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# IAI | IMPORTANT ADMINISTRATIVE INFORMATION

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October 2011



Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

## IAI | LETTER

Dear Valued Customer:


This issue of the Important Administrative Information (IAI) newsletter includes information on:

- Coverage for the 2011–2012 flu season
- Changes to our appeals process and claim notices
- A new opportunity for small groups—voluntary dental coverage

Visit [www.bluecrossma.com/employer/iai](http://www.bluecrossma.com/employer/iai) to learn more about any of the topics in this edition.

As always, if you have any questions, please contact your account executive.

Sincerely,



Timothy J. O'Brien  
Senior Vice President  
Sales Division

[ IAI October 2011 ]

### PRODUCT PORTFOLIO AND BENEFIT DESIGN UPDATES

[ Effective January 1, 2012 ]

We're introducing new plan options and making changes to our standard plan designs. Please review the enclosed brochure and charts for a detailed overview of these changes.

→ If you have any questions, please contact your account executive.

## The 2011-2012 Flu Season

### Committed to Member Health

Blue Cross Blue Shield of Massachusetts remains committed to helping limit the spread of the flu virus. Once again, we're making it easy for members and their families to get vaccinated by offering a range of workplace and retail-based vaccine opportunities. Coverage depends on the plan type and the nature of the care received.

→ To learn more, please visit [www.bluecrossma.com/employer/iai](http://www.bluecrossma.com/employer/iai).

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## Update: Changes to the Appeals Process and Claim Notices

An amended interim final regulation and new guidance on appeals were issued on June 22, 2011.

The federal health care reform law includes requirements that affect our member appeals and claims process for fully insured and self-insured health plans. Some of the required changes became effective for plans on their anniversary dates, starting on September 23, 2010. However, due to extensions and grace periods granted by the federal government, some changes will become effective on July 1, 2011, and others on January 1, 2012.

→ To learn more, please visit [www.bluecrossma.com/employer/iai](http://www.bluecrossma.com/employer/iai).

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## Premium Credit

Massachusetts Attorney General Martha Coakley's office issued a report on July 6, 2011, concluding a review of the compensation paid to former Blue Cross Blue Shield of Massachusetts CEO, Cleve Killingsworth. After discussions with the Attorney General, the Board made a decision to distribute the amount of the severance (\$4.26 million) paid to Mr. Killingsworth to our members and the community as a good faith gesture. This one-time credit, which amounts to approximately \$3.00 per subscriber, will appear on November invoices.

→ To learn more, please visit [www.bluecrossma.com/employer/iai](http://www.bluecrossma.com/employer/iai).

## Pharmacy Changes

### Effective January 1, 2012

To continue providing our members and their health care providers with access to a variety of safe, clinically effective medications at affordable prices, we will be making changes to our pharmacy program, effective January 1, 2012.

These changes will apply to commercial plans with pharmacy benefits and Medex<sup>®</sup> plans with the optional three-tier pharmacy benefit.

Health care providers have already been advised of these changes. Our affected members will be notified directly no later than December 1, 2011.

→ To learn more, please visit [www.bluecrossma.com/employer/iai](http://www.bluecrossma.com/employer/iai).

## Harvard Study Finds Success in Alternative Quality Contract

A recent study by researchers at Harvard Medical School finds that Blue Cross Blue Shield of Massachusetts' new global payment model, the Alternative Quality Contract, is meeting its goals of slowing the growth in health care costs while improving patient care quality.

This comprehensive study is the first independent review of our Alternative Quality Contract. The study published in the New England Journal of Medicine analyzed 2006–2009 claims data for members whose primary care providers were in the Alternative Quality Contract, compared with members whose primary care providers were not in the program.

Overall, Alternative Quality Contract groups reduced medical spending growth by about two percent in the first year. Groups that did not previously have global budget contracts with Blue Cross Blue Shield of Massachusetts achieved even greater reductions in medical spending—six percent.

→ To find more about the study, please visit [www.bluecrossma.com/employer/iai](http://www.bluecrossma.com/employer/iai).

### HMO Product Clarification: Member Claim Payments with Medicare as Primary Payer

Member cost sharing, as described in subscriber certificates and benefit descriptions, applies for covered services when the member is enrolled in certain managed care plans with Blue Cross Blue Shield of Massachusetts and Medicare. Medicare is the primary coverage for these members, and we receive a claim for balances after Medicare has been paid.

This applies to all members who have Medicare as their primary payer and are enrolled in a fully insured or self-funded managed care product (for example, HMO Blue,<sup>®</sup> Network Blue,<sup>®</sup> and Blue Choice<sup>®</sup>) that is not a Medicare supplement or Medicare replacement plan, such as Medicare Advantage.

→ To learn more, please visit [www.bluecrossma.com/employer/iai](http://www.bluecrossma.com/employer/iai).

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### Disaster Readiness

In the event of a disaster, Blue Cross Blue Shield of Massachusetts plans to play a key role as a health plan provider and a community leader. We have invested significant efforts in preparation for responding to a large-scale disaster, such as a hurricane, act of terrorism, or pandemic.

Key business partners, such as providers and brokers, will look to our company for help in handling increases in care visits and inquiries. State and local leaders will look to our company as a trusted resource for the public in the response to and recovery from any significant event.

Blue Cross Blue Shield of Massachusetts has policies in place to support our accounts, members, business partners, community leaders, and representatives.

→ To learn more, please visit [www.bluecrossma.com/employer/iai](http://www.bluecrossma.com/employer/iai).

## New: Small Group Voluntary Dental

Blue Cross Blue Shield of Massachusetts has an exciting new offer for accounts with five or more subscribers: voluntary Dental Blue.<sup>®</sup>

Beginning January 1, 2012, Blue Cross Blue Shield of Massachusetts will offer our small group dental product portfolio to accounts on a voluntary basis. To take advantage of this offering, a client needs five or more employees to enroll and must offer one of our many health plan options.

→ To learn more, please visit [www.bluecrossma.com/employer/iai](http://www.bluecrossma.com/employer/iai).

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## Reimbursement for Out-of-Network PPO Providers

Effective January 1, 2012 (upon renewal), claim payments will change under our commercial PPO plans for covered services provided by most non-participating covered providers (professional, ancillary, and institutional providers). This change applies to our Blue Care Elect<sup>SM</sup> and Preferred Blue PPO<sup>SM</sup> plans.

