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# IAI

IMPORTANT ADMINISTRATIVE INFORMATION

Health Care Reform Updates	2
Feature Articles	3
General Updates	5
Product/Network Updates	6
Proactive Health Management	13



MASSACHUSETTS

SEPTEMBER 2008

# HEALTH CARE REFORM UPDATES

## ][ Minimum Creditable Coverage (MCC) Reminder

As you know, Massachusetts residents need to have health coverage that meets the Minimum Creditable Coverage (MCC) requirements established by the Commonwealth Health Insurance Connector. The Connector has recently proposed, but not yet adopted, modifications to the MCC requirements.

Under the MCC regulations scheduled to go into effect on January 1, 2009, a health plan must provide coverage for a broad range of medical benefits including preventive and primary care, emergency services, hospitalization benefits, ambulatory patient service, mental health services, and prescription drug coverage. Health plans cannot impose an overall annual or per illness annual maximum benefit or a fee schedule of indemnity benefits for certain in-network covered benefits.

The revised regulations clarify that the ban on annual benefit caps only applies to core services such as in-patient acute care services, physician services, day surgery, and diagnostic procedures and tests. Maximum out-of-pocket spending for in-network core services is capped at \$5,000 for an individual and \$10,000 for a family when there is an annual deductible or co-insurance for certain services. The deductible must be capped at \$2,000 for individuals and \$4,000 for families. Provided that there is a separate drug coverage deductible, it may not exceed \$250 for individuals and \$500 for families. Regulations allow employer contributions to a Health Reimbursement Arrangement (HRA) to be combined with a high-deductible plan to meet the deductible maximum standard.

### Senior Plans and MCC

Medicare supplement plans, as stand-alone plans, do not meet MCC standards, as these plans do not cover benefits in full, but only supplement the benefits provided under original Medicare. This includes plans such as Medex, Managed Blue for Seniors, and carve-out plans. Medicare supplement plans combined with Medicare A and Medicare B, however, are considered to meet MCC standards.

The Connector Board of Directors is expected to vote on the revised requirements at its October 2008 board meeting. We will keep you informed of any changes as soon as they occur. If you have any questions about Minimum Creditable Coverage or its effect on Blue Cross Blue Shield of Massachusetts plans, please contact your Account Executive.



## ][ GoogleHealth™

Blue Cross Blue Shield of Massachusetts has partnered with GoogleHealth to offer a new way to exchange medical records and other health data through a secure, online personal health record (PHR). Many patients have primary care doctors, specialists, labs, pharmacies, and nontraditional providers at multiple locations. This partnership with GoogleHealth will allow members to organize their health information into a single location, share it with providers, and better manage their health care. Blue Cross Blue Shield of Massachusetts is the first health insurance company to sign an agreement to integrate with the GoogleHealth platform.

Integration with GoogleHealth, a free service, is expected to be completed by late 2008 and will be offered to Blue Cross Blue Shield of Massachusetts members at that time. Members will be able to choose to import claims data to their GoogleHealth Record from Blue Cross Blue Shield of Massachusetts, as well as from other GoogleHealth integrated provider partners, which currently include Cleveland Clinic, Beth Israel Deaconess Medical Center, Walgreens, CVS/Caremark, Minute Clinic, Medco, Longs Drugs, RxAmerica, and Quest Diagnostics. To ensure confidentiality and patient choice, members will have to elect to start a GoogleHealth account and authorize the import and sharing of their Blue Cross Blue Shield of Massachusetts claims data with GoogleHealth. Members will also need to register for Member Self Service on Blue Cross Blue Shield of Massachusetts' website to authorize release of their claims, if they are not already a registered user. At any time, Blue Cross Blue Shield of Massachusetts members may discontinue or delete their GoogleHealth profile.

### Why Google?

- With 132 million unique visitors each day, Google is ranked the most powerful and largest search engine in the world
- GoogleHealth's approach will provide our members with the option to create a health record, which members own and control—it is portable and not tied to an insurer or provider
- Partnering with GoogleHealth provides our members with a choice of tools they can use to help manage their health, allowing them to select the tools they find most valuable

### By using the GoogleHealth PHR, members can:

- Organize, store, and manage their medical records and health information, including Blue Cross Blue Shield of Massachusetts claims data, online in one secure location
- Download medical records and prescription history from other connected providers, such as retail pharmacies, pharmacy benefit managers, labs, and doctor's offices
- Share their medical information with providers or third-party services
- Learn about important health issues and potential drug-to-drug interactions
- Search for a doctor or hospital online

GoogleHealth stores information securely and separately from its other businesses. GoogleHealth's *Terms of Service* outlines how information accessed from the GoogleHealth PHR is protected and may be used. A copy of the *GoogleHealth Privacy Policy* is available at [www.google.com/health](http://www.google.com/health). If you have any other questions, please contact your broker or Account Representative.



## ][ Introducing the BlueIQ Communications Center

The BlueIQ Communications Center makes available a vast library of online, readily accessible health care and health plan communications content and tools that you can customize, brand and then distribute through your normal employee communications channel to your employees.

