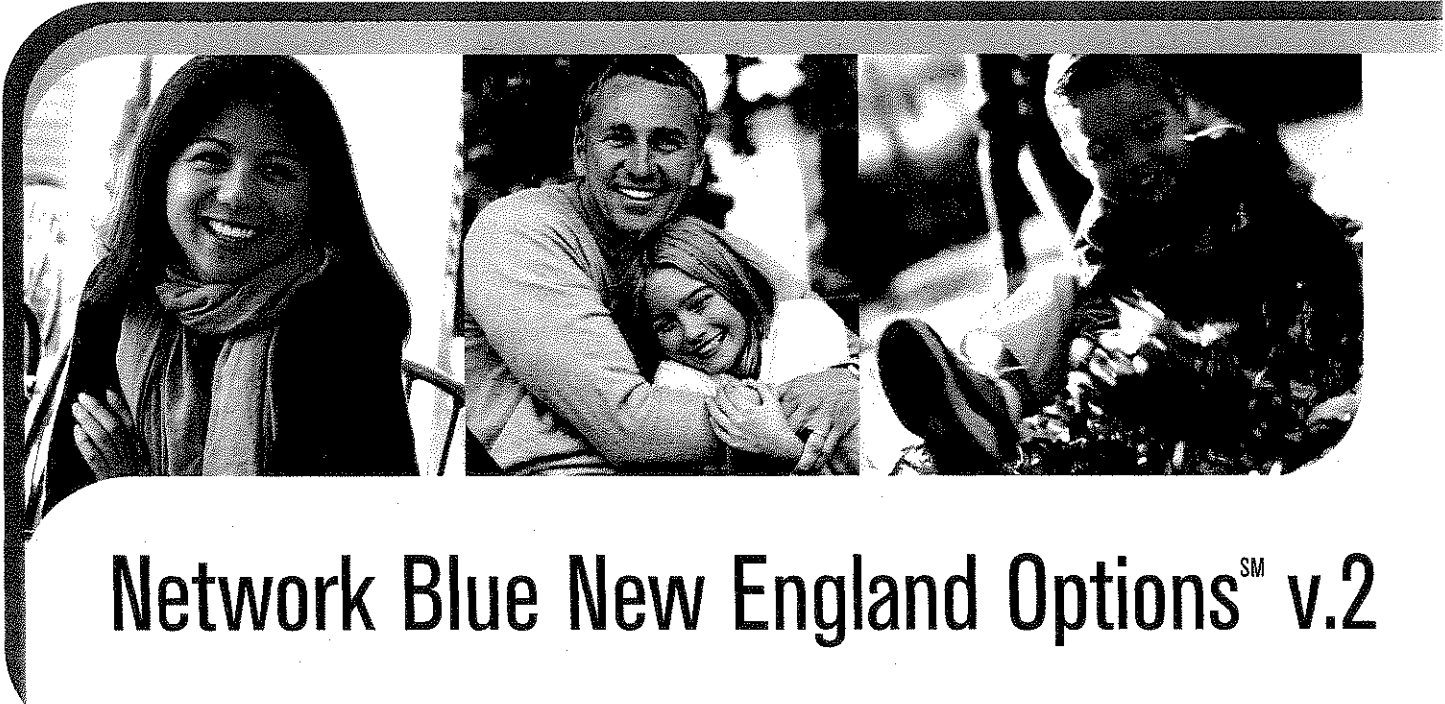




BlueCross
BlueShield



Network Blue New England OptionsSM v.2

Summary of Benefits



✓ 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

Within the Network Blue New England Options network, hospitals and groups of primary care physicians (PCPs) are ranked into three benefits tiers based on cost and nationally accepted quality performance criteria selected by Blue Cross Blue Shield of Massachusetts.

Where you receive care will determine your out-of-pocket costs for most services under the plan. By choosing Enhanced Benefits Tier providers each time you get hospital or PCP care, you can generally lower your out-of-pocket costs.

- **Enhanced Benefits Tier**—Includes Massachusetts PCPs and hospitals that met our quality benchmark and our benchmark for lowest cost.
- **Standard Benefits Tier**—Includes Massachusetts PCPs and hospitals that met our quality benchmark and our benchmark for moderate cost. Also includes providers without sufficient data for measurement on one or both benchmarks. In limited circumstances, the Standard Benefits Tier includes certain providers whose scores would put them in the Basic Benefits Tier to provide geographic access for members.
- **Basic Benefits Tier**—Includes Massachusetts PCPs and hospitals that scored below our quality benchmark and/or our benchmark for moderate cost.