Reimbursement for out-of-network providers will be based on a usual and customary fee schedule. The usual and customary fee schedule will be based on the standard allowance that Blue Cross Blue Shield of Massachusetts has established for its indemnity products. For instances in which the provider's actual charges are greater than the usual and customary charge, the member will be responsible for the applicable cost sharing amount, plus the difference, if any. This change does not apply to non-participating emergency rooms, hospital-based emergency medicine physicians, or hospital-based anesthesiologists, pathologists, or radiologists. For these non-participating providers, the provider's actual charge is used to calculate a member's benefits.

If you have questions about any of these changes, please contact your account executive.

→ To learn more, please visit [www.bluecrossma.com/employer/iai](http://www.bluecrossma.com/employer/iai).

# Product Portfolio and Benefit Design Updates

## Effective January 1, 2012



MASSACHUSETTS

At Blue Cross Blue Shield of Massachusetts, our highest priority is to make quality health care affordable. Part of our ongoing commitment to employers and their employees is to offer high-quality, affordable health care product solutions.

We also believe that by providing consistency across our product portfolio and simplifying the administration, it will lead to more affordable care and a clearer understanding of our products. As a result, we are implementing a number of enhancements to our standard plan designs as well as introducing new plan designs.

For more detail on the plan design changes outlined in this update, please refer to the Standard Plan Design Changes chart (which has been enclosed).

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## Our Marketplace Approach

At Blue Cross Blue Shield of Massachusetts (BCBSMA), making quality health care affordable continues to be a top priority. By creating more affordable products and by simplifying our product portfolio, we can make great strides in meeting this objective.

Over the past few years, we have been working toward a more simplified product portfolio. We have done this in several ways, including discontinuing plans that no longer meet the needs of our customers and streamlining the benefit features of our products. We have also introduced more affordable product options and features, such as Hospital Choice Cost Sharing, which allows members to control their own out-of-pocket costs based on the hospital they choose for care.

In 2012, we will be continuing our product simplification efforts by aligning our products and solutions with the evolving needs of different customers in mind, as well as offering a more simplified portfolio. These efforts will help reduce the administrative costs of maintaining multiple plans.

As of January 1, 2012, for accounts sized 51-99, available product options will include New England (NE) Managed Care and PPO products. Local Managed Care products will no longer be available. This applies to both accounts renewing as well as to new sales. Renewing accounts currently offering a Local Managed Care product will convert to the similar New England Managed Care product upon anniversary.

*(continued)*

## Encouraging the Right Care, at the Right Place and Time

Quality health care means getting the right care, at the right time, in the right way, with the best results possible. We're continuing our efforts to encourage members to make informed decisions about when and where to get care. Additionally, we're offering benefits that provide an incentive for members to take care of themselves, especially those with chronic illnesses.

### Blue Options/Tiered-Network Plan Designs

Our Blue Options plans are tiered-network plans that drive value by encouraging members to consider the cost and quality of their primary care provider or hospital each time they get care and rewards them for choosing lower-cost, high-quality providers in the Enhanced and Standard benefits tiers.

### New Plan: HMO Blue New England Options<sup>SM</sup> Deductible II V.3

This health plan, which includes a tiered provider network called HMO Blue New England Options v.3, will be offered beginning January 1, 2012. Members in this plan pay different cost share levels (copayments, co-insurance, and/or deductibles) depending on the benefits tier of the provider furnishing the services. A provider's benefits tier may change. Overall changes to the benefits tiers of providers will happen no more than once each calendar year. To find the benefits tier of a provider, go to [www.bluecrossma.com/findadoctor](http://www.bluecrossma.com/findadoctor) and select HMO Blue New England Options v.3 for the plan network.

This new lower cost Blue Options plan combines an easy-to-understand plan design with powerful member incentives to deliver value for employers and employees. Members can enjoy significantly lower out-of-pocket costs by choosing providers that have met our stringent cost and quality benchmarks, while still having full network access. Like our existing HMO Blue New England Options Deductible plan, this new plan will engage members every time they get medical care by giving them the choice of doctors and hospitals in three benefits tiers.

The benefit design of this new plan mirrors the design of the existing HMO Blue New England Options Deductible V.3, but applies a different member cost share for emergency room, inpatient care, outpatient day surgery, primary care provider office visits, high-tech radiology, and prescription drug benefit categories, which results in a lower premium. The Value Based Benefit, Durable Medical Equipment and Prosthetics, and Short Term Rehabilitation initiatives referenced later in this brochure will also apply to this new plan design.

This new plan design is available to all market segments, beginning January 1, 2012. To learn more about our Blue Options plans, visit [www.bluecrossma.com/blueoptions](http://www.bluecrossma.com/blueoptions).

## HMO Blue New England Options Deductible II V.3

Benefits Tier	Enhanced	Standard	Basic
Network	HMO Blue New England <sup>SM</sup>		
Deductible (Plan-Year)	None	\$500 per member \$1,000 per family	\$2,000 per member \$4,000 per family
Out-of-Pocket Maximum	\$5,000 per member/\$10,000 per family		
Emergency Room	\$200 copayment		
Inpatient Care	\$250 copayment	\$250 copayment after deductible (\$300 copayment/admission at selected hospitals) <sup>1</sup>	\$1,500 copayment after deductible
Outpatient Day Surgery	\$250 copayment	\$250 copayment after deductible (\$300 copayment/admission at selected hospitals) <sup>1</sup>	\$1,500 copayment after deductible
Preventive Care Office Visit	\$0 copayment		
Primary Care Provider Office Visit	\$20 copayment	\$30 copayment	\$50 copayment
Specialist Office Visit	\$50 copayment <sup>2</sup>		
Diagnostic Labs and X-rays—Hospital	Nothing	Nothing after deductible <sup>1</sup>	Nothing after deductible
Diagnostic Labs and X-rays—Other	Nothing		
High-Tech Radiology—Hospital <sup>3</sup>	\$75 copayment per category of test, per date of service	\$75 copayment after deductible per category of test, per date of service	\$450 copayment after deductible per category of test, per date of service
High-Tech Radiology—Other	\$75 copayment per test, per date of service		
Pharmacy	Retail: \$15/\$35/\$50      Mail: \$30/\$70/\$150 Value-Based Benefits: Mail \$15/\$35/\$150 No cost share for retail or mail Tier 1 and 2 smoking-cessation drugs		
Durable Medical Equipment & Prosthetic Devices	20% co-insurance (no annual/calendar-year maximum)		
Short-Term Rehab Therapy (PT/OT/ST) <sup>4</sup>	\$25 copayment per visit for visits 1-20	\$50 copayment per visit for visits 21-60 Applies to Enhanced, Standard & Basic Tiers	

1. The selected Standard Benefits Tier hospitals noted in this chart include BHS Franklin Medical Center, Falmouth Hospital, Martha's Vineyard Hospital, and Nantucket Cottage Hospital. The deductible does not apply for any covered services furnished by these hospitals.
2. For a network chiropractor in Maine, members pay \$25 per visit.
3. In Connecticut, when the copayments for CT scans, MRIs, PET scans, and/or nuclear cardiac imaging tests add up to the total of \$375 per member in a calendar year, members pay nothing for these tests for the remainder of that calendar year.
4. No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care, treatment of autism spectrum disorders, or speech therapy.

