

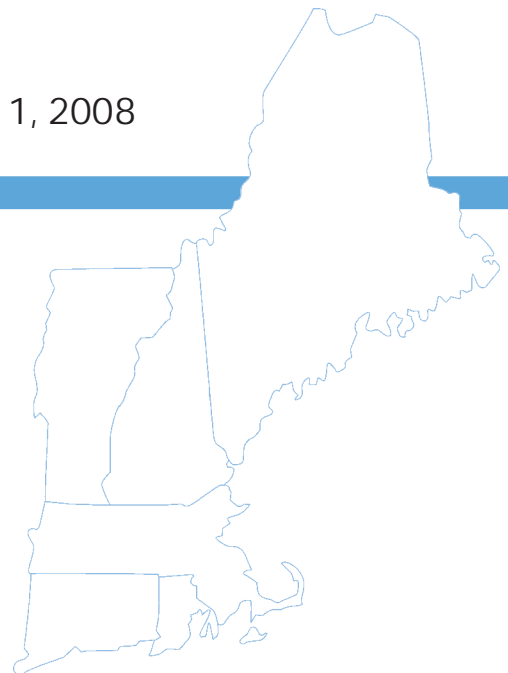


HMO Blue[®] New England Options

Summary of Benefits

Effective on anniversary dates on or after January 1, 2008

✓ This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that will be effective January 1, 2009, as part of the Massachusetts Health Care Reform Law.



Your Care

Your HMO Blue New England Options plan has two levels of cost sharing based on where you receive your care. Within the HMO Blue New England network, primary care physicians (PCPs) and general hospitals are grouped into two tiers based on commonly recognized cost and quality criteria selected by Blue Cross Blue Shield of Massachusetts.

- Tier 1 carries a lower copayment and includes Massachusetts providers whose cost and quality scores met or exceeded the benchmarks and certain providers who have been included to provide geographic access for members.
- Tier 2 carries a higher copayment and includes Massachusetts providers whose cost and/or quality scores did not meet the benchmarks.

Please note: All general hospitals and pediatricians passed the quality benchmark. PCPs without sufficient quality data, and certain specialty hospitals, were measured on cost alone for their overall tier rating.

See the chart on the opposite and back pages to determine your copayment based on your provider's tier.

Where you receive care will determine your out-of-pocket costs. Your out-of-pocket costs are generally lower when you choose to receive services from Tier 1 PCPs or hospitals. This is why it's important to consider the tier of both your physician and the facility where your physician has admitting privileges before you choose a PCP or receive care. For example, if you require hospital care and your Tier 1 PCP refers you to a Tier 1 hospital, you will pay the lower copayment. However, if your Tier 1 PCP refers you to a Tier 2 hospital, you'll pay the higher copayment, except in an emergency.

Copayments Outside of Massachusetts.

Tier 1 carries the lower copayment and includes any network provider who is listed as a general practitioner, internist, family practitioner, pediatrician, obstetrician/gynecologist, nurse practitioner, rural health center or general hospital. Other providers in our New England network would carry the higher, specialist copayment.

Your Primary Care Physician.

When you enroll in HMO Blue New England Options, you must choose a PCP for you and each member of your family. Each member of a family may choose a different PCP from any of the New England networks. There are several ways to find a Massachusetts PCP or find the tier designation of a PCP (or general hospital): visit the Blue Cross Blue Shield of Massachusetts website at www.bluecrossma.com; consult the *HMO Blue New England Options Provider Directory*; or call our Physician Selection Service at **1-800-821-1388**. To locate a PCP in a New England state outside of Massachusetts, look in that state's HMO Blue New England provider directory. 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.

Referrals You Can Feel Better About.

Your PCP is the first person you call when you need routine or sick care (see *Emergency Care—Wherever You Are* for emergency care services). Your HMO Blue New England Options PCP

cares about your health. This is why, should you and your PCP decide you need a specialist, you'll be referred to the one your PCP determines is appropriate for treating your specific condition. Of course, if you have a specialist to whom you would like to be referred, discuss this with your doctor. It's an important decision and the top priority is keeping you healthy. 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 subscriber certificate.

Out-of-Pocket Maximum for Certain Copayments.

You're protected by an out-of-pocket maximum of **\$2,000** for each member (or **\$4,000** per family). Only copayments for inpatient admissions, outpatient day surgical admissions, and emergency room visits will be applied to your out-of-pocket maximum. You will still have to pay any costs that are not included in the out-of-pocket maximum.

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 **\$100** copayment per visit for emergency room services. This copayment is waived if you are admitted to the hospital or for an observation stay. Additionally, because you may not have a choice during an emergency, if you are admitted for an inpatient stay from the emergency room you will be responsible for a Tier 1 copayment regardless of the tier of the hospital. Any follow-up care must be arranged by your PCP.

HMO Blue New England Service Area.

The plan's service area includes all cities and towns in the Commonwealth of Massachusetts, State of Rhode Island, State of Vermont, State of Connecticut, State of New Hampshire, and State of Maine. Please see your subscriber certificate for a complete definition of the service area.

When Outside the HMO Blue New England Service Area.

If you're traveling outside the service area and you need urgent or emergency care, go to the nearest appropriate health care facility. You are covered for the urgent or emergency care visit and one follow-up visit while outside the service area. And, any additional follow-up care must be arranged by your PCP. Please see your subscriber certificate for more information.

Dependent Benefits.

This plan covers dependents to age 26, or for two calendar years after the dependent last qualified as a dependent under the Internal Revenue Code, whichever comes first. Additionally, this plan may cover unmarried full-time students or other unmarried dependents who do not otherwise qualify as eligible dependents. Please see your subscriber certificate (and riders, if any) for exact coverage details.

