



SUMMARY OF BENEFITS



Health Investment Plan (w/HSA)

Plan-Year Deductible: \$1,300/\$2,600

Teradyne, Inc.

Your Choice

You receive the highest level of benefits under your health care plan when you obtain covered services from preferred providers. These are called your “in-network” benefits. You can also obtain covered services from non-preferred providers, but your out-of-pocket costs are higher. These are called your “out-of-network” benefits.

Your Deductible.

Your deductible is the amount of money you pay out-of-pocket each plan year before you can receive coverage for most benefits under this plan. If you are not sure when your plan year begins, contact Blue Cross Blue Shield. Your deductible is **\$1,300** per individual membership (or **\$2,600** per family membership) for in-network and out-of-network services combined. This deductible does not apply to in-network or out-of-network preventive health services (see chart on opposite page). **The entire family deductible must be satisfied before benefits are provided for any one member enrolled under a family membership.**

When You Choose Preferred Providers.

After your plan-year deductible has been met, you pay **10 percent** coinsurance for most in-network covered services. For outpatient preventive health services, you pay nothing for each covered visit. **The plan-year deductible and coinsurance do not apply to these services.**

Please note: If a preferred provider refers you to another provider for covered services (such as a lab or specialist), make sure the provider is a preferred provider in order to receive benefits at the in-network level. If the provider you use is not a preferred provider, you’re still covered, but your benefits, in most situations, will be covered at the out-of-network level, even if the preferred provider refers you.

How to Find a Preferred Provider.

There are several ways to find a preferred provider:

- Look up a provider in the Provider Directory. If you need a copy of your directory, call Member Service at the number on your ID card.
- Visit the Blue Cross Blue Shield of Massachusetts website at www.bluecrossma.com/findadoctor
- Call our Physician Selection Service at **1-800-821-1388**

When You Choose Non-Preferred Providers.

After your plan-year deductible has been met, you pay **30 percent** coinsurance for most out-of-network covered services. Payments for out-of-network benefits are based on the the usual and customary amount as defined in your benefit description.

You may be responsible for any difference between the allowed charge and the provider’s actual billed charge (this is in addition to your deductible and/or your coinsurance).

Your Out-of-Pocket Maximum.

Your out-of-pocket maximum is the most that you could pay during a plan year for deductible, copayments and coinsurance for covered services. Your out-of-pocket maximum is **\$3,350** per member (or **\$6,750** per family) for in-network and out-of-network services combined. **The family out-of-pocket maximum can be met by eligible costs incurred by any combination of members enrolled under the same family plan. Once any one member enrolled under a family membership reaches the per member out-of-pocket maximum of \$3,350, all future eligible costs are covered 100 percent for that member.**

Emergency Room Services.

In an emergency, such as a suspected heart attack, stroke, or poisoning, you should go directly to the nearest medical facility or call **911** (or the local emergency phone number). After your deductible, you pay a **\$100** copayment per visit for in-network or out-of-network emergency room services. This copayment is waived if you are admitted to the hospital or for an observation stay.

Utilization Review Requirements.

You must follow the requirements of Utilization Review, which are Pre-Admission Review, Pre-Service Approval for certain outpatient services, Concurrent Review and Discharge Planning, and Individual Case Management. If you need non-emergency or non-maternity hospitalization, you or someone on your behalf must call the number on your ID card for pre-approval. Information concerning Utilization Review is detailed in your benefit description and riders. If you do not notify Blue Cross Blue Shield and receive pre-approval, your benefits may be reduced or denied.

Dependent Benefits.

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

Domestic Partner Coverage.

Domestic partner coverage may be available for eligible dependents. Contact your plan sponsor for more information.

