



MASSACHUSETTS

<<Date>>

<<First Name>> <<Last Name>>

<<Address 1>>

<<Address 2>>

<<City>>, <<State>> <<Postal Code>>

Dear <<First Name>> <<Last Name>>:

There's a lot to know about your health care coverage. That's why, if you're a new or recently renewed member, or if some part of your existing health plan has changed, we're sending you this letter. It includes some important information about your plan, including how to access more detailed information. **The materials in this mailing and those that we tell you how to access will fill you in on the specifics of your plan, and replace any similar information you may have received in the past.** Keep in mind that this information is for your reference; you don't have to contact us or take any action.

Your Subscriber Certificate and Riders (Your Policy):

Your subscriber certificate and riders provide important information about your plan. You should review these documents carefully. Your policy tells you how you can obtain your benefits, what you pay for covered services, any changes to your benefits, and any particular requirements you must follow to receive benefits such as prior authorizations. Your policy explains how your plan works as well as your rights to appeal. You can download a copy of your policy when you register and create an account at www.bluecrossma.com/member/service. You can ask to obtain a printed copy of your policy at any time, at no additional cost, by calling **1-888-608-3670**.

Your Premium Costs:

As of <<Date>>, the monthly premium costs paid to us for your Blue Cross Blue Shield of Massachusetts plan are:

<<Prem Desc1>>	<<Prem Amt1>>
<<Prem Desc2>>	<<Prem Amt2>>

Your subscriber certificate and riders explain how nonpayment of this premium within specific time frames may lead to termination of your membership.

Landmark Center | 401 Park Drive | Boston, MA 02215-3326 | www.bluecrossma.com



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Blue Cross Blue Shield of Massachusetts Disenrollment Rates:

Our plans have voluntary and involuntary disenrollment rates. The voluntary disenrollment rate, or the percent of subscribers who chose to leave their Blue Cross Blue Shield of Massachusetts plans in 2006, was three percent. The involuntary disenrollment rate, or the percent of subscribers who were terminated from their plan in 2006 by Blue Cross Blue Shield of Massachusetts, was 0.7 percent. Your subscriber certificate and riders explain the circumstances under which you may be disenrolled or denied enrollment and when your coverage may be cancelled or not renewed.

Provider Information for Our PPO, POS, and HMO Subscribers:

Our website provides you with access to information about our PPO, POS, HMO, and Indemnity providers. If you need a provider's office hours, location, or telephone numbers for routine or emergency services, please refer to our website or your Provider Directory. To get a directory, just ask your employer or call **1-888-608-3670** to order a copy of a PPO, POS, or HMO Provider Directory at no additional cost.

We encourage you to review the specifics of your plan, keep all related current information in your records for future reference, and disregard any outdated contracts and riders.

If you have any questions about the enclosed materials, please feel free to call Member Service at the number on the front of your ID card. Thank you for being a Blue Cross Blue Shield of Massachusetts member.

Sincerely,

A handwritten signature in black ink that reads "Stephen R. Booma".

Stephen R. Booma
Executive Vice President
Sales, Marketing Service, and Information Technology