



MASSACHUSETTS

2018 Product and Benefit Updates

Accounts with 100+ Enrolled Subscribers

Effective on January 1, 2018:

We're changing 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 options.

Out-of-Pocket Maximum 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.

Our standard health plans include an out-of-pocket maximum that is set at, or below, the Affordable Care Act's 2018 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.

Pharmacy Benefit Exclusion

All drugs in the therapeutic class of proton pump inhibitors will be excluded from our pharmacy benefit coverage across all of our plans. Members under the age of 18 and combination medications used to treat the condition helicobacter pylori will continue to be covered. This is effective for all accounts on January 1, 2019. 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.

ACA's Annual Out-of-Pocket Maximum for 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

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 take effect on January 1, 2018 for fully insured PPO plans, and will now include ASC PPO plans upon renewal in 2018.

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. Fully insured and ASC accounts currently offering a non-standard PPO out-of-network reimbursement rider will be given the opportunity to change to the new standard beginning January 1, 2018, or discuss available non-standard rider options.

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?

Please contact your account executive with any questions.