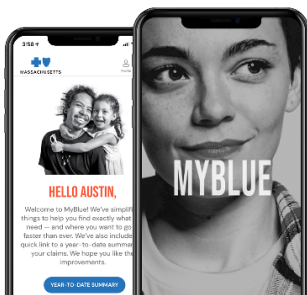




Effective: 7/1/2022

# 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](http://bluecrossma.org)  
or download the app.

## 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

Left Blank Intentionally



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 [bluecrossma.org/sbcglossary](http://bluecrossma.org/sbcglossary) or call 1-888-714-0189 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	\$100 member / \$200 family.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
<b>Are there services covered before you meet your deductible?</b>	Yes. <u>Preventive care</u> , prenatal care, <u>prescription drugs</u> , most office visits, therapy visits, and mental health services.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other deductibles for specific services?</b>	No.	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the out-of-pocket limit for this plan?</b>	\$4,500 member / \$9,000 family.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
<b>What is not included in the out-of-pocket limit?</b>	<u>Premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<b>Will you pay less if you use a network provider?</b>	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 <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
<b>Do you need a referral to see a specialist?</b>	Yes.	This <u>plan</u> will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a <u>referral</u> before you see the <u>specialist</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	\$20 / visit	Not covered	A telehealth <u>cost share</u> may be applicable
	<u>Specialist</u> visit	\$35 / visit	Not covered	A telehealth <u>cost share</u> may be applicable
	<u>Preventive care/screening/immunization</u>	No charge	Not covered	GYN exam limited to one exam per <u>plan</u> year; a telehealth <u>cost share</u> may be applicable. You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	No charge	Not covered	<u>Deductible</u> applies first; <u>pre-authorization</u> required for certain services
	Imaging (CT/PET scans, MRIs)	\$100	Not covered	<u>Deductible</u> applies first; <u>copayment</u> applies per category of test / day; <u>copayment</u> limited to \$100 per member per <u>plan</u> year; <u>pre-authorization</u> required for certain services

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b> More information about <b>prescription drug coverage</b> is available at <a href="http://bluecrossma.org/medication">bluecrossma.org/medication</a>	Generic drugs	\$10 / retail supply or \$20 / mail order supply	Not covered	Up to 30-day retail (90-day mail order) supply; <u>cost share</u> may be waived for certain covered drugs and supplies; <u>pre-authorization</u> 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	
	<u>Specialty drugs</u>	Applicable <u>cost share</u> (generic, preferred, non-preferred)	Not covered	When obtained from a designated specialty pharmacy; <u>pre-authorization</u> required for certain drugs
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$100 / outpatient admission	Not covered	<u>Deductible</u> applies first; <u>copayment</u> limited to \$100 per member per <u>plan</u> year for all day surgery admissions; <u>pre-authorization</u> required for certain services
	Physician/surgeon fees	No charge	Not covered	<u>Deductible</u> applies first; <u>pre-authorization</u> required for certain services
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	\$100 / visit	\$100 / visit	<u>Deductible</u> applies first; <u>copayment</u> waived if admitted or for observation stay
	<u>Emergency medical transportation</u>	No charge	No charge	<u>Deductible</u> applies first
	<u>Urgent care</u>	\$20 / visit	\$20 / visit	Out-of-network coverage limited to out of service area; a telehealth <u>cost share</u> may be applicable