(continued)

## Value-Based Benefit (VBB) Enhancement

As part of our commitment to affordable health care, we are excited to announce that we are incorporating Value-Based Benefit features into many of our Managed Care New England and PPO plan designs to help members with chronic conditions better afford and manage their care. This enhancement will be a core benefit feature for individual, small group and accounts sized 51-99 upon account anniversary or for new sales beginning January 1, 2012.

Our Value-Based Benefit enhancements reduce or remove member cost sharing for some high-value medical services and help members with certain chronic conditions increase their access to appropriate care, feel healthier, be more productive, and reduce overall costs. These types of enhancements have been shown to have a positive impact on the health of members.

Research shows that financial barriers to clinically high-value care combined with a poor understanding of personal health can lead to non-adherence with recommended care, which can cause complications or lead to complications and, ultimately, higher costs. In fact, non-adherent patients cost the United States \$290 billion in avoidable medical expenses every year.<sup>5</sup> Similarly, according to the World Health Organization, direct costs of complications attributable to poor control of diabetes are 3–4 times higher than the costs associated with good control of the disease.<sup>6</sup>

### Value-Based Benefit (VBB) enhancements include:

- Members will pay nothing for the first two diabetic monitoring visits per calendar year. These are services such as diabetes evaluation and management services, including diabetic eye exams and foot care.
- Members will pay the same cost share for a 90-day supply of a medication when purchased at the mail service pharmacy as they do for a 30-day supply when purchased from a retail pharmacy. This applies to a specific list of Tier 1 and Tier 2 medications used in the treatment of asthma, coronary artery disease/cardio vascular disease, and diabetes, as well as a co-morbidity of depression. (This does not apply to the mail service Tier 2 cost share of the Access Blue<sup>SM</sup> New England Basic \$2,000 and Preferred Blue PPO<sup>SM</sup> Basic \$2,000 plan designs.) The overall deductible will not apply for these medications on the Health Savings Account (HSA) compliant plan designs.
- Members will pay nothing for Tier 1 and Tier 2 smoking cessation products when purchased at either a retail or mail service pharmacy.

Condition	Value-Based Benefits
Asthma	Reduced cost at the mail service pharmacy for certain anti-asthmatic medications to help increase medication compliance and limit emergencies.
Diabetes	Reduced cost at the mail service pharmacy for certain diabetic medications and supplies to help diabetics manage blood sugar and help prevent complications. No copayments for the first two office visits in each calendar year for diabetes evaluation and management, diabetic foot care, and/or diabetic eye exams.
Risk of Cardiovascular Disease	Reduced cost at the mail service pharmacy for certain maintenance medications that have been proven to reduce future incidents and hospitalizations for members at risk for cardiovascular disease (taking high-blood pressure medications in combination with high-cholesterol medications).
Depression (associated with any of the above conditions)	Reduced cost at the mail service pharmacy for certain generic anti-depressants for members identified as also having asthma, diabetes, or being at risk of cardiovascular disease (taking high-blood pressure medications in combination with high-cholesterol medications) to facilitate the treatment of these conditions.
Tobacco Use	No cost at the retail or mail service pharmacy for Tier 1 and Tier 2 tobacco-cessation medications to help members quit smoking.

If you have questions about any of these changes, please contact your account executive.

5. New England Healthcare Institute

6. World Health Organization

## We're Listening!

We've heard your feedback and we will be implementing a number of benefit changes, in addition to offering three new plan designs to address member needs, improve access to care, and provide consistency across products making them easier to understand.

### New Plan: HMO Blue New England \$2,000 Deductible

We are excited to introduce a new standard plan design that provides a solution for individuals and small group accounts looking for an affordable New England-wide deductible plan with an individual deductible greater than \$1,000. This competitive deductible offering has a \$2,000 individual and a \$4,000 family deductible.

The plan design also includes the Hospital Choice Cost Sharing feature as a standard benefit, with an option to remove it. This plan is available for individual and small group sales, beginning January 1, 2012. Hospital Choice Cost Sharing combines the latest innovations in our product and benefits design and provider network strategies. The innovative HCCS product design feature provides members with savings when they seek care at one of the available designated high-quality, lower cost providers.

Network	HMO Blue New England
Financial Arrangement	Insured
Deductible	\$2,000 individual plan-year deductible \$4,000 family plan-year deductible
Out-of-Pocket (OOP) Maximum	\$5,000 individual plan-year OOP max \$10,000 family plan-year OOP max
Emergency Room	\$150 copayment per visit (deductible does not apply)
Inpatient Care	\$0 copayment per admission after deductible for most covered providers \$1,000 copayment per admission after deductible for certain hospitals
Outpatient Day Surgery	\$0 copayment per admission after deductible for most covered providers \$1,000 copayment per admission after deductible for certain hospitals
Preventive Care Office Visit	\$0 per visit
Primary Care Provider Office Visit	\$20 copayment per visit, deductible does not apply
Specialist Office Visit	\$35 copayment per visit, deductible does not apply <sup>7</sup>
Diagnostic Labs	\$0 copayment per date of service after deductible for most covered providers \$35 copayment per date of service after deductible for certain hospitals
Diagnostic X-rays & Other Imaging Tests	\$0 copayment per date of service after deductible for most covered providers \$100 copayment per date of service after deductible for certain hospitals
CT, MRI, PET & Nuclear Cardiac Imaging	\$0 copayment per category of test, per date of service after deductible for most covered providers \$450 copayment per category of test, per date of service after deductible for certain hospitals
Pharmacy	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 Value-Based Benefits—Mail \$15/\$30/\$150 No cost share for retail or mail Tier 1 and 2 smoking-cessation drugs
Durable Medical Equipment & Prosthetic Devices	20% co-insurance after deductible (no annual/calendar-year maximum)

7. For network chiropractors in Maine, members pay \$25 per visit.

## New Plan: Access Blue<sup>SM</sup> New England Basic \$2,000

We will be offering a new plan design as part of our Access Blue family of plans. Our Access Blue New England plans combine New England-wide coverage and the savings of our HMO Blue New England regional managed care plans with the direct access of our Access Blue HMO plans. The plan gives members the flexibility to seek care directly from participating specialists throughout New England without a referral from their Primary Care Provider (PCP).

