



MASSACHUSETTS

Blue Choice® Product Options (effective 10/1/08)

Product	Office Visit	ER	Inpatient	Ambulatory/ Outpatient Day Surgery	MRI, CT and PET scans	Medical Deductible	Prescription Drugs	Premium Relativity*
Blue Choice New England Value Plus	\$15 (PCP/Plan approved)	\$50	\$250 (PCP/Plan approved)	\$150 (PCP/Plan approved)	\$25	\$500/\$1,000 (self-referred)	\$10/\$25/\$45 retail \$20/\$50/\$90 mail	-3%
Blue Choice Value Plus	\$15 (PCP/Plan approved)	\$50	\$250 (PCP/Plan approved)	\$150 (PCP/Plan approved)	\$25	\$500/\$1,000 (self-referred)	\$10/\$25/\$45 retail \$20/\$50/\$90 mail	-5%

* Premium relativity is compared to HMO Blue® \$10 and is provided for illustrative purposes only. Numbers are rounded. Offering multiple products can impact relativities.

Allowable Blue Choice Product Combinations*

One product below can be combined with a Blue Choice plan from the chart above.

Access Blue™ (With Blue Choice Value Plus only)	HMO Blue (With Blue Choice Value Plus only)	HMO Blue New England (With Blue Choice New England Value Plus)
Access Blue Value Plus	HMO Blue \$10 copayment	HMO Blue New England \$10 Copay
Access Blue Enhanced Value	HMO Blue Premium	HMO Blue New England Value Plus
Access Blue Saver	HMO Blue Value Plus	HMO Blue New England Options™
Access Blue Basic™	HMO Blue Preferences \$600	HMO Blue New England Enhanced Value
Access Blue Basic \$2,000	HMO Blue Enhanced Value	HMO Blue New England Value
	HMO Blue Options™	HMO Blue New England Premier Value
	HMO Blue Value	HMO Blue New England \$1,000
	HMO Blue Premier Value	HMO Blue Basic Value
	HMO Blue Value with BasicRx	
	HMO Blue \$1,000 Deductible	
	HMO Blue \$2,000 Deductible	

* For small group (1-50 eligible employees) with 5 or more enrolled.