

Effective January 1, 2018

Important Changes to Your Health Plan

Beginning January 1, 2018, some of your health plan benefits will change. These changes will keep your plan current with National Health Care Reform (also known as the Affordable Care Act), while continuing to enhance the health benefits we offer.

What This Means for You

As a member of Blue Cross Blue Shield of Massachusetts, you're likely already enrolled in a health plan that meets all state and federal coverage requirements.* The changes we're making will keep your plan in compliance with federal and state law. There's nothing you need to do. We simply want you to be aware of all changes to your coverage.

Out-of-Network Provider Claims Reimbursements 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.

The standard PPO out-of-network reimbursement benefit will 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.

Changes to Out-of-Pocket Costs

We're updating your out-of-pocket costs (copayments, co-insurance, and deductible) for certain benefits. To understand how these changes affect you, please refer to your Summary of Benefits.

Maximum Out-of-Pocket Limit Changes

Your annual, out-of-pocket maximum for costs such as copayments, co-insurance, and deductible may change upon renewal in 2018. The amounts will vary by plan, but won't be greater than \$7,350 per individual and \$14,700 per family.

We're updating the out-of-pocket maximum amounts to include a combined medical and pharmacy out-of-pocket maximum.

If you're enrolled in an HSA-Qualified Health Plan (Saver Plan), the limits have increased from last year to \$6,650 for individual coverage and \$13,300 for family coverage.

To determine the out-of-pocket maximums that apply to you, please check the Summary of Benefits for your plan.

* HMO Blue Essential doesn't meet the Centers for Medicare & Medicaid Services requirement for Medicare Creditable Coverage. This requirement states the member's prescription drug coverage is as good as or better than the standard Medicare Part D plan.

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Pharmacy Benefit Exclusion

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 plans, except for members under the age of 18 and combination medications used to treat the condition helicobacter pylori. This change will be included in your subscriber certificate beginning in January 2018 on anniversary.

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

New Plan for Individuals

We're pleased to introduce one new plan for individuals in 2018.

New HMO Plan:

- HMO Blue Basic

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?

If you have any questions, please call us at the number on your member ID card.

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**).

