concerns that occur during office hours. Use Find a Doctor & Estimate Costs at bluecrossma.org.

**Best for:** asthma, minor burns, nausea, urination problems, back pain, minor injuries, suspected flu, sinus infection, behavioral health, conjunctivitis or other eye irritation.

Go to a nearby clinic located within your local pharmacy for simple medical concerns.

**Best for:** cold and flu, bronchitis, sinus and respiratory infections, sore throat, diarrhea, gout, strep throat, urinary tract infections, pinkeye, hypertension, migraines, pneumonia.

Go to a nearby urgent care center when you need immediate, in-person help for a non-life-threatening problem and you can’t see your doctor.

**Best for:** joint/muscle pain or injuries, nausea or diarrhea, respiratory issues, bites, cuts, concussion screening, stitches, asthma attack, X-rays, and suspected strep throat or bronchitis.

Always go to the nearest emergency room, or call 911 when you’re facing a life-threatening situation or think you could put your health in danger by delaying care.

The information in this document doesn’t replace the advice of a health care provider. You should speak to your provider about any specific health concerns.
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DOCTORS ON CALL, ON YOUR DEVICE.

Get convenient access to telehealth care by using Well Connection. Sign in to MyBlue, or create an account, then click Well Connection Video Visit under My Care.

REAL DOCTORS. REAL EXPERIENCE. REALLY FAST.

GET MEDICAL CARE 24/7
Speak face to face with a doctor, in the privacy of your home.

THERAPY THAT COMES TO YOU
Talk to a licensed therapist or psychiatrist—on your terms. It’s convenient and confidential.

HIGHLY EXPERIENCED, HIGHLY RATED
Qualified providers. Rated 4.8/5 stars and averaging 15 years of experience.

Sign In

Download the MyBlue App from the App Store® or Google Play™, or go to bluecrossma.org.

1. Medical services are available 24/7. Mental health visits must be made by appointment. If your local doctor in the Blue Cross Blue Shield of Massachusetts network offers covered services using live video visits through a service other than Well Connection, you’re still covered. This service is only available in the United States.


Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.
IS A VIDEO DOCTOR VISIT RIGHT FOR ME?

You can do a lot over your tablet, laptop, or smartphone. Here’s how members are using this service.

“I’m not feeling well.”
Get care for:
- Cold and flu symptoms
- Fever
- Runny nose, sinus pain
- Sore throat
- Pink eye
- Skin rash

“I need emotional support.”
Talk to a therapist about:
- Depression and anxiety
- Substance use disorder
- Loss of a loved one
- Relationship issues
- Emotional trauma
- Stress
You can also schedule a visit with a psychiatrist for medication management services.

“My loved one is under the weather.”
If they’re on your plan:
- Get quick, expert family care
- Save time in your busy family schedule

WELL CONNECTION IS HIGHLY RATED:
4.8 out of 5 Doctor and Provider rating from our members³

Licensed doctors and providers in the Well Connection network have an average of 15 years of experience. They can look up your medical history, diagnose and treat your symptoms, and prescribe medication,⁴ if necessary.

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4. Prescription availability is defined by doctor judgment.
HOW STUDENT CHILDREN CAN RECEIVE COVERAGE WHEN LIVING OUTSIDE OF NEW ENGLAND

Coverage is available for students living outside of the New England service area under the City’s HMO Plan. In addition to emergency and urgent care, covered students* in the HMO plan living outside the New England service area can receive in-network coverage for non-emergency medical and mental health care when they register with Blue Cross Blue Shield of Massachusetts.

HERE IS WHAT YOU NEED TO KNOW:

Registration is required to receive in-network care outside the New England service area:
Students who live outside of the service area must register by calling Blue Cross Blue Shield of Massachusetts Member Service at 1-888-714-0189. The plan subscriber must contact Blue Cross Member Service for students under the age of 18.

What services are covered when I register?
Services that aren’t usually covered when delivered outside the New England service area, such as:
• Preventive care services
• Outpatient medical care office visits
• Mental health care
• Follow-up care, when required, after leaving the emergency room or after an inpatient hospital stay

Please note: Some services may require authorization from your provider. Call Blue Cross Member Service for assistance.

