

STANDARD PLAN DESIGN BENEFIT CHANGES

The standard plan benefit changes presented here apply to new and renewing plans from September 23, 2010 to December 31, 2010.



At Blue Cross Blue Shield of Massachusetts, our comprehensive product portfolio provides many options to meet the various health coverage needs and budgets of individuals and employer groups in the state of Massachusetts. As part of our ongoing efforts to continually enhance our commercial product portfolio and to address the immediate implications of national health care reform, as well as Federal Mental Health Parity, we are making benefit changes across many of our standard plan designs.

This guide has been created to provide you with a reference tool that will help you understand the changes to your plan(s).

National Health Care Reform (NHCR)

Many of the advantages and requirements of NHCR are already in place due to Massachusetts health care reform and other regulations. The following bullets are the required NHCR benefit plan design changes that are being made to our standard plans, **effective on or after September 23, 2010** for new sales, and on anniversary for renewing customers.

Note: The most significant of these changes is the elimination of cost-sharing for preventive care services.

- **Lifetime Limits:** All group health plans and issuers offering group coverage or individual health insurance coverage are prohibited from establishing lifetime limits on “essential” benefits for any participant or beneficiary. In order to meet this requirement, we will be removing the lifetime limits from our standard plans that currently have a lifetime limit. This provision applies to all insured and self-insured medical accounts.
- **Annual Limits:** All group health plans and issuers offering group coverage or individual health insurance coverage may only establish a restricted annual limit on the dollar value of essential health benefits. We are removing annual limits on those essential benefits that currently apply an annual dollar limit. This provision applies to all insured and self-insured medical accounts.
- **Preventive Care with No Cost-Sharing:** All group health plans and issuers offering group coverage or individual health insurance coverage may not impose cost-sharing for preventive coverage, including, but not limited to, immunizations, screenings, and other services, as recommended by certain federal agencies. Coverage of certain preventive services is also required. In order to meet this requirement, for in-network benefits, we will be removing all cost-sharing including deductibles, copayments, and co-insurance. In certain plans, we will also be adding coverage for preventive care services with no cost-sharing. These covered services will be highlighted in the plan tables. This provision applies to all insured and self-insured medical accounts.

- **Dependent Coverage Extension to Age 26:** All group health plans and issuers offering group coverage or individual health insurance coverage that provide coverage to dependents must offer coverage to all adult children up to age 26, regardless of the dependents' Internal Revenue Service tax qualification status, marital status, student status, or employment status. This provision applies to all insured and self-insured medical accounts, except for Essential Blue plans.

Please note: For grandfathered accounts only, until January 1, 2014, dependent coverage does not need to be offered if a dependent is eligible and has access to other group health coverage through his/her employer.

Federal Mental Health Parity

Following the issuance of the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) Interim Final Rule (the Rule), we have been testing benefit designs for our plans with 51 or more employees. After completing our initial testing, The Department of Labor and other federal agencies (the Agencies) issued a significant update to the Rule on July 1, 2010. This update redefined the testing approach for purposes of applying the financial requirement and treatment limitation rules under MHPAEA.

In the July 1 update, the Agencies indicate that when applying the Rule's financial requirement and treatment limitation tests to determine parity, insurers may divide benefits placed on outpatient services into two categories:

- Office visits
- All other outpatient items and services

Our updated test results show that the majority of our standard plans will not require benefit changes. Please refer to the charts in Section Two of this document to identify changes, if any, to our insured standard plans available for 51 or more employees.

Value-Based Plan Design

As part of our ongoing efforts to continually enhance our commercial product portfolio and incorporate value-based design concepts that encourage members to use high-quality, lower cost services, we will be applying a lesser level of copayment for most primary care provider (PCP) services than for specialist services to standard HMO plans that do not currently have a differential copayment in place.

Note: This guide should be used for general information only, and is not intended as legal advice. For a complete understanding of the law and its requirements, please contact your legal counsel.

For a complete description of benefits, please refer to your subscriber certificate, account agreement benefit description, or plan materials.