Your Medical Benefits

Plan Specifics	Your Cost In-Network	Your Cost Out-of-Network
Plan-year deductible	\$1,300 per individual membership/\$2,600 per family membership for in-network and out-of-network services combined. The entire family deductible must be satisfied before benefits are provided for any one member enrolled under a family membership.	
Plan-year out-of-pocket maximum	\$3,350 per member/\$6,750 per family for in-network and out-of-network services combined. The family out-of-pocket maximum can be met by eligible costs incurred by any combination of members enrolled under the same family plan. Once any one member enrolled under a family membership reaches the per member out-of-pocket maximum of \$3,350, all future eligible costs are covered 100 percent for that member.	
Covered Services		
Preventive Care Well-child care exams, including routine tests, according to age-based schedule as follows: <ul style="list-style-type: none"> • 10 visits during the first year of life • Three visits during the second year of life (age 1 to age 2) • Two visits for age 2 • One visit per calendar year from age 3 through age 18 	Nothing, no deductible	30% coinsurance, no deductible
Routine adult physical exams, including related tests, for members age 19 or older (one per calendar year)	Nothing, no deductible	30% coinsurance, no deductible
Routine GYN exams, including related lab tests (one per calendar year)	Nothing, no deductible	30% coinsurance, no deductible
Routine hearing exams, including routine tests	Nothing, no deductible	30% coinsurance, no deductible
Routine vision exams (one every 24 months)	Nothing, no deductible	30% coinsurance, no deductible
Family planning services—office visits	Nothing, no deductible	30% coinsurance, no deductible
Other Outpatient Care Emergency room visits	\$100 per visit after deductible (copayment waived if admitted or for observation stay)	\$100 per visit after deductible (copayment waived if admitted or for observation stay)
Clinic visits; physicians' and podiatrists' office visits	10% coinsurance after deductible	30% coinsurance after deductible
Mental health or substance abuse treatment	10% coinsurance after deductible	30% coinsurance after deductible
Chiropractors' office visits	10% coinsurance after deductible	30% coinsurance after deductible
Infertility services—office visits (up to a \$25,000 lifetime benefit maximum)	10% co-insurance after deductible	30% coinsurance after deductible
Short-term rehabilitation therapy—physical and occupational (up to 100 visits per calendar year*)	10% coinsurance after deductible	30% coinsurance after deductible
Speech, hearing, and language disorder treatment—speech therapy	10% coinsurance after deductible	30% coinsurance after deductible
Diagnostic X-rays, lab tests, and other tests, including CT scans, MRIs, PET scans, and nuclear cardiac imaging tests (excluding routine tests)	10% coinsurance after deductible	30% coinsurance after deductible
Oxygen and equipment for its administration	10% coinsurance after deductible	30% coinsurance after deductible
Home health care and hospice services	10% coinsurance after deductible	30% coinsurance after deductible
Prosthetic devices	10% coinsurance after deductible	30% coinsurance after deductible
Durable medical equipment—such as wheelchairs, crutches, hospital beds	10% coinsurance after deductible**	30% coinsurance after deductible
Surgery and related anesthesia	10% coinsurance after deductible	30% coinsurance after deductible

* No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care or for the treatment of autism spectrum disorders.

** In-network cost share waived for one breast pump per birth

Covered Services	Your Cost In-Network	Your Cost Out-of-Network
Inpatient Care (including maternity care) General or chronic disease hospital care (as many days as medically necessary)	10% coinsurance after deductible	30% coinsurance after deductible
Mental hospital or substance abuse facility care (as many days as medically necessary)	10% coinsurance after deductible	30% coinsurance after deductible
Rehabilitation hospital care (up to 60 days per calendar year)	10% coinsurance after deductible	30% coinsurance after deductible
Skilled nursing facility care (up to 100 days per calendar year)	10% coinsurance after deductible	30% coinsurance after deductible

Get the Most from Your Plan.

Visit us at www.bluecrossma.com/membercentral or call 1-888-478-5015 to learn about discounts, savings, resources, and special programs like those listed below that are available to you.

