

Product Portfolio and Benefit Design Updates, Effective January 1, 2010



MASSACHUSETTS

At Blue Cross Blue Shield of Massachusetts, we believe the most promising way to slow rising health care costs is to improve the quality, safety, and effectiveness of the health care our members receive. It's an approach we've summarized in a simple equation: Quality = Affordability. We believe that better care will lead to more affordable care, and we are introducing a number of new products and benefits enhancements designed to reach that solution. We view this as part of our ongoing commitment to offer employers and their employees product solutions to meet their needs and budgets.

Benefit Change for Certain Specialty Medications

As part of our ongoing efforts to improve the safety and affordability of the care our members receive, there will be a change in the way benefits are provided for certain specialty medications. Members who receive any of the specialty medications listed below as part of outpatient services, including treatment received at a physician's office or outpatient hospital, will only have those medications covered under their pharmacy benefit. Members will no longer have these medications covered under their medical benefit. This means that the member must have a prescription for the medication and purchase it through a pharmacy that is part of the designated retail specialty pharmacy network. The member will be responsible for their applicable pharmacy cost-share amount.

This change applies to all commercial medical products and will take effect beginning on January 1, 2010, based on the effective date schedule below.

Effective Date Schedule

Account Renewal Date	Specialty Medication Change Effective Date
October 1, 2009–December 31, 2009	January 1, 2010
January 1, 2010 or later	Upon renewal

The following medications are affected as part of this change.

Fertility	Growth Hormone	Hepatitis C	Red Blood Cell Agents	Other Drugs	
Bravelle	Genotropin	Copegus	Aranesp	Actimmune	Leuprolide
Chorionic Gonadotropin	Humatrope	Infergen	Epogen	Avonex	Lupron
Fertinex	NordiFlex	Pegasys	Procrit	Betaseron	Mozobil
Follistim AQ	Norditropin	PegIntron		Cimzia	Octreotide
Ganirelix	Nutropin	PegIntron RediPen		Copaxone	Orfadin
Gonal-f	Nutropin AQ	Rebetol		Enbrel	Pulmozyme
Gonal-f RFF	Omnitrope	Rebetron		Forteo	Rebif
Luveris	Saizen	RibaPak		Fuzeon	Roferon-A [DSC]
Menopur	Serostim	Ribasphere		Humira	Sandostatin
Pregnyl	Tev-Tropin	Ribavirin		Increlex	TOBI
Profasi	Zorbtive			Intron A	
Repronex				Kineret	

New Consumer Choice Blue Consumer Directed Health Plan Designs

Our Consumer Choice Blue consumer-directed health (CDH) plans come with the most important things your employees need from their coverage—no deductible coverage, preventive care services, protection from high medical costs, and the freedom and flexibility to manage their health care expenses, as well as the option to include Personal Spending Accounts (PSAs) that engage employees in managing their health and health care costs. In addition, we provide the resources and tools to help members manage their health and health care expenses.

Beginning January 1, 2010, we will be offering the following new plans. These health plans meet minimum creditable coverage standards. For more detailed benefit summary information, please visit www.bluecrossma.com/employer or www.bluecrossma.com/broker.

Access BlueSM New England Saver

Access Blue New England Saver is a cost-saving Consumer Choice Blue CDH plan that combines the seamless New England-wide coverage of our HMO Blue New EnglandSM plans with the flexibility to receive full coverage for care obtained directly from participating specialists throughout the New England region without a referral from their primary care provider (PCP) with the savings of a CDH plan. This plan combines deductible and copayment features and is qualified to be combined with a Health Saving Account (HSA). Access Blue New England Saver is available for individual and group sales through Blue Cross Blue Shield of Massachusetts for effective dates on or after January 1, 2010.

Access Blue New England Saver Benefits

Network	HMO Blue New England
Financial Arrangement	Insured and administrative service contract (ASC)
Deductible	\$1,500 individual plan-year deductible \$3,000 family plan-year deductible This deductible applies to all covered services except preventive health services
Out-of-Pocket Maximum	\$5,000 individual plan-year out-of-pocket maximum \$10,000 family plan-year out-of-pocket maximum Includes deductible, co-insurance, and copayments
Emergency Room	\$150 copayment after deductible per visit
Inpatient Care	No cost after deductible
Outpatient Day Surgery	No cost after deductible
Preventive Care Office Visit (Routine Physical)	No cost (deductible does not apply)
PCP Office Visit	\$15 per visit after deductible
Specialist Office Visit	\$25 per visit after deductible
Diagnostic Labs and X-rays	No cost after deductible
CT, MRI, PET, and Nuclear Cardiac Imaging	No cost after deductible per category, per date of service
Pharmacy	Plan-year deductible, then: Retail after deductible—\$10/\$25/\$45 (up to a 30-day supply) Mail after deductible—\$20/\$50/\$135 (up to a 90-day supply)

