

Accounts with 100 or more Enrolled Subscribers

At Blue Cross Blue Shield of Massachusetts, we're leading the way to lower costs, better health, and great member service. In fact, for the past two years we've ranked "Highest in Member Satisfaction among Commercial Health Plans in Massachusetts" by J.D. Power!

Effective January 1, 2019, we're making changes to our health plans to help lower medical costs over the long term and expanding the types of programs that qualify for reimbursement under our Fitness and Weight-Loss benefits. These updates also ensure that we continue to meet the ongoing requirements of health care reform, while providing you with access to high-quality, affordable health plans.

Read on to find out more about these important changes and how they impact you and your employees.

New Exclusive Provider Organization (EPO) Plan for Self-Insured Accounts

In response to marketplace demands, we're offering a new Health Savings Account (HSA)-eligible EPO plan in 2019 to self-insured employers with 100 or more enrolled subscribers: Advantage Blue® Saver with Coinsurance. Unlike traditional PPO plans, EPO plans have one level of benefits for participating PPO providers only. No coverage is provided when members seek care from a non-contracted provider. This new EPO plan is offered at a lower price point over traditional PPO plans and allows employers to set up HSAs for their employees. HSAs allow members to save money tax-free to cover their deductible and other qualified expenses or for their future health care needs. Contact your account executive for more information on this new plan and to learn about our preferred HSA vendors.

The Removal of Impacted Teeth

As of January 1, 2019, on plan renewal, we'll add coverage for the removal of impacted teeth to the following plans:

Insured:

- Access Blue New England Basic
- Access Blue New England Basic Saver
- HMO Blue Deductible (closed plan)

Self-Insured

- Access Blue New England Basic
- Access Blue New England Basic Saver
- Network Blue® Deductible (closed plan)

We're making this change to ensure the removal of impacted teeth is covered by all our managed care plans.

Expanded Fitness and Weight-Loss Reimbursement Benefits

Effective upon renewal starting January 1, 2019, we'll expand the definition of qualifying programs for our Fitness and Weight-Loss Reimbursements. This will provide more options for members who use these types of programs and reward them for a broader range of healthy behaviors.

Qualified Fitness Programs

Our Fitness Reimbursement will expand to cover instructor-led group classes at fitness studios. Members will be able to get reimbursed for membership and class fees at:

- Full-service health clubs with a variety of exercise equipment, including cardiovascular and strength-training equipment
- Starting in 2019—Fitness studios that offer instructor-led group classes for cardiovascular and strength training, such as yoga, Pilates, kickboxing, indoor cycling, and other exercise programs

Qualified Weight-Loss Programs

Our Weight-Loss Reimbursement will expand to cover online or in-person weight-loss programs with services that align with National Institutes of Health (NIH) guidelines for choosing an effective weight-loss program. Members will be able to get reimbursed for participation fees at:

- Hospital-based programs and Weight Watchers® (in-person)
- Starting in 2019—Weight Watchers online and non-hospital programs (in-person or online) with a combined focus on healthy eating, exercise, and counseling with a certified health professional

New Forms for Reimbursements

We're creating new forms for reimbursement requests that will include the expanded reimbursements.

Canceled and Closed Plans

We're streamlining our product portfolio to create a better experience for our accounts and members. We offer equivalent options for most plans that are being canceled or closed. These options provide members with access to our HMO Blue New England network, allowing members to choose from any of our provider networks in Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.

As of January 1, 2019, the following plans will be canceled (not available for sale):

Insured

- HMO Blue Value Plus
- HMO Blue Enhanced Value
- HMO Blue Premier Value
- HMO Blue Options
- HMO Blue Options Deductible
- Blue Choice® Value Plus

Self-Insured

- Network Blue® Value Plus
- Network Blue® Options
- Network Blue® Enhanced Value®
- Network Blue® Options Deductible
- Network Blue® Premier Value
- Blue Choice® Plan 2 Value Plus

As of January 1, 2019, the following plans will be closed to new sales:

Insured

- HMO Blue
- HMO Blue Deductible
- Blue Choice®
- Master Health® Plus

Self-Insured

- Network Blue®
- Network Blue® Deductible
- Blue Choice® Plan 2
- Master Health® Plus

To review plan options and see comparable options for plans that are being canceled or closed, visit our [Plan Comparison Tool](http://bluecrossma.com/plan-comparison) at bluecrossma.com/plan-comparison.

Proton Pump Inhibitors Excluded from Pharmacy Coverage

Effective January 1, 2019, all proton pump inhibitors will be excluded from our pharmacy benefit coverage, except for members under the age of 18 and those taking combination medications to treat H. pylori. Formulary exceptions, including those previously approved, will no longer be available for this class of medication, except for members under the age of 18 and those taking combination medications to treat H. pylori.

We're making this change to encourage the use of more cost-effective, over-the-counter alternatives. This change applies to all commercial plans, group Medex[®] plans with three-tier pharmacy benefits, and Managed Blue for Seniors plans.

Opioid Overdose Reversal Drugs Available at No Cost for ASC Members

Beginning January 1, 2019, Blue Cross Blue Shield of Massachusetts will make Narcan and naloxone, two common drugs for treating a narcotic overdose, available at no cost to members* under our pharmacy benefit for all ASC accounts upon renewal.

This change is part of our ongoing strategy to combat misuse and overuse of opioids. By making Narcan and naloxone available to our members at no cost, we hope to provide easier access to these potentially life-saving medications.

If you have questions or would like to opt out of this change, please contact your account executive.

*Accounts will still be responsible for the cost of the drug; for ASC plans with an HSA, members will have full coverage for the cost of the drug once their deductible has been met.

Out-of-Pocket Maximum Limit

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.

Our standard health plans include an out-of-pocket maximum that is set at, or below, the Affordable Care Act's (ACA) 2019 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 2019:

Plan Type	Self-Only Coverage (Individual)	Family Coverage
Health Savings Account (HSA) qualified high-deductible health plans	\$6,750	\$13,500
Non-HSA qualified health plans	\$7,900	\$15,800



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55-1595 (09/18)