Wellness Participation Program Reimbursement for a membership at a health club or for fitness classes This fitness program applies for fees paid to: privately-owned or privately-sponsored health clubs or fitness facilities, including individual health clubs and fitness centers; YMCAs; YWCAs; Jewish Community Centers; and municipal fitness centers. (See your benefit description for details.)	\$150 per calendar year per policy
Reimbursement for participation in a qualified weight loss program This weight loss program applies for fees paid to: a qualified hospital-based weight loss program or a Blue Cross Blue Shield of Massachusetts designated weight loss program. (See your benefit description for details.)	\$150 per calendar year per policy
Blue Care Line SM —A 24-hour nurse line to answer your health care questions—call 1-888-247-BLUE (2583)	No additional charge
Healthy You Concierge Care Center—For answers to claims, benefits as well as any health or wellness-related questions call Member Services at 1-888-478-5015. The nurses in the Care Center are available to support your health care needs, whether that means choosing a doctor or hospital, understanding a diagnosis, medication, or upcoming surgery or procedure, or taking advantage of benefits available through your plan to help you lead a healthier life.	No additional charge

Questions? Call 1-888-478-5015.

For questions about Blue Cross Blue Shield of Massachusetts, visit the website at www.bluecrossma.com.

Interested in receiving information from Blue Cross Blue Shield of Massachusetts via e-mail?

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

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

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





MASSACHUSETTS

Fitness Benefit



Your Blue Cross Blue Shield of Massachusetts health plan can save you money annually in qualified health club membership fees or up to 10 fitness classes taken at a qualified health club.

3 Easy Steps to Getting Reimbursed¹

1. 
Choose
 Start by picking a qualified health club.

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

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

Important Information

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

What's covered:²

Your benefit will reimburse you for three consecutive months of membership fees from a qualified health club or for up to 10 fitness classes taken at a qualified health club.

A qualified health club is:

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

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

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

What doesn't qualify?

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

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

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

1. Before starting, check to see if your plan includes the Fitness Benefit.
 2. Most plans offer a reimbursement for three months of membership or up to 10 fitness classes, but your employer may have offered a different benefit. Please refer to your benefits information to confirm.
 Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Fitness Reimbursement Form³

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

PLEASE PRINT ALL INFORMATION CLEARLY

Subscriber Information (Policyholder)

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

Address—Number and Street City State Zip Code

Employer's Name

Member and Claim Information

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

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

Gender	Claim is for (check one):		
<input type="checkbox"/> Male	<input type="checkbox"/> Subscriber (policyholder)	<input type="checkbox"/> Ex-Spouse	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Female	<input type="checkbox"/> Spouse (of policyholder)	<input type="checkbox"/> Dependent (up to age 26)	

Name, Address, and Phone Number of Qualified Health Club

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

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

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

Health Plan Year

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

I authorize the release of any information to Blue Cross Blue Shield of Massachusetts about my health club membership. I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services. I understand that Blue Cross may require additional evidence of health club membership and proof of payment for my membership before reimbursement is provided.

Subscriber's or

Member's Signature: _____ Date: _____

Questions?

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

Please complete and mail this form to:

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

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





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Programs, discounts,
and tools to help
you stay healthy

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

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



Access & Convenience



Discounts & Deals



Pregnancy & Parenthood



Alternative Medicine & Services

Español

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

ahealthyme[®]

Your personal wellness planner

Create your own action plan with

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



Healthy resources

Learn about health your way

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

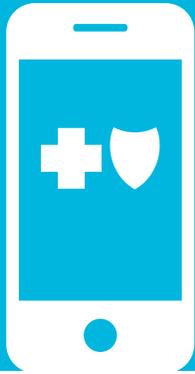


Español

Recursos saludables para conocer
el camino hacia una buena salud.

Visita

www.paramisalud.com



Connected

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

Web, Apps, Texts & Social



There's so much you can do on the go

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

Deals

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

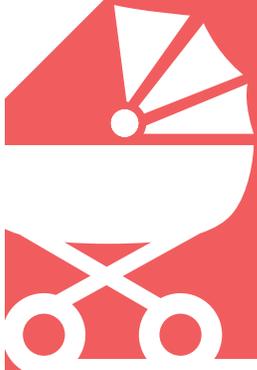
Blue365®



Get special savings, 365 days a year

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

Go to www.bluecrossma.com/blue365



Family

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

We can help answer your questions.