Table of Contents

Using This Guide	5
▶ Section One Standard Plan Design Benefits	7
HMO Blue [®] and Network Blue [®] Plans	8
HMO Blue New England SM and Network Blue New England Plans	10
Access Blue SM and Access Blue New England Plans	12
Blue Choice [®] and Blue Choice New England SM Plans	14
PPO Plans	15
Indemnity Plans	21
Essential Blue Young Adult Plans	25
▶ Section Two Federal Mental Health Parity	27
HMO Blue Plans	28
HMO Blue New England Plans	29
Access Blue and Access Blue New England Plans	30
Blue Choice and Blue Choice New England Plans	31
PPO Plans	32
Indemnity Plans	34

Using This Guide to Understand Plan Changes

Follow these three simple steps to see your “plan family” and plan-specific changes:

- 1 Identify your “plan family” (e.g., HMO, Access Blue, PPO, etc.) from the table of contents.
- 2 Within your “plan family” page, find your plan and the associated plan group.
- 3 Refer to that plan group number within the chart to view your plan-specific changes.

HMO Blue[®] and Network Blue[®] Plans 1 “Plan Family”

Group 2	2 Plan Group	
HMO Blue \$10 ¹		2 Plan
Network Blue \$10		

Covered Services	Member Cost	3 “Plan Family” Changes	
<i>Preventive Pediatric Care</i>			
Office Visit	\$0		
<i>Preventive Adult Exam</i>			
Office Visit	\$0		
<i>Routine GYN Exam</i>			
Office Visit	\$0		
<i>Routine Hearing Exam</i>			
Office Visit	\$0		
Newborn Hearing Screening Test	No Change²		
<i>Other Services</i>			
Routine Vision Exam	\$0		
Family Planning	\$0		
Well Newborn Care (Inpatient)	No Change²		
Office Visit (PCP/Specialist)	Group 1	No Change	3 Plan-Specific Changes
	Group 2	\$10/\$25	
	Group 3	\$20/\$35	
	Group 4	\$5/\$20	
	Group 5	\$25/\$40	
	Group 6	\$15/\$30	



Benefit Information Available Online for Brokers and Employers

As 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. Please go to www.bluecrossma.com/broker or www.bluecrossma.com/employer for more detailed benefit summary information.

SECTION ONE | **STANDARD PLAN DESIGN BENEFITS**

HMO Blue and Network Blue Plans

The HMO Blue family of plans includes the following changes:

- As part of the preventive care provision within NHCR, the affected plans listed will now have no cost-sharing for the specified preventive care services.
- The Dependent Coverage Extension to Age 26 provision within NHCR applies to all plans.
- A PCP/specialist split copayment will be applied to those plans indicated. To determine the specific changes to your PCP/specialist office visit copayments, find your specific plan group in the group boxes and reference that group number in the table in the “PCP/Specialist Office Visit” section. If “no change” is indicated, then the copayment remains in its current form.

HMO Blue and Network Blue Affected Plan Groups

Group 1	Group 2	Group 3
HMO Blue Basic Value	HMO Blue \$10 ¹	HMO Blue \$1,000 Deductible
HMO Blue Basic Value without Rx ¹	Network Blue \$10	HMO Blue \$2,000 Deductible
HMO Blue Options SM		HMO Blue \$500 Deductible
HMO Blue Options Deductible		HMO Blue Enhanced Value
HMO Blue Preferences SM \$600 ¹		Network Blue Deductible
HMO Blue Premier Value with Co-insurance		Network Blue Enhanced Value
HMO Blue Premium		
Network Blue Options		
Network Blue Options Deductible		
Network Blue Preferences		
Network Blue Preferences \$600		
Network Blue Premier Value with Co-insurance		

Group 4	Group 5	Group 6
HMO Blue \$5 ¹	HMO Blue Premier Value	HMO Blue Value Plus
Network Blue \$5	HMO Blue Value SM	Network Blue Value Plus
	HMO Blue Value with BlueValue Rx SM	
	Network Blue Premier Value	
	Network Blue Value	

Dependent Coverage Only
HMO Blue \$5 without Rx ¹
HMO Blue Preferences ¹
HMO Blue Value Plus SM without Rx ¹
HMO Blue Value without Rx ¹

1. These plans are closed to new individual and small group sales. Please contact your account executive to discuss the plan design options available to you.

