



Nonprofit
Locally based
Member driven

Serving Massachusetts communities since 1982



The Power of Blue

Town of Littleton

	Network Blue NE Options	PPO Blue Options Deductible	
Network PCP/Referrals Required	Full BCBS NE Network	Full BCBS National Network	
	Yes	No	
Deductible Single/Family	In Network \$0	In Network \$0	Out of Network \$4,000/\$8,000
Max Out of Pocket Medical	\$4,500/\$10,900	\$4,850/\$9700	\$7,500/\$15,000
Pharmacy	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000
PCP Copay	\$15/\$25/\$50	\$20/\$35/\$55	20% after Deductible
Specialist Copay	\$50	\$55	20% after Deductible
ER Copay	\$150 after Deductible	\$250 after Deductible	\$250 after Deductible
High Tech Imaging	\$50/\$450 after Deductible	\$75/\$450 after Deductible	20% after Deductible
Inpatient Hospital General Hospitals	\$150/\$200 after Deductible	\$500/\$550 after Deductible	20% after Deductible
Higher Cost Hospitals	\$1,000 after Deductible	\$1,500 after Deductible	20% after Deductible
Day Surgery (Outpatient)	\$150/\$200 after Deductible	\$500/1,500 after Deductible	20% after Deductible
Urgent Care	\$50	\$55	20% after Deductible
Retail Rx Copay	\$15/\$30/\$50	\$20/\$40/\$60/\$120	not covered
Mail Order Rx Copay	\$30/\$60/\$150	\$40/\$80/\$120/\$360	not covered

HMO Plan tiers: Enhanced, Standard & Basic. Please refer to the E-Kit for Tier descriptions