Living Healthy Babies®



A trusted, online resource for new parents

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

Go to www.livinghealthybabies.com

Español

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

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



Alternative

Save on alternative services
nationwide like massage therapy
and acupuncture.

Living Healthy NaturallySM



A complementary approach to health

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

Go to

www.bluecrossma.com/alternative-care

We are here to help



Member Service

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

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

Español

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



Member Central

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

www.bluecrossma.com/membercentral



Blue Care LineSM

For questions about your health if you're hurt or sick and not sure where to get care. **Call us 24/7** to speak directly to a nurse who can help guide your care.

Español

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

1-888-247-BLUE (2583)



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MASSACHUSETTS

Weight Loss Benefit



Your Blue Cross Blue Shield of Massachusetts health plan can save you money annually in qualified Weight Watchers® and hospital-based weight-loss programs.

3 Easy Steps to Getting Reimbursed¹



1.

Choose

Start by picking a qualified weight-loss program.



2.

Complete

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



3.

Mail

Send the completed form and proof of payment to the address listed at the bottom.

Important Information

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

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

What's covered:²

Your benefit will reimburse you for up to three months of participation in a qualified weight-loss program.

A qualified weight-loss program is:

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

What doesn't qualify?

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

¹. Before starting, check to see if your plan includes the Weight Loss Benefit.

². Most plans offer a three-month reimbursement, but your employer may have offered a different benefit. Please refer to your benefits information to confirm.

Weight-Loss Reimbursement Form³

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

PLEASE PRINT ALL INFORMATION CLEARLY

Subscriber Information (Policyholder)

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

Address—Number and Street City State Zip Code

Employer's Name

Member and Claim Information

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

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

Gender

Male

Female

Claim is for (check one):

Subscriber (policyholder)

Spouse (of policyholder)

Ex-Spouse

Dependent (up to age 26)

Other (specify) _____

Class or Program Information Required:

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

Name and Address of Class or Program

Health Plan Year

Total Amount Submitted: \$ _____

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

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

Subscriber's or

Member's Signature: _____ Date: _____

Questions?

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

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

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

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





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Blue Care lineSM

We're here for you 24/7

Call **1-888-247-BLUE (2583)**
for the Blue Care Line.



We're here for you 24/7

Have a question about your health? You can talk to a professionally trained, registered nurse 24 hours a day, seven days a week. They're ready when you are—even at 4 a.m.

Know your options

Calling the Blue Care Line is a quick way to find out if you need to see a doctor, go to an emergency room, or if you're able to treat it yourself at home.

We'll call you

Depending on your type of illness or injury, the registered nurse will call and follow up to see how you're responding to the self-treatment.

Confidentiality

Your information is kept in accordance with our policy on confidentiality.



MASSACHUSETTS

Our Commitment to Confidentiality

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

Our Commitment

We respect your right to privacy. We will not disclose personally identifiable information about you without your permission, unless the disclosure is necessary to provide our services to you or is otherwise in accordance with the law.

Collection of Information

We collect only *personal* or *medical* information we need to carry out our business.

- Examples of *personal* information are name, address, date of birth, and social security number. Most often, you and your employer supply this information to enroll you in a plan.
- Examples of *medical* information are diagnoses, treatments, and names of providers who treat you. Most often, your providers supply this information.

Use and Disclosure of Information

We are required by law to protect the confidentiality of your personal and medical information and to notify you in case of a breach affecting your personal or medical information. We will supply your information to you upon your request or to help you understand treatment options and other benefits available to you.