Do I need to see a Blue Cross Blue Shield provider when seeking care outside of New England?
Yes, you must see a Blue Cross Blue Shield participating doctor when receiving eligible care outside of New England. To find a participating doctor, visit bcbs.com/find-a-doctor. To search, use the prefix located on the front of your ID card.

*Subscribers and spouses aren’t included as covered students.

URGENT AND EMERGENCY CARE ARE ALWAYS COVERED
Students are covered if they get sick or injured and need immediate medical care at an emergency room or urgent care center. For urgent care, please call Blue Cross Member Service within 48 hours for authorization.

Questions?
Call Blue Cross Member Service at 1-888-714-0189.
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EVERYTHING YOU NEED TO LIVE A HEALTHIER LIFE

If you want to know more about your health and how to make it better, ahealthyme® is a great place to start. With just a few clicks, we’ll show you just what you need to live a healthier life. From a health assessment to wellness workshops and interactive tools, ahealthyme is your personal online resource.

WITH AHEALTHYME, MANAGING YOUR HEALTH CAN BE AS EASY AS 1, 2, 3:

1 Start with your health assessment
Taking your health assessment is easy and rewarding. Simply answer questions about eight areas of your health. When done, we’ll give you a detailed look at your health today and recommend tools and programs that will help improve it, based on your answers.

2 Take a wellness workshop
Our self-paced wellness workshops are a fun way to be smart about your health. You’ll gain insight on health topics that relate to you and get closer to your wellness goal.
Learn about:
• Healthy eating
• Quitting smoking
• Stress management
• Physical fitness
• Much more

3 Stay motivated and stick to your goals
Maintaining good eating and exercise habits can help keep you on track. With ahealthyme, you can record and track your activities on any computer or smartphone and see how you’re doing in real time.

Get Started Now
Go to ahealthyme.com/login and sign up to begin your journey to healthier living.
Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

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

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

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

Get rewarded for your healthy habits!

Save up to

$150

Qualified for Reimbursement:

• A full service health club with cardiovascular and strength-training equipment like treadmills, bikes, weight machines, and free weights
• A fitness studio with instructor-led group classes such as yoga, Pilates, Zumba®, kickboxing, indoor cycling/spinning, and other exercise programs
• Online fitness memberships, subscriptions, programs, or classes
• Cardiovascular and strength-training equipment for fitness that is purchased for use in the home, such as stationary bikes, weights, exercise bands, treadmills, fitness machines

Not Qualified for Reimbursement:

• One-time initiation or termination fees
• Fees paid for gymnastics, tennis, pool-only facilities, martial arts schools, instructional dance studios, country clubs or social clubs, sports teams or leagues
• Personal trainer sessions
• Fitness clothing

Get Started

To submit your reimbursement, sign in to MyBlue at bluecrossma.org.

Your reimbursement is waiting!
# Fitness Reimbursement Request

Please print all information clearly. To verify that this reimbursement is offered within your plan, or for more information, you can sign in to MyBlue at bluecrossma.org or call the Member Service number on your ID card. All fitness reimbursement requests must be submitted by March 31 of the following year.

## Subscriber Information (Policyholder)

<table>
<thead>
<tr>
<th>Identification Number on Subscriber ID Card (including first 3 characters)</th>
<th>Subscriber’s Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address – Number and Street</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

### Employer's Name

## Claim Information

<table>
<thead>
<tr>
<th>Member’s Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

### Claim is for (choose one and color in the entire box):

- [ ] Subscriber (policyholder)
- [ ] Spouse (of policyholder)
- [ ] Ex-Spouse
- [ ] Dependent (up to age 26)
- [ ] Other (specify): __________________

Name, Address, and Phone Number of Qualified Fitness Expense

Total Dollars requested for Qualified Fitness Expense: $ _____________

Calendar year that fees were paid: _____________

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

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

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

Subscriber’s or Member’s Signature: ____________________________

Date: _____________

Complete this form and mail it to:

Blue Cross Blue Shield of Massachusetts,
Local Claims Department,
PO Box 986030, Boston, MA 02298
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WEIGHT-LOSS REIMBURSEMENT

Your reward for healthy behavior:
Receive up to $150 annually when you participate in a qualified weight-loss program.¹

Qualified for Weight-Loss Reimbursement

Participation fees for:
• Hospital-based programs and Weight Watchers® in-person
• Weight Watchers online and other non-hospital programs (in-person or online) that combine healthy eating, exercise, and coaching sessions with certified health professionals such as nutritionists, registered dietitians, or exercise physiologists.

