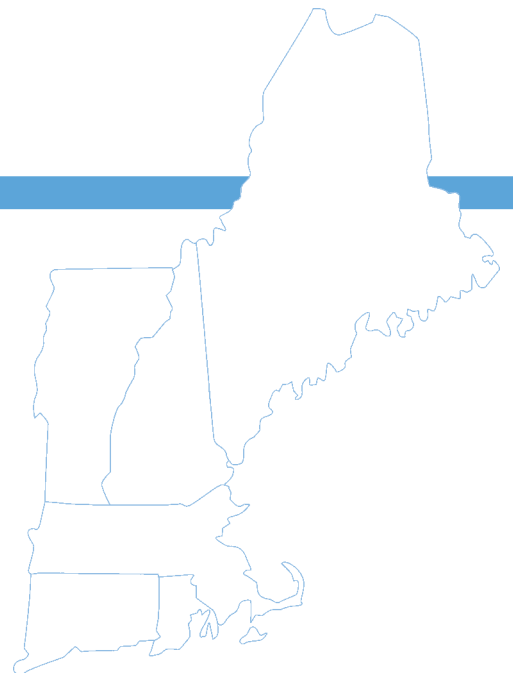




Network Blue New England

Summary of Benefits



Your Care

Your Primary Care Physician.

Your primary care physician (PCP) is the first person you call when you need routine or sick care (see *Emergency Care—Wherever You Are* for emergency care services). If your PCP determines that you need to see a specialist, you'll be referred to the appropriate specialist affiliated with your PCP's network, which is also the network where you'll receive inpatient care if needed. Your physician may also work with Blue Cross Blue Shield concerning the Utilization Review Requirements, which are Pre-Admission Review, Concurrent Review and Discharge Planning, Prior Approval for Certain Outpatient Services, and Individual Case Management. Information concerning Utilization Review is detailed in your benefit description.

Choosing a Primary Care Physician.

When you join Network Blue New England, you must choose a PCP for you and each member of your family from any New England state. There are several ways to find a PCP: visit the Blue Cross Blue Shield of Massachusetts website at www.bluecrossma.com; consult the *HMO Blue New England Provider Directory*; or call our Physician Selection Service at 1-800-821-1388. If you have trouble choosing a doctor, the Physician Selection Service can help. We can tell you whether a doctor is male or female, the medical school(s) he or she attended, and if any languages other than English are spoken in the office.

Urgent Care Away from Home.

If you're traveling outside of your plan service area (the state in which your PCP is located) and you need urgent care, go to the nearest medical facility. You, or someone on your behalf, must notify your PCP within 48 hours (no call is needed if you go to an emergency room). And, any follow-up care must be arranged by your PCP.

Emergency Care—Wherever You Are.

In an emergency, such as a suspected heart attack, stroke, or poisoning, you should go directly to the nearest medical facility or call 911 (or the local emergency phone number). There is a **\$50** copayment for emergency room services, which is waived if you're admitted to the hospital. Any follow-up care must be arranged by your PCP.

Lifetime Maximum.

Your health care plan provides up to **\$4,000,000** in benefits in a lifetime for each member.

Your Medical Benefits

With this health care plan, you have the comfort of knowing that you're covered in sickness, in health, in the hospital, and in emergencies, anytime, anywhere. There are no waiting periods for benefits, no deductibles to meet, and virtually no claim forms to fill out. And you'll be recognized when you travel as a member of the Blue Cross Blue Shield family.

Covered Services	Your Cost
Outpatient Care	
Emergency room visits	\$50 per visit (waived for observation stay or if admitted)
Well-child care	\$15 per visit
Routine exams (including one GYN exam per calendar year)	\$15 per visit
Routine hearing exams	\$15 per visit
Routine vision exams (one every 12 months)	\$15 per visit
Family planning services—office visits	\$15 per visit
Chiropractor services (up to 20 visits per calendar year)	\$15 per visit
Office visits	\$15 per visit
Short-term rehabilitation therapy—physical and occupational (up to 60 visits per calendar year*)	\$15 per visit
Speech, hearing, and language disorder treatment—speech therapy	\$15 per visit
Allergy injections only	Nothing
Diagnostic X-rays, lab tests, and other tests	Nothing
Home health care, including hospice services	Nothing
Oxygen and equipment for its administration	Nothing
Prosthetic devices	Nothing
Durable medical equipment and repairs—such as wheelchairs, crutches, hospital beds (up to \$1,500 per calendar year**)	All charges beyond the calendar-year benefit maximum
Surgery and related anesthesia	
• Office setting	Nothing
• Ambulatory surgical facility, hospital, or surgical day care unit	Nothing
Inpatient Care (including maternity care)	
General or chronic disease hospital care (as many days as medically necessary)	Nothing
Rehabilitation hospital care (up to 60 days per calendar year)	Nothing
Skilled nursing facility care (up to 100 days per calendar year)	Nothing

* No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care or to diagnose and treat speech, hearing, and language disorders.

** No dollar limit applies when durable medical equipment is furnished as part of covered home dialysis, home health care, or hospice services.

Your Medical Benefits (continued)

Covered Services	Your Cost
Mental Health and Substance Abuse Treatment	
Inpatient admissions in a general hospital	Nothing
Inpatient admissions in a mental hospital, detoxification facility, or alcohol and drug treatment facility (up to 60 days per calendar year to diagnose and treat mental conditions, plus up to 30 more days per calendar year for alcoholism treatment)	Nothing
Outpatient visits for treatment of mental conditions and alcoholism treatment (up to 40 visits per calendar year)	\$15 for visits 1-20 \$20 for visits 21-30 \$30 for visits 31-40

Healthy Blue Programs

At Blue Cross Blue Shield of Massachusetts we offer you Healthy Blue, a group of programs, discounts and savings, resources, and tools to help you get the most you can from your health care plan. Call us at **1-800-814-4371** to receive our *Healthy Blue* booklet, which outlines these special programs.

LIVING HEALTHY <i>Babies</i> [®]	No charge
A Fitness Benefit toward membership at a health club (see your benefit description for details)	\$150 per year, per individual/family
Reimbursement for a Blue Cross Blue Shield of Massachusetts designated weight loss program	\$150 per year, per individual/family
Living Healthy [®] Vision—discounts on eyewear (frames, lenses, supplies, and laser vision correction surgery)	Discount varies
Discounts on safety helmets and home safety items	Discount varies
Living Healthy [®] Naturally—discounts on different types of complementary and alternative medicine services such as acupuncture, massage therapy, nutritional counseling, personal training, Pilates, tai chi, and yoga	Up to a 30% discount
Blue Care [®] Line to answer your health care questions 24 hours a day—call 1-888-247-BLUE (2583)	No charge
Visit www.AHealthyMe.com for an around-the-clock healthy approach to fitness, family, and fun	No charge

Questions? Call 1-800-814-4371.

For questions about Blue Cross Blue Shield of Massachusetts, visit the website at www.bluecrossma.com.

Limitations and Exclusions. These pages summarize the benefits of your health care plan. Your benefit description and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the benefit description and riders will govern. Some of the services not covered are: cosmetic surgery; custodial care; hearing aids; most dental care; prescription drugs for use outside the hospital; and any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your benefit description and riders.

Please note: Blue Cross and Blue Shield of Massachusetts, Inc., administers claims payment only and does not assume financial risk for claims.