

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

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.

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.

Out-of-Pocket Maximum Limit

All 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.

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

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.

Per Member Deductible Rider for Some Saver Plans

We're making it easier to satisfy the deductible on certain Saver plans. With this rider, we'll no longer require that the entire family deductible be met before benefits are provided for any individual enrolled in the plan. This means that no one member will have to pay more than the per member deductible, even though they're enrolled in a family plan.

This rider is available January 1, 2019, upon renewal, on the following plans only: Access Blue New England Saver \$3,000, Access Blue New England Basic Saver II, and Preferred Blue® PPO Basic Saver.

PPO Split Copayment Rider

Beginning January 1, 2019 upon renewal, we'll offer a rider for two levels of copayment for outpatient office visits for medical care on all PPO plans, except PPO Options plans.

A lower copayment will apply for services provided by the most commonly used health care providers:

- a family or general practitioner
- internist
- OB/GYN
- pediatrician
- geriatric specialist
- nurse midwife
- limited services clinic
- behavioral health provider
- multispecialty provider group
- physician assistant
- nurse practitioner

A higher copayment will apply to any other covered provider.

The new split-level copayment rider can be included as a rider for the following plans:

- Preferred Blue® PPO 80 with Copay
- Preferred Blue® PPO \$500 Deductible
- Preferred Blue® PPO \$1000 Deductible
- Preferred Blue® PPO \$2,000 Deductible
- Preferred Blue® PPO Basic Saver
- Preferred Blue® PPO Basic Copayment
- Blue Care® Elect Value Plus
- Blue Care® Elect Enhanced Value
- Blue Care® Elect \$3000 Deductible