Not Qualified for Weight-Loss Reimbursement

• One-time initiation or termination fees
• Food, supplements, books, scales, or exercise equipment
• Individual nutrition counseling sessions, doctor/nurse visits, lab tests, or other services that are covered benefits under your medical plan

GET REIMBURSED IN THREE EASY STEPS

1. Choose
Start by picking a qualified weight-loss program.

2. Complete
Once you pay for the program, fill out the attached form, or sign in to MyBlue to submit online at member.bluecrossma.com/login.

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

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

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

Questions?

Contact Member Service by calling the phone number on your member ID card.
**WEIGHT-LOSS REIMBURSEMENT REQUEST**

Please Print All Information Clearly: To verify this reimbursement is offered within your plan, or for more information, please sign in to MyBlue at [bluecrossma.com/myblue](http://bluecrossma.com/myblue) or call the Member Service number on your ID card. All weight-loss reimbursement requests must be submitted by March 31 of the following year.

Complete this form and mail it to: Blue Cross Blue Shield of Massachusetts, Local Claims Department, PO Box 986030, Boston, MA 02298

### Subscriber Information (Policyholder)

<table>
<thead>
<tr>
<th>Identification Number on Subscriber ID Card (including first 3 characters)</th>
<th>Subscriber’s Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address – Number and Street</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Employer’s Name</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Claim Information

<table>
<thead>
<tr>
<th>Member Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Gender (color in the entire box)</th>
<th>Date of Birth</th>
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<tbody>
<tr>
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<td>Male</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Female</td>
<td></td>
</tr>
</tbody>
</table>

Claim is for (choose one and color in the entire box):
- [ ] Subscriber (policyholder)
- [ ] Spouse (of policyholder)
- [ ] Ex-Spouse
- [ ] Dependent (up to age 26)
- [ ] Other (specify):

Name, Address, and Phone Number of Qualified Weight-Loss Program

- Total dollars requested: $ ________________
- Monthly program participation fee: $ ___________
- Calendar Year: ___/___/___

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

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

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

Subscriber’s or Member’s Signature: Date: ___/___/___

### Important Information:
- Weight-loss reimbursement can be granted for any single member or combination of members enrolled under the same Blue Cross Blue Shield of Massachusetts health plan. Blue Cross will make a reimbursement decision within 30 days of receiving a completed request.
- Reimbursement requests must be submitted by March 31 of the following year.
- Keep copies of proof of payment in case we request it from you. Proof of payment includes:
  - Receipts (cash/check/credit/electronic) for participation fees clearly documenting your name, the weight-loss program name, and individual amounts charged with date paid.
  - Your weight-loss program membership or participation agreement clearly documenting your name and date of enrollment/participation.
  - Your reimbursement may be considered taxable income, so consult a tax advisor.

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

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

ATENÇÃO: Se fala português, estão disponíveis gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).
supporting the journey to and through parenthood

Through your employer or health plan, you have access to Ovia Health, a maternity & family benefit offering daily personalized support for your life and health.

**Ovia Fertility**
Support for health tracking and starting a family

**Ovia Pregnancy**
Support for your healthiest, happiest pregnancy

**Ovia Parenting**
Support for the early years of parenting

with each Ovia Health app, you have access to:

- Daily personalized articles & tips to help you achieve your goals
- Unlimited in-app messaging with a Registered Nurse health coach
- Instant analysis & feedback on your health data
- Information about your fertility, maternity & family benefits

**get started with Ovia Health!**
1. Download the app that's right for you:
2. Select “I have Ovia Health as a benefit” during signup
3. Enter your employer and/or health plan
4. Explore Ovia Health!

**already have an Ovia app on your phone?**
1. Open the “more” menu
2. Tap “My healthcare info”
3. Enter your employer and/or health plan
LIVONGO FOR DIABETES MANAGEMENT

What Is Livongo?
Livongo, an independent company, provides a diabetes management program that helps adults take greater control of their condition and treatment by introducing a connected blood glucose meter, personalized analytics, and access to coaching.