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	\$100 / admission	Not covered	<u>Deductible</u> applies first; <u>copayment</u> limited to \$100 per member per <u>plan</u> year for all inpatient admissions; <u>pre-authorization</u> required
	Physician/surgeon fees	No charge	Not covered	<u>Deductible</u> applies first; <u>pre-authorization</u> required
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$20 / visit	Not covered	A telehealth <u>cost share</u> may be applicable; <u>pre-authorization</u> required for certain services
	Inpatient services	No charge	Not covered	<u>Pre-authorization</u> required for certain services
If you are pregnant	Office visits	No charge	Not covered	<u>Deductible</u> applies first for childbirth/delivery facility services; <u>copayment</u> limited to \$100 per member per <u>plan</u> year for all inpatient admissions; <u>cost sharing</u> does not apply for <u>preventive services</u> ; maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound); a telehealth <u>cost share</u> may be applicable
	Childbirth/delivery professional services	No charge	Not covered	
	Childbirth/delivery facility services	\$100 / admission	Not covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	No charge	Not covered	<u>Deductible</u> applies first; <u>pre-authorization</u> required
	<u>Rehabilitation services</u>	\$20 / visit for outpatient services; \$100 / admission for inpatient services	Not covered	<u>Deductible</u> applies first except for outpatient services; limited to 60 outpatient visits per type of therapy per <u>plan</u> year (other than for autism, <u>home health care</u> , and speech therapy); limited to 60 days per <u>plan</u> year for inpatient admissions; <u>copayment</u> limited to \$100 per member per <u>plan</u> year for all inpatient admissions; a telehealth <u>cost share</u> may be applicable; <u>pre-authorization</u> required for certain services
	<u>Habilitation services</u>	\$20 / visit	Not covered	Outpatient rehabilitation therapy coverage limits apply; <u>cost share</u> and coverage limits waived for early intervention services for eligible children; a telehealth <u>cost share</u> may be applicable; <u>pre-authorization</u> required for certain services
	<u>Skilled nursing care</u>	\$100 / admission	Not covered	<u>Deductible</u> applies first; <u>copayment</u> limited to \$100 per member per <u>plan</u> year for all inpatient admissions; limited to 100 days per <u>plan</u> year; <u>pre-authorization</u> required
	<u>Durable medical equipment</u>	No charge	Not covered	<u>Deductible</u> applies first; <u>cost share</u> waived for one breast pump per birth
	<u>Hospice services</u>	No charge	Not covered	<u>Deductible</u> applies first; <u>pre-authorization</u> required for certain services

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	\$20 / visit	Not covered	Limited to one exam per <u>plan</u> year
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	No charge	Not covered	Limited to children under age 13 (two visits per <u>plan</u> year) and under age 18 with a cleft palate / cleft lip condition

**Excluded Services & Other Covered Services:**

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Children's glasses</li> <li>• Chiropractic care</li> <li>• Cosmetic surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Dental care (Adult)</li> <li>• Long-term care</li> <li>• Non-emergency care when traveling outside the U.S.</li> </ul>	<ul style="list-style-type: none"> <li>• Private-duty nursing</li> <li>• Weight loss programs</li> </ul>

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)		
<ul style="list-style-type: none"> <li>• Bariatric surgery</li> <li>• Hearing aids (\$2,000 per ear every 36 months for members age 21 or younger)</li> </ul>	<ul style="list-style-type: none"> <li>• Infertility treatment</li> <li>• Routine eye care - adult (one exam per <u>plan</u> year)</li> </ul>	<ul style="list-style-type: none"> <li>• Routine foot care (only for patients with systemic circulatory disease)</li> </ul>



**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) and the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Your state insurance department might also be able to help. If you are a Massachusetts resident, you can contact the Massachusetts Division of Insurance at 1-877-563-4467 or [www.mass.gov/doi](http://www.mass.gov/doi). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596. For more information about possibly buying individual coverage through a state exchange, you can contact your state's marketplace, if applicable. If you are a Massachusetts resident, contact the Massachusetts Health Connector by visiting [www.mahealthconnector.org](http://www.mahealthconnector.org). For more information on your rights to continue your employer coverage, contact your plan sponsor. (A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.)

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information 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 <u>plan's</u> overall <u>deductible</u>	\$100
■ <u>Delivery fee copay</u>	\$0
■ <u>Facility fee copay</u>	\$100
■ <u>Diagnostic tests copay</u>	\$0

**This EXAMPLE event includes services like:**

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

<b>Total Example Cost</b>	<b>\$12,700</b>
---------------------------	-----------------

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

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$100
<u>Copayments</u>	\$100
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$260</b>

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>deductible</u>	\$100
■ <u>Specialist visit copay</u>	\$35
■ <u>Primary care visit copay</u>	\$20
■ <u>Diagnostic tests copay</u>	\$0

