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For more information visit
www.bluecrossma.com/employer
or contact your account executive.

IAI | IMPORTANT ADMINISTRATIVE INFORMATION

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August 2010

IAI | WELCOME

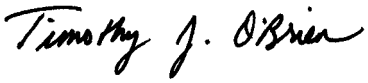
Dear Valued Customer:

Welcome to the new IAI (Important Administrative Information) newsletter. This issue marks the launch of an enhanced layout, designed to quickly get you the information you need.

The new IAI streamlines content in concise, easy-to-read sections.
Visit **www.bluecrossma.com/employers** for more information regarding any of this edition's featured updates, full-length articles, enclosures, and more.

As always, we are committed to delivering you the industry information that impacts you. With important changes to national health care reform and Federal Mental Health Parity taking place, getting you information quickly and efficiently is more important than ever before.

Sincerely,



Timothy J. O'Brien
Senior Vice President
Sales Division

[IAI August 2010]

CHANGES TO SOCIAL SECURITY NUMBER REPORTING FOR GROUP HEALTH PLANS

Changes to Medicare law require Blue Cross Blue Shield of Massachusetts to report Social Security numbers on a quarterly basis for all members of group health plans age 45 and older,—even those not eligible for Medicare. The law—Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007—began requiring this information in 2009.

Although we have always collected Social Security numbers voluntarily, and have them on record for many members, it is essential that we have comprehensive records for this age group to comply with federal law.

We have sent letters to employers asking for help in collecting the missing Social Security numbers. We will also send letters directly to members from whom we still have not received the required information.

Blue Cross Blue Shield of Massachusetts has always placed a high value on privacy, and as always, this information will be handled securely and with the utmost care.

→ Review changes to Social Security number reporting at www.bluecrossma.com/employers/iai

FEDERAL SUBSIDY OF COBRA AND MINI-COBRA PREMIUMS

Blue Cross Blue Shield of Massachusetts is continuing to actively monitor the regulatory landscape for any legislation that addresses the COBRA and mini-COBRA premium subsidies.

→ For regular COBRA updates, visit www.bluecrossma.com/employers/iai

State-Mandated Change: Early Intervention

[Effective July 1, 2010]

The Massachusetts budget bill for fiscal year 2011, signed by Governor Patrick on June 30, 2010, includes an amendment to existing insurance mandates that prohibits health plans and insurers from charging a copayment, co-insurance, or deductible[1] for medically necessary early intervention services furnished by an early intervention provider for an enrolled child from birth until his or her third birthday. This applies to all plans that provide coverage for dependents.

Blue Cross Blue Shield of Massachusetts is in the process of updating the affected plans to remove all member copayments, co-insurance, and deductibles[1] on medically necessary early intervention services provided on or after July 1, 2010. This change is being applied to all insured group, non-group, and administrative services contract (ASC) 32B plans, **excluding:** Medicare Advantage, Medex,® Medicare supplement plans, Managed Blue for Seniors,℠ Essential Blue Young Adult (YA), and the Federal Employee Program (FEP). We are in the process of updating Evidence of Coverage (EOC) packages to include language about the early intervention mandated change.

For ASC 32B accounts, the mandate will be applied, effective July 1, 2010, in conjunction with fully insured business. For all other ASC accounts, we will apply this benefit change beginning with October 1, 2010 renewal dates, unless the account declines the benefit. Please contact your account executive to discuss how you would like to proceed with the Massachusetts early intervention mandate.

→ For more details regarding the implementation of this mandated benefit change, please visit www.bluecrossma.com/employer

1. For HSA-compliant plans, early intervention services will still be subject to the overall plan deductible, but not the copayment or co-insurance.

Update: Federal Mental Health Parity Interim Final Rule

On February 2, 2010, the Departments of Labor, Health and Human Services, and Treasury issued the Interim Final Rule (the Rule) under the Mental Health Parity and Addiction Equity Act of 2008. The Rule states that financial requirements and treatment limitations placed on mental health or substance use disorder benefits may not be more restrictive than those placed on medical and surgical benefits within a plan. This applies to group health plans with 51 or more employees, regardless of financial arrangement.

On July 1, 2010, the Department of Labor issued new guidance regarding application of the Rule that created two distinct categories of outpatient services. With office visits now separated from all other outpatient medical services, our testing shows that the majority of our standard plans will not require additional benefit changes.