HOW DOES IT WORK?
Livongo for Diabetes is a simple approach to diabetes management that will provide your employees with:

Data Driven Insights
In response to blood glucose levels, Livongo’s reinforcement learning algorithms deliver actionable, customized insights for behavior change to members directly through their blood glucose meter, mobile app, and personal online account.

Live Support for Members
Coaches, including Certified Diabetes Educators, help members make better diabetes management decisions, and deliver real-time outreach in response to at-risk glucose readings.

Connected Care Community
Livongo creates a better experience for members, their families, and their clinicians by enabling members to seamlessly share data on glucose trends and provide real-time notifications to their identified support network, as well as creating a private online community for peer support.

Unlimited Strips, On Demand
Livongo provides members with test strips as requested, delivered right to their door.

Average Medical Expenditures for People with Diabetes:

$13,700

CHANGE IN AVERAGE HbA1c:

7.7% AT REGISTRATION
7.1% AT 1 YEAR
6.9% AT 2 YEARS

REDUCING HbA1c TO TARGET 7% HELPS PREVENT LONG-TERM COMPLICATIONS OF DIABETES AND PRODUCE COST SAVINGS

LIVONGO REPORTS HIGH MEMBER SATISFACTION:
88% OF ENROLLED RESPONDENTS REPORT A POSITIVE EXPERIENCE

2. Livongo Book of Business HbA1c Report, August 30, 2017. Average HbA1c is self-reported at enrollment. Year 1 and year 2 average HbA1c were calculated from blood glucose data.

Questions?
If you have questions or concerns regarding Livongo, contact your Blue Cross account executive.
**NEW MEMBER WELCOME KIT:**

- Livongo’s connected blood glucose meter
- Lancing device, test strips, and lancets
- Carrying case

Livongo’s connected meter drives behavior change with:

- Personalized insights
- Real-time interventions
- Immediate data sharing
- Automatic log books

Access member resources, such as:

- Home delivery of test strips and lancets, when requested
- Coaching with Certified Diabetes Educators
- Access to blood glucose insights, patterns, and data visualization on the meter, app, and online

**EASE OF IMPLEMENTATION**

Blue Cross makes program implementation easy with integrations that identify eligible members with type 1 or type 2 diabetes from your claims data. Livongo will manage member outreach with simple turnkey communications.

- Comprehensive communications campaign for plan members with diabetes.
- Members register online or by phone.
- Enrolled employees receive a welcome kit with blood glucose meter, supplies, and access to the program’s full suite of resources.
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Frequently Asked Questions

Q: What is Livongo for Diabetes?
A: The Livongo for Diabetes Program helps make living with diabetes easier by providing you with a connected meter, unlimited strips, and coaching. This Livongo for Diabetes program is offered at no cost to you and your family members 18 and above with diabetes and coverage through the Blue Cross Blue Shield of Massachusetts health plan.

Q: My doctor says I have prediabetes or am at risk of developing diabetes. Is Livongo for Diabetes a good fit for me?
A: No, Livongo for Diabetes is designed to support individuals diagnosed with type 1 or type 2 diabetes.

Q: Does unlimited strips really mean unlimited?
A: Yes! No matter if you check once a week or once per hour, with Livongo, you receive all the strips and lancets you need at no additional cost to you.

Q: Is this really no additional cost for me? How can that be?
A: Yes! Livongo is being offered at no additional cost to you. Shipping is included, too. You are not billed anything for joining Livongo.

Q: How do I enroll?
A: It’s easy, and takes only a few minutes! Visit join.livongo.com/COBBCBS/register and answer a few easy questions about you and your health to register. Next, download the Livongo app and log in. You may also enroll by calling Livongo Member Support at (800) 945-4355.

Q: What happens after I enroll?
After you enroll, you will be shipped the Livongo Welcome Kit that includes the Livongo meter and all the strips and lancets you need to check your blood sugar. You will receive access to the Livongo member website, my.livongo.com, where you can personalize the program and access your readings.
Q: Can I cancel my membership?
A: Yes, you can cancel at any time for any reason. Just call Livongo at (800) 945-4355 or email help@livongo.com.