**This EXAMPLE event includes services like:**

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

<b>Total Example Cost</b>	<b>\$5,600</b>
---------------------------	----------------

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

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$100
<u>Copayments</u>	\$1,200
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$1,320</b>

### Mia's Simple Fracture

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

■ The <u>plan's</u> overall <u>deductible</u>	\$100
■ <u>Specialist visit copay</u>	\$35
■ <u>Emergency room copay</u>	\$100
■ <u>Ambulance services copay</u>	\$0

**This EXAMPLE event includes services like:**

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

<b>Total Example Cost</b>	<b>\$2,800</b>
---------------------------	----------------

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

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$100
<u>Copayments</u>	\$200
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$300</b>

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

\* Registered Marks of the Blue Cross and Blue Shield Association. © 2022 Blue Cross and Blue Shield of Massachusetts, Inc., or Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.



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.

Left Blank Intentionally

# 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](https://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](https://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](https://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](https://myblue.bluecrossma.com) to create an account, or download the app from the App Store® or Google Play™.

## 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](http://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.

## 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.

**Your ID Number**

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

**Plan Name**

**Call Us**  
Number to call with questions about your plan

## 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](http://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.

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**).

® Registered Marks of the Blue Cross and Blue Shield Association. ® Registered Marks of Blue Cross and Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc. ® Registered Marks and ™ Trademarks are the property of their respective owners. © 2020 Blue Cross and Blue Shield of Massachusetts, Inc., or Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

000536183 39-0140 (8/20)

Left Blank Intentionally

# Mail Order Pharmacy

## The Mail Order Pharmacy Saves You Time and Money



You can get 90-day prescriptions for certain maintenance medications delivered right to your door, and for a fraction of the cost, when you order them through the mail order pharmacy. Maintenance medications, also known as long-term medications, are prescribed to treat chronic or ongoing conditions, such as high blood pressure or diabetes.

### 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](http://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](http://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](http://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](http://express-scripts.com).

\*\*Compared to three 30-day prescriptions purchased at a retail pharmacy.



Left Blank Intentionally



MASSACHUSETTS

# 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](https://bluecrossma.org).



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



24/7 NURSE  
LINE



VIDEO DOCTOR  
VISIT



DOCTOR'S  
OFFICE



LIMITED SERVICE  
CLINICS



URGENT  
CARE

**Learn More**

Visit [bluecrossma.org](https://bluecrossma.org) to review your medical care options.



### 24/7 NURSE LINE

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).

Cost:

Time:

Severity:

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



### VIDEO DOCTOR VISIT

See a licensed doctor online in real time, without leaving home. Doctors on call on your device visit [wellconnection.com](http://wellconnection.com).

Cost:

Time:

Severity:

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



### DOCTOR'S OFFICE

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](http://bluecrossma.org).

Cost:

Time:

Severity:

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



### LIMITED SERVICE CLINICS

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

Cost:

Time:

Severity:

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



### URGENT CARE

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.

Cost:

Time:

Severity:

**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.**

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).

Left Blank Intentionally



MASSACHUSETTS

# 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.<sup>1</sup>



**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.<sup>2</sup>

### Sign In

Download the MyBlue App from the App Store<sup>®</sup> or Google Play<sup>™</sup>, or go to [bluecrossma.org](https://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.

2. Source: American Well. Amwell Telehealth Report, February 2018. Patient Satisfaction Survey Data compiled December 2017-February 2018. Data, compiled December 2017-February 2018. Data reverified, August 2020.



## 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<sup>3</sup>

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,<sup>4</sup> if necessary.

3. Source: American Well. AmWell TeleHealth Report, February 2018. Patient Satisfaction Survey Data, compiled December 2017–February 2018. Data reverified, August 2020.

4. 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).

Left Blank Intentionally

# 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](https://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.

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).



Left Blank Intentionally



MASSACHUSETTS

# EVERYTHING YOU NEED TO LIVE A HEALTHIER LIFE

**ahealthyme**  
Everything to live a healthier life



If you want to know more about your health and how to make it better, ahealthyme<sup>®</sup> 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
- Physical fitness
- Quitting smoking
- Much more
- Stress management

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



**MASSACHUSETTS**

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).