Note: For the cost benchmark, hospitals were measured on their individual facility's performance and PCPs were measured according to the costs their group's HMO patients incurred. Physician groups can be composed of an individual provider, or a number of providers who practice together. Tier placement is based on benchmarks where measurable data is available; those without sufficient data were defaulted to the Standard Benefits Tier. Specialty hospitals were measured on cost alone for their overall tier rating. Hospitals with nonstandard reimbursement were placed in the Basic Benefits Tier.

It is important to consider the tier of both your primary care 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 Enhanced Benefits Tier PCP refers you to an Enhanced Benefits Tier hospital, you would pay the lowest cost sharing for both your PCP and hospital services. Or, if your Enhanced Benefits Tier PCP refers you to a Basic Benefits Tier hospital for care, you will pay the lowest copayments for PCP services, but the highest copayments for hospital services, except in an emergency.

Copayments Outside of Massachusetts. For network providers outside of Massachusetts, a network provider who is listed as a general practitioner, internist, family practitioner, pediatrician, obstetrician/gynecologist, nurse practitioner, rural health center, or general hospital is considered an Enhanced Benefits Tier provider. Other providers in our New England network carry the higher, specialist copayment.

Your Primary Care Physician. When you enroll, 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 six 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 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 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 of Massachusetts 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.

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). You pay a \$50 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 an Enhanced Benefits Tier copayment regardless of the tier of the hospital. Any follow-up care must be arranged by your PCP.

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 benefit description for exact service area details.

When Outside the 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 benefit description for more information.

Out-of-Pocket Maximum for Certain Services. For some services, you are protected by a calendar-year out-of-pocket maximum. Only copayments for hospital admissions and ambulatory surgery admissions, will be applied to your out-of-pocket maximum. When the money you have paid equals the amounts shown below, full coverage, based on the allowed charge, will be provided for these services for the remainder of that calendar year:

- Inpatient admissions in a general hospital:
 - \$600 per member for Enhanced Benefits Tier hospital admissions each calendar year
 - \$1,200 per member for Standard Benefits Tier and Basic Benefits Tier hospital admissions each calendar year
- Inpatient admissions in a mental hospital or substance abuse treatment facility:
 - \$800 per member each calendar year
- Outpatient day surgical admissions:
 - \$300 per member each calendar year

Copayments paid for Enhanced Benefits Tier hospital admissions will apply to the out-of-pocket maximum amount for Standard Benefits Tier and Basic Benefits Tier hospital admissions and vice versa.

Your Medical Benefits

Covered Services	Your Cost for Enhanced Benefits Tier Network Providers	Your Cost for Standard Benefits Tier Network Providers	Your Cost for Basic Benefits Tier Network Providers
Outpatient Care			
Emergency room visits	\$50 per visit (waived if admitted or for observation stay)	\$50 per visit (waived if admitted or for observation stay)	\$50 per visit (waived if admitted or for observation stay)
Well-child care visits	\$10 per visit (no cost for immunizations and routine tests)	\$15 per visit (no cost for immunizations and routine tests)	\$20 per visit (no cost for immunizations and routine tests)
Routine adult physical exams, including related tests	\$10 per visit (no cost for immunizations and routine tests)	\$15 per visit (no cost for immunizations and routine tests)	\$20 per visit (no cost for immunizations and 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)	\$15 per visit (no cost for routine tests)
Office visits*			
• PCP, network nurse practitioner, or nurse midwife (billed by PCP)	\$10 per visit	\$15 per visit	\$20 per visit
• Network nurse practitioner or nurse midwife (not billed by PCP)	\$15 per visit	\$15 per visit	\$15 per visit
• Other network providers	\$25 per visit	\$25 per visit	\$25 per visit
Routine vision exam (one every 24 months)	\$15 per visit	\$15 per visit	\$15 per visit
Family planning services—office visits			
• PCP	\$10 per visit	\$15 per visit	\$20 per visit
• Other network providers	\$15 per visit	\$15 per visit	\$15 per visit
Chiropractor services (up to 20 visits per calendar year)	\$15 per visit	\$15 per visit	\$15 per visit
Short-term rehabilitation therapy—physical and occupational (up to 90 visits per calendar year**)	\$15 per visit	\$15 per visit	\$15 per visit
Speech, hearing, and language disorder treatment—speech therapy	\$15 per visit	\$15 per visit	\$15 per visit
Allergy injections only	Nothing	Nothing	Nothing
Home health care and hospice services	Nothing	Nothing	Nothing
Oxygen and equipment for its administration	Nothing	Nothing	Nothing
Prosthetic devices	20% co-insurance	20% co-insurance	20% co-insurance
Diagnostic X-rays, lab tests, and other tests, including CT scans, MRIs, and PET scans	Nothing	Nothing	Nothing
Durable medical equipment—such as wheelchairs, crutches, and hospital beds	Nothing	Nothing	Nothing
Surgery and related anesthesia			
• Office setting	Nothing	Nothing	Nothing
• Surgical day care unit	\$100 per admission	\$100 per admission	\$100 per admission
• Ambulatory surgical facility	\$100 per admission	\$100 per admission	\$100 per admission
Inpatient Care (and maternity care)			
General hospital care (as many days as medically necessary)	\$200 per admission	\$400 per admission	\$400 per admission
Chronic disease hospital care (as many days as medically necessary)	\$200 per admission	\$200 per admission	\$200 per admission
Rehabilitation hospital care (up to 60 days per calendar year)	Nothing	Nothing	Nothing
Skilled nursing facility care (up to 45 days per calendar year)	Nothing	Nothing	Nothing
Hearing Care			
Routine hearing exams			
• PCP	\$10 per visit	\$15 per visit	\$20 per visit
• Other network providers	\$15 per visit	\$15 per visit	\$15 per visit