Q: Is my information confidential?
A: Yes, you can view our full privacy statement by visiting content.livongo.com/docs/privacy_practices.pdf.

Q: How do I reorder strips?
A: You can reorder strips in four ways:
1. Through your member website at my.livongo.com
2. Through your Livongo meter
3. Through the Livongo mobile app
4. By calling Member Support any time at (800) 945-4355

Q: What kind of credentials does my Livongo coach carry?
A: Livongo coaches hold a variety of nationally recognized credentials and certifications to support members. Some are dieticians or registered nurses, others are behavioral psychologists or exercise physiologists. Depending on the individual member’s needs, their Livongo coach may hold the Certified Diabetes Care and Education Specialist (CDCES) credential, the Chronic Care Professional (CCP) credential, and/or the Diabetes Prevention Program (DPP) Lifestyle Coach certification.

Q: How often will I receive communications from Livongo and how can I adjust the frequency or opt out?
A: Frequency varies depending on the preferences you’ve set for your account. You can customize what out-of-range readings a Livongo coach should contact you about by logging into your account at my.livongo.com and visiting the “Support” tab on the left panel of your dashboard. You can opt out of communications by logging into your account and visiting “Notifications” in the drop-down menu located at the top right of the screen.

Visit join.livongo.com/COBBCBS/register to get started!

Adult members (13+ years) actively enrolled within the AllWays Health Plan (Active, COBRA and Retiree) who are diagnosed with Type 1 or Type 2 diabetes are eligible for Livongo. Please note that Livongo does not support gestational diabetes. Your health information is protected and is 100% confidential. Livongo will never share your health information with your employer or third parties other than your medical provider.
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Conquer back or joint pain without drugs or surgery

We provide all the tools you need to get moving again from the comfort of your home. You’ll get exercise therapy tailored to your condition, wearable sensors for live feedback in the app, personal coach and physical therapist. Best of all, it’s free — 100% covered by City of Boston for you and eligible family members.

Sign up today for help with any of the following:

- Conquer pain or limited movement
- Recover from a past injury
- Reduce stiffness in achy joints

Join for your back, knee, hip, neck, or shoulder. On average, our participants cut their pain by over 60%!

Eligibility: Employees and dependents 18+ enrolled in a City of Boston medical plan through BCBSMA are eligible.

To learn more call (855) 902-2777, or apply at: HINGEHEALTH.COM/CITYOFBOSTON
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Get quality health care no matter where you are in the world. Whether you’re traveling within the United States or abroad, BlueCard® and Blue Cross Blue Shield Global® Core make sure you have access to top doctors and hospitals and concierge-level service.

Call 1-800-810-BLUE (2583) for a list of participating doctors and hospitals, or to obtain an international claim form.

Take this reference card with you when you travel. When you need care, you’ll be prepared.

Urgent Care
1. Call 1-800-810-BLUE (2583), or visit bcbs.com to find nearby doctors and hospitals anywhere in the world that participate in the Blue Cross Blue Shield network.
2. Show your member ID card when you get care.
3. If you’re admitted, or if you have questions about your coverage, call Member Service at the number on the front of your ID card.

Your Passport to Good Health
Always carry your Blue Cross Blue Shield of Massachusetts ID card.

Emergency Care
For emergency services, call the local emergency number or go to the nearest hospital immediately.
Getting Care in the United States

More than 85 percent of all doctors and hospitals in the United States participate in the BlueCard program. If you need care outside your plan’s service area, call 1-800-810-BLUE (2583), or visit bcbs.com to find a doctor near you. Be sure to show your ID card before you receive service.

When you get service:

- There’s no paperwork
- Participating doctors and hospitals submit claims for you
- All you pay is the copayment, co-insurance, or deductible
- If you receive care from a non-participating doctor or hospital, you may need to pay for the services up front and submit a claim for reimbursement

**BlueCard PPO Members Only:** If you see this symbol, PPO, on your ID card, you’re a BlueCard PPO member. To save the most money when getting service, use a participating BlueCard PPO doctor or hospital.

In Case of Emergency

For emergency services, call the local emergency number or go to the nearest hospital immediately.