Left Blank Intentionally



MASSACHUSETTS

# 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](https://bluecrossma.org).

## Your reimbursement is waiting!



MASSACHUSETTS

# 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](http://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)

Identification Number on Subscriber ID Card (including first 3 characters)	Subscriber's Last Name	First Name	Middle Initial
Address – Number and Street	City	State	ZIP Code
Employer's Name			

## Claim Information

Member's Last Name	First Name	Middle Initial	Date of Birth __/__/__
<b>Claim is for (choose one and color in the entire box):</b> <input type="checkbox"/> Subscriber (policyholder) <input type="checkbox"/> Spouse (of policyholder) <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Dependent (up to age 26) <input type="checkbox"/> Other (specify): _____	<b>Name, Address, and Phone Number of Qualified Fitness Expense</b>		
	<b>Total Dollars requested for Qualified Fitness Expense: \$ _____</b> <b>Calendar year that fees were paid: _____</b>		

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

Left Blank Intentionally



MASSACHUSETTS

# WEIGHT-LOSS REIMBURSEMENT

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



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

## 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)

Identification Number on Subscriber ID Card (including first 3 characters)	Subscriber's Last Name	First Name	Middle Initial
Address - Number and Street	City	State	Zip Code
Employer's Name			

## Claim Information

Member Last Name	First Name	Middle Initial	Gender (color in the entire box) <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth __/__/__
------------------	------------	----------------	---	---------------------------

Claim is for (choose one and color in the entire box): **Name, Address, and Phone Number of Qualified Weight-Loss Program**

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

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).

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).

Left Blank Intentionally



# 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

oviahealth™

Left Blank Intentionally

# 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<sup>1</sup>

### CHANGE IN AVERAGE HbA1c<sup>2</sup>:

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

REDUCING HbA1c TO TARGET 7%<sup>2</sup> HELPS PREVENT LONG-TERM COMPLICATIONS OF DIABETES AND PRODUCE COST SAVINGS<sup>3</sup>

### LIVONGO REPORTS HIGH MEMBER SATISFACTION:

88%

OF ENROLLED RESPONDENTS REPORT A POSITIVE EXPERIENCE

1. American Diabetes Assoc. Economic Costs of Diabetes in the U.S. 2012.

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.

3. American Diabetes Association - Checking Your Blood Glucose. <http://www.diabetes.org/living-with-diabetes/treatment-and-care/blood-glucose-control/checking-your-blood-glucose.html>.

4. Gilmer TP, O'Connor PJ, Manning WG, Rush WA. The cost to health plans of poor glycemic control. Diabetes Care. 1997;20(12):1847-1853.

## 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<sup>®</sup>, Medicare Advantage, or any account-specific group exclusions. Please note that Livongo doesn't support gestational diabetes.

## 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.

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).

\* Registered Marks of the Blue Cross and Blue Shield Association. \* Registered Marks of Blue Cross and Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

\*\* Registered Marks and TM Trademarks are the property of their respective owners. © 2020 Blue Cross and Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc. 000419158 55-1771 (4/20)

Left Blank Intentionally

# 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](https://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](https://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](mailto: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](https://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](https://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 dietitians 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](https://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](https://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.