This plan design offers a \$2,000 individual and a \$4,000 family deductible and includes the Hospital Choice Cost Sharing feature as a standard benefit with the option to remove it. This plan is available for individual and small group sales, beginning January 1, 2012.

Access Blue New England Basic \$2,000	
Network	HMO Blue New England
Deductible	\$2,000 individual plan year deductible / \$4,000 family plan year deductible
Out-of-Pocket Maximum (OOP)	\$5,000 individual plan year OOP max \$10,000 family plan year OOP max (includes deductible, copayments over \$100 & co-insurance; does not include prescription drug benefits)
Emergency Room	\$200 copayment per visit (deductible does not apply)
Inpatient Care	20% co-insurance after deductible 30% co-insurance after deductible for certain higher cost share hospitals
Outpatient Day Surgery	20% co-insurance after deductible 30% co-insurance after deductible for certain higher cost share hospitals
Preventive Care Office Visit	\$0 per visit
Primary Care Provider Office Visit	\$25 copayment per visit after deductible
Specialist Office Visit	\$35 copayment per visit after deductible <sup>8</sup>
Diagnostic Labs	20% co-insurance after deductible 30% co-insurance after deductible for certain higher cost share hospitals
Diagnostic X-rays & Other Imaging Tests	20% co-insurance after deductible 30% co-insurance after deductible for certain high cost share hospitals
CT, MRI, PET & Nuclear Cardiac Imaging	20% co-insurance after deductible 30% co-insurance after deductible for certain higher cost share hospitals
Durable Medical Equipment & Prosthetic Devices	20% co-insurance after deductible (no annual/calendar year maximum)
Pharmacy	Retail: \$15 copayment for Tier 1, \$250/\$500 plan-year deductible then 50% co-insurance for Tier 2 & Tier 3 Mail: \$30 copayment for Tier 1, Rx deductible, then 50% co-insurance for Tier 2 & Tier 3 Value-Based Benefit—Mail: \$15/50% after deductible/50% after deductible—no cost share for retail and mail Tier 1 & 2 smoking cessation drugs \$5,000 per member/\$10,000 per family plan-year co-insurance maximum for Tier 2 & Tier 3 prescription drugs

8. For a network chiropractor in Maine, the copayment is \$25 after deductible.

## New Plan: Access Blue New England Basic Saver

On January 1, 2012, we will be introducing Access Blue New England Basic Saver, a new standard plan design that is part of our Access Blue family of plans. Like other Access Blue plans, this plan combines the benefits of a managed care plan in our New England network with the flexibility and consumer choice of an open-access plan.

Access Blue New England Basic Saver provides a solution for individuals and small group accounts looking for a Health Savings Accounts (HSA) compliant open access managed care plan in New England.

Access Blue New England Basic Saver	
Network	HMO Blue New England
Deductible	\$3,000 individual plan-year deductible / \$5,950 family plan-year deductible
Out-of-Pocket Maximum	\$5,800 individual plan-year OOP max \$11,600 family plan-year OOP max (includes all deductible, co-insurance & copayments)
Emergency Room	\$250 copayment per visit after deductible
Inpatient Care	35% co-insurance after deductible
Outpatient Day Surgery	35% co-insurance after deductible
Preventive Care Office Visit	\$0 per visit
Primary Care Provider Office Visit	\$60 copayment per visit after deductible
Specialist Office Visit	\$75 copayment per visit after deductible <sup>9</sup>
Diagnostic Labs	35% co-insurance after deductible
Diagnostic X-rays & Other Imaging Tests	35% co-insurance after deductible
CT, MRI, PET & Nuclear Cardiac Imaging	35% co-insurance after deductible
Durable Medical Equipment & Prosthetic Devices	35% co-insurance after deductible (no annual/calendar year maximum)
Pharmacy	After the plan-year deductible, Retail: \$15/\$30/\$50      Mail: \$30/\$60/\$150 Value-Based Benefit—Mail: \$15/30/150 (no deductible), no cost share for retail and mail Tier 1 & 2 smoking cessation drugs

9. For a network chiropractor in Maine, the copayment is \$25 after deductible.

## Durable Medical Equipment and Prosthetics

We are updating the durable medical equipment and prosthetic benefit categories across our product portfolio to simplify coverage for our members. Our approach will be to:

- Eliminate any calendar-year dollar limit maximum for durable medical equipment.
- Add or change the member's cost share for DME and/or prosthetic benefits.

The objective of this initiative is to align the cost share of the two benefit categories: durable medical equipment and prosthetics. The change to the member's cost share amount will be based on the plan design. For example, if the plan has no cost for durable medical equipment and/or prosthetics today, it will now have a 20 percent co-insurance for these benefits. Refer to your benefit materials for more information about what changes apply to your specific plan.

## Short-Term Rehabilitation Therapy

To improve access to treatment for our members, we will be changing the short-term rehabilitation therapy benefit cost share for our existing HMO Blue New England Options Deductible plan design. The current short-term rehabilitation therapy cost share is \$50 per visit. Effective January 1, 2012 for **new sales or upon account anniversary for existing accounts**, the new cost share for short-term rehabilitation therapy will be \$25 copayment per visit for visits 1–20 and a \$50 copayment per visit for visits 21–60. This cost share will be applicable across all three benefits tiers: Enhanced, Standard, and Basic.

Benefit Category	Current Benefit	New Benefit
Short-Term Rehabilitation Therapy (PT/OT/ST)	\$50 copayment per visit (applies to Enhanced, Standard, and Basic Tiers)	\$25 copayment per visit for visits 1-20 \$50 copayment per visit for visits 21-60 (applies to Enhanced, Standard, and Basic Tiers)

Please note that the visit benefit limit applies to outpatient physical and occupational therapy, and there are no benefit limits for the speech therapy benefit category. The lower cost share will apply to the first 20 visits of the combination of outpatient physical therapy, occupational therapy, or speech therapy (PT/OT/ST).