Access Blue BasicSM Saver

Access Blue Basic Saver is a low-cost Consumer Choice Blue CDH plan. This plan combines a higher deductible and copayments with co-insurance features and offers a significantly lower premium for employers and employees. This plan provides the flexibility to receive full coverage of care without having to designate a PCP and the freedom to receive coverage directly from participating specialists without a referral. Access Blue Basic Saver can be combined with a Health Savings Account (HSA), which allows employees to take advantage of the tax savings allowed on HSA contributions. This plan is available for individual and group sales through Blue Cross Blue Shield of Massachusetts for effective dates on or after January 1, 2010. **Access Blue Basic Saver is only available on a fully insured basis.**

Access Blue Basic Saver Benefits

Network	HMO Blue [®]
Financial Arrangement	Insured only
Deductible	\$3,000 individual plan-year deductible \$5,950 family plan-year deductible This deductible applies to all covered services except preventive health services
Out-of-Pocket Maximum	\$5,800 individual plan-year out-of-pocket maximum \$11,600 family plan-year out-of-pocket maximum Includes deductible, co-insurance, and copayments
Emergency Room	\$250 copayment per visit after deductible
Inpatient Care	35% co-insurance after deductible
Outpatient Day Surgery	35% co-insurance after deductible
Preventive Care Office Visit	\$60 per visit at PCP office; \$75 per visit for other network providers
PCP Office Visit	\$60 per visit after deductible
Specialist Office Visit	\$75 per visit after deductible
Diagnostic Labs and X-rays	35% co-insurance after deductible
CT, MRI, PET, and Nuclear Cardiac Imaging	35% co-insurance after deductible
Pharmacy	Plan-year deductible, then: Retail—\$15/\$30/\$50 (up to a 30-day supply) Mail—\$30/\$60/\$150 (up to a 90-day supply) BlueValue Rx SM formulary

Access Blue Saver II

Access Blue Saver II is a Consumer Choice Blue CDH plan with a moderate deductible and comprehensive coverage at an affordable cost. This plan combines deductible, copayments, and co-insurance features and is qualified to be combined with a Health Savings Account (HSA). Members have the flexibility to receive full coverage for care through their PCP and the freedom to receive coverage directly from participating specialists without a referral. Members also have access to preventive care for a copayment without a deductible. This plan is available to individuals and groups directly from Blue Cross Blue Shield of Massachusetts. In addition, this plan is available through the Commonwealth Health Insurance Connector. **This plan is only available on a fully insured basis.**

Access Blue Saver II Benefits

Network	HMO Blue
Deductible	\$2,000 individual plan-year deductible \$4,000 family plan-year deductible This deductible applies to all covered services except preventive health services
Out-of-Pocket Maximum	\$5,000 individual plan-year out-of-pocket maximum \$10,000 family plan-year out-of-pocket maximum Includes deductible, co-insurance, and copayments
Emergency Room	\$100 copayment after deductible
Inpatient Care	20% co-insurance after deductible
Outpatient Day Surgery	20% co-insurance after deductible
Preventive Care Office Visit (Routine Physical)	No cost (deductible does not apply)
PCP Office Visit	\$25 per visit, after deductible
Specialist Office Visit	\$25 per visit, after deductible
Diagnostic Labs and X-rays	20% co-insurance after deductible
CT, MRI, PET, and Nuclear Cardiac Imaging	20% co-insurance after deductible
Pharmacy	Plan-year deductible, then: Retail after deductible—\$15/50%/50% (up to a 30-day supply) Mail after deductible—\$30/50%/50% (up to a 90-day supply)

Plan Design Changes

The following plans are being modified, effective January 1, 2010 for new sales and on anniversary for renewing customers. These health plans meet minimum creditable coverage standards and are available through the Commonwealth Health Insurance Connector.

