

Important Changes to Your Health Plan

For Accounts with 100 or More Enrolled Subscribers

Effective January 1, 2020, and upon renewal (unless otherwise noted), we're making changes to our health plans to lower costs and expand coverage. These updates help us continue to meet the ongoing requirements of health care reform, while providing our members with access to high-quality, affordable health plans.

Read on to find out more about these important changes, and how they affect you and your employees.

Alternative Medicine: Acupuncture Therapy

We're expanding our coverage to include up to 12 acupuncture visits for each plan member per calendar year. Members pay the same amount for an acupuncture visit as they would when they see a specialist. They should visit a contracted, licensed acupuncturist to receive the best coverage. For members on a managed care plan, referrals are not required.

With this change, our members can complement their traditional doctor visits with an alternative method that may help some medical conditions, including some pain-related conditions.

To search for local in-network providers, members can go to bluecrossma.com/findadoctor and use our Find a Doctor & Estimate Costs tool.

New Plan Designs for 2020

Introducing HMO Blue New England \$3,000 Deductible with First \$500 Coverage

Our newest HMO plan offers members full coverage for qualified medical expenses even before their deductible would apply. With HMO Blue New England \$3,000 Deductible with First \$500 Coverage, members pay nothing for the first \$500 of covered medical and behavioral health services per member per plan year. Once \$500 is reached, they pay out-of-pocket for services until they meet their deductible. Preventive services without a cost share and pharmacy costs are not applicable towards the first \$500 coverage.

We're pleased to offer the following additional new plan designs, effective January 1, 2020:

- HMO Blue New England Deductible II
- Preferred Blue PPO Deductible II
- Access Blue New England Saver II
- Preferred Blue PPO Saver II

These plans feature higher deductible amounts than offered previously, providing greater choice and flexibility for our members. The deductible amounts are \$4,000 per member and \$8,000 per family per plan year. Accounts also have the option to customize and offer a \$5,000/\$10,000 deductible.

Expanded Pharmacy Coverage

We're updating our pharmacy benefit coverage, so that certain prescription medications become more affordable and accessible.

Narcan[®] and Naloxone Available at No Cost

Narcan and the generic version naloxone, will be available at no cost to Blue Cross members with a Saver plan. These medications, which can be used to reverse the effects of opioids and completely or partially reverse an overdose, are already available at no cost to members with non-Saver plans.

More Diabetes Medications Added to Our Value-Based Benefits

Effective January 1, 2020 (as a one day change), we're expanding our Value-Based Benefits Medications List to include additional medications for managing diabetes. Prescriptions for these medications will be available through the mail order pharmacy at a reduced cost to members with the value-based benefit.

To view the Value-Based Benefit Medications List, members can visit bluecrossma.com/medications and select the appropriate link under **Important Information**. This list will be updated on January 1, 2020.

Telehealth Lower Cost Share Option

We're offering our accounts the option to customize their telehealth cost shares, via a rider that allows for a lower copayment for members when using Well Connection or another covered telehealth service. With this change, members pay less for covered telehealth visits than they would for a typical office visit.

Redesigning Our Fitness and Weight-Loss Reimbursement

We're redefining our fitness and weight-loss reimbursements. Under the new reimbursement design, members can earn up to \$150 back per calendar year per contract for qualified expenses, instead of being limited to getting fee reimbursement for three months of membership or for 10 classes. The previous reimbursement design will still apply to members' fees from 2019.

For example, under the existing reimbursement design, if members paid \$40 per month for a gym membership, they would get \$120 for three months of fees. With the new definition, they would be reimbursed \$150 toward their fees for the calendar year. Accounts that currently offer a non-standard reimbursement amount through a rider may retain this rider, and will not be affected by this change.

High-Tech Radiology

Effective January 1, 2020, we're removing the \$375 annual limit on member liability for MRI, CT, and PET scans for specific Managed Care New England plans:

Fully Insured

- Access Blue New England Basic Saver II
- Access Blue New England Enhanced Value
- Blue Choice New England
- Blue Choice New England Value Plus
- HMO Blue New England
- HMO Blue New England Basic Copayment
- HMO Blue New England Enhanced Value
- HMO Blue New England Options
- HMO Blue New England Options Deductible
- HMO Blue New England Options Deductible II
- HMO Blue New England Premier Value
- HMO Blue New England Value
- HMO Blue New England Value Plus

Self-Insured

- Access Blue New England Basic Saver II
- Access Blue New England Enhanced Value
- Blue Choice New England Plan 2
- Blue Choice New England Plan 2 Value Plus
- Network Blue New England
- Network Blue New England Enhanced Value
- Network Blue New England Options
- Network Blue New England Options Deductible
- Network Blue New England Options Deductible II
- Network Blue New England Premier Value
- Network Blue New England Value
- Network Blue New England Value Plus

We're making this change to provide consistent coverage across our managed care plans regarding high-tech radiology services.

ACA's Out-of-Pocket Maximums and IRS Cost-of-Living Adjustments for 2020

Most 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 (ACA's) limits and the Internal Revenue Service (IRS) for Health Savings Account-compatible, high-deductible plans.

Annual Out-of-Pocket Maximums for 2020

Plan Type	Individual Coverage	Family Coverage
Health Savings Account (HSA) Qualified High-Deductible Health Plans	\$6,900	\$13,800
Non-HSA Qualified Health Plans	\$8,150	\$16,300

Minimum Deductible Amounts for 2020

Plan Type	Individual Coverage	Family Coverage
HSA Qualified HDHPs	\$1,400	\$2,800

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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**).



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