



2017 Product and Benefit Updates

Employers with greater than 50 eligible with 99 or fewer enrolled employees

Effective on January 1, 2017

We're making changes to our health plans beginning on or after January 1, 2017. These changes will ensure that our health plans continue to meet the ongoing requirements of National Health Care Reform under the Affordable Care Act (ACA) while providing employers and their employees access to high-quality, affordable health plan options. The 2017 changes to our health plans for employers with greater than 50 eligible with 99 or fewer enrolled employees, are explained in the following pages.

Habilitation Services Clarification

Our standard large group plans include coverage for short-term rehabilitation therapy. We're updating the language to the Subscriber Certificate to clarify that this benefit includes coverage for both rehabilitation and habilitation services.

Please note that there are currently no benefit changes being made to the short-term rehabilitation therapy coverage, and pre-approval is still required for HMO plans.

As defined by the Uniform Glossary of Health and Coverage and Medical Terms, rehabilitation services are health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or

impaired because a person was sick, hurt, or disabled. These services may include physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation services in a variety of inpatient and outpatient settings.

Habilitation therapy services are health care services that help a person keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and outpatient settings.

Methadone

Due to the opioid crisis in Massachusetts, we will be making a benefit change for methadone. We are also developing a new Opioid Treatment Provider Network that will be in place as of January 1, 2017. These changes will help to remove barriers to treatment for our members.

Effective January 1, 2017, upon renewal for self-insured accounts, methadone will be covered under the Medical Care Outpatient Benefit. This benefit will apply no in-network cost share on most plans and will not require prior authorization or referral. It will be a core benefit for self-insured plans as of 1/1/17 upon account renewal. Coverage under the medical benefit will be applied as listed below:

Non-Saver Plans	Saver Plans
<ul style="list-style-type: none"> + No in-network member cost share will apply for medically necessary methadone for opioid addiction that is administered at a participating methadone clinic + This includes no deductible, no copayment, and no co-insurance + No authorization required 	<ul style="list-style-type: none"> + Medically necessary methadone administered at a participating methadone clinic to treat opioid addiction will apply to the deductible + After the member meets the deductible, there will be no in-network copayment and no co-insurance applied + No authorization required
<p>Please note that this benefit update went into effect on July 1, 2016, for fully insured plans.</p>	

continued

Pharmacy Benefit Exclusion—Effective January 1, 2017:

All drugs in the therapeutic class of inhaled nasal steroids used to treat allergies will be excluded from our pharmacy benefit coverage across all of our plans effective as a one day change on January 1, 2017. We previously communicated this change in 2016 because this change appeared in Subscriber Certificates issued beginning January 1, 2016.

Prescription drug exceptions, including those previously approved, will no longer be available for this class of medications.

Out-of-Pocket Maximum

All non-grandfathered health plans must include an out-of-pocket maximum that limits costs for all Essential Health Benefits, including pharmacy. Out-of-pocket costs include, copayments, co-insurance, and deductible.

Our standard health plans include an out-of-pocket maximum that is set at, or below, the Affordable Care Act's 2017 limits. If you would like to offer a different out-of-pocket maximum that is equal to, or lower than the ACA's limit, contact your Account Executive to discuss your options.

ACA's annual Out-of-Pocket Maximum for 2017:

Plan Type	Self Only Coverage (Individual)	Family Coverage
Health Savings Account (HSA) qualified high deductible health plans	\$6,550	\$13,100
Non-HSA qualified health plans	\$7,150	\$14,300

Blue Options v. 5 and Hospital Choice Cost Sharing Update

As a result of favorable improvements in the following hospitals' cost or quality performance, we are updating their tier in our Blue Options v.5 benefit designs and Hospital Choice Cost Sharing benefit designs.

This is effective as a one-day change for all plans and accounts on January 1, 2017. With this update, members will have lower out-of-pocket costs when receiving services at these hospitals.

Blue Options:

Hospital	Previous Blue Options Tier	New Blue Options Tier	Reason for Tier Improvement
Sturdy Memorial Hospital	Basic Benefits Tier	Standard Benefits Tier	Met moderate cost benchmark
Nashoba Valley Medical Center	Standard Benefits Tier	Enhanced Benefits Tier	Met quality benchmark

Hospital Choice Cost Sharing:

Hospital	Previous HCCS Cost Share	New HCCS Cost Share	Reason for Tier Improvement
Sturdy Memorial Hospital	Higher Cost Share	Lower Cost Share	Met moderate cost benchmark

continued

New Plan Designs for Employers with Greater than 50 Eligible with 99 or Fewer Enrolled Employees

We're pleased to announce that we'll introduce several new plan designs, effective January 1, 2017.

New HSA Qualified (Saver) Plan:

- Access Blue Select Saver \$2,000

New HMO Blue SelectSM Plans:

- HMO Blue Select \$1,000 Deductible
- HMO Blue Select \$1,000 Deductible with Copayment
- HMO Blue Select \$2,000 Deductible
- HMO Blue Select \$2,000 Deductible with Copayment
- HMO Blue Select \$3,000 Deductible

Questions? Feel free to contact your broker or account executive with questions or visit bluecrossma.com/employer

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you.

Call Member Services at the number on your ID Card (TTY: 711).

Spanish/Español: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

Portuguese/Português: ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association
©, SM Registered Marks and Service Marks of the Blue Cross and Blue Shield Association. © 2016 Blue Cross
and Blue Shield of Massachusetts, Inc. and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.
162827-2M 55-1374 (11 /16)