We also may use and disclose your information without your written authorization for the following purposes, and as otherwise permitted or required by law:

- **Treatment**—to help providers manage or coordinate your health care and related services. For example, to refer you to another provider or remind you of appointments.
- **Payment**—to obtain payment for your coverage, provide you with health benefits, and assist another health plan or provider in its payment activities. For example, to manage enrollment records, make coverage determinations, administer claims, or coordinate benefits with other coverage you may have.
- **Health Care Operations**—to operate our business, including accreditation, credentialing, customer service, disease management, and fraud-prevention activities. For example, to do business planning, arrange for medical review, and conduct quality assessment and improvement activities.
- **Legal Compliance**—to comply with applicable law. For example, to respond to regulatory authorities responsible for oversight of government benefit programs or our operations; to parties or courts in the course of judicial or administrative proceedings; to law enforcement officials during an investigation; or as necessary to comply with workers' compensation laws.
- **Research and Public Health**—for medical research studies in accordance with laws for the protection of human research subjects, and to report to public health authorities and otherwise prevent or lessen a serious and imminent threat to health or safety. For example, for the purpose of preventing or controlling disease, injury, or disability.
- **To an Account (such as an employer) or Party It Designates**—for administration of its health plan. For example, to a self-insured account for claim review and audits. We will disclose your information only to designated individuals. That, along with contract obligations, helps protect your information from unauthorized use.

To carry out these purposes, we share information with entities that perform functions for us subject to contracts that limit use and disclosure to intended purposes. We use physical, electronic, and procedural safeguards to protect your privacy. Even when allowed, uses and disclosures are limited to the minimum amount reasonably necessary for the intended task.

Your Privacy Rights

You have the following rights with respect to your personal and medical information. To exercise any of these rights, contact us using the information listed at the end of this notice.

- **You have the right to receive information about privacy protections.** Your member-education materials include a notice of your rights, and you may request a paper copy of this notice at any time.
- **You have the right to inspect and get copies of information we collect about you.** We will provide access to this information within 30 days of receiving a written request. We may charge a reasonable fee for copying and mailing records. You may also ask your providers for access to your records.
- **You have the right to receive an accounting of disclosures.** Your request must be in writing. Our response will exclude any disclosures made in support of treatment, payment, and health care operations, or that you authorized (among others). An example of a disclosure that would be reported to you is a disclosure of your information in response to a subpoena.
- **You have the right to ask us to correct or amend information you believe to be incorrect.** Your request to correct, amend, or delete information should be in writing. We will notify you if we make an adjustment as a result of your request. If we do not make an adjustment, we will send you a letter explaining why within 30 days. In this case, you may ask us to make your request part of your records, or ask the commissioner of insurance to review our decision. We may also provide notice of your requested changes to others who received this information in the past two years.
- **You have the right to designate someone to receive information and interact with us on your behalf.** Your personal representative has the same rights concerning your information as you. Your designation and any subsequent revocation must be in writing, and a form for this purpose is available on our website or by calling Member Service.
- **You have the right to ask that we restrict or refuse to disclose personally identifiable information, and that we direct communications to you by alternative means or to alternative locations.** While we may not always be able to agree, we will make reasonable efforts to accommodate requests. Your request and any subsequent revocation must be in writing.
- **If you believe your privacy rights have been violated, you have the right to complain to us, using the standard grievance process outlined in your benefit materials, or to the Secretary of the U.S. Department of Health and Human Services, without fear of retaliation.**

Special Notes Regarding Disclosure

Special protections apply to information about certain medical conditions. For example, with very few exceptions allowed by law, we will not disclose any information regarding HIV or AIDS to any party without your written permission. We will not disclose mental health treatment records to you without first receiving approval from your treating provider or another equally qualified mental health professional. Also, we are prohibited from using or disclosing genetic information for underwriting purposes.

Except as provided in this notice, we will not use or disclose your personal or medical information without your written authorization. A form for this purpose is available on our website or by calling Member Service.

Specifically, we must have your written authorization to use or disclose your information for:

- Marketing purposes;
- The sale of PHI;
- Most use and disclosures of psychotherapy notes.