HMO Blue and Network Blue Local Plans | All Plan Groups

Covered Services		Member Cost
<i>Preventive Pediatric Care</i>		
	Office Visit	\$0
<i>Preventive Adult Exam</i>		
	Office Visit	\$0
<i>Routine GYN Exam</i>		
	Office Visit	\$0
<i>Routine Hearing Exam</i>		
	Office Visit	\$0
	Newborn Hearing Screening Test	No Change²
<i>Other Services</i>		
	Routine Vision Exam	\$0
	Family Planning	\$0
	Well Newborn Care (Inpatient)	No Change²
Office Visit (PCP/Specialist)	Group 1	No Change
	Group 2	\$10/\$25
	Group 3	\$20/\$35
	Group 4	\$5/\$20
	Group 5	\$25/\$40
	Group 6	\$15/\$30

2. Changing to \$0 for HMO Blue Basic Value and HMO Blue Basic Value without Rx¹

HMO Blue New England and Network Blue New England Plans

The HMO Blue New England family of plans includes the following changes:

- As part of the preventive care provision within NHCR, the affected plans listed will now have no cost-sharing for the specified preventive care services.
- The Dependent Coverage Extension to Age 26 provision within NHCR applies to all plans.
- A PCP/specialist split copayment will be applied to those plans indicated. To determine the specific changes to your PCP/specialist office visit copayments, find your specific plan group in the plan group boxes and reference that plan group number in the table in the “PCP/Specialist Office Visit” section. If “no change” is indicated, then the copayment remains in its current form.

HMO Blue New England and Network Blue New England Affected Plan Groups

Group 1	Group 2
HMO Blue NE Options HMO Blue NE Options Deductible HMO Blue NE Premier Value with Co-insurance Network Blue NE Options Network Blue NE Options Deductible Network Blue NE Premier Value with Co-insurance	HMO Blue NE \$10 ³ Network Blue NE \$10
Group 3	Group 4
HMO Blue NE \$1,000 Deductible HMO Blue NE \$500 Deductible HMO Blue NE Enhanced Value Network Blue NE Deductible Network Blue NE Enhanced Value	HMO Blue NE \$5 ³ Network Blue NE \$5
Group 5	Group 6
HMO Blue NE Premier Value HMO Blue NE Value Network Blue NE Premier Value Network Blue NE Value	HMO Blue NE Value Plus Network Blue NE Value Plus

3. These plans are closed to new individual and small group sales. Please contact your account executive to discuss the plan design options available to you.

HMO Blue New England and Network Blue New England Plans | All Plan Groups

Covered Services		Member Cost
<i>Preventive Pediatric Care</i>		
	Office Visit	\$0
<i>Preventive Adult Exam</i>		
	Office Visit	\$0
<i>Routine GYN Exam</i>		
	Office Visit	\$0
<i>Routine Hearing Exam</i>		
	Office Visit	\$0
<i>Other Services</i>		
	Routine Vision Exam	\$0
	Family Planning	\$0
Office Visit (PCP/Specialist)	Group 1	No Change
	Group 2	\$10/\$25
	Group 3	\$20/\$35
	Group 4	\$5/\$20
	Group 5	\$25/\$40
	Group 6	\$15/\$30

Access Blue and Access Blue New England Plans

The Access Blue family of plans include the following changes:

- As part of the preventive care provision within NHCR, the affected plans listed will now have no cost-sharing for the specified preventive care services.
- The Dependent Coverage Extension to Age 26 provision within NHCR applies to all plans.

To determine the specific changes to your Access Blue plan, locate your plan and identify the plan group number assigned, then locate your plan group number/plan name at the top of the chart.

Access Blue and Access Blue New England Affected Plan Groups

Group 1	Group 2
Access Blue Basic SM Access Blue Enhanced Value ⁴ Access Blue NE Enhanced Value Access Blue NE Saver Access Blue Saver Access Blue Value Plus ⁴	Access Blue Saver II Access Blue Basic Saver Access Blue Basic \$2,000

Dependent Coverage Only
Access Blue ⁴ Access Blue \$1,000 Deductible ⁴ Access Blue \$2,000 Deductible ⁴ Access Blue Value ⁴

4. These plans are closed to new individual and small group sales. Please contact your account executive to discuss the plan design options available to you.

Access Blue and Access Blue New England Plans | Plan Group 1

Covered Services	Member Cost
<i>Preventive Pediatric Care</i>	
Office Visit	\$0
<i>Preventive Adult Exam</i>	
Office Visit	\$0
<i>Routine GYN Exam</i>	
Office Visit	\$0
<i>Routine Hearing Exam</i>	
Office Visit	\$0
<i>Other Services</i>	
Routine Vision Exam	\$0
Family Planning	\$0

Access Blue and Access Blue New England Plans | Plan Group 2

Covered Services	Member Cost
<i>Preventive Pediatric Care</i>	
Office Visit	\$0
<i>Preventive Adult Exam</i>	
Office Visit	\$0
<i>Routine GYN Exam</i>	
Office Visit	\$0
<i>Routine Hearing Exam</i>	
Office Visit	\$0
Newborn Hearing Screening Test	\$0
<i>Other Services</i>	
Routine Vision Exam	\$0
Family Planning	\$0
Well Newborn Care (Inpatient)	\$0

Blue Choice and Blue Choice New England Plans

The POS family of plans includes the following changes:

- As part of the preventive care provision within NHCR, the affected plans listed will now have no cost-sharing for the specified preventive care services.
- The Dependent Coverage Extension to Age 26 provision within NHCR applies to all plans.
- Removal of the lifetime benefit maximum under the self-referred level of benefits.