## Preferred Blue PPO Basic \$2,000—Pharmacy Benefit

We will be modifying the prescription drugs and supplies cost share of the Preferred Blue PPO Basic \$2,000 plan design as shown in the chart below.

Service	Current Benefit	New Benefit
Pharmacy Benefit	<ul style="list-style-type: none"> <li>BlueValue Rx<sup>SM</sup> formulary</li> <li>Tier 1: \$15 retail/ \$30 mail</li> <li>Tier 2 and 3: \$250/\$500 deductible then 50% co-insurance</li> </ul>	<ul style="list-style-type: none"> <li>Standard formulary</li> <li>Add a \$5,000/\$10,000 annual co-insurance maximum for Tier 2 and 3</li> <li>Cost share for Tier 1, 2, and 3 remains the same, but to help members with certain chronic conditions, it will include the Value-Based Benefit (VBB)</li> </ul>

If you have questions about any of these changes, please contact your account executive.

## Affordable Care

Our efforts to improve the affordability of health care continue by implementing two pharmacy benefit changes.

### Pharmacy Benefit Exclusion

As of January 1, 2013, all drugs in the therapeutic class of ophthalmic solutions used to treat allergies will be excluded from our pharmacy benefit coverage. At that time, formulary exceptions, including those previously approved, will no longer be available for this class of medications. This change will apply to all commercial plans, group Medex<sup>®</sup> with pharmacy benefits, and Managed Blue for Seniors.<sup>SM</sup>

In addition, for group Medex plans with pharmacy and Managed Blue for Seniors, all drugs in the therapeutic class of non-sedating antihistamines will be excluded from our pharmacy benefit coverage effective January 1, 2013. This exclusion already exists within our commercial plans.

We are making this change due to the over-the-counter availability of several products in these classes, which can be purchased without a prescription.

Although these benefit exclusions will not take effect until January 1, 2013, we are communicating this now because BCBSMA benefit documents, including subscriber certificates and benefit descriptions, will be updated beginning on January 1, 2012 to include notice of this future change.

These changes will be effective, regardless of anniversary date, on January 1, 2013 and members who are taking one of the excluded medications will be notified of the change by mail no later than December 1, 2012.

### Exclusive Home Delivery

We are adding Exclusive Home Delivery to our local HMO Blue,<sup>®</sup> Access Blue and Blue Choice<sup>®</sup> plan designs. This feature will be added on anniversary for individual and small groups and for new sales as of January 1, 2012. Exclusive Home Delivery applies to certain maintenance medications used on an ongoing basis, such as in the treatment of diabetes and high blood pressure, as well as medications used for birth control or to lower cholesterol. Examples of medications that are not considered maintenance include antibiotics and cough suppressants.

Members can fill their prescription twice at a retail pharmacy, then additional prescriptions will only be covered if they are filled through the Express Scripts<sup>®</sup> mail service pharmacy. Medications generally cost less at the mail service pharmacy compared to a retail pharmacy and members will pay a smaller copayment for most medications and get a 90-day supply, so everyone benefits.

# Product Portfolio General Updates

We're making updates to streamline our product portfolio, stay current with customer needs, and provide consistency across our products, so they will be easier for our customers to understand.

To achieve this goal, we are making the following changes to our plan designs for individuals, and small and large groups. **Please refer to the Standard Plan Changes chart for a complete listing of plan changes.**

## Outpatient Surgery Performed in the Office

We will be applying the outpatient medical visit cost share when outpatient surgery is performed in the office to the following plan designs:

Individuals and Small Groups
Access Blue Basic <sup>SM</sup>
Access Blue New England Enhanced Value <sup>SM</sup>
Access Blue New England Saver
Blue Care Elect 100/80
Blue Care Elect Preferred <sup>SM</sup> 80 with Copayment
Blue Care Elect Preferred 90 with Copayment
Blue Choice New England <sup>SM</sup> \$5 Copayment
Blue Choice New England \$10 Copayment
Blue Choice New England Value Plus
HMO Blue New England \$5 Copayment
HMO Blue New England \$10 Copayment

Individuals and Small Groups
HMO Blue New England Enhanced Value
HMO Blue New England Options
HMO Blue New England Premier Value
HMO Blue New England Premier Value with Co-insurance
HMO Blue New England Value <sup>SM</sup>
HMO Blue New England Value Plus <sup>SM</sup>
Preferred Blue PPO 80 with Copayment

Large Groups
Advantage Blue <sup>®</sup>
Blue Care Elect 100/80

## Outpatient Surgery Performed at a Hospital or Other Day Surgical Facility

We will be updating the cost share for outpatient surgery performed at a hospital or other day surgical facility in the individual and small group PPO standard plan designs listed below.

Individuals and Small Groups
Blue Care Elect Preferred 80 with Copayment
Blue Care Elect Preferred 90 with Copayment
Preferred Blue PPO 80 with Copayment

## Out-of-Pocket Maximum

We will be updating the out-of-pocket maximum calculation to include:

- Inpatient copayment admissions in the individual, small, and large group HMO/Network Blue® New England Premier Value plan designs. The new out-of-pocket maximum calculation will not include the deductible cost share.
- Co-insurance amount in the individual, small, and large group Access Blue Basic plan designs.

We will also be increasing the standard out-of-pocket maximum amounts in the following large group managed care plan designs:

Large Groups
HMO Blue New England Enhanced Value
HMO Blue New England Premier Value
HMO Blue New England Premier Value with Co-insurance
HMO Blue New England Value Plus
Network Blue New England Enhanced Value
Network Blue New England Premier Value
Network Blue New England Premier Value with Co-insurance
Network Blue New England Value Plus

## Copayment Maximum Provision

We will remove the copayment maximum provision that limits copayments to no more than a total of \$500<sup>10</sup> for inpatient and/or day surgery admissions within 30 days of each other for the same related illness from the managed care plans listed below.

