



MASSACHUSETTS

# 2018 Product and Benefit Updates

## Small Employers (with 2-50 enrolled with 50 or fewer full-time employees)

Effective January 1, 2018:

We're making changes to our health plans. These changes will ensure that our health plans continue to meet the ongoing requirements of health care reform under the Affordable Care Act (ACA), while providing employers and their employees access to high-quality, affordable health plan options.

## Out-of-Network Provider Claims Reimbursement for PPO Plans

We're updating our standard out-of-network reimbursement benefit in order to reduce exposure to high, out-of-network charges. This update will be effective on January 1, 2018 for fully insured PPO plans.

For accounts currently offering the standard PPO out-of-network reimbursement benefit, we'll reimburse most out-of-network claims based on 150 percent of the Medicare fee schedule. When no Medicare fee is available for certain procedures, we'll use current, publicly available fee reimbursement data, and adjust it for geographic variations to determine the pricing for the claim.

Accounts currently using our standard PPO out-of-network reimbursement benefit will be automatically updated to the new standard.

## 2017 Actuarial Value Calculator Changes and Cost Share Changes

The ACA requires use of an Actuarial Value (AV) Calculator by issuers of health insurance plans offered in the individual and small group markets for the purposes of determining levels of coverage.

The final 2017 AV Calculator has been revised from 2016. As a result, changes to out-of-pocket costs or cost shares (like copayments, co-insurance, deductibles, or maximum out-of-pocket expenses) are needed across all our small group plans to ensure that we meet certain levels of cost sharing as required under the ACA. These changes will vary by plan design.

To determine the cost share amounts and benefit changes for a particular plan, please view the Summary of Benefits or Benefit Comparison Fact Sheet.

## Maximum Out-of-Pocket Limit and Calculation Changes

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 deductibles.

The maximum out-of-pocket limit for health plans cannot be more than the amount set annually by the ACA (and the IRS for Health Savings Account-compatible, high-deductible health plans). Merged Market plans are permitted to include maximum out-of-pocket limits up to the new 2018 limits. We're making changes to health plans to meet AV levels of coverage as required under the ACA. Additionally, we're combining the medical and pharmacy maximum out of pockets in 2018.

Plan Type	Self-Only Coverage (Individual)	Family Coverage
Health Savings Account (HSA) qualified high-deductible health plans	\$6,650	\$13,300
Non-HSA qualified health plans	\$7,350	\$14,700

## Pharmacy Benefit Exclusion—Effective January 1, 2019

Effective January 1, 2019, all drugs in the therapeutic class of proton pump inhibitors will be excluded from our pharmacy benefit coverage across all of our Merged Market plans. Members under the age of 18 and combination medications used to treat the condition helicobacter pylori will continue to be covered. We're communicating this change now as it will appear in the subscriber certificates beginning January 1, 2018.

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

## New Plan Designs for Small Groups

We're pleased to introduce the following new plan designs, effective January 1, 2018.

- HMO Blue New England Basic Saver
- Preferred Blue® PPO \$3,000 Deductible
- Preferred Blue® PPO \$3,000 Deductible with HCCS
- HMO Blue New England Saver \$2,000
- HMO Blue New England Saver \$3,000
- HMO Blue Select Saver \$2,000

## Anthem New Hampshire Tiered Network Update

Anthem New Hampshire is updating their tiered network for January 1, 2018. This is effective as a one-day change on January 1, 2018. With this update, members will have higher out-of-pocket costs when receiving services at these hospitals.

### HMO Blue New England Options v.5

Hospital	Previous Tier	New Tier
St. Joseph Hospital	Enhanced Benefits Tier	Standard Benefits Tier
Wentworth-Douglass Hospital	Enhanced Benefits Tier	Standard Benefits Tier

### Hospital Choice Cost Sharing

For our New England plans with the Hospital Choice Cost Sharing feature, there is no change to the member's cost share. All New Hampshire hospitals are considered "Lower Cost Share."

## Questions?

Contact your broker or account executive with questions or visit [bluecrossma.com/bluelinks-for-employers](http://bluecrossma.com/bluelinks-for-employers).