To determine the specific changes to your POS plan, locate your plan in the following chart.

Blue Choice and Blue Choice New England Affected Plan Group

Group 1
Blue Choice \$10 ⁵
Blue Choice \$5 ⁵
Blue Choice NE \$10 ⁵
Blue Choice NE \$5 ⁵
Blue Choice NE Plan 2 \$10
Blue Choice NE Plan 2 \$5
Blue Choice NE Plan 2 Value Plus
Blue Choice NE Value Plus ⁵
Blue Choice Plan 2 \$10
Blue Choice Plan 2 \$5
Blue Choice Plan 2 Value Plus
Blue Choice Value Plus ⁵

5. These plans are closed to new individual and small group sales. Please contact your account executive to discuss the plan design options available to you.

Blue Choice and Blue Choice New England Plans | Plan Group 1

Covered Services	Member Cost
	(PCP/Plan-Approved Level of Benefits)
<i>Preventive Pediatric Care</i>	
Office Visit	\$0
<i>Preventive Adult Exam</i>	
Office Visit	\$0
<i>Routine GYN Exam</i>	
Office Visit	\$0
<i>Routine Hearing Exam</i>	
Office Visit	\$0
<i>Other Services</i>	
Routine Vision Exam	\$0
Family Planning	\$0

PPO Plans

The PPO family of plans includes the following changes:

- As part of the preventive care provision within NHCR, the affected plans listed will now have no cost-sharing for the specified preventive care services. Additionally, in certain plans, we are adding coverage for routine hearing and vision exams with no cost-sharing.
- The Dependent Coverage Extension to Age 26 provision within NHCR applies to all plans.
- In certain plans, we are removing the annual dollar limits in cases where preventive adult exams and routine GYN exams were previously combined as one benefit.
- For certain plans that were restrictive in the frequency of routine care, we are enhancing the age-based schedule by increasing to one visit per calendar year from age two and up.

To determine the specific changes to your PPO plan, locate your plan and identify the group number assigned, then locate your group number/plan name at the top of the chart.

PPO Affected Plan Groups

Group 1	Group 2	Group 3
Blue Care Elect SM Deductible ⁶ Blue Care Elect \$2,000 Deductible ⁶ Blue Care Elect \$3,000 Deductible Blue Care Elect \$4,500 Deductible Blue Care Elect \$5,000 Deductible ⁶ Blue Care Elect Value Plus ⁶ Blue Care Elect Enhanced Value Blue Care Elect Preferred SM 100/80 ⁶ Blue Care Elect Saver ^{SM 6}	Blue Care Elect Preferred 80 with Copayment ⁶ Blue Care Elect Preferred 90 with Copayment ⁶ Blue Care Elect Saver 90	Preferred Blue PPO SM \$1,000 Deductible Preferred Blue SM PPO \$2,000 Deductible Preferred Blue PPO Options Preferred Blue PPO Saver \$1,500 Preferred Blue PPO Saver \$2,000 Preferred Blue PPO Saver \$2,900 PPO Blue Options SM Advantage Blue [®]

Group 4	Group 5	Group 6
Preferred Blue PPO 80 with Copayment Preferred Blue PPO Basic \$2,000	Blue Care Elect 100/80 ⁶	Blue Care Elect Preferred 80 ⁶ Blue Care Elect Preferred 90 ⁶

Group 7
Blue Care Elect 80/60 ⁶ Blue Care Elect 90/70 ⁶

6. These plans are closed to new individual and small group sales. Please contact your account executive to discuss the plan design options available to you.