→ To learn more about Federal Mental Health Parity or to see if your plan is affected, see the enclosed brochure or visit www.bluecrossma.com/employers/iai

National Health Care Reform

[Effective September 1, 2010]

Note: This article highlights some provisions in the new national health care reform regulations and is not intended as legal advice. This is not meant to serve as a complete summary of the new requirements. Accounts should consult their legal counsel for compliance guidance and legal advice.

On March 23, 2010, President Obama signed national health care reform into law. Given the enormous scope of the new law, the Department of Health and Human Services continues to develop rules and regulations for the provisions of the new law. These rules and regulations will be released over the following weeks, months, and years. Blue Cross Blue Shield of Massachusetts has been focused on reviewing and assessing the law's impact on our business partners and members. We will make any necessary adjustments in our business with the goal of continuing to provide our members with the highest quality products, at the best possible price, with the outstanding customer service our members have come to expect.

→ For the most up-to-date information on national health care reform provisions, please visit www.bluecrossma.com/visitor

Provisions Affecting Blue Cross Blue Shield of Massachusetts Benefit Plan Designs

This information is provided for informational purposes only and does not constitute legal advice.

There are many components of national health care reform and certain requirements are effective in 2010. The following summarizes those provisions that impact Blue Cross Blue Shield of Massachusetts benefit plan designs beginning on or after September 23, 2010.

- Lifetime limits
- Annual limits
- Preventive care with no cost-sharing
- Dependent care coverage—extension to age 26

The following benefit plan design changes are being made to our standard plans, effective on or after September 23, 2010 for new sales, and on anniversary for renewing customers. We will continue to assess our plans as further regulatory guidance is released.

Many of the advantages and requirements of national health care reform are already in place due to Massachusetts health care reform and other regulations.

After reviewing the advantages to our customers of the new requirements under national health care reform, the most significant impact appears to be the elimination of cost-sharing for preventive care services.

As always, we will work closely with our large, fully insured employer groups, and our self-funded accounts who customize their benefits, to determine the best solution for their businesses and employees. This may include grandfathering their current health plans.

(continued)

Provisions Affecting Blue Cross Blue Shield of Massachusetts Benefit Plan Designs (continued)

This information is provided for informational purposes only and does not constitute legal advice.

Lifetime Limits

Beginning with plan years on or after September 23, 2010, group and individual health plans and health insurers are prohibited from establishing lifetime limits on essential benefits for any participant or beneficiary. 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.

→ Please see the accompanying Standard Plan Design Changes brochure for a complete listing of standard plan design changes.

Annual Limits

Beginning with plan years on or after September 23, 2010, all group health plans (and issuers offering group coverage) and 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.

→ Please see the accompanying Standard Plan Design Changes brochure for a complete listing of standard plan design changes.

Preventive Care with No Cost-Sharing

Beginning with plan years on or after September 23, 2010, group and individual health plans and group health insurers 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, we will be removing the copayment from preventive health services from those standard plans that currently apply a copayment, or adding coverage for certain preventive services, as necessary. This provision applies to insured and self-insured medical accounts.

Please note: If a plan retains grandfathered status, it is not required to make the preventive care changes upon renewal.

→ Please see the accompanying Standard Plan Design Changes brochure for a complete listing of standard plan design changes.

Dependent Care Coverage—Extension to Age 26

Beginning with plan years on or after September 23, 2010, group and individual health plans and health insurers 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 insured and self-insured medical accounts.

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.

(continued)

Provisions Affecting Blue Cross Blue Shield of Massachusetts Benefit Plan Designs (continued)

This information is provided for informational purposes only and does not constitute legal advice.

Although not required under national health care reform, the dependent coverage provision will also be applied to our insured and self-insured dental business, effective on anniversary beginning January 1, 2011, for parity with medical plans.

For groups with dental coverage who have 51 or more employees or are self-insured, we will offer the option to keep your current dental dependent coverage or match it to your medical plans.

→ For more information regarding the mandates and any action you may need to take, please visit www.bluecrossma.com/visitor

Product Portfolio Management

Split Copayment

As part of our ongoing efforts to continually enhance our standard plan designs and to encourage the use of high-value, lower cost services, we will be adopting a PCP/specialist differential copayment in those standard HMO plans that do not currently have a standard split copayment in place.