Individuals and Small Groups
Access Blue Enhanced Value
Access Blue New England Enhanced Value (insured version only)
Access Blue Value Plus
Blue Choice Value Plus
Blue Choice New England <sup>SM</sup> Value Plus
HMO Blue Enhanced Value
HMO Blue Preferences <sup>SM</sup> \$600
HMO Blue Premier Value
HMO Blue Premium
HMO Blue Value <sup>SM</sup>
HMO Blue Value Plus <sup>SM</sup>
HMO Blue Value with BlueValue Rx
HMO Blue New England Value

Large Groups
Access Blue Enhanced Value
Access Blue New England Enhanced Value (insured version only)
Access Blue Value Plus
Blue Choice Value Plus
Blue Choice New England Value Plus
HMO Blue Enhanced Value
HMO Blue Preferences \$600
HMO Blue Premier Value
HMO Blue Premium
HMO Blue Value
HMO Blue Value Plus
HMO Blue Value with BlueValue Rx
HMO Blue New England Enhanced Value
HMO Blue New England Premier Value
HMO Blue New England Value
HMO Blue New England Value Plus

10. Amount may vary depending on the plan design.

## Outpatient Medical Care and Mental Health Visits Rendered in the Home Setting

We will be applying the outpatient medical care or outpatient mental health office visit cost share when either service is rendered in the home setting. This applies to the following plan designs:

- Local managed care plans (includes HMO Blue, Access Blue, and Blue Choice):

Benefit Category	Current Benefit	New Benefit
Outpatient Medical Care in the Home Setting	No cost	Outpatient medical care cost share
Outpatient Mental Health in the Home Setting	No cost	Outpatient mental health cost share

- New England managed care plans (includes HMO Blue New England, Access Blue New England, and Blue Choice New England):

Benefit Category	Current Benefit	New Benefit
Outpatient Mental Health in the Home Setting	No cost	Outpatient mental health cost share

Please note that this benefit change does not include home health and hospice services.

## Second Opinion

We will be applying the outpatient medical care office visit cost share to the second opinion benefit category. This will apply to the following indemnity standard plan designs:

Individuals, Small, and Large Groups
Major Medical (ASC version only)
Master Health®
Master Health Plus
Master Medical®

If you have questions about any of these changes, please contact your account executive.

For a complete description of benefits, please refer to your subscriber certificate, account agreement benefit description, or plan materials.



# Small Group and Individual Standard Plan Changes

Effective January 1, 2012



MASSACHUSETTS

Product Family	Plan Designs	Value-Based Benefits <sup>1</sup>	Durable Medical Equipment and Prosthetics <sup>2</sup>	Exclusive Home Delivery	PPO Out-of-Network Provider Reimbursement	Outpatient Day Surgery in the Office	Outpatient Day Surgery in the Hospital or Other Day Surgical Facility	Remove 30-Day Copay Maximum Provision	Outpatient Medical Care Visits in the Home setting <sup>3</sup>	Outpatient Mental Health Visits in the Home setting <sup>3</sup>	Second Opinion Office Visits
HMO Blue	HMO Blue <sup>®</sup> Basic Value		●	●					●	●	
	HMO Blue Basic Value without Rx		●						●	●	
	HMO Blue \$5 Copayment		●	●					●	●	
	HMO Blue \$10 Copayment		●	●					●	●	
	HMO Blue \$500 Deductible		●	●					●	●	
	HMO Blue \$1,000 Deductible		●	●					●	●	
	HMO Blue \$2,000 Deductible		●	●					●	●	
	HMO Blue Enhanced Value		●	●				●	●	●	
	HMO Blue Options <sup>SM</sup>		●	●					●	●	
	HMO Blue Options Deductible		●	●					●	●	
	HMO Blue Preferences <sup>SM</sup> \$600		●	●				●	●	●	
	HMO Blue Premier Value		●	●				●	●	●	
	HMO Blue Premier Value with Co-insurance		●	●				●	●	●	
	HMO Blue Premium		●	●				●	●	●	
HMO Blue Value <sup>SM</sup>		●	●				●	●	●		
HMO Blue Value Plus <sup>SM</sup>		●	●				●	●	●		
HMO Blue Value with BlueValue Rx <sup>SM</sup>		●	●				●	●	●		
HMO Blue New England	HMO Blue New England \$1,000 Deductible <sup>SM</sup>	●	●								
	HMO Blue New England <sup>SM</sup> \$10 Copayment		●			●				●	
	HMO Blue New England \$2,000 Deductible		●								
	HMO Blue New England \$5 Copayment		●			●				●	
	HMO Blue New England \$500 Deductible	●	●							●	
	HMO Blue New England Enhanced Value	●	●			●				●	
	HMO Blue New England Options <sup>SM</sup>		●			●				●	
	HMO Blue New England Options Deductible <sup>4</sup>	●	●							●	
	HMO Blue New England Options Deductible II		●							●	
	HMO Blue New England Premier Value <sup>5</sup>	●	●			●				●	
	HMO Blue New England Premier Value with Co-insurance	●	●			●				●	
	HMO Blue New England Value		●			●		●		●	
HMO Blue New England Value Plus	●	●			●				●		
Access Blue <sup>SM</sup>	Access Blue Basic <sup>SM 6</sup>		●			●			●	●	
	Access Blue Basic \$2,000		●	●						●	
	Access Blue New England Basic \$2,000		●							●	
	Access Blue Basic Saver		●	●					●	●	
	Access Blue New England Basic Saver		●							●	
	Access Blue Enhanced Value		●	●				●	●	●	
	Access Blue New England Enhanced Value <sup>SM</sup>		●			●		●		●	
	Access Blue New England Saver	●	●			●				●	
	Access Blue Saver		●	●					●	●	
	Access Blue Saver II		●	●					●	●	
Access Blue Value Plus		●	●				●	●	●		
POS	Blue Choice <sup>®</sup> \$5 Copayment		●	●					●	●	
	Blue Choice \$5 Copayment without Rx		●						●	●	
	Blue Choice \$10 Copayment		●	●					●	●	
	Blue Choice New England \$5 Copayment		●			●				●	
	Blue Choice New England <sup>SM</sup> \$10 Copayment		●			●				●	
	Blue Choice New England Value Plus		●			●		●		●	
Blue Choice Value Plus		●	●				●	●	●		
PPO	Blue Care Elect <sup>SM</sup> 100/80		●		●	●					
	Blue Care Elect \$1,000 Deductible		●		●	●					
	Blue Care Elect \$2,000 Deductible		●		●	●					
	Blue Care Elect \$3,000 Deductible	●	●		●	●					
	Blue Care Elect \$4,500 Deductible	●	●		●	●					
	Blue Care Elect \$5,000 Deductible		●		●	●					
	Blue Care Elect Enhanced Value		●		●	●					
	Blue Care Elect Preferred <sup>SM</sup> 100/80		●		●	●					
	Blue Care Elect Preferred 80		●		●	●					
	Blue Care Elect Preferred 80 with Copayment		●		●	●	●				
	Blue Care Elect Preferred 90		●		●	●					
	Blue Care Elect Preferred 90 with Copayment		●		●	●	●				
	Blue Care Elect Saver \$1,500		●		●	●					
	Blue Care Elect Saver \$2,700		●		●	●					
	Blue Care Elect Value Plus		●		●	●					
	Preferred Blue PPO \$1,000 Deductible	●	●		●	●					
	Preferred Blue PPO \$2,000 Deductible	●	●		●	●					
	Preferred Blue PPO 80 with Copayment		●		●	●	●				
Preferred Blue PPO Basic \$2,000 <sup>7</sup>	●	●		●	●						
Preferred Blue PPO Options	●	●		●	●						
Preferred Blue PPO Saver \$1,500	●	●		●	●						
Preferred Blue PPO Saver \$2,000	●	●		●	●						
Preferred Blue PPO Saver \$2,900	●	●		●	●						
Indemnity	Comprehensive Major Medical \$500										●
	Master Health <sup>®</sup>										●
	Master Health Plus										●