Your plan provides up to \$1,700 per member every 24 months based on the allowed charge for one hearing aid (or one set of binaural hearing aids) when furnished by a licensed hearing aid dealer. This includes dispensing fees and acquisition costs. You pay nothing for the first \$500 of allowed charges; then, 20% coinsurance up to the benefit limit. No benefits are provided for the replacement of lost or broken hearing aids, replacement parts, or hearing aid repairs.

* For monitoring and medication management services, a \$10 copayment per visit applies.

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

Your Medical Benefits (continued)

Covered Services	Your Cost for Enhanced Benefits Tier Network Providers	Your Cost for Standard Benefits Tier Network Providers	Your Cost for Basic Benefits Tier Network Providers
Mental Health and Substance Abuse Treatment			
Biologically based conditions* Inpatient admissions in a general hospital	\$200 per admission	\$400 per admission	\$400 per admission
Inpatient admissions in a mental hospital or substance abuse treatment facility	\$200 per admission	\$200 per admission	\$200 per admission
Outpatient services	\$15 per visit**	\$15 per visit**	\$15 per visit**
Non-biologically based mental conditions (includes drug addiction and alcoholism) Inpatient admissions in a general hospital	\$200 per admission	\$400 per admission	\$400 per admission
Inpatient admissions in a mental hospital or substance abuse treatment facility (up to 60 days per calendar year)	\$200 per admission	\$200 per admission	\$200 per admission
Outpatient visits (up to 24 visits per calendar year)	\$15 per visit**	\$15 per visit**	\$15 per visit**
Alcoholism treatment (in addition to non-biologically based mental conditions) Inpatient admissions in a general hospital	\$200 per admission	\$400 per admission	\$400 per admission
Inpatient admissions in a substance abuse treatment facility (up to 30 days per calendar year)	\$200 per admission	\$200 per admission	\$200 per admission
Outpatient visits (up to 8 visits per calendar year)	\$15 per visit**	\$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)	\$10 for Tier 1 \$20 for Tier 2 \$40 for Tier 3	\$10 for Tier 1 \$20 for Tier 2 \$40 for Tier 3	\$10 for Tier 1 \$20 for Tier 2 \$40 for Tier 3
Through the designated mail service pharmacy (up to a 90-day formulary supply for each prescription or refill)	\$20 for Tier 1 \$40 for Tier 2 \$90 for Tier 3	\$20 for Tier 1 \$40 for Tier 2 \$90 for Tier 3	\$20 for Tier 1 \$40 for Tier 2 \$90 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.

** There is a \$10 copayment per group therapy visit, up to the benefit limit.

Dependent and Student Benefits.

Please contact your plan sponsor for information concerning dependent and student eligibility provisions.

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 1-800-782-3675 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 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
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 1-800-782-3675.

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; 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.

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