→ Please see the accompanying Standard Plan Design Changes brochure for a complete listing of standard plan design changes.

Update: Electronic Transactions Moving to HIPAA Version 5010

[Effective January 1, 2010]

The Health Insurance Portability and Accountability Act (HIPAA) is the federal law that ensures insurance portability, reduces health care fraud and abuses, guarantees security and privacy of health information, and enforces standards for the electronic transmission of health information.

An update to this law now requires that health plans, providers, and clearinghouses conducting electronic transactions, such as claims submission and eligibility inquiries and responses, move from the current HIPAA version 4010A1 to version 5010.

Organizations subject to HIPAA, including Blue Cross Blue Shield of Massachusetts, are required to adhere to this updated version by January 1, 2012. We have begun implementing changes and are on schedule to integrate the new transaction standards by the compliance deadline.

→ Learn more about HIPAA version 5010 at www.bluecrossma.com/employers/iai

Reminder: Benefit Changes for Certain Specialty Medications

Specialty medications received by members as part of outpatient services, including treatment received at a physician's office or outpatient hospital, will only be covered under the Blue Cross Blue Shield of Massachusetts pharmacy benefit. This change will affect members in the following ways:

- Coverage will no longer be provided under the medical benefit
- Members must have a prescription for these medications

(continued)

Reminder: Benefit Changes for Certain Specialty Medications (continued)

- Members must purchase these medications through designated pharmacies in the retail specialty pharmacy network
- Members are responsible for their applicable pharmacy cost-share amount

We began implementing this change for plans that renewed as of October 1, 2009, and will continue implementing it for plans renewing through September 30, 2010. Affected members will be notified in a forthcoming letter.

→ Learn more about this change at www.bluecrossma.com/employers/iai

Update: Consolidating Health Management Programs

As previously communicated, Blue Cross Blue Shield of Massachusetts is evolving to an integrated health management model that focuses on our entire membership. While we shift to this approach, we will be consolidating some of our care management services. Effective July 1, 2010, we will be discontinuing the Synergy Personal Health Management®´´ program currently managed by Health Integrated.®´´

To ease the transition for these members, we may be including them in our health guidance programs managed by Healthways, as well as our case management programs managed internally.

→ Learn more about health management program changes at www.bluecrossma.com/employers/iai

Prostheses to Require Authorization

[Effective September 1, 2010]

We will now require prior authorization for certain kinds of upper and lower limb prostheses to be sure they are medically necessary. Authorization will be required for our managed care products (excluding Medicare HMO Blue℠) for the following services:

- Myoelectric prosthesis for the upper limb
- Microprocessor controlled prostheses for the lower limb

→ Learn more about prior authorization at www.bluecrossma.com/employers/iai

Flu Vaccine

At Blue Cross Blue Shield of Massachusetts, we're committed to helping limit the spread of the flu virus. Currently, our HMO and Medicare Advantage members do not have a copayment for flu shots. Like last year, effective October 1, 2010, our Blue Care Elect℠ PPO plan members will have a $0 copayment for their flu shots at participating providers. The $0 copayment for Blue Care Elect PPO will apply no matter where members receive the vaccination, as long as it is given by a participating provider, including flu shot clinics in retail and public settings. The $0 copayment also applies at participating doctor and nurse practitioner offices, provided that no other service is rendered during the visit.

(continued)

Flu Vaccine (continued)

Many of our insured and self-funded Blue Care Elect PPO health plans (including Preferred Blue PPO℠) already provide this coverage with no copayment. For those insured and self-funded accounts with plans that do not, we will be making this change effective October 1, 2010 for all plans, regardless of renewal date. This change will help you maintain a healthy workforce and employee families during flu season, and help lower costs through preventive care. Additionally, by covering this preventive care service with no copayment, we are aligning our plans with changes that will be required under national health care reform.

This year's flu shot will protect people from regular seasonal flu AND the H1N1 virus. So, unlike last season, there is no need for two separate flu shots. *(There is one exception: children under age nine who have never had a flu shot will need a booster shot one month after the first).*

If a member receives a flu shot along with other covered services at a provider's office, he or she will be subject to any applicable cost-sharing, as outlined in his or her Summary of Benefits.

If you have questions regarding this change, please contact your account executive.

