

## What You Need to Know About Your NEW PPO Plan

You'll be switching to a Preferred Provider Organization (PPO) Plan effective July 1, 2020. We want to make sure you understand what this change means for you. There are some differences, described below, related to getting care and the costs associated with your plan.

### When Getting Care, You No Longer Need a Referral

A PPO plan gives you more flexibility in receiving care. One difference with a PPO plan is that you aren't required to designate a primary care provider (PCP). While a PCP designation is no longer required, we recommend that you continue to receive ongoing care from your PCP. Another change is that you don't need to get PCP referrals to see other providers, including specialists. However, you should talk to your PCP about the specialty care you may need.

### You'll Pay the Lowest Out-of-Pocket Costs When You See a Doctor in the PPO National Network

You can still see any provider you want, but you will only be responsible for co-pays if you see providers in the Blue Cross PPO network. The PPO network is national, so family members residing outside of New England can now access care with lower out-of-pocket costs. If you choose to see a provider outside the PPO network, you will owe a deductible, meaning you pay out of pocket for care and services until you reach the deductible amount. After that, the Archdiocese Health Plans start paying for a percentage of the costs. To search for a network provider, sign in to [bluecrossma.com/myblue](https://bluecrossma.com/myblue) and click on Find a Doctor & Estimate Costs. Enter the name, specialty, and/or location of the doctor you're looking for, then click Search.

### Diagnostic Lab Work and X-Ray Out-of-Pocket Costs Change

Prior to July 1, 2020, diagnostic lab work and x-rays were subject to a deductible and co-insurance. Recognizing the additional financial burden this placed on enrolled employees and family members, effective July 1, 2020, you will now only be responsible for a co-pay for these services. Please reference your Summary of Benefits and Coverage for more information.

### Some Care Requires Prior Authorization

Before the RCAB Health Plans can cover certain types of services or procedures, they must first be submitted to Blue Cross Blue Shield of Massachusetts for approval. Prior authorization ensures that you're getting care that is medically necessary based on specific medical standards. Your doctor is still responsible for submitting prior authorization requests, and this process does not change with your new PPO Plan.

### Questions About Your Plan?

If you have any questions, call Member Service at the number on the front of your ID card, or sign in to your MyBlue account at [bluecrossma.com/myblue](https://bluecrossma.com/myblue).

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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).