PPO Plans | Plan Group 1

Covered Services	In-Network Member Cost
<i>Preventive Pediatric Care</i>	
Office Visit	\$0
Immunizations	\$0
<i>Preventive Adult Exam</i>	
Office Visit	\$0
Immunizations	\$0
<i>Routine GYN Exam</i>	
Office Visit	\$0
<i>Routine Hearing Exam</i>	
Office Visit	\$0
<i>Other Services</i>	
Routine Vision Exam	\$0
Family Planning	\$0

PPO Plans | Plan Group 2

Covered Services	In-Network Member Cost	Out-of-Network Member Cost
		<i>After Deductible Is Met</i> % Co-insurance
<i>Preventive Pediatric Care</i>		
Office Visit	\$0	No Change
Immunizations	\$0	No Change
<i>Preventive Adult Exam</i>		
Office Visit	\$0	No Change
Immunizations	\$0	No Change
<i>Routine GYN Exam</i>		
Office Visit	\$0	No Change
<i>Routine Hearing Exam</i>		
Office Visit	\$0	No Change
Newborn Hearing Screening Test	\$0	20%
<i>Other Services</i>		
Routine Vision Exam	\$0	No Change
Family Planning	\$0	No Change
Well Newborn Care (Inpatient)	\$0	20%

PPO Plans | Plan Group 3

Covered Services	In-Network Member Cost
<i>Preventive Pediatric Care</i>	
Office Visit	\$0
<i>Preventive Adult Exam</i>	
Office Visit	\$0
<i>Routine GYN Exam</i>	
Office Visit	\$0
<i>Routine Hearing Exam</i>	
Office Visit	\$0
<i>Other Services</i>	
Routine Vision Exam	\$0
Family Planning	\$0

PPO Plans | Plan Group 4

Covered Services	In-Network Member Cost	Out-of-Network Member Cost
		<i>After Deductible Is Met</i> % Co-insurance
<i>Preventive Pediatric Care</i>		
Office Visit	\$0	No Change
<i>Preventive Adult Exam</i>		
Office Visit	\$0	No Change
<i>Routine GYN Exam</i>		
Office Visit	\$0	No Change
<i>Routine Hearing Exam</i>		
Office Visit	\$0	No Change
Newborn Hearing Screening Test	\$0	20%
<i>Other Services</i>		
Routine Vision Exam	\$0	No Change
Family Planning	\$0	No Change
Well Newborn Care (Inpatient)	\$0	20%

PPO Plans | Plan Group 5

Covered Services	In-Network Member Cost	Out-of-Network Member Cost
		After Deductible Is Met % Co-insurance
<i>Preventive Adult Exam</i>		
Office Visit⁷	\$0	20%
Lab Tests⁷	\$0	20%
Immunizations	\$0	No Change
<i>Routine GYN Exam</i>		
Office Visit⁷	\$0	20%
<i>Routine Hearing Exam</i>		
Office Visit⁸	\$0	20%
Routine Hearing Test⁸	\$0	20%
<i>Other Services</i>		
Routine Vision Exam⁸	\$0	20%
Family Planning	\$0	No Change

7. Eliminating dollar cap on service and separating preventive adult exam from the routine GYN exam into two separate benefits.

8. Newly added coverage for these services with no cost-sharing.

PPO Plans | Plan Group 6

Covered Services	In-Network Member Cost	Out-of-Network Member Cost
		After Deductible Is Met % Co-insurance
<i>Preventive Pediatric Care</i>		
Office Visit	\$0	20%
Lab Tests	\$0	20%
Immunizations	\$0	20%
<i>Preventive Adult Exam</i>		
Office Visit	\$0	20%
Lab Tests	\$0	20%
Immunizations	\$0	20%
Lead Screening	\$0	20%
Routine Mammograms	\$0	20%
Routine PSA Tests	\$0	20%
Routine Colonoscopies	\$0	20%
Routine Sigmoidoscopies	\$0	20%
<i>Routine GYN Exam</i>		
Office Visit	\$0	20%
Routine Pap Smear Test	\$0	20%
<i>Routine Hearing Exam</i>		
Office Visit	\$0	20%
Newborn Hearing Screening Test	\$0	20%
Routine Hearing Test	\$0	20%
<i>Other Services</i>		
Routine Vision Exam	\$0	20%
Family Planning	\$0	20%
Well Newborn Care (Inpatient)	\$0	20%

