

New and Modified Products



MASSACHUSETTS

New Plan

HMO Blue Premium:

Our new HMO Blue Premium offers a lower price point with slightly greater cost sharing, as compared to our HMO Blue \$10, while giving your employees access to comprehensive benefits. This new plan will be available for July 1, 2008 effective dates.

HMO Blue Premium	
Primary care office visit	\$15 per visit
Specialist office visit	\$25 per visit
Emergency room visits	\$75 per visit
MRI, CT scans and PET scans	\$25 per category per date of service
Day surgery	\$100 per admission
Inpatient care	\$100 per admission
Prescription Drug Benefits	
Retail pharmacy Up to a 30-day supply	\$10 for Tier 1 \$25 for Tier 2 \$45 for Tier 3
Mail service pharmacy Up to a 90-day supply	\$20 for Tier 1 \$50 for Tier 2 \$90 for Tier 3

New Plan

HMO Blue Value with BasicRx:

This new plan combines our popular HMO Blue Value medical benefits with our BasicRx pharmacy benefit design. BasicRx includes our BlueValue Rx formulary, as well as a \$250/\$500 pharmacy deductible and 50% co-insurance on Tier 2 and Tier 3 medications. This new plan is available as of April 1, 2008.

HMO Blue Value (with BasicRx)	
Primary care office visit	\$25 per visit
Emergency room visits	\$100 per visit*
MRI, CT scans and PET scans	\$75 per category per date of service
Day surgery	\$250 per admission*
Inpatient care	\$500 per admission*
Medical deductible	None
*Out of pocket maximum: \$2,000/\$4,000	
Prescription Drug Benefits with BlueValue Rx SM Formulary	
Retail pharmacy Up to a 30-day supply	\$15 for Tier 1 After a \$250 plan-year deductible per member (or \$500 per family) you pay: 50% co-insurance after deductible for Tier 2 50% co-insurance after deductible for Tier 3
Mail service pharmacy Up to a 90-day supply	\$30 for Tier 1 After a \$250 plan-year deductible per member (or \$500 per family) you pay: 50% co-insurance after deductible for Tier 2 50% co-insurance after deductible for Tier 3

Modified Plan

Access Blue Enhanced Value (with BasicRx):

The new pharmacy benefit design replacing the current pharmacy benefit in the existing plan encourages use of generic drugs by requiring members to pay a deductible and co-insurance when they select a non-generic (Tier 2 or 3) medication. The changes in this plan (indicated in bold below) are effective July 1, 2008, for new sales and on the first anniversary after July 1, 2008, for renewing customers.

Access Blue Enhanced Value (with BasicRx)	
Primary care office visit	\$20 per visit
Specialist office visit	\$30 per visit
Emergency room visits	\$75 per visit
MRI, CT scans and PET scans	\$50 per category per date of service
Day surgery	\$250 per admission
Inpatient care	\$500 per admission
Prescription Drug Benefits with BlueValue Rx Formulary	
Retail pharmacy Up to a 30-day supply	\$15 for Tier 1 After a \$250 plan-year deductible per member (or \$500 per family) you pay: 50% co-insurance after deductible for Tier 2 50% co-insurance after deductible for Tier 3
Mail service pharmacy Up to a 90-day supply	\$30 for Tier 1 After a \$250 plan-year deductible per member (or \$500 per family) you pay: 50% co-insurance after deductible for Tier 2 50% co-insurance after deductible for Tier 3

Modified Plan

HMO Blue Basic Value:

A \$250/\$500 deductible has been added for certain medical services in addition to the co-insurance. The new pharmacy benefit design replacing the current pharmacy benefit in the existing plan encourages use of generic drugs by requiring members to pay a deductible and co-insurance when they select a non-generic (Tier 2 or 3) medication. The changes in this plan (indicated in bold below) are effective July 1, 2008, for new sales and on the first anniversary after July 1, 2008, for renewing customers.

HMO Blue Basic Value	
Preventive office visit	\$15 per visit, no deductible
Primary care office visit	\$25 per visit, no deductible
Specialist office visit	\$40 per visit, no deductible
Emergency room visits	\$150 per visit, no deductible
Labs and X-rays (including MRI, CT scans and PET scans)	35% co-insurance after deductible
Day surgery	35% co-insurance after deductible
Inpatient care	35% co-insurance after deductible
Deductible* (plan year)	\$250 per individual (\$500 per family)
Prescription Drug Benefits with BlueValue Rx Formulary	
Retail pharmacy Up to a 30-day supply	\$15 for Tier 1 After a \$250 plan-year deductible per member (or \$500 per family) you pay: 50% co-insurance after deductible for Tier 2 50% co-insurance after deductible for Tier 3
Mail service pharmacy Up to a 90-day supply	\$30 for Tier 1 After a \$250 plan-year deductible per member (or \$500 per family) you pay: 50% co-insurance after deductible for Tier 2 50% co-insurance after deductible for Tier 3

*The medical deductible applies to medical benefits with co-insurance with the exception of well newborn inpatient care.

If you have any questions about these plans, please contact your Account Executive.



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