Two of the most exciting features of the Web site, which you can access at [www.bluecrossma.com/blueiq](http://www.bluecrossma.com/blueiq) are:

- **Custom Newsletters**—In just a few minutes, you can select from a library of plan education and wellness articles and build downloadable PDF newsletters that you can e-mail or print for distribution to your employees. In addition, you can brand the newsletters with your logo and special messages to your employees.
- **Communications Calendars**—You can organize communications to your employees about their health and health care by ranking three message categories and quickly building customized communications calendars to meet your needs.

The site also gives you access to a wide range of PDFs for downloading, printing, and distribution. Topics range from Pharmacy to Go Walking to Wellness, and much more. In addition, you can also download editable articles for use in your own communications vehicles.

We are pleased to give you access to the site and think it will become an invaluable tool in helping you inform, educate and engage your employees around their health, health care decisions and health care costs. To try it out, just visit [www.bluecrossma.com/blueiq](http://www.bluecrossma.com/blueiq). If you have any questions, feel free to contact your broker or Account executive. We would also welcome your feedback on additional content or other information you would like to see on the site.

## ][ Indigo Partners with a Winner

Over the last decade, the insurance industry has changed dramatically with new technology, changing customer and employee demographics and increasingly competitive market conditions. Annually, the Ward Group, the leading provider of industry benchmarking and best practices services analyzes the financial performance of insurance companies in the United States and identifies the top performers in both the life-health and property-casualty segments. This group of top performers is called the Ward's 50 for the year. US Able Life, Indigo Insurance LLC's underwriting partner earned a position on this elite list. Each Ward's 50 company has passed all safety and consistency screens and achieved superior performance over the five years analyzed. Over 3,000 property-casualty insurance companies and over 850 life-health insurance companies were included in the analysis—from which the top 50 were selected.

## ][ A New Look for Member ID Cards

Blue Cross Blue Shield of Massachusetts member ID cards now have a new look. For members of our Medicare Advantage plans, that means one single card for their medical and prescription needs. A sample card is shown here to help you recognize the new cards that Blue Cross Blue Shield of Massachusetts members will be receiving.

While some changes are apparent: color, layout, and plan information; some won't be visible—such as additional space on the black magnetic stripe on the back for storage of additional information for health care providers. The cards will debut this fall and will be distributed to members as employers renew their accounts with us on a rolling basis through November 2009.

## ][ Spreading the Word to Prevent Spreading Infection

Blue Cross Blue Shield of Massachusetts is launching a campaign on WBUR (90.9 FM) to inform radio listeners about what they can do to stay healthy and prevent infections. The PSA series will air from September 29 through November 9 and coincides with National Infection Prevention week. The spots, which also underscore the importance of patients partnering with their doctors to be better engaged in their own care, feature Dr. David Fairchild, Chief Medical Officer of Tufts Medical Center. Dr. Fairchild reminds listeners of simple but powerful things they can do—washing hands with soap and water or an alcohol based sanitizer, covering cuts and scrapes with a bandage, and using antibiotics responsibly. He also shares tips to fight the spread of infection in the hospital and after surgery.

A companion website, also set to launch on September 29, provides additional information about preventing infections at [www.bluecrossma.com/preventinfection](http://www.bluecrossma.com/preventinfection).

### Partnership for Healthcare Excellence

Blue Cross Blue Shield of Massachusetts health awareness campaign complements the work of the Partnership for Healthcare Excellence—already underway. The Partnership's grassroots campaign continues in three target markets: New Bedford, Worcester, and Beverly/Salem, and is aimed at helping people get the information they need to improve the quality of care they and their families receive.

The Partnership is currently working with town officials, local hospitals, health care centers, and community organizations to host interactive, educational events about infection prevention. The fact sheet (enclosed) has also been developed in collaboration with the Department of Public Health. It comes on the heels of a series of community events to educate people about medication safety.

For more information about the Partnership visit [www.partnershipforhealthcare.org](http://www.partnershipforhealthcare.org).



# PRODUCT/NETWORK UPDATES

## ][ Value-Based Plans Designs

Our new value-based plan designs are an exciting option available to employers for their coverage to help keep employees healthy, manage their healthcare costs, and increase the productivity of the employer's workforce over the long term.

These plans combine member support and education with targeted cost sharing to engage members and encourage the selection of treatments that deliver the greatest value and quality of care. Our value-based plans feature tools and proactive prompts that help members become more informed consumers of health care, choose the best option for their situation, and make healthy decisions.

Each of the value-based plan design strategies is supported by published, peer-reviewed medical evidence and is focused on accomplishing four key goals for our members:

- Compliance with chronic disease care plans to minimize complications
- Utilization of preventive care to keep members healthy
- Selection of higher-value care or medication at the point of service
- Consideration of the treatment and provider alternatives

Our value-based plan designs are available to self-insured employers with our PPO and HMO plans, who use ESI for pharmacy benefit management, for effective dates on or after January 1, 2009. If you would like to find out more about our value-based plan designs