PPO Plans | Plan Group 7

Covered Services	In-Network Member Cost	Out-of-Network Member Cost
		After Deductible Is Met % Co-insurance
<i>Preventive Pediatric Care</i>		
Office Visit	\$0	20%
Lab Tests	\$0	20%
Immunizations	\$0	20%
<i>Preventive Adult Exam</i>		
Office Visit⁹	\$0	20%
Lab Tests⁹	\$0	20%
Immunizations	\$0	20%
Lead Screening	\$0	20%
Routine Mammograms	\$0	20%
Routine PSA Tests	\$0	20%
Routine Colonoscopies	\$0	20%
Routine Sigmoidoscopies	\$0	20%
<i>Routine GYN Exam</i>		
Office Visit⁹	\$0	20%
Routine Pap Smear Test	\$0	20%
<i>Routine Hearing Exam</i>		
Office Visit¹⁰	\$0	20%
Newborn Hearing Screening Test	\$0	20%
Routine Hearing Test¹⁰	\$0	20%
<i>Other Services</i>		
Routine Vision Exam¹⁰	\$0	20%
Family Planning	\$0	20%
Well Newborn Care (Inpatient)	\$0	20%

9. Eliminating dollar cap on service and separating preventive adult exam from the routine GYN exam into two separate benefits.

10. Newly added coverage for these services with no cost-sharing.

Indemnity Plans

The Indemnity family of plans includes the following changes:

- As part of the preventive care provision within NHCR, the affected plans listed will now have no cost-sharing for the specified preventive care services. Additionally, in certain plans, we are adding coverage for other preventive services with no cost-sharing.
- The Dependent Coverage Extension to Age 26 provision within NHCR applies to all plans.
- Removal of the overall lifetime benefit maximum.
- In a certain plan, we are removing the annual dollar limits where preventive adult exams and routine GYN exams were previously combined as one benefit.
- For certain plans that were restrictive in the frequency of routine care, we are enhancing the age-based schedule by increasing to one visit per calendar year from age two and up.

To determine the specific changes to your Indemnity plan, locate your plan and identify the group number assigned, then locate your group number/plan name at the top of the chart.

Indemnity Affected Plan Groups

Group 1	Group 2	Group 3
Comprehensive Major Medical \$500 ¹¹	Master Medical ^{® 11}	Master Health ^{® 11} Master Health ^{® Plus} ¹¹ Master Health 10/50 ¹¹

Dependent Coverage and Removal of the Overall Lifetime Benefit Maximum Only
Comprehensive Major Medical \$15 Copayment ¹¹ Major Medical 80 ¹¹ VIP 2000 ¹¹ VIP 2001 ¹¹ VIP 2002 ¹¹

11. These plans are closed to new individual and small group sales. Please contact your account executive to discuss the plan design options available to you.

Indemnity Plans | Plan Group 1

Covered Services	Member Cost
<i>Preventive Pediatric Care</i>	
Office Visit	\$0
Lab Tests	\$0
Immunizations	\$0
<i>Preventive Adult Exam</i>	
Office Visit ¹²	\$0
Lab Tests ¹³	\$0
Immunizations ¹³	\$0
Lead Screenings	\$0
Routine Mammograms	\$0
Routine PSA Tests ¹³	\$0
Routine Colonoscopies ¹³	\$0
Routine Sigmoidoscopies ¹³	\$0
<i>Routine GYN Exam</i>	
Office Visit ¹²	\$0
Routine Pap Smear Test	\$0
<i>Routine Hearing Exam</i>	
Office Visit ¹³	\$0
Newborn Hearing Screening Test	\$0
Routine Hearing Test ¹³	\$0
<i>Other Services</i>	
Routine Vision Exam ¹³	\$0
Family Planning	\$0
Well Newborn Care (Inpatient)	\$0

12. Eliminating dollar cap on service and separating preventive adult exam from the routine GYN exam into two separate benefits.

13. Newly added coverage for these services with no cost-sharing.

Indemnity Plans | Plan Group 2

Covered Services	Member Cost
<i>Preventive Pediatric Care</i>	
Office Visit	\$0
Immunizations	\$0
<i>Preventive Adult Exam</i>	
Office Visit¹⁴	\$0
Lab Tests¹⁴	\$0
Immunizations¹⁴	\$0
Routine PSA Tests¹⁴	\$0
Routine Colonoscopies¹⁴	\$0
Routine Sigmoidoscopies¹⁴	\$0
<i>Routine GYN Exam</i>	
Office Visit¹⁴	\$0
<i>Routine Hearing Exam</i>	
Office Visit¹⁴	\$0
Routine Hearing Test¹⁴	\$0
<i>Other Services</i>	
Routine Vision Exam¹⁴	\$0

