YOUR EKIT CONTENTS

PLAN OPTIONS
MEDICAL: Blue Care Elect $250 Deductible PPO
SBC

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- ahealthyme
- 2022 Fitness $150 Reimbursement
- 2022 Weight-Loss $150
- Ovia Maternity Care
- Hinge Health for Chronic Back and
- Livongo for Diabetes Management
- Livongo Q&A
- Blue Card Program Brochure
- MyBlue App
- Mail Service Brochure and Form

Effective: 7/1/2022

WELCOME CITY OF BOSTON BLUE CARE ELECT PPO 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. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at bluecrossma.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>$250 member / $500 family in-network; $350 member / $875 family out-of-network.</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. In-network preventive and prenatal care, most office visits, mental health services, therapy visits, and prescription drugs.</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 in-network; $4,500 member / $9,000 family out-of-network.</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 bluecrossma.com/findadoctor 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>No.</td>
<td>You can see the specialist you choose without a referral.</td>
</tr>
</tbody>
</table>
All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

<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><strong>If you visit a health care provider’s office or clinic</strong></td>
<td>Primary care visit to treat an injury or illness</td>
<td>$20 / visit</td>
<td>Deductible applies first for out-of-network; family or general practitioner, internist, OB/GYN physician, pediatrician, geriatric specialist, nurse midwife, limited services clinic, optometrist, ophthalmologist, multi-specialty provider group, or by a physician assistant or nurse practitioner designated as primary care; a telehealth cost share may be applicable</td>
</tr>
<tr>
<td></td>
<td>Specialist visit</td>
<td>$35 / visit; $35 / chiropractor visit</td>
<td>Deductible applies first for out-of-network; includes physician assistant or nurse practitioner designated as specialty care; a telehealth cost share may be applicable</td>
</tr>
<tr>
<td></td>
<td>Preventive care/screening/immunization</td>
<td>No charge</td>
<td>Deductible applies first for out-of-network; limited to age-based schedule and / or frequency; a telehealth cost share may be applicable. You may have to pay for services that aren’t preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.</td>
</tr>
<tr>
<td><strong>If you have a test</strong></td>
<td>Diagnostic test (x-ray, blood work)</td>
<td>No charge</td>
<td>Deductible applies first; pre-authorization may be required</td>
</tr>
<tr>
<td></td>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>$100</td>
<td>Deductible applies first; copayment applies per category of test / day; copayment limited to $100 per member per plan year; pre-authorization may be required</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>
<tr>
<td>----------------------------------------------------------</td>
<td>--------------------------------</td>
<td>-----------------------------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>If you need drugs to treat your illness or condition</td>
<td>Generic drugs</td>
<td>In-Network (You will pay the least)</td>
<td>$10 / retail supply or $20 / mail order supply</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Out-of-Network (You will pay the most)</td>
<td>$30 / retail supply or $60 / mail order supply</td>
</tr>
<tr>
<td></td>
<td>Preferred brand drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-preferred brand drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Specialty drugs</td>
<td>Applicable cost share</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(generic, preferred, non-preferred)</td>
<td></td>
</tr>
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<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you have outpatient surgery</td>
<td>Facility fee (e.g., ambulatory surgery center)</td>
<td>$100 / outpatient admission</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>No charge</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>If you need immediate medical attention</td>
<td>Emergency room care</td>
<td>$100 / visit</td>
<td>$100 / visit</td>
</tr>
<tr>
<td></td>
<td>Emergency medical transportation</td>
<td>No charge</td>
<td>No charge</td>
</tr>
<tr>
<td></td>
<td>Urgent care</td>
<td>$35 / visit</td>
<td>20% coinsurance</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>
<tr>
<td>----------------------</td>
<td>-----------------------</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><strong>If you have a hospital stay</strong></td>
<td>Facility fee (e.g., hospital room)</td>
<td>$100 / admission</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>No charge</td>
<td>20% coinsurance</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>20% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Inpatient services</td>
<td>No charge</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td><strong>If you are pregnant</strong></td>
<td>Office visits</td>
<td>No charge</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery professional services</td>
<td>No charge</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery facility services</td>
<td>$100 / admission</td>
<td>20% coinsurance</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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<tr>
<td>----------------------</td>
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<td>------------------</td>
<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></td>
<td></td>
<td>$20 / visit for outpatient services; $100 / admission for inpatient services</td>
<td>20% coinsurance for outpatient services; 20% coinsurance for inpatient services</td>
</tr>
<tr>
<td>Home health care</td>
<td></td>
<td>No charge</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>Rehabilitation services</td>
<td></td>
<td>$20 / visit</td>
<td>20% coinsurance for outpatient services; 20% coinsurance for inpatient services</td>
</tr>
<tr>
<td>Habilitation services</td>
<td></td>
<td>$20 / visit</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>Skilled nursing care</td>
<td></td>
<td>$100 / admission</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td></td>
<td>No charge</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>Hospice services</td>
<td></td>
<td>No charge</td>
<td>20% coinsurance</td>
</tr>
</tbody>
</table>

