

Important Changes to Your Health Plan

For Accounts with 2–50 Enrolled Subscribers and 50 or Fewer Full-Time Employees

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.

Expanded Pharmacy Coverage

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

Lower Copays for Tier 1 and Tier 2 Medications

We’re reducing the copay amount for certain prescription medications under our pharmacy benefit coverage, to make them more affordable for our members. After January 1, 2020, members can use the Medication Lookup Tool to find out if their prescription is affected by this change.

	Current Copay	New Copay
Tier 1 Medication	\$25	\$10
Tier 2 Medication	\$50	\$45

No changes to Tier 3 and Tier 4 medications.

continued

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 benefits.

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.

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 entire year.

High-Tech Radiology

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

- HMO Blue New England \$1,000 Deductible
- HMO Blue New England \$1,000 Deductible with Copayment
- HMO Blue New England \$1,000 Deductible with HCCS
- HMO Blue New England \$1,500 Deductible with HCCS
- HMO Blue New England \$2,000 Deductible
- HMO Blue New England \$2,000 Deductible with Copayment
- HMO Blue New England \$2,000 Deductible with HCCS
- HMO Blue New England \$3,000 Deductible
- HMO Blue New England \$3,000 Deductible with HCCS
- HMO Blue New England Basic Copayment
- HMO Blue New England Basic Saver
- HMO Blue New England Premier Value
- HMO Blue New England Premier Value with HCCS
- HMO Blue New England Saver \$2,000
- HMO Blue New England Saver \$3,000

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

New Plan Designs for 2020

We're pleased to introduce the following new plan designs:

- HMO Blue New England \$4,500 Deductible
- HMO Blue New England Saver \$4,500
- Preferred Blue PPO \$4,500 Deductible
- Preferred Blue PPO Saver \$4,500

These plans feature higher deductible amounts than offered previously, providing greater choice and flexibility for our members.

Actuarial Value Calculator Changes for 2020

The ACA requires health insurance plan issuers to use an Actuarial Value (AV) Calculator, to determine levels of coverage in the individual and small group markets. As a result, changes to out-of-pocket costs (like copayments, coinsurance, deductibles, or maximum out-of-pocket amounts) are needed across all our small group plans, to ensure that we meet certain levels of cost sharing required under the ACA. The changes will vary by plan design and are aimed at improving competitiveness and achieving premium reductions. To review cost share amounts and benefit changes, please refer to the Summary of Benefits or Plan Changes fact sheets.

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**).



© Registered Marks of the Blue Cross and Blue Shield Association. © Registered Marks of Blue Cross and Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Massachusetts HMO, Inc. ® Registered Marks are the property of their respective owners.
© 2019 Blue Cross and Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

197127M

(09/19)