14. Newly added coverage for these services with no cost-sharing.

Indemnity Plans | Plan Group 3

Covered Services	Member Cost
<i>Preventive Pediatric Care</i>	
Office Visit	\$0
Lab Tests	\$0
Immunizations	\$0
<i>Preventive Adult Exam</i>	
Office Visit¹⁵	\$0
Lab Tests¹⁵	\$0
Immunizations	\$0
Routine PSA Tests¹⁵	\$0
Routine Colonoscopies¹⁵	\$0
Routine Sigmoidoscopies¹⁵	\$0
<i>Routine GYN Exam</i>	
Office Visit¹⁵	\$0
<i>Routine Hearing Exam</i>	
Office Visit¹⁵	\$0
Routine Hearing Test¹⁵	\$0
<i>Other Services</i>	
Routine Vision Exam¹⁵	\$0
Family Planning	\$0

15. Newly added coverage for these services with no cost-sharing.

Essential Blue Young Adult Plans

The Essential Blue Young Adult family of plans includes the following changes:

- As part of the preventive care provision within NHCR, the affected plans listed will now have no cost-sharing for the specified preventive care services.

To determine the specific changes to your plan, locate your plan in the following chart.

Essential Blue Young Adult Affected Plan Group

Group 1
Essential Blue YA
Essential Blue YA without Rx
Essential Blue YA II
Essential Blue YA II without Rx

Essential Blue Young Adult Plans | Plan Group 1

Covered Services	Enhanced/Standard
<i>Preventive Adult Exam</i>	
Office Visit	\$0
<i>Routine GYN Exam</i>	
Office Visit	\$0
<i>Routine Hearing Exam</i>	
Office Visit	\$0
<i>Other Services</i>	
Routine Vision Exam	\$0
Family Planning	\$0
Well Newborn Care (Inpatient)	\$0



Benefit Information Available Online for Brokers and Employers

As 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. Please go to www.bluecrossma.com/broker or www.bluecrossma.com/employer for more detailed benefit summary information.

SECTION TWO | FEDERAL MENTAL HEALTH PARITY

HMO Blue Plans

To see changes related to Federal Mental Health Parity for the standard HMO Blue plans available for employer groups with 51 or more employees, locate your plan in the following charts.

HMO Blue Affected Plan Groups

Group 1
HMO Blue Basic Value

Plans Not Impacted¹⁶
HMO Blue
HMO Blue Deductible
HMO Blue Enhanced Value
HMO Blue Options
HMO Blue Options Deductible
HMO Blue Preferences
HMO Blue Preferences \$600 Copayment
HMO Blue Premier Value
HMO Blue Premier Value with Co-insurance
HMO Blue Premium
HMO Blue Value
HMO Blue Value Plus
HMO Blue Value with BlueValue Rx

16. These standard plans meet the quantitative (actuarial) test for parity and do not require benefit changes.

HMO Blue Plans | Plan Group 1

Covered Services	Member Cost
<i>Outpatient Services</i>	
Mental Health and Substance Use Treatment	\$0

HMO Blue New England Plans

To see changes related to Federal Mental Health Parity for the standard HMO Blue New England plans available for employer groups with 51 or more employees, locate your plan in the following charts.

HMO Blue New England Affected Plan Groups

Group 1
Group 1A
HMO Blue NE
Group 1B
HMO Blue NE Enhanced Value
Group 1C
HMO Blue NE Premier Value
HMO Blue NE Premier Value with Co-insurance
HMO Blue NE Value
Group 1D
HMO Blue NE Value Plus
Group 1E
HMO Blue NE Options

Plans Not Impacted¹⁷
HMO Blue NE Deductible
HMO Blue NE Options Deductible

17. These standard plans meet the quantitative (actuarial) test for parity and do not require benefit changes.

HMO Blue New England Plans | Plan Group 1

Covered Services		Member Cost
<i>Outpatient Services</i>		
Surgery in the Office (PCP/Specialist)	Group 1A	\$10/\$25
	Group 1B	\$20/\$35
	Group 1C	\$25/\$40
	Group 1D	\$15/\$30
	Group 1E	\$15/\$25/\$45; \$45

Access Blue and Access Blue New England Plans

To see changes related to Federal Mental Health Parity for the standard Access Blue and Access Blue New England plans available for employer groups with 51 or more employees, locate your plan in the following charts.