Personal Spending Accounts with Bank of America

Consumer-directed health plans can be an effective approach to controlling costs while engaging employees in their health care. They combine high-deductible plan benefits with Personal Spending Accounts (PSAs) to help employees offset out-of-pocket costs.

Blue Cross Blue Shield of Massachusetts has engaged with Bank of America, one of the world's largest financial institutions, to offer employers a full range of PSA options, including:

- Health Reimbursement Arrangements (HRAs)
- Health Savings Accounts (HSAs) with investment capabilities
- Flexible Spending Accounts (FSAs)
  - Health
  - Dependent Care
  - Limited Purpose—paired with HSA

→ Learn more about Personal Spending Accounts with Bank of America at www.bluecrossma.com/employers/iai

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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.

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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.

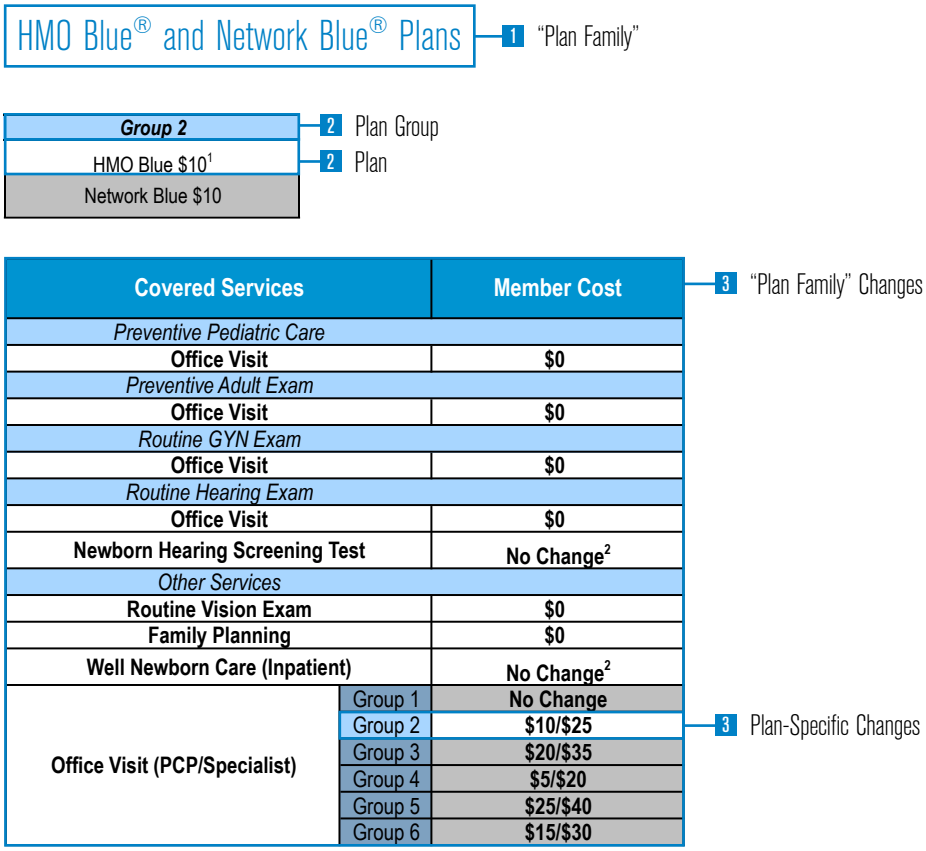
For a complete description of benefits, please refer to your subscriber certificate, account agreement benefit description, or plan materials.

Table of Contents

Using This Guide 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.



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℠		HMO Blue $500 Deductible
HMO Blue Options Deductible		HMO Blue Enhanced Value
HMO Blue Preferences℠ $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℠	Network Blue Value Plus
	HMO Blue Value with BlueValue Rx℠	
	Network Blue Premier Value	
	Network Blue Value	

Dependent Coverage Only
HMO Blue $5 without Rx[1]
HMO Blue Preferences[1]
HMO Blue Value Plus℠ 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
Preventive Pediatric Care		
Office Visit		**$0**
Preventive Adult Exam		
Office Visit		**$0**
Routine GYN Exam		
Office Visit		**$0**
Routine Hearing Exam		
Office Visit		**$0**
Newborn Hearing Screening Test		**No Change[2]**
Other Services		
Routine Vision Exam		**$0**
Family Planning		**$0**
Well Newborn Care (Inpatient)		**No Change[2]**
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 Rx[1]