- HMO Blue Premium
- HMO Blue ValueSM with BlueValue Rx (previously known as HMO Blue Value with BasicRx)
- HMO Blue \$500 Deductible
- HMO Blue \$1,000 Deductible
- HMO Blue Basic Value
- Access Blue BasicSM

HMO Blue Premium Plan Design Features as of January 1, 2010

Network	HMO Blue
Deductible	None
Out-of-Pocket Maximum	None
Emergency Room	\$75 copayment per visit
Inpatient Care	\$150 copayment per admission
Rehabilitation Hospital and Skilled Nursing Facility	\$150 copayment per admission
Outpatient Day Surgery	\$150 copayment per admission
Preventive Care Office Visit	\$20 copayment per visit
PCP Office Visit	\$20 copayment per visit
Specialist Office Visit	\$30 copayment per visit
Diagnostic Labs and X-rays	\$25 copayment per visit
CT, MRI, PET, and Nuclear Cardiac Imaging	\$25 copayment per category, per date of service
Routine Vision Exam	\$30 copayment per covered exam
Pharmacy*	Retail—\$15/\$30/\$50 (up to a 30-day supply) Mail Service—\$30/\$60/\$150 (up to a 90-day supply)

* See the Benefit Change for Certain Specialty Medications section for more information on pharmacy benefit changes.

Note: Items in bold reflect benefits that are changing as of January 1, 2010.

HMO Blue Value with BlueValue Rx (previously known as HMO Blue Value with BasicRx) Plan Design Features as of January 1, 2010

Network	HMO Blue
Deductible	None
Out-of-Pocket Maximum	\$2,000 individual calendar-year out-of-pocket maximum \$4,000 family calendar-year out-of-pocket maximum Includes inpatient, outpatient, and ER copayments
Emergency Room	\$100 copayment per visit
Inpatient Care	\$500 copayment per admission
Rehabilitation Hospital and Skilled Nursing Facility	\$500 copayment per admission
Outpatient Day Surgery	\$500 copayment per admission
Preventive Care Office Visit	\$25 copayment per visit
PCP Office Visit	\$25 copayment per visit
Specialist Office Visit	\$25 copayment per visit
Diagnostic Labs and X-rays	No cost
CT, MRI, PET, and Nuclear Cardiac Imaging	\$75 copayment per category of test, per date of service (applies to CT, MRI, PET, and nuclear cardiac imaging tests)
Routine Vision Exam	\$25 copayment per covered exam
Pharmacy*	Retail—\$15/50%/50% (up to a 30-day supply) Mail—\$30/50%/50% (up to a 90-day supply) BlueValue Rx formulary

* See the Benefit Change for Certain Specialty Medications section for more information on pharmacy benefit changes.

Note: Items in bold reflect benefits that are changing as of January 1, 2010.

HMO Blue \$500 Deductible Plan Design Features as of January 1, 2010

Network	HMO Blue
Deductible	\$500 individual plan-year deductible \$1,000 family plan-year deductible This deductible does not apply to preventive health services, prescriptions, and certain other services
Out-of-Pocket Maximum	\$2,000 individual plan-year out-of-pocket maximum \$4,000 family plan-year out-of-pocket maximum Includes deductible, copayments over \$100, and co-insurance; does not include prescriptions
Emergency Room	\$100 copayment per visit
Inpatient Care	No cost after deductible
Rehabilitation Hospital and Skilled Nursing Facility	No cost after deductible
Outpatient Day Surgery	No cost after deductible
Preventive Care Office Visit	\$20 copayment per visit
PCP Office Visit	\$20 copayment per visit
Specialist Office Visit	\$20 copayment per visit
Diagnostic Labs and X-rays	No cost after deductible
CT, MRI, PET, and Nuclear Cardiac Imaging	No cost after deductible
Routine Vision Exam	\$20 copayment per visit for covered exams
Pharmacy*	Retail—\$15/\$35/\$60 (up to a 30-day supply) Mail—\$30/\$70/\$120 (up to a 90-day supply)

* See the Benefit Change for Certain Specialty Medications section for more information on pharmacy benefit changes.

Note: Items in bold reflect benefits that are changing as of January 1, 2010.

HMO Blue \$1,000 Deductible Plan Design Features as of January 1, 2010

Network	HMO Blue
Deductible	\$1,000 individual plan-year deductible \$2,000 family plan-year deductible This deductible does not apply to preventive health services, prescriptions, and certain other services
Out-of-Pocket Maximum	\$2,000 individual plan-year out-of-pocket maximum \$4,000 family plan-year out-of-pocket maximum Includes deductible, copayments over \$100, and co-insurance; does not include prescriptions
Emergency Room	\$100 copayment per visit after deductible
Inpatient Care	No cost after deductible
Rehabilitation Hospital and Skilled Nursing Facility	No cost after deductible
Outpatient Day Surgery	No cost after deductible
Preventive Care Office Visit	\$20 copayment per visit
PCP Office Visit	\$20 copayment per visit
Specialist Office Visit	\$20 copayment per visit
Diagnostic Labs and X-rays	No cost after deductible
CT, MRI, PET, and Nuclear Cardiac Imaging	No cost after deductible
Routine Vision Exam	\$20 copayment per visit for covered exams
Pharmacy*	Retail—\$15/\$30/\$50 (up to a 30-day supply) Mail—\$30/\$60/\$150 (up to a 90-day supply)

* See the Benefit Change for Certain Specialty Medications section for more information on pharmacy benefit changes.