Access Blue and Access Blue New England Affected Plan Groups

Group 1	Group 2
Group 1A	Access Blue Basic \$2,000
Access Blue Basic	
Group 1B	
Access Blue NE Enhanced Value	
Group 1C	
Access Blue NE Saver	

Plans Not Impacted ¹⁸
Access Blue
Access Blue Deductible
Access Blue \$2,000 Deductible
Access Blue Enhanced Value
Access Blue Saver
Access Blue Value
Access Blue Value Plus

Does Not Meet Parity ¹⁹
Access Blue Basic Saver

18. These standard plans meet the quantitative (actuarial) test for parity and do not require benefit changes.

19. The Access Blue Basic Saver plan **does not** meet the quantitative (actuarial) test for parity. Please contact your account executive for details.

Access Blue and Access Blue New England Plans | Plan Group 1

Covered Services	Member Cost
<i>Outpatient Services</i>	
Surgery in the Office (PCP/Specialist)	Group 1A
	Group 1B
	Group 1C

Access Blue Plans | Plan Group 2

Covered Services	Member Cost
<i>Outpatient Services</i>	
Mental Health and Substance Use Treatment	\$0

Blue Choice and Blue Choice New England Plans

To see changes related to Federal Mental Health Parity for the standard Blue Choice and Blue Choice New England plans available for employer groups with 51 or more employees, locate your plan in the following charts.

Blue Choice and Blue Choice New England Affected Plan Group

Group 1
Group 1A
Blue Choice NE
Group 1B
Blue Choice NE Value Plus

Plans Not Impacted²⁰
Blue Choice
Blue Choice Value Plus

20. These standard plans meet the quantitative (actuarial) test for parity and do not require benefit changes.

Blue Choice and Blue Choice New England Plans | Plan Group 1

Covered Services		Member Cost
<i>Outpatient Services</i>		
Surgery in the Office	Group 1A	\$10 ²¹
	Group 1B	\$15 ²¹

21. Change applies to PCP/Plan approved benefits only; self-referred benefits will remain at 20 percent co-insurance after deductible.

PPO Plans

To see changes related to Federal Mental Health Parity for the standard PPO plans available for employer groups with 51 or more employees, locate your plan in the following charts.

PPO Affected Plan Groups

Group 1	Group 2
Group 1A	Preferred Blue PPO Basic \$2,000 ²²
Blue Care Elect 100/80	
Group 1B	
Blue Care Elect Preferred 80 with Copayment Preferred Blue PPO 80 with Copayment	
Group 1C	
Blue Care Elect Preferred 90 with Copayment	

Plans Not Impacted²³
Blue Care Elect Deductible
Blue Care Elect \$4,500 Deductible
Blue Care Elect Enhanced Value
Blue Care Elect Preferred
Blue Care Elect Preferred 80
Blue Care Elect Preferred 90
Blue Care Elect Saver
Blue Care Elect Saver 90
Blue Care Elect Value Plus
Preferred Blue PPO Deductible
Preferred Blue PPO Options
Preferred Blue PPO Saver

22. All out-of-network preventive health and outpatient medical care services that are currently a \$45 copayment will be changed to 20 percent co-insurance after deductible.

23. These standard plans meet the quantitative (actuarial) test for parity and do not require benefit changes.

PPO Plans | Plan Group 1

Covered Services		In-Network Member Cost	Out-of-Network Member Cost
<i>Outpatient Services</i>			
Surgery in the Office	Group 1A	\$5/\$15	No Change
	Group 1B	\$20	20% after Deductible
	Group 1C	\$15	20% after Deductible
Surgery in the Hospital or Day Surgical Facility	Group 1A	No Change	No Change
	Group 1B and 1C	\$250 after Deductible	20% after Deductible

PPO Plans | Plan Group 2

Covered Services		In-Network Member Cost	Out-of-Network Member Cost
<i>Outpatient Services</i>			
Mental Health and Substance Use Treatment		\$0	20% after Deductible

Indemnity Plans

To see changes related to Federal Mental Health Parity for the standard Indemnity plans available for employer groups with 51 or more employees, locate your plan in the following charts.

Indemnity Affected Plan Groups

Group 1
Comprehensive Major Medical with Copayment Master Health Master Health Plus VIP 2000

Plans Not Impacted²⁴
Comprehensive Major Medical Major Medical Master Medical

24. These standard plans meet the quantitative (actuarial) test for parity and do not require benefit changes.

Indemnity Plans | Plan Group 1

Covered Services	Member Cost
<i>Outpatient Services</i>	
Mental Health and Substance Use Treatment	\$0

For a complete description of benefits effective on or after September 23, 2010, please refer to your new subscriber certificate, account agreement benefit description, or plan materials.

To learn more about upcoming enhancements, please visit www.bluecrossma.com.



MASSACHUSETTS