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
Preventive Pediatric Care		
Office Visit		**$0**
Preventive Adult Exam		
Office Visit		**$0**
Routine GYN Exam		
Office Visit		**$0**
Routine Hearing Exam		
Office Visit		**$0**
Other Services		
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℠	Access Blue Saver II
Access Blue Enhanced Value[4]	Access Blue Basic Saver
Access Blue NE Enhanced Value	Access Blue Basic $2,000
Access Blue NE Saver	
Access Blue Saver	
Access Blue Value Plus[4]	

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
Preventive Pediatric Care	
Office Visit	**$0**
Preventive Adult Exam	
Office Visit	**$0**
Routine GYN Exam	
Office Visit	**$0**
Routine Hearing Exam	
Office Visit	**$0**
Other Services	
Routine Vision Exam	**$0**
Family Planning	**$0**

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

Covered Services	Member Cost
Preventive Pediatric Care	
Office Visit	**$0**
Preventive Adult Exam	
Office Visit	**$0**
Routine GYN Exam	
Office Visit	**$0**
Routine Hearing Exam	
Office Visit	**$0**
Newborn Hearing Screening Test	**$0**
Other Services	
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)
Preventive Pediatric Care	
Office Visit	**$0**
Preventive Adult Exam	
Office Visit	**$0**
Routine GYN Exam	
Office Visit	**$0**
Routine Hearing Exam	
Office Visit	**$0**
Other Services	
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 Preferred 80 with Copayment[6]	Preferred Blue PPO[SM] $1,000 Deductible
Blue Care Elect $2,000 Deductible[6]	Blue Care Elect Preferred 90 with Copayment[6]	Preferred Blue[SM] PPO $2,000 Deductible
Blue Care Elect $3,000 Deductible	Blue Care Elect Saver 90	Preferred Blue PPO Options
Blue Care Elect $4,500 Deductible		Preferred Blue PPO Saver $1,500
Blue Care Elect $5,000 Deductible[6]		Preferred Blue PPO Saver $2,000
Blue Care Elect Value Plus[6]		Preferred Blue PPO Saver $2,900
Blue Care Elect Enhanced Value		PPO Blue Options[SM]
Blue Care Elect Preferred[SM] 100/80[6]		Advantage Blue[®]
Blue Care Elect Saver[SM 6]		

Group 4	*Group 5*	*Group 6*
Preferred Blue PPO 80 with Copayment	Blue Care Elect 100/80[6]	Blue Care Elect Preferred 80[6]
Preferred Blue PPO Basic $2,000		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
Preventive Pediatric Care	
Office Visit	**$0**
Immunizations	**$0**
Preventive Adult Exam	
Office Visit	**$0**
Immunizations	**$0**
Routine GYN Exam	
Office Visit	**$0**
Routine Hearing Exam	
Office Visit	**$0**
Other Services	
Routine Vision Exam	**$0**
Family Planning	**$0**

PPO Plans | Plan Group 2

Covered Services	In-Network Member Cost	Out-of-Network Member Cost *After Deductible Is Met* % Co-insurance
Preventive Pediatric Care		
Office Visit	**$0**	**No Change**
Immunizations	**$0**	**No Change**
Preventive Adult Exam		
Office Visit	**$0**	**No Change**
Immunizations	**$0**	**No Change**
Routine GYN Exam		
Office Visit	**$0**	**No Change**
Routine Hearing Exam		
Office Visit	**$0**	**No Change**
Newborn Hearing Screening Test	**$0**	**20%**
Other Services		
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
Preventive Pediatric Care	
Office Visit	**$0**
Preventive Adult Exam	
Office Visit	**$0**
Routine GYN Exam	
Office Visit	**$0**
Routine Hearing Exam	
Office Visit	**$0**
Other Services	
Routine Vision Exam	**$0**
Family Planning	**$0**