You may revoke your authorization at any time. Your authorization must be in writing. Your revocation will not affect any action that we have already taken in reliance on your authorization.

About This Notice

This notice is effective September 23, 2013. We are required by law to provide this notice to you and to abide by it while it is in effect. We reserve the right to change this notice. Any changes will apply to all personal and medical information that we maintain, regardless of when it was created or received. Before we make any material changes in our privacy practices, we will post a new notice on our website. We will provide information about the changes to our privacy practices and how to obtain a new notice in our next annual mailing to members who are then covered by one of our health plans.

If you have any questions, contact Member Service. We're here to help. Please call the Member Service toll-free number on the front of your ID card or visit our website at www.bluecrossma.com.

Coverage for Mastectomy-Related Services

Did you know that your plan provides benefits for many mastectomy-related services? This is the case even if you were not covered by Blue Cross Blue Shield of Massachusetts at the time of the mastectomy. It's required by the Women's Health and Cancer Rights Act of 1998. If you are covered for a mastectomy and elect breast reconstruction in connection with a mastectomy, then benefits are also provided for:

- All stages of reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas

Coverage will be provided as determined in consultation with you and your attending physician. The costs that you pay for these services are the same as those you pay for other services in the same category. To learn more, just call the Member Service number on your Blue Cross Blue Shield ID card.



Health Investment Plan

Your prescription copayments at a glance

Deductible Phase

You pay 100 percent of your medical and prescription drug expenses until you meet your annual deductible of **\$1,300/single and \$2,600/family**.

Copayment Phase

Once you've met your annual deductible, you pay the copayment amounts listed in the chart below until you reach your out-of-pocket maximum of **\$3,350/single and \$6,750/family***.

*Out-of-Pocket Maximum is Medical and Prescription Drug Combined. For family coverage, a per member out-of-pocket maximum of \$3,350 applies.

	At a retail pharmacy	Through home delivery†
Generic drugs	\$10, up to a 30-day supply	\$20, up to a 90-day supply
Preferred brand-name drugs	\$30, up to a 30-day supply	\$75, up to a 90-day supply
Nonpreferred brand-name drugs	\$50 up to a 30-day supply	\$125, up to a 90-day supply

† Cost of standard shipping is part of your plan

100 Percent Coverage Phase

Once you've reached your out-of-pocket maximum, including your deductible, your plan pays 100 percent of eligible medical and prescription drug expenses for the remainder of the benefit year.

Preventive Care Medications

The Affordable Care Act mandates that certain preventive medications in the following categories are covered at \$0 copay for eligible members: Aspirin, Fluoride, Folic Acid, Iron Supplements, Smoking Cessation, Women's Contraceptives, Vaccines, Vitamin D, Colonoscopy Preps, Breast Cancer Treatment. The deductible may also be waived for certain preventive drugs.

Home Delivery Pharmacy Services

If you need a long-term medication, you may pay less over time by using home delivery pharmacy services from Express Scripts. We'll deliver up to a 90-day supply right to you-and **standard shipping is free**. Take a home delivery form to your doctor and ask if a 90-day prescription would be right for you. Home Delivery forms can be obtained on the Express Scripts web site. Your doctor can also fax your prescription to Express Scripts by calling 888.327.9791 for faxing instructions. To learn more about your benefit, log in to **Express-Scripts.com** and select "Benefit highlights" from the menu under "Health & Benefits Information".

The Health Investment Plan is your combined medical and prescription drug benefit

You are eligible to establish a health savings account (HSA) at any financial institution that offers this type of account. You may also make pre-tax contributions to your HSA and use all the funds in your HSA to help pay for medical and prescription drug expenses.

Express Scripts may contact your doctor about your prescriptions

If you are prescribed a drug that is not on your health plan's preferred list, yet an alternative plan-preferred drug exists, we may contact your doctor to ask whether that drug would be appropriate for you. If your doctor agrees to use a plan-preferred drug, you will usually pay less.