Your Medical Benefits

Covered Services	Your Cost For Tier 1 PCP or Tier 1 Hospital or Other Network Providers	Your Cost For Another Network PCP or Hospital or Other Network Providers
Outpatient Care		
Emergency room visits	\$100 per visit (waived if admitted or for observation stay)	\$100 per visit (waived if admitted or for observation stay)
Well-child care visits	\$15 per visit (no cost for immunizations and routine tests)	\$25 per visit (no cost for immunizations and routine tests)
Routine adult physical exams, including related tests	\$15 per visit (no cost for routine tests)	\$25 per visit (no cost for routine tests)
Routine GYN exams, including related lab tests (one per calendar year)	\$15 per visit (no cost for routine tests)	\$15 per visit (no cost for routine tests)
Office visits		
• When performed by your PCP, network nurse practitioner, or nurse midwife (billed by PCP)	\$15 per visit	\$25 per visit
• When performed by network nurse practitioner or nurse midwife (not billed by PCP)	\$15 per visit	\$15 per visit
• When performed by other network providers	\$25 per visit	\$25 per visit
Routine hearing exams		
• When performed by your PCP	\$15 per visit	\$25 per visit
• When performed by other network providers	\$25 per visit	\$25 per visit
Routine vision exam (one every 24 months)	\$25 per visit	\$25 per visit
Family planning services—office visits		
• When performed by your PCP	\$15 per visit	\$25 per visit
• When performed by other network providers	\$25 per visit	\$25 per visit
Chiropractor services	\$25 per visit	\$25 per visit
Short-term rehabilitation therapy—physical and occupational (up to 60 visits per calendar year [*])	\$25 per visit	\$25 per visit
Speech, hearing, and language disorder treatment—speech therapy	\$25 per visit	\$25 per visit
Allergy injections only	Nothing	Nothing
Home health care, including hospice services	Nothing	Nothing
Oxygen and equipment for its administration	Nothing	Nothing
Prosthetic devices and repairs	Nothing	Nothing
Diagnostic X-rays, lab tests, and other tests, excluding CT scans, MRIs, and PET scans	Nothing	Nothing
CT scans, MRIs, and PET scans ^{**}		
• General hospitals	\$25 per category per date of service	\$75 per category per date of service
• Other covered providers	\$25 per category per date of service	\$25 per category per date of service
Durable medical equipment and repairs—such as wheelchairs, crutches, hospital beds (up to \$750 per calendar year ^{***})	All charges beyond the calendar-year benefit maximum	All charges beyond the calendar-year benefit maximum
Surgery and Related Anesthesia		
• Office setting	Nothing	Nothing
• Surgical day care unit	\$150 per admission	\$250 per admission
• Ambulatory surgical facility	\$150 per admission	\$150 per admission
Inpatient Care (including maternity care)		
General hospital care (as many days as medically necessary)	\$250 per admission	\$500 per admission
Chronic disease hospital care (as many days as medically necessary)	\$250 per admission	\$250 per admission
Rehabilitation hospital care (up to 60 days per calendar year)	Nothing	Nothing
Skilled nursing facility care (up to 100 days per calendar year)	Nothing	Nothing

* No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care.

** When the copayments for CT scans, MRIs and/or PET scans add up to the total of \$375 per member in a calendar year, you pay nothing for these tests for the remainder of that calendar year.

*** 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 for Tier 1 PCP or Tier 1 Hospital or Other Network Providers	Your Cost For Another Network PCP or Hospital or Other Network Providers
Mental Health and Substance Abuse Treatment		
Biologically based conditions*		
Inpatient admissions in a general hospital	\$250 per admission	\$500 per admission
Inpatient admissions in a mental hospital or substance abuse facility	\$250 per admission	\$250 per admission
Outpatient services	\$15 per visit	\$15 per visit
Non-biologically based mental conditions (includes drug addiction and alcoholism)		
Inpatient admissions in a general hospital	\$250 per admission	\$500 per admission
Inpatient admissions in a mental hospital or substance abuse treatment facility (up to 60 days per calendar year)	\$250 per admission	\$250 per admission
Outpatient visits (up to 24 visits per calendar year)	\$15 per visit	\$15 per visit
Alcoholism treatment (in addition to non-biologically based mental conditions)		
Inpatient admissions in a general hospital	\$250 per admission	\$500 per admission
Inpatient admissions in a substance abuse treatment facility (up to 30 days per calendar year)	\$250 per admission	\$250 per admission
Outpatient visits (up to 8 visits per calendar year**)	\$15 per visit	\$15 per visit
Prescription Drug Benefits		
At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill)	\$15 for Tier 1 \$30 for Tier 2 \$50 for Tier 3	
Through the designated mail service pharmacy (up to a 90-day formulary supply for each prescription or refill)	\$30 for Tier 1 \$60 for Tier 2 \$100 for Tier 3	

* Treatment for rape-related mental or emotional disorders and treatment for children under age 19 are covered to the same extent as biologically based conditions.

** The value of these visits is at least \$500 in each calendar year.

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 **1-800-262-BLUE (2583)** 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 subscriber certificate 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
Blue Care [®] Line to answer your health care questions 24 hours a day—call 1-888-247-BLUE (2583)	No charge
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
Visit www.AHealthyMe.com for an around-the-clock healthy approach to fitness, family, and fun	No charge

Questions? Call 1-800-262-BLUE (2583).

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 subscriber certificate and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the subscriber certificate and riders will govern. Some of the services not covered are: cosmetic surgery; custodial care; hearing aids; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your subscriber certificate and riders.