



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	Full BCBS NE Network	Full BCBS National Network	
PCP/Referrals Required	Yes	No	
Deductible	In Network \$0	In Network \$0	Out of Network \$4,000/\$8,000
Single/Family			
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

