



MASSACHUSETTS

Access Blue™ 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*
Access Blue Value Plus	\$15—PCP, OB/GYN, Nurse Practitioner, Nurse Midwife \$25—Other Network Providers	\$50	\$250	\$150	\$25	None	\$10/\$25/\$45 retail \$20/\$50/\$90 mail	-13%
Access Blue Enhanced Value	\$20—PCP, OB/GYN, Nurse Practitioner, Nurse Midwife \$30—Other Network Providers	\$75	\$500	\$250	\$50	None	\$250/\$500 Deductible, then \$15/50%/50% retail \$30/50%/50% mail with BlueValue Rx SM formulary No deductible on Tier 1	-26%
Access Blue Saver (HSA Compliant)	\$15 After Deductible [†] —PCP, OB/GYN, Nurse Practitioner, Nurse Midwife \$25 After Deductible [†] —Other Network Providers	\$100 Copayment after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$1,500/\$3,000** Plan-year Deductible	\$1,500/\$3,000** Deductible, then \$10/\$25/\$45 retail \$20/\$50/\$135 mail	-42%
Access Blue Basic™	\$25 After deductible [†]	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$1,500/\$3,000	\$15/\$30/\$50 retail \$30/\$60/\$150 mail with BlueValue Rx formulary and Exclusive Home Delivery	-49%
Access Blue Basic \$2,000	\$25 After Deductible [†] —PCP, OB/GYN, Nurse Practitioner, Nurse Midwife \$35 After Deductible [†] —Other Network Providers	\$250	20% Co-insurance after Deductible	20% Co-insurance after Deductible	20% Co-insurance after Deductible	\$2,000/\$4,000 Plan-year Deductible	\$250/\$500 Deductible then \$15/50%/50% retail \$30/50%/50% mail with BlueValue Rx formulary	-59%

* Premium relativity based on HMO Blue \$10 is provided for illustrative purposes only. Numbers are rounded. Offering multiple products can impact premium relativity.

** Deductible is based on plan year and includes prescription drugs. Does not apply to preventive care (entire family Deductible must be satisfied before benefits are provided for any one member enrolled under a family membership).

† Deductible does not apply to routine adult physical exams.

Allowable Access Blue Side-by-side Options*

One product below can be combined with an Access Blue plan from the product options chart on the other side.

HMO Blue®	Access Blue™ (excluding original selection)	POS	PPO
HMO Blue \$10 copayment	Access Blue Value Plus	Blue Choice® Value Plus	Blue Care® Elect Preferred 100/80
HMO Blue Premium	Access Blue Enhanced Value		Blue Care Elect Value Plus
HMO Blue Value Plus	Access Blue Saver		Blue Care Elect Enhanced Value
HMO Blue Options™	Access Blue Basic™		PPO Blue Care Elect Preferred 90/70 with Copay
HMO Blue Preferences \$600	Access Blue Basic \$2,000		PPO Blue Care Elect Preferred 80/60 with Copay
HMO Blue Enhanced Value			Preferred Blue® PPO \$1,000 Deductible
HMO Blue Value			Blue Care Elect \$2,000 Deductible
HMO Blue Premier Value			Preferred Blue PPO Saver \$1,500
HMO Blue Value with BasicRx			Blue Care Elect \$3,000 Deductible
HMO Blue \$1,000 Deductible			Preferred Blue PPO Saver \$2,900
HMO Blue \$2,000 Deductible			Preferred Blue PPO Basic \$2,000
HMO Blue Basic Value			

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