If you need help recovering or have other special health needs

- Deductible applies first; pre-authorization required
- Deductible applies first except for in-network outpatient services; limited to 100 outpatient visits per plan year (other than for autism, home health care, and speech therapy); limited to 60 days per plan year for inpatient admissions; copay limited to $100 per member per plan year for all inpatient admissions; a telehealth cost share may be applicable; pre-authorization required for certain services
- Deductible applies first for out-of-network; outpatient rehabilitation therapy coverage limits apply; cost share and coverage limits waived for early intervention services for eligible children; a telehealth cost share may be applicable
- Deductible applies first; copayment limited to $100 per member per plan year for all inpatient admissions; limited to 100 days per plan year; pre-authorization required
- Deductible applies first; in-network cost share waived for one breast pump per birth
- Deductible applies first; pre-authorization required for certain services
<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>If your child needs dental or eye care</td>
<td>Children’s eye exam</td>
<td>No charge</td>
<td>20% coinsurance</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 for members with a cleft palate / cleft lip condition</td>
<td>20% coinsurance for members with a cleft palate / cleft lip condition</td>
</tr>
</tbody>
</table>

**Excluded Services & Other Covered Services:**

**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.):**
- Acupuncture
- Children's glasses
- Cosmetic surgery
- Dental care (Adult)
- Long-term care
- Private-duty nursing

**Other Covered Services (Limitations may apply to these services. This isn’t a complete list. Please see your plan document.):**
- Bariatric surgery
- Chiropractic care
- Hearing aids ($2,000 per ear every 36 months for members age 21 or younger)
- Infertility treatment
- Non-emergency care when traveling outside the U.S.
- Routine foot care (only for patients with systemic circulatory disease)
- Routine eye care - adult (one exam every 24 months)
- Routine eye care - adult (one exam every 24 months)
- Routine eye care - adult (one exam every 24 months)
- Routine weight loss programs ($150 per calendar year per policy)
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.

### Peg is Having a Baby
(9 months of in-network prenatal care and a hospital delivery)

- The plan’s overall deductible: $250
- Delivery fee copay: $0
- Facility fee copay: $100
- Diagnostic tests copay: $0

This EXAMPLE event includes services like:
- Specialist office visits (prenatal care)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (ultrasounds and blood work)
- Specialist visit (anesthesia)

**Total Example Cost:** $12,700

**In this example, Peg would pay:**

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$250</td>
</tr>
<tr>
<td>Copayments</td>
<td>$100</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$0</td>
</tr>
</tbody>
</table>

**What isn’t covered**
- Limits or exclusions: $60

**The total Peg would pay is:** $410

### Managing Joe’s Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The plan’s overall deductible: $250
- Specialist visit copay: $35
- Primary care visit copay: $20
- Diagnostic tests copay: $0

This EXAMPLE event includes services like:
- Primary care physician office visits (including disease education)
- Diagnostic tests (blood work)
- Prescription drugs
- Durable medical equipment (glucose meter)

**Total Example Cost:** $5,600

**In this example, Joe would pay:**

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$100</td>
</tr>
<tr>
<td>Copayments</td>
<td>$1,200</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$0</td>
</tr>
</tbody>
</table>

**What isn’t covered**
- Limits or exclusions: $20

**The total Joe would pay is:** $1,320

### Mia’s Simple Fracture
(in-network emergency room visit and follow-up care)

- The plan’s overall deductible: $250
- Specialist visit copay: $35
- Emergency room copay: $100
- Ambulance services copay: $0

This EXAMPLE event includes services like:
- Emergency room care (including medical supplies)
- Diagnostic test (x-ray)
- Durable medical equipment (crutches)
- Rehabilitation services (physical therapy)

**Total Example Cost:** $2,800

**In this example, Mia would pay:**

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$250</td>
</tr>
<tr>
<td>Copayments</td>
<td>$200</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$0</td>
</tr>
<tr>
<td>Limits or exclusions</td>
<td>$0</td>
</tr>
</tbody>
</table>

**What isn’t covered**
- Limits or exclusions: $450

The plan would be responsible for the other costs of these EXAMPLE covered services.

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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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PREFERRED PROVIDER ORGANIZATION (PPO)

IMPORTANT INFORMATION ABOUT YOUR PLAN

Your health plan lets you get care from providers who participate in the Blue Cross Blue Shield PPO Network (preferred), as well as from providers who are out of our network. You’ll pay lower out-of-pocket costs for care when you see in-network providers, and higher out-of-pocket costs when you see out-of-network providers.

HOW TO ACCESS IMPORTANT RESOURCES

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

Unlock the Power of Your Plan: MyBlue is your key to more features and savings. Plus, you can track your claims, medications, account balances, and more. Download the MyBlue app or create an account at bluecrossma.org.

Let Team Blue Lend a Hand: Your health plan comes with a special feature: a coordinated team, ready to spring into action whether you need help understanding your coverage or getting the care you need. Need answers, access, or advice? Just ask. Call 1-800-262-2583.

Get Exclusive Health and Wellness Deals: Blue365® offers great discounts and deals on sportswear, nutrition, travel, fitness equipment, and more. Explore available deals at blue365deals.com.

Need to Find a Doctor?

1. Go to bluecrossma.org
2. Click Find a Doctor under Find Care
3. Enter a provider or type of care, then select either the PPO or EPO network
UNDERSTANDING PRIOR AUTHORIZATION

To make sure you only get care that’s medically necessary and covered by your plan, your doctor needs to obtain prior authorization, or approval, from us for certain services, procedures, or medications. Without prior authorization, your care may not be covered, and you may have to pay the full cost. Be sure to ask your doctor if prior authorization is needed before you receive care.

ABOUT YOUR ID CARD

Show your member ID card every time you get care. Your ID card includes important information, such as your ID number, copay amounts, and if you have pharmacy coverage.* You can also download the MyBlue app and use it to email a digital version of your card to your doctor, or order a new ID card.

*As of January 1, 2022, your ID card will also include information about the maximum deductible and out-of-pocket costs for your plan.
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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)
- Ask your doctor to e-prescribe a new, 90-day prescription to Express Scripts, or fax it to 1-800-837-0959
- Fill out the order form* and mail it to:
  Home Delivery Service
  PO Box 66566
  St Louis, MO 63166-9967

How to Order Refills

- Log in to Express Scripts at express-scripts.com, select the medications to be filled, then click Add to Cart
- 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.

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.
<table>
<thead>
<tr>
<th>Back to Start</th>
<th>Plan Options</th>
<th>Wellness</th>
<th>Resources</th>
</tr>
</thead>
</table>

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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.
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.

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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 members

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


Prescription availability is defined by doctor judgment.

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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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.

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**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><strong>Address – Number and Street</strong></td>
<td>City</td>
<td>State</td>
<td>ZIP Code</td>
</tr>
</tbody>
</table>

Employer’s Name

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**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

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, estão disponíveis gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão de identificação (TTY: 711).
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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 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

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## Subscriber Information (Policyholder)

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## Claim Information

<table>
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<th>Middle Initial</th>
<th>Gender</th>
<th>Date of Birth</th>
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<tbody>
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<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.

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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.

**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, 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
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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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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% 7.1% 6.9%

AT REGISTRATION AT 1 YEAR 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

The Blue Cross and Livongo Partnership Gives You:

Simple Contracting
Livongo will be incorporated into your existing Blue Cross Master Service Agreement.

Easy Billing and Administration
Single point of contact: Billing for Livongo will be part of your Blue Cross billing statement and your Blue Cross account representative oversees your Livongo program.

Care Coordination
Blue Cross has insight into members’ glucose readings and may notify doctors that a member is participating in the Livongo program, helping to further provide a unified and supportive experience for our members.

Eligibility Requirements
Adult members (18+ years) actively enrolled within the Blue Cross Blue Shield of Massachusetts medical account (Active and COBRA) who are diagnosed with type 1 or type 2 diabetes are eligible for Livongo with the exception of Medex®, Medicare Advantage, or any account-specific group exclusions. Please note that Livongo doesn’t support gestational diabetes.
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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/COBHCBS/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.
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.
<table>
<thead>
<tr>
<th>Plan Options</th>
<th>Wellness</th>
<th>Resources</th>
</tr>
</thead>
</table>

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GETTING MORE. NOW THERE’S A PLAN.

Your plan has more benefits than you probably realize. Tap into all of them, all in one place.

MyBlue is your key to more features and savings. Plus, up-to-date status for claims, your deductible, account balances, and more. It’s like a free upgrade for the plan you already have.

UNLOCK THE POWER OF YOUR PLAN

MyBlue gives you an instant snapshot of your plan, including:

- COVERAGE AND BENEFITS
- CLAIMS AND BALANCES
- FITNESS AND WEIGHT-LOSS REIMBURSEMENT
- MEDICATION LOOKUP

Sign In

Download the app, or create an account at bluecrossma.com.
STAY ON TOP OF YOUR COVERAGE

It's never been easier, faster, or more convenient.

YOUR PLAN IN YOUR HAND

Once you sign in or create a MyBlue App account, you can see all of your benefits, all in one place.
Track your claims, medications, account balances, and more from your device. And, you can easily keep track of reimbursements and savings.

Check deductible balances
End the guesswork and know for sure every time.

Find a Doctor
Or a specialist, dentist, or facility. On your phone and on the fly.

Need your cards
Access your ID cards without opening your wallet.

Track claims and benefits
Keep up to date on benefits and coverage.

Fitness and weight-loss reimbursement
The online forms are here, along with other savings and offers.

GET THE MYBLUE APP

You can download the MyBlue App from the App Store® or Google Play™.
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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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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/عربية: انتباه: إذا كنت تتحدث اللغة العربية، فتوفر خدمات المساعدة اللغوية مجانًا بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هوتاك (جهاز الهاتف التنصي للصم والبكم ) (TTY: 711).

Mon-Khmer, Cambodian/ក្លាយ្្រ័ណ្ណ: ការជូនដំណ ឹ ង៖ ប្រសិនប្រើអ្នកនិយាយភាសា ខ្មែរ បសវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសបរា្រ័ណ្ណអ្នក។ សូមទូរស័ព្ទបៅខ្្នកបសវាសរាជិកតាមបេ្ បៅបេើ្រ័ណ្ណ សរាគា េ្លៃួនរ្រស់អ្នក (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 सेवाएँ, आप के लिए निश्चित 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 બોલતો હો, તો તમને ભાષાસહ્યતા સેવાઓ મળે ઉપલબ્ધ છે. તમારી આઈડી કાર્ડ પર આપણી નંબર પર Member Service ને ઓફ કરો (TTY: 711).


Japanese/日本語: お知らせ：日本語をお話しになる方は無料の言語アシスタンスサービスをご利用いただけます。IDカードに記載の電話番号を使用してメンバーサービスまで電話ください（TTY: 711）。


