Important Changes to Your Health Plan

Effective January 1, 2019

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.

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.
Select Home Delivery

Effective January 1, 2019, our Select Home Delivery program will be added to all HMO Blue Select, HMO Blue New England and Preferred Blue® PPO Plans. This program encourages the use of mail order for certain maintenance medications, such as those used to treat high blood pressure or high cholesterol. Filling these prescriptions through our mail service pharmacy is more cost effective and can help you save time and money.

Under this program, you’ll be allowed two fills of your maintenance medications at a retail pharmacy before you must contact Express Scripts® (ESI) to transition to mail order, or notify ESI of your decision to stay with a retail pharmacy. ESI will issue three letters to inform you that you must decide before your third fill of a maintenance medication. If you don’t decide by the third fill, you’ll be responsible for the full cost of the medication.

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 because several products in this class are available over the counter.

Brand Name Prescription Drugs Purchased Outside of Massachusetts

Effective January 1, 2019, if you buy a brand-name medication at a pharmacy outside of Massachusetts you’ll pay more if a generic equivalent is available. In addition to your copay (when applicable, deductible may apply first), you’ll pay all costs above the allowed charge for the generic drug equivalent. However, you won’t pay more if your provider requests that you take the brand-name medication.

Example: Member with a $25 Copay for Tier 1 Preferred Generic Drugs

<table>
<thead>
<tr>
<th>Tier</th>
<th>Medication</th>
<th>Allowed Amount</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 4: Non-Preferred Brand-Name Drugs</td>
<td>Coumadin</td>
<td>$500</td>
<td>$225</td>
</tr>
<tr>
<td>Tier I: Preferred Generic Drugs</td>
<td>warfarin</td>
<td>$80</td>
<td>$25</td>
</tr>
</tbody>
</table>

In this example, the member’s total cost for the brand-name drug would be $445. This includes the difference between the allowed amounts for the brand-name drug and the generic equivalent ($420) plus the member’s $25 copay.

In Massachusetts, a mandatory generics law already exists that requires pharmacists to dispense the generic equivalent of a brand-name medication when available. This change aligns with the Massachusetts generics law and supports our vision of making quality health care affordable.

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 Service at the number on your ID Card (TTY: 711).

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).

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).