Note: Items in bold reflect benefits that are changing as of January 1, 2010.

HMO Blue Basic Value Plan Design Features as of January 1, 2010

Network	HMO Blue
Deductible	\$250 individual plan-year deductible \$500 family plan-year deductible This deductible does not apply to services with a copayment, preventive services, prescriptions, and certain other services noted with no member cost
Out-of-Pocket Maximum	\$5,000 individual plan-year out-of-pocket maximum \$10,000 family plan-year out-of-pocket maximum Includes deductible, copayments over \$100, and co-insurance; does not include prescriptions
Emergency Room	\$150 copayment per visit
Inpatient Care	35% co-insurance after deductible
Rehabilitation Hospital and Skilled Nursing Facility	35% co-insurance after deductible
Outpatient Day Surgery	35% co-insurance after deductible
Preventive Care Office Visit	\$15 copayment per visit
PCP Office Visit	\$25 copayment per visit
Specialist Office Visit	\$40 copayment per visit
Diagnostic Labs and X-rays	35% co-insurance after deductible
CT, MRI, PET, and Nuclear Cardiac Imaging	35% co-insurance after deductible
Routine Vision Exam	\$15 copayment per covered exam
Pharmacy*	Tier 1: \$15 copayment (retail); \$30 copayment (mail service pharmacy) Tier 2 and Tier 3: \$250 deductible per member, per plan-year; \$500 deductible per family, per plan-year; 50% co-insurance BlueValue Rx formulary

* See the Benefit Change for Certain Specialty Medications section for more information on pharmacy benefit changes.

Note: The item in bold reflects the benefit that is changing as of January 1, 2010.

Access Blue Basic Plan Design Features as of January 1, 2010

Network	HMO Blue
Deductible	\$2,000 individual plan-year deductible \$4,000 family plan-year deductible Does not apply to preventive care, prescriptions, and first two visits each calendar year for covered outpatient medical care services and/or mental health services
Out-of-Pocket Maximum	\$5,000 individual plan-year out-of-pocket maximum \$10,000 family plan-year out-of-pocket maximum Includes deductible and copayments; does not include prescriptions
Emergency Room	\$150 copayment after deductible
Inpatient Care	\$500 copayment after deductible
Rehabilitation Hospital and Skilled Nursing Facility	\$500 copayment after deductible
Outpatient Day Surgery	\$250 copayment after deductible
Preventive Care Office Visit	\$30 copayment per visit for PCP \$45 copayment for specialist
PCP Office Visit	\$30 copayment per visit
Specialist Office Visit	\$45 copayment per visit
Diagnostic Labs and X-rays	Nothing after deductible
CT, MRI, PET, and Nuclear Cardiac Imaging	Nothing after deductible
Routine Vision Exam	\$30 copayment per covered exam
Pharmacy*	\$250 prescription deductible per member, \$500 prescription deductible per family, per plan year for Tier 2 and Tier 3 Tier 1: \$10 copayment (retail); \$20 copayment (mail service pharmacy) Tier 2 and Tier 3: \$30/\$50 copayment after deductible (retail); \$60/\$90 copayment after deductible (mail service pharmacy) BlueValue Rx formulary and Exclusive Home Delivery

* See the Benefit Change for Certain Specialty Medications section for more information on pharmacy benefit changes.

Note: Items in bold reflect benefits that are changing as of January 1, 2010.

Plans Closing

The following products will be closed for new sales to employer groups with fewer than 50 eligible employees and for individuals with effective dates on or after January 1, 2010:

- Blue Choice® Value Plus
- Blue Choice New EnglandSM Value Plus

Employer groups currently enrolled in these products may continue to renew their coverage.

Benefit Changes Available Online

As a reminder, we are making benefit changes across our product portfolio on anniversary, beginning on October 1, 2009. And because you are a valued business partner, you can use our online resources to get the most up-to-date information on all of our available plan designs. Simply go to the **Plans & Products** section of www.bluecrossma.com/employer or www.bluecrossma.com/broker for more detailed benefit summary information for all our plan options based on effective date. Accounts with future renewal dates are encouraged to check back for the most up-to-date plan design information for their employees.

