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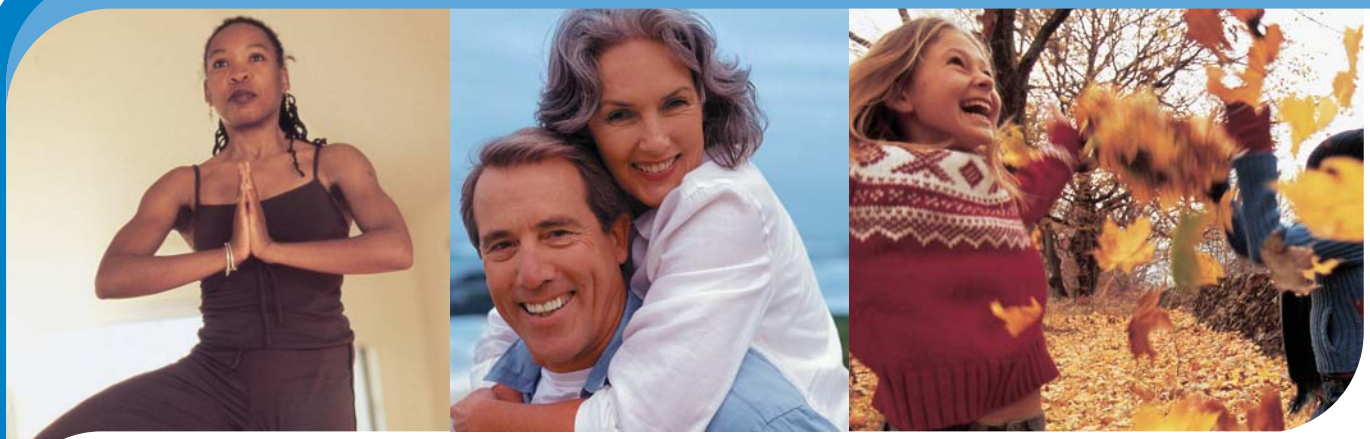

HMO Blue®

$1,000 Deductible

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 Primary Care Physician.

When you join HMO Blue, you must choose a primary care physician (PCP) for you and each member of your family. 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 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.

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 PCP cares about your health, which 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.

Your Deductible.

Your deductible is calculated on a calendar-year basis. For some services, you must meet the calendar-year deductible before benefits are provided. The calendar-year deductible begins on January 1 and ends on December 31 of each year. The deductible is **$1,000** for each member (or **$2,500** per family). The following services are not subject to the deductible: office visits, preventive health services, emergency room visits, prescription drugs, and all mental health services.

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.

HMO Blue Service Area.

The plan's service area includes all cities and towns in the Commonwealth of Massachusetts. Please see your subscriber certificate for a complete definition of the service area.

When Outside the HMO Blue 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. 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
Outpatient Care (Not subject to the calendar-year deductible)	
Emergency room visits	$100 per visit, (waived if admitted or for observation stay)
Well-child care visits	$20 per visit (no cost for immunizations and routine tests)
Routine adult physical exams, including related tests	$20 per visit (no cost for routine tests)
Routine GYN exams, including related lab tests (one per calendar year)	$20 per visit (no cost for routine tests)
Routine hearing exams	$20 per visit
Routine vision exams (one every 24 months)	$20 per visit
Family planning services–office visits	$20 per visit
Office visits	$20 per visit
Chiropractor services (up to 12 visits per calendar year for members age 16 and older)	$20 per visit
Allergy injections only	Nothing
Other Outpatient Care (Services are subject to the calendar-year deductible)	
Calendar-year deductible	$1,000 per member $2,500 per family
Short-term rehabilitation therapy–physical and occupational (up to 60 visits per calendar year*)	$20 per visit after deductible
Speech, hearing, and language disorder treatment–speech therapy	$20 per visit after deductible
Surgery and related anesthesia • Office setting • Ambulatory surgical facility, hospital, or surgical day care unit	 $20 per visit after deductible Nothing after deductible
Diagnostic X-rays, lab tests, and other tests, including CT scans, MRIs, and PET scans	Nothing after deductible
Home health care, including hospice services	Nothing after deductible
Oxygen and equipment for its administration	Nothing after deductible
Durable medical equipment and repairs–such as wheelchairs, crutches, hospital beds (up to $750 per calendar year**)	Deductible and all charges beyond the calendar-year benefit maximum
Prosthetic devices and repairs	20% co-insurance after deductible
Inpatient Care (including maternity care)	
General or chronic disease hospital care (as many days as medically necessary)	Nothing after deductible
Rehabilitation hospital care (up to 60 days per calendar year)	Nothing after deductible
Skilled nursing facility care (up to 100 days per calendar year)	Nothing after deductible
Prescription Drug Benefits	No deductible
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)	No deductible $30 for Tier 1 $60 for Tier 2 $150 for Tier 3

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

** No dollar limit or deductible 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 (Not subject to the calendar-year deductible)	
Biologically based conditions* Inpatient admissions in a general or mental hospital	Nothing
Outpatient visits	$20 per visit
Non-biologically based mental conditions (includes drug addiction and alcoholism) Inpatient admissions in a general hospital	Nothing
Inpatient admissions in a mental hospital or substance abuse treatment facility (up to 60 days per calendar year)	Nothing
Outpatient visits (up to 24 visits per calendar year)	$20 per visit
Alcoholism treatment (in addition to non-biologically based mental conditions) Inpatient admissions in a general hospital	Nothing
Inpatient admissions in a substance abuse treatment facility (up to 30 days per calendar year)	Nothing
Outpatient visits (up to 8 visits per calendar year**)	$20 per visit

*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 *Babies*®′	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.

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