

Summary of Benefits and Coverage (SBC)

Under the federal Affordable Care Act (ACA), health insurers and group health plans are required to provide an SBC to consumers. This regulation is intended to give consumers clear and consistent information about their health plan to help them better understand and evaluate their choices. The ACA has updated the format of the SBC, effective April 1, 2017. All plans with an anniversary date on or after April 1, 2017, will receive the updated SBC.

Things to Know About the New SBC Format

Changes made to the SBC include updates to the header and footer, the Important Questions section on Page 1, and the Common Medical Event section beginning on page 2. The ACA also added a new coverage example on the last page, as well as updated cost calculator logic for managing Type 2 diabetes and having a baby coverage examples. The following is a preview of the upcoming changes:

Header and Footer

- In the header, the plan name appears on the second line.
- Information that previously appeared in the footer now appears in the disclaimer box under the header.

Important Questions Section

- A new question has been added that addresses the services that Blue Cross Blue Shield of Massachusetts may pay prior to the deductible being met.
- Some questions have been reworded from the original SBC so they're easier to understand.
- The ACA removed the question: Are there services this plan doesn't cover?

Common Medical Events Section

- Information about services needed from other practitioners in an office setting was moved to the specialist visit section.
- The mental and behavioral health outpatient and inpatient services section has been consolidated from four rows to two.
- Maternity services will be expanded to three rows of information, including office visits, childbirth delivery, professional facility services.
- Limitations and exclusions information for all prescription drugs (excluding specialty drugs) and maternity services will be merged.

Coverage Examples

- A new example has been added that shows sample costs when being treated for a Simple Fracture.
- Each coverage example now includes a name of a fictional patient.
- The coverage example now includes samples of what services are included in the cost for care calculation, and the cost for each type of service, and including the member's cost for that treatment.
- For the Diabetes coverage example, the out-of-pocket cost for prescription drugs is calculated using only the cost of the retail prescription drugs.
- The cost for the Having a Baby coverage example is now calculated using the following services and the corresponding cost share: prenatal office visits, delivery professional fee, delivery facility fee, diagnostic tests, preventive care and generic retail prescription drugs.
- The displayed allowances for Having a Baby and Type 2 Diabetes are higher than previous versions of the SBC as the cost calculation is based on the sample data provided by the government and not by Blue Cross Blue Shield of Massachusetts allowances.

SBC Reminders for Fully Insured Accounts

The SBC will be provided electronically within seven business days of Blue Cross receiving the request with finalized benefits. If changes are needed on a non-finalized SBC that would result in a new benefit plan design, we will cancel the current request and begin working on the new request, which will reset the delivery time.

SBC Reminders for Self-Insured Accounts

The SBC will be provided electronically within 15 business days of receiving the request with finalized benefits. If changes are needed on a non-finalized SBC that would result in a new benefit plan design, we will cancel the current request and begin working on the new request, which will reset the delivery time.

NOTE: A printed SBC for fully- and self-insured accounts can be mailed upon request, as well as in languages other than English. Members can receive interpreter services by calling Member Service at the number on their member ID card.