**Legend:**  
 Plan designs for new individual and group sales. Please contact your account executive to discuss the plan design options available to you.  
 Plans designated as Commonwealth Choice Health Plans available through the Commonwealth Health Insurance Connector.  
 New plan design, effective January 1, 2012 (incorporates the applicable January 1, 2012 benefit changes).  
 Closed to new individual and small group sales.

1. Value-Based Benefits:  
 \* Members will pay nothing for the first 2 diabetic monitoring visits per calendar year. These are services such as diabetes evaluation and management services, including diabetic eye exams and foot care.  
 \* Members will pay the same cost share for a 90 day supply of medication when purchased at the mail pharmacy as they do for a 30 day supply when purchased from a retail pharmacy. This applies to a specific list of Tier 1 and Tier 2 medications used in the treatment of Asthma, Coronary Artery Disease/Cardio Vascular Disease, and Diabetes, as well as a co-morbidity of Depression (this does not apply to the mail service Tier 2 cost share of the Access Blue New England Basic \$2,000 and Preferred Blue PPO Basic \$2,000 plan designs.) The overall deductible will not apply for these medications on the HSA compliant plan designs.  
 \* Members will pay nothing for Tier 1 and Tier 2 smoking cessation products when purchased at either a retail pharmacy or mail pharmacy.  
 2. No impact to the existing cost share of ostomy supplies.  
 3. This is not home health or hospice services. For the POS plan designs, the benefit change is applicable to the PCP/Plan-Approved level of benefits only.  
 4. For short-term rehabilitation therapy, the cost share is a \$25 copayment per visit for visits 1 through 20 and a \$50 copayment per visit for visits 21 through 60.  
 5. The calculation of the out-of-pocket maximum includes the inpatient copayment.  
 6. The calculation of the out-of-pocket maximum includes coinsurance.  
 7. The pharmacy benefit includes the standard formulary and a \$5,000/\$10,000 co-insurance maximum.

# 51+ Eligible Employees with 99 or Fewer Enrolled Standard Plan Changes

Effective January 1, 2012

This chart highlights the standard plan changes applicable to accounts with 51+ eligible employees with 99 or fewer enrolled



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Product Family	Plan Designs	Value-Based Benefits <sup>1</sup>	Durable Medical Equipment and Prosthetics <sup>2</sup>	PPO Out-of-Network Provider Reimbursement	Increased Out-of-Pocket Maximum	Remove 30-Day Copay Maximum Provision	Outpatient Mental Health Visits in the Home Setting <sup>3</sup>
HMO Blue New England <sup>SM</sup>	HMO Blue New England Value Plus	●	●		●	●	●
	HMO Blue New England Enhanced Value	●	●		●	●	●
	HMO Blue New England Value	●	●			●	●
	HMO Blue New England Premier Value <sup>5</sup>	●	●		●	●	●
	HMO Blue New England Premier Value with Co-insurance	●	●		●		●
	HMO Blue New England Deductible (\$500, \$1,000, \$1,500, \$2,000)	●	●				●
	HMO Blue New England Options <sup>SM</sup>	●	●				●
	HMO Blue New England Options Deductible <sup>4</sup>	●	●				●
	HMO Blue New England Options Deductible II						
Access Blue <sup>SM</sup> New England	Access Blue New England Enhanced Value <sup>SM</sup>	●	●			● (Insured only)	●
	Access Blue New England Basic \$2,000 (Available effective 04/01/12)						
	Access Blue New England Saver	●	●				●
	Access Blue New England Basic Saver (Available effective 04/01/12)						
POS New England	Blue Choice New England <sup>SM</sup> Value Plus	●	●			●	●
PPO	Blue Care Elect <sup>SM</sup> Deductible (\$3,000, \$4,500)	●	●	●			
	Blue Care Elect Enhanced Value	●	●	●			
	Blue Care Elect Value Plus	●	●	●			
	Preferred Blue PPO <sup>SM</sup> Deductible (\$1,000, \$2,000)	●	●	●			
	Preferred Blue PPO 80 with Copayment	●	●	●			
	Preferred Blue PPO Options	●	●	●			
	Preferred Blue PPO Saver	●	●	●			

1. Value-Based Benefits:

- Members will pay nothing for the first 2 diabetic monitoring visits per calendar year. These are services such as diabetes evaluation and management services, including diabetic eye exams and foot care.
- Members will pay the same cost share for a 90-day supply of medication when purchased at the mail pharmacy as they do for a 30-day supply when purchased from a retail pharmacy. This applies to a specific list of Tier 1 and Tier 2 medications used in the treatment of asthma, coronary artery disease/cardiovascular disease, diabetes, as well as a co-morbidity of depression. The overall deductible will not apply for these medications on the HSA-compliant plan designs.
- Members will pay nothing for Tier 1 and Tier 2 smoking cessation products when purchased at either a retail pharmacy or mail pharmacy.

2. No impact to the existing cost share of ostomy supplies.

3. This is not home health or hospice services. For the POS plan designs, the benefit change is applicable to the PCP/Plan-Approved level of benefits only.

4. For short-term rehabilitation therapy, the cost share is a \$25 copayment per visit for visits 1 through 20 and \$50 a copayment per visit for visits 21 through 60.

5. The calculation of the out-of-pocket maximum includes the inpatient copayment.

# Standard Plan Changes

Effective January 1, 2012

This chart highlights the standard plan changes applicable to accounts with 100 or more eligible employees.