Getting Care Outside the United States

The Blue Cross Blue Shield Global® Core network gives you access to doctors and hospitals around the world. If you need care, call the Service Center at 1-800-810-BLUE (2583), or call collect at 1-804-673-1177, 24 hours a day, 7 days a week. An assistance coordinator, along with a medical professional, will arrange a doctor’s appointment or hospitalization if necessary. You can also visit bcbsglobalcore.com.

For Inpatient Services:

- Call the Service Center at 1-800-810-BLUE (2583), or Member Service at the number on your ID card, for precertification or preauthorization
- In most cases, all you pay is the copayment, co-insurance, or deductible
- The hospital should submit the claim on your behalf

For Outpatient Services:

- Show your ID card
- Pay the doctor or hospital
- Fill out a Blue Cross Blue Shield Global® Core International Claim form for reimbursement (Call 1-800-810-BLUE (2583) or visit bcbsglobalcore.com for the form)
- You’re only responsible for copayments, co-insurance, or deductible when seeing in-network doctors and hospitals
- You’ll pay more when seeing out-of-network doctors and hospitals

Doctors and Hospitals

In most cases, participating doctors and hospitals will file the claim for you. If they need information about eligibility or your coverage, have them call 1-800-676-BLUE (2583).

Your Member Responsibilities

As a Blue Cross Blue Shield of Massachusetts member, you’re still responsible for any copayments, co-insurance, deductible, or non-covered services. For out-of-country services, Blue Cross Blue Shield of Massachusetts payments will be based on the provider’s charge.
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Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

**BLUE CROSS BLUE SHIELD OF MASSACHUSETTS PROVIDES:**

- Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).

- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, call Member Service at the number on your ID card.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126; phone at 1-800-472-2689 (TTY: 711); fax at 1-617-246-3616; or email at civilrightscoordinator@bcbsma.com.

If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, online at ocrportal.hhs.gov; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201; by phone at 1-800-368-1019 or 1-800-537-7697 (TDD).

Complaint forms are available at hhs.gov.
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TRANSLATION RESOURCES

PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES

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

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

Chinese/简体中文: 注意：如果您讲中文，我们可向您免费提供语言协助服务。请拨打您 ID 卡上的号码联系会员服务部（TTY 号码：711）。

Haitian Creole/Kreyòl Ayisyen: ATANSYON: Si ou pale kreyòl ayisyen, sèvis asistans nan lang disponib pou ou gratis. Rele nimewo Sèvis Manm nan ki sou kat Idantitifikasyon w lan (Sèvis pou Malantandan TTY: 711).


Arabic/：انتباه: إذا كنت تتحدث اللغة العربية، فتوفر خدمات المساعدة اللغوية مجانًا بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هوتيك (جهاز الهاتف TTY: 711).

Mon-Khmer, Cambodian/ខ្មែរ: ការជំនួយគិតថ្លៃ គឺអាចរកបានសបរាយក្រុមអ្នក។ សូមទូរស័ព្ទបៅខ្្នកបសវាសរាជិកតាមបេ្ (TTY: 711)។


Italian/Italiano: ATTENZIONE: se parlate italiano, sono disponibili per voi servizi gratuiti di assistenza linguistica. Chiamate il Servizio per i membri al numero riportato sulla vostra scheda identificativa (TTY: 711).


Greek/Ελληνικά: ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε την Υπηρεσία Εξυπηρέτησης Μελών στον αριθμό της κάρτας μέλους σας (ID Card) (TTY: 711).
Polish/Polski: UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej. Należy zadzwonić do Działu obsługi ubezpieczonych pod numer podany na identyfikatorze (TTY: 711).

Hindi/हिंदी: ध्यान दें: यदि आप हिंदी बोलते हैं, तो भाषा सहायता सेवाएं, आप के लिए निःशंक उपलब्ध हैं। सदस्य सेवाओं को आपके आई.डी. कार्ड पर दिए गए नंबर पर कॉल करें (टी.टी.वाई.: 711).

Gujarati/ગુજરાતી: ધ્યાન આપો: તમે ગુજરાતી બોલતા છો, તો તમને ભાષાસહેય સહાયતા સેવાઓ બાયક્રો ઉપલબ્ધ છે. તમારા આઈડી કાર્ડ પર આપણા નંબર પર Member Service ને કોલ કરો (TTY: 711).


