## PRESCRIPTION DRUG Insured Preferred Provider Plan Service Area

	PRESCRIPTION DRUG EXPENSE Product Form CARRIERS' SERVICE AREA BY COUNTY																
	Insured Preferred Provider Plans	Name	Number	Barn	Berk	Bris	Duk	Ess	Frank	Hmpd	Hmpsh	Midd	Nant	Norf	Plym	Suff	Worc
1 A	etna Life Insurance Company	Pharmacy Preferred Provider Plan	GR-9	All	All	All		All	All	All	All	All		All	All	All	All

<sup>\*</sup> Please note that the following companies or product(s) do not appear above due to their decision to discontinue the offer of the plan(s) in Massachusetts - (The) MEGA Life and Health Insurance Company (Form# 25891-C-MA and Form# 25604-MA-7/01).

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