KEEP THIS INFORMATION

For more information about your benefit, log in to **Express-Scripts.com**, or call Member Services toll-free at **866.814.7118**.

Use generics and preferred medications

If you are taking a medication that's not on the preferred list, ask your doctor to consider prescribing a lower-cost generic or preferred brand-name drug. To find out which drugs are preferred, log in to Express-Scripts.com and select "Learn about Formularies" from the "Health & Benefits Information" menu.

For short-term prescriptions, such as antibiotics, use a participating retail pharmacy

As a member, you can go to any of nearly 60,000 retail pharmacies, including most major drugstores. Just ask your retail pharmacy if it's in our network. You can also log in to Express-Scripts.com and select "Locate a pharmacy" from the menu under "Manage Prescriptions."

Prior authorization: When is a coverage review necessary?

Some medications are not covered unless you first receive approval through a coverage review (prior authorization). This review uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines and uses that are considered reasonable, safe and effective.

There are other medications that may be covered, but with limits (for example, only for a certain amount or for certain uses), unless you receive approval through a coverage review. During this review, Express Scripts asks your doctor for more information than what is on the prescription before the medication may be covered under your plan. To find out whether a medication requires a coverage review, log in to **Express-Scripts.com**, select "Price a medication" from the menu under "Manage Prescriptions", and search for your medication. On the pricing results page, select "View coverage notes" to see coverage details.

My Rx Choices®: An easy way to lower your out-of-pocket prescription costs

Your **My Rx Choices** prescription savings program is designed to help you find potential savings on prescription medications that you or your covered family members take on an ongoing basis.

Your doctor knows which medications are right for you but may not know their cost. My Rx Choices provides you with available lower-cost options so that you and your doctor can make the most informed decisions based on health and cost. No prescription is ever changed without your doctor's approval.

Specialty medications

Specialty medications are drugs that are used to treat complex conditions, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis and rheumatoid arthritis. **Accredo Health Group, Inc.**, Express Scripts' specialty pharmacy, is composed of therapy-specific teams that provide an enhanced level of individual service to patients with special therapy needs.

Whether they're administered by a healthcare professional, self-injected, or taken by mouth, specialty medications require an enhanced level of service. By ordering your specialty medications through Accredo, you can receive:

- Toll-free access to specialty-trained pharmacists and nurses 24 hours a day, 7 days a week
- Delivery of your medications within the United States, on a scheduled day, Monday through Friday, at no additional charge
- Most supplies, such as needles and syringes, provided with your medications
- Safety checks to help prevent potential drug interactions
- Refill reminders
- Up to a **90-day supply** of your specialty medication for just one copayment

Automatic refills: A convenient, automatic refill program for your long-term medications

When you refill certain home delivery prescriptions, you'll be asked whether you want to enroll. Once you enroll and are ready for a refill or renewal, your medications will automatically be shipped to you. Find out more about how automatic refills work by logging in to **Express-Scripts.com**.

Stretch your home delivery payments with the Extended Payment Program

Instead of paying in full up front, you'll be billed for the cost of your medications over three installments. You can enroll online.

Express Scripts manages your prescription benefit for your employer.

Care Concierge



MASSACHUSETTS

Personalized, One-on-One Health Guidance

You're an employee with Blue Cross Blue Shield of Massachusetts coverage. That means you and your family have access to an exclusive health service, Care Concierge. Best of all, it's available at no additional cost to you.

Call Care Concierge at the number
on your Blue Cross ID card,
1-888-478-5015,
Monday through Friday,
8:00 a.m. to 8:00 p.m. ET.

The Care Concierge team is ready to:

- Help you make **better-informed health decisions**
- Support you with **a diagnosis you received**
- Guide you through our available **wellness programs and resources**

Call Care Concierge at the number
on your Blue Cross ID card,

1-888-478-5015,

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Your Privacy Is Important to Us

Any information you share is treated in accordance with the Blue Cross Blue Shield of Massachusetts policy on confidentiality.



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