

Standard Plan Design Changes

As of October 1, 2009*

	Plan Name	ER Copayment Changed to \$100	ER Copayment Changed to \$150	ER Copayment Changed to \$200	ER Copayment Changed to \$150 After Deductible	High-Tech Radiology Benefit Change
HMO BLUE	HMO Blue® \$10 Copayment	●				●
	HMO Blue \$1,000 Deductible		●			
	HMO Blue \$2,000 Deductible		●			
	HMO Blue \$5 Copayment	●				●
	HMO Blue \$500 Deductible		●			
	HMO Blue Basic Value			●		
	HMO Blue Basic Value without Rx			●		
	HMO Blue Enhanced Value		●			●
	HMO Blue Options SM		●			●
	HMO Blue Preferences SM \$350	●				●
	HMO Blue Preferences \$600		●			●
	HMO Blue Premier Value		●			●
	HMO Blue Premier Value with Co-insurance			●		
	HMO Blue Premium	●				●
	HMO Blue Value SM		●			●
	HMO Blue Value with Basic Rx	●				●
	HMO Blue Value without Rx		●			●
	HMO Blue ValuePlus SM		●			●
	HMO Blue ValuePlus without Rx	●				●
	Network Blue® \$10 Copayment		●			●
	Network Blue \$1,000 Deductible		●			
	Network Blue \$2,000 Deductible		●			
	Network Blue \$5 Copayment	●				●
	Network Blue \$500 Deductible		●			
	Network Blue Enhanced Value		●			●
	Network Blue Options		●			●
	Network Blue Options \$500 Deductible		●			●
	Network Blue Options \$1,000 Deductible		●			●
	Network Blue Preferences \$350	●				●
	Network Blue Preferences \$600		●			●
	Network Blue Premier Value		●			●
	Network Blue Premier Value with Co-insurance			●		
Network Blue Value		●			●	
Network Blue Value Plus	●				●	
HMO BLUE NEW ENGLAND	HMO Blue New England \$1,000 Deductible SM		●			
	HMO Blue New England SM \$10 Copayment	●				●
	HMO Blue New England \$5 Copayment	●				●
	HMO Blue New England \$500 Deductible		●			
	HMO Blue New England Enhanced Value		●			●
	HMO Blue New England Options SM		●			●
	HMO Blue New England Premier Value		●			●
	HMO Blue New England Premier Value with Co-insurance			●		
	HMO Blue New England Value		●			●
	HMO Blue New England Value Plus	●				●
	Network Blue New England \$10 Copayment	●				●
	Network Blue New England \$1,000 Deductible		●			
	Network Blue New England \$5 Copayment	●				●
	Network Blue New England \$500 Deductible		●			
	Network Blue New England Enhanced Value		●			●
	Network Blue New England Options SM		●			●
	Network Blue New England Options \$1,000 Deductible		●			●
	Network Blue New England Options \$500 Deductible		●			●
	Network Blue New England Premier Value		●			●
	Network Blue New England Premier Value with Coinsurance			●		
Network Blue New England Value		●			●	
Network Blue New England Value Plus	●				●	
ACCESS BLUE	Access Blue SM	●				●
	Access Blue \$1,000 Deductible		●			
	Access Blue \$2,000 Deductible		●			
	Access Blue Basic SM				●	
	Access Blue Basic \$2,000				●	
	Access Blue Enhanced Value		●			●
	Access Blue New England Enhanced Value SM		●			●
	Access Blue Plus SM	●				●
	Access Blue Saver				●	
	Access Blue Value		●			●
	Access Blue Value Plus	●				●
	POS	Blue Choice® \$10	●			
Blue Choice \$5 Copayment		●				●
Blue Choice New England SM \$10		●				●
Blue Choice New England \$5 Copayment		●				●
Blue Choice New England Plan 2 \$10		●				●
Blue Choice New England Plan 2 \$5 Copayment		●				●
Blue Choice New England Plan 2 Value Plus		●				●
Blue Choice New England Value Plus		●				●
Blue Choice Plan 2 \$10		●				●
Blue Choice Plan 2 \$5 Copayment		●				●
Blue Choice Plan 2 Value Plus		●				●
Blue Choice Value Plus		●				●
PPO		Advantage Blue®	●			
	Blue Care Elect SM \$1,000 Deductible				●	
	Blue Care Elect \$1,500 Deductible				●	
	Blue Care Elect \$2,000 Deductible				●	
	Blue Care Elect \$2,500 Deductible				●	
	Blue Care Elect \$3,000 Deductible				●	●
	Blue Care Elect \$4,500 Deductible				●	●
	Blue Care Elect \$5,000 Deductible				●	
	Blue Care Elect 100/80	●				●
	Blue Care Elect 80/60					
	Blue Care Elect 90/70					
	Blue Care Elect Enhanced Value		●			●
	Blue Care Elect Preferred SM 100/80	●				●
	Blue Care Elect Preferred 80					
	Blue Care Elect Preferred 80 with Copayment		●			
	Blue Care Elect Preferred 90					
	Blue Care Elect Preferred 90 with Copayment		●			
	Blue Care Elect Saver				●	
	Blue Care Elect Saver \$1,100 Deductible				●	
	Blue Care Elect Saver 90				●	
	Blue Care Elect Value Plus	●				●
	PPO Blue Options SM		●			●
	Preferred Blue PPO SM \$1,000 Deductible				●	
	Preferred Blue PPO \$2,000 Deductible				●	
	Preferred Blue PPO 80 with Copayment		●			●
Preferred Blue PPO Basic \$2,000		●			●	
Preferred Blue PPO Options		●			●	
Preferred Blue PPO Saver \$1,500				●		
Preferred Blue PPO Saver \$2,000				●		
Preferred Blue PPO Saver \$2,900				●		
INDEMNITY	Comprehensive Major Medical \$15 Copayment					
	Comprehensive Major Medical \$500					
	Major Medical 80		●			●
	Master Health®		●			●
	Master Health Plus®		●			●
	Master Health 10/50		●			●
	Master Medical®		●			●
	Vital Insurance Protection SM Plan 2000					
	Vital Insurance Protection Plan 2001					
Vital Insurance Protection Plan 2002						

* All of the standard plan design changes above are effective October 1, 2009 for new sales and on anniversary for renewing customers. For a more detailed description of these changes, please refer to the subscriber certificate.

Plans highlighted in are available for new individual and group sales. Please contact your account executive to discuss the plan design options available to you. Creditable premium and self-insured accounts wishing to opt out of any of these changes should contact their account executive.