Left Blank Intentionally



CITY of **BOSTON** |  Hinge Health

## Conquer back or joint pain without drugs or surgery

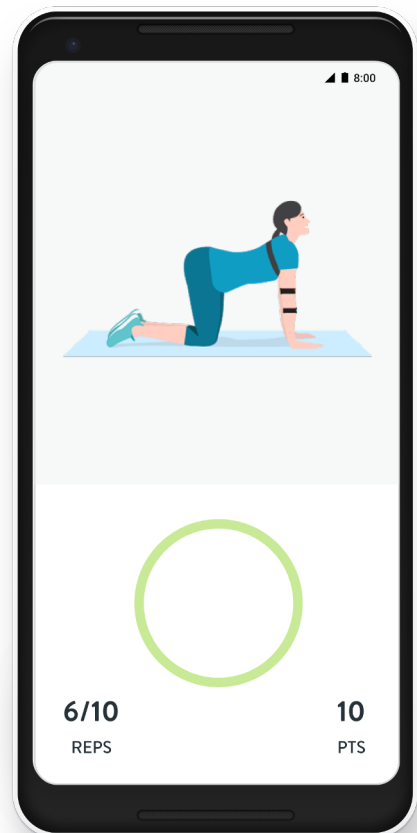
We provide all the tools you need to get moving again from the comfort of your home. You'll get exercise therapy tailored to your condition, wearable sensors for live feedback in the app, personal coach and physical therapist. Best of all, **it's free** — 100% covered by City of Boston for you and eligible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



Left Blank Intentionally

# Worldwide Coverage

For Foreign and Domestic Travelers



Get quality health care no matter where you are in the world.

Whether you're traveling within the United States or abroad, BlueCard<sup>®</sup> and Blue Cross Blue Shield Global<sup>®</sup> 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.

TEAR HERE

## 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.

FOLD HERE

## 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, , 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<sup>®</sup> 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**.

TEAR HERE



An Association of Independent Blue Cross and Blue Shield Plans

FOLD HERE

Primary Care Provider's Name: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Doctor's Hospital Affiliation: \_\_\_\_\_

Your Blue Cross Blue Shield Member ID: \_\_\_\_\_

Member Service Phone Number (from your ID card): \_\_\_\_\_

### 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<sup>®</sup> 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.

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**).

Left Blank Intentionally



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

## BLUE CROSS BLUE SHIELD OF MASSACHUSETTS PROVIDES:

- Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

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

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

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, online at **[ocrportal.hhs.gov](https://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](https://hhs.gov)**.



Left Blank Intentionally

# PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES

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

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

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

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

**Vietnamese/Tiếng Việt:** LƯU Ý: Nếu quý vị nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cung cấp cho quý vị miễn phí. Gọi cho Dịch vụ Hội viên theo số trên thẻ ID của quý vị (TTY: 711).

**Russian/Русский:** ВНИМАНИЕ: если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Позвоните в отдел обслуживания клиентов по номеру, указанному в Вашей идентификационной карте (телетайп: 711).

**Arabic/العربية:**

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجاناً بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هويتك (جهاز الهاتف النصي للصم والبكم "TTY": 711).

**Mon-Khmer, Cambodian/ខ្មែរ:** ការជូនដំណឹង: ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខ នៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (TTY: 711)។

**French/Français:** ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le Service adhérents au numéro indiqué sur votre carte d'assuré (TTY : 711).

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

**Korean/한국어:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드에 있는 전화번호(TTY: 711)를 사용하여 회원 서비스에 전화하십시오.

**Greek/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 हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए निःशुल्क उपलब्ध हैं। सदस्य सेवाओं को आपके आई.डी. कार्ड पर दिए गए नंबर पर कॉल करें (टी.टी.वाई.: 711).

**Gujarati/ગુજરાતી:** ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો તમને ભાષાકીય સહાયતા સેવાઓ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા આઈડી કાર્ડ પર આપેલા નંબર પર Member Service ને કોલ કરો (TTY: 711).

**Tagalog/Tagalog:** PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tawagan ang Mga Serbisyo sa Miyembro sa numerong nasa iyong ID Card (TTY: 711).

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

**German/Deutsch:** ACHTUNG: Wenn Sie Deutsche sprechen, steht Ihnen kostenlos fremdsprachliche Unterstützung zur Verfügung. Rufen Sie den Mitgliederdienst unter der Nummer auf Ihrer ID-Karte an (TTY: 711).

**Persian/پارسیان:**

توج: اگر زبان شما فارسی است، خدمات کمک زبانی ب صورت رایگان در اختیار شما قرار می گیرد. با شماره تلفن مندرج بروی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: 711).

**Lao/ພາສາລາວ:** ຂໍ້ຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາຝ່າຍບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

**Navajo/Diné Bizaad:** BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowłgo éí ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíjijí' béésh bee hodíílnih (TTY: 711).