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Product Family	Plan Name	Durable Medical Equipment and Prosthetics <sup>1</sup>	PPO Out-of-Network Provider Reimbursement	Increased Out-of-Pocket Maximum	Remove 30-Day Copay Maximum Provision	Outpatient Medical Care Visits in the Home Setting <sup>2</sup>	Outpatient Mental Health Visits in the Home Setting <sup>2</sup>	Second Opinion Office Visits	
<b>HMO Blue</b>	HMO Blue <sup>®</sup>	•				•	•		
	HMO Blue Basic Value	•				•			
	HMO Blue Deductible (\$500, \$1,000, \$2,000)	•				•	•		
	HMO Blue Enhanced Value	•			•	•	•		
	HMO Blue Options <sup>SM</sup>	•				•	•		
	HMO Blue Options Deductible	•				•	•		
	HMO Blue Preferences <sup>SM</sup> \$600	•				•	•		
	HMO Blue Premier Value	•				•	•		
	HMO Blue Premier Value with Co-insurance	•				•	•		
	HMO Blue Premium	•				•	•		
	HMO Blue Value <sup>SM</sup>	•				•	•		
	HMO Blue Value Plus <sup>SM</sup>	•				•	•		
	HMO Blue Value with BlueValue Rx <sup>SM</sup>	•				•	•		
	Network Blue <sup>®</sup>	•					•	•	
	Network Blue Deductible (\$500, \$1,000, \$2,000)	•					•	•	
	Network Enhanced Value	•					•	•	
	Network Blue Options	•					•	•	
	Network Blue Options Deductible	•					•	•	
	Network Blue Premier Value	•					•	•	
	Network Blue Premier Value with Co-insurance	•					•	•	
Network Blue Value	•					•	•		
Network Blue Value Plus	•					•	•		
<b>HMO Blue New England</b>	HMO Blue New England <sup>SM</sup>	•					•		
	HMO Blue New England Deductible <sup>SM</sup> (\$500, \$1,000, \$1,500, \$2,000)	•					•		
	HMO Blue New England Enhanced Value	•		•	•		•		
	HMO Blue New England Options <sup>SM</sup>	•					•		
	HMO Blue New England Options Deductible <sup>3</sup>	•					•		
	HMO Blue New England Premier Value <sup>4</sup>	•		•	•		•		
	HMO Blue New England Premier Value with Co-insurance	•		•			•		
	HMO Blue New England Value	•			•		•		
	HMO Blue New England Value Plus	•		•	•		•		
	Network Blue New England	•					•		
	Network Blue New England Deductible (\$500, \$1,000, \$1,500, \$2,000)	•					•		
	Network Blue New England Enhanced Value	•		•			•		
	Network Blue New England Options <sup>SM</sup>	•					•		
	Network Blue New England Options Deductible <sup>3</sup>	•					•		
	Network Blue New England Premier Value <sup>4</sup>	•		•			•		
	Network Blue New England Premier Value with Co-insurance	•		•			•		
Network Blue New England Value	•					•			
Network Blue New England Value Plus	•		•			•			
<b>Access Blue<sup>SM</sup></b>	Access Blue Basic <sup>SM 5</sup>	•				•	•		
	Access Blue New England Basic \$2,000 (Available effective 04/01/12)								
	Access Blue Basic \$2,000	•							
	Access Blue New England Basic Saver (Available effective 04/01/12)								
	Access Blue Basic Saver	•					•	•	
	Access Blue Enhanced Value	•				•	•	•	
	Access Blue New England Enhanced Value <sup>SM</sup>	•				(Insured only)		•	
	Access Blue New England Saver	•						•	
Access Blue Saver	•					•	•		
Access Blue Value Plus	•				•	•	•		
<b>POS</b>	Blue Choice <sup>®</sup>	•				•	•		
	Blue Choice New England <sup>SM</sup>	•					•		
	Blue Choice New England Plan 2	•					•		
	Blue Choice New England Plan 2 Value Plus	•					•		
	Blue Choice New England Value Plus	•				•	•		
	Blue Choice Plan 2	•					•	•	
	Blue Choice Plan 2 Value Plus	•					•	•	
	Blue Choice Value Plus	•				•	•	•	
<b>PPO</b>	Advantage Blue <sup>®6</sup>	•	•						
	Blue Care Elect Deductible	•	•						
	Blue Care Elect \$4,500 Deductible	•	•						
	Blue Care Elect <sup>SM</sup> 100/80 <sup>6</sup>	•	•						
	Blue Care Elect 80/60	•	•						
	Blue Care Elect 90/70	•	•						
	Blue Care Elect Enhanced Value	•	•						
	Blue Care Elect Preferred <sup>SM</sup> 100/80	•	•						
	Blue Care Elect Preferred 80	•	•						
	Blue Care Elect Preferred 80 with Copayment	•	•						
	Blue Care Elect Preferred 90	•	•						
	Blue Care Elect Preferred 90 with Copayment	•	•						
	Blue Care Elect Saver	•	•						
	Blue Care Elect Saver 90	•	•						
	Blue Care Elect Value Plus	•	•						
	PPO Blue Options <sup>SM</sup>	•	•						
	Preferred Blue PPO <sup>SM</sup> Deductible (\$1,000, \$2,000)	•	•						
	Preferred Blue PPO 80 with Copayment	•	•						
	Preferred Blue PPO Basic \$2,000 <sup>7</sup> (no longer available for new sales)	•	•						
Preferred Blue PPO Options	•	•							
Preferred Blue PPO Saver	•	•							
<b>Indemnity</b>	Comprehensive Major Medical \$500								
	Major Medical (ASC only)							•	
	Master Health <sup>®</sup>							•	
	Master Health Plus							•	
	Master Medical <sup>®</sup>							•	
	VIP (ASC only)								
Plan for Out of the Country Residents	•								

1. No impact to the existing cost share of ostomy supplies.
2. This is not home health or hospice services. For the POS plan designs, the benefit change is applicable to the PCP/plan-approved level of benefits only.
3. For short-term rehabilitation therapy, the cost share is a \$25 copayment per visit for visits 1 through 20 and \$50 a copayment per visit for visits 21 through 60.
4. The calculation of the out-of-pocket maximum includes the inpatient copayment.
5. The calculation of the out-of-pocket maximum includes coinsurance.
6. The outpatient medical care office visit cost share applies when outpatient day surgery is performed in the office.
7. The pharmacy benefit includes the standard formulary and a \$5,000/\$10,000 co-insurance maximum.