PPO Plans | Plan Group 4

Covered Services	In-Network Member Cost	Out-of-Network Member Cost *After Deductible Is Met* % Co-insurance
Preventive Pediatric Care		
Office Visit	**$0**	**No Change**
Preventive Adult Exam		
Office Visit	**$0**	**No Change**
Routine GYN Exam		
Office Visit	**$0**	**No Change**
Routine Hearing Exam		
Office Visit	**$0**	**No Change**
Newborn Hearing Screening Test	**$0**	**20%**
Other Services		
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
Preventive Adult Exam		
Office Visit[7]	**$0**	**20%**
Lab Tests[7]	**$0**	**20%**
Immunizations	**$0**	**No Change**
Routine GYN Exam		
Office Visit[7]	**$0**	**20%**
Routine Hearing Exam		
Office Visit[8]	**$0**	**20%**
Routine Hearing Test[8]	**$0**	**20%**
Other Services		
Routine Vision Exam[8]	**$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
Preventive Pediatric Care		
Office Visit	**$0**	**20%**
Lab Tests	**$0**	**20%**
Immunizations	**$0**	**20%**
Preventive Adult Exam		
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%**
Routine GYN Exam		
Office Visit	**$0**	**20%**
Routine Pap Smear Test	**$0**	**20%**
Routine Hearing Exam		
Office Visit	**$0**	**20%**
Newborn Hearing Screening Test	**$0**	**20%**
Routine Hearing Test	**$0**	**20%**
Other Services		
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
Preventive Pediatric Care		
Office Visit	**$0**	**20%**
Lab Tests	**$0**	**20%**
Immunizations	**$0**	**20%**
Preventive Adult Exam		
Office Visit[9]	**$0**	**20%**
Lab Tests[9]	**$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%**
Routine GYN Exam		
Office Visit[9]	**$0**	**20%**
Routine Pap Smear Test	**$0**	**20%**
Routine Hearing Exam		
Office Visit[10]	**$0**	**20%**
Newborn Hearing Screening Test	**$0**	**20%**
Routine Hearing Test[10]	**$0**	**20%**
Other Services		
Routine Vision Exam[10]	**$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
Preventive Pediatric Care	
Office Visit	$0
Lab Tests	$0
Immunizations	$0
Preventive Adult Exam	
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
Routine GYN Exam	
Office Visit[12]	$0
Routine Pap Smear Test	$0
Routine Hearing Exam	
Office Visit[13]	$0
Newborn Hearing Screening Test	$0
Routine Hearing Test[13]	$0
Other Services	
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
Preventive Pediatric Care	
Office Visit	**$0**
Immunizations	**$0**
Preventive Adult Exam	
Office Visit[14]	**$0**
Lab Tests[14]	**$0**
Immunizations[14]	**$0**
Routine PSA Tests[14]	**$0**
Routine Colonoscopies[14]	**$0**
Routine Sigmoidoscopies[14]	**$0**
Routine GYN Exam	
Office Visit[14]	**$0**
Routine Hearing Exam	
Office Visit[14]	**$0**
Routine Hearing Test[14]	**$0**
Other Services	
Routine Vision Exam[14]	**$0**

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

Indemnity Plans | Plan Group 3

Covered Services	Member Cost
Preventive Pediatric Care	
Office Visit	**$0**
Lab Tests	**$0**
Immunizations	**$0**
Preventive Adult Exam	
Office Visit[15]	**$0**
Lab Tests[15]	**$0**
Immunizations	**$0**
Routine PSA Tests[15]	**$0**
Routine Colonoscopies[15]	**$0**
Routine Sigmoidoscopies[15]	**$0**
Routine GYN Exam	
Office Visit[15]	**$0**
Routine Hearing Exam	
Office Visit[15]	**$0**
Routine Hearing Test[15]	**$0**
Other Services	
Routine Vision Exam[15]	**$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
Preventive Adult Exam	
Office Visit	**$0**
Routine GYN Exam	
Office Visit	**$0**
Routine Hearing Exam	
Office Visit	**$0**
Other Services	
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 Impacted[16]
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
Outpatient Services	
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 Impacted[17]
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**
Outpatient Services		
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
Outpatient Services		
Surgery in the Office (PCP/Specialist)	Group 1A	**$30/$45**
	Group 1B	**$20/$30**
	Group 1C	**$15/$25 after Deductible**

Access Blue Plans | Plan Group 2

Covered Services	Member Cost
Outpatient Services	
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 Impacted[20]
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**
Outpatient Services		
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 Impacted[23]
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
Outpatient Services			
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
Outpatient Services		
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 Impacted[24]
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
Outpatient Services	
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.**

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