

# LEARN ABOUT YOUR NETWORK BLUE<sup>®</sup> NEW ENGLAND DEDUCTIBLE HMO PLAN



Find out how your plan works and what the differences are between deductibles and copayments. Learn what you can expect to pay out of pocket for covered services under this plan.

## Questions?

If you have any questions about the Network Blue New England Deductible plan, please call Member Service at 1-888-714-0189.

## WHICH SERVICES APPLY TO THE DEDUCTIBLE, INCUR A COPAY, OR BOTH.

Type of Service	Deductible ONLY	Copay ONLY	Both Deductible and Copay Apply
PROSTHETIC DEVICES AND DURABLE MEDICAL EQUIPMENT	✓		
OXYGEN AND EQUIPMENT FOR ITS ADMINISTRATION	✓		
HOME HEALTH AND HOSPICE SERVICES	✓		
DIAGNOSTIC X-RAYS AND LAB TESTS	✓		
SPECIALIST OFFICE VISITS		✓	
MENTAL HEALTH OFFICE VISITS		✓	
TELEHEALTH SERVICES		✓	
SHORT-TERM REHABILITATION VISITS, INCLUDING PHYSICAL THERAPY, SPEECH THERAPY, AND OCCUPATIONAL THERAPY		✓	
SURGERY PERFORMED IN AN OFFICE SETTING		✓	
HIGH-TECH RADIOLOGY (CT SCANS, PET SCANS, MRIs AND NUCLEAR CARDIAC IMAGING)			✓
EMERGENCY ROOM VISITS			✓
SURGERY PERFORMED AT A HOSPITAL OR OUTPATIENT SURGERY CENTER			✓
HOSPITAL ADMISSIONS (NOT INCLUDING MENTAL HOSPITALS OR SUBSTANCE USE DISORDER FACILITIES)			✓
REHABILITATION HOSPITAL CARE			✓
SKILLED NURSING FACILITIES			✓

# UNDERSTANDING YOUR NETWORK BLUE NEW ENGLAND DEDUCTIBLE PLAN

When you get care anywhere in the six states of New England (CT, MA, ME, NH, RI, and VT), you'll be covered by your Network Blue New England Deductible plan. This plan covers primary care provider visits, hospital visits, telehealth (online) care, specialty care, prescription medication, and more. Before you get care, it's important to understand the difference between in-network and out-of-network care, when you'll have to pay for care, what services are covered, and if you have any visit limitations.

## This Is a Health Maintenance Organization (HMO) Plan

With this plan:

1. You need to have a Primary Care Provider
2. You must use In-network providers for your care to be covered; this plan doesn't offer out-of-network coverage.
3. You need a referral to see a specialist

## What Is an In-Network Provider?

In-network providers have contracted with Blue Cross to provide care under the terms of the HMO BLUE New England Network

## What Is Prior Authorization?

Certain services and medications must be approved as medically necessary before coverage begins. This ensures that you don't pay more than you have to for unnecessary care. If a service or medication requires prior authorization, your doctor must request it before being performed or prescribed.

Some services that require prior authorization include sleep management programs, hospital stays, MRIs, CT scans, genetic testing, and certain medications.

## Important Terms to Know

**Copayment**—Also called a copay, this is the fixed amount you pay at the time of service, for some types of care.

**Deductible**—The amount you pay for some types of health care services before your plan covers eligible expenses. Each plan year, your deductible resets on July 1.

**Out-of-pocket Maximum**—The most you'll pay per plan year for covered health care services before your plan pays 100 percent of the costs.

## Preventive Care

Getting preventive care is one of the most important steps you can take to stay healthy. Preventive care is covered at no out-of-pocket cost to you. Other screenings, such as mammograms and colonoscopies, are also covered at 100 percent.

## You Need to Pay for Diagnostic Care

Diagnostic care includes services you receive when you're experiencing symptoms or you're monitoring a specific condition. You're responsible for paying any out-of-pocket costs, such as a copayment, or costs that go toward your deductible, for any such care associated with the service.

## Questions?

If you have any questions, call Member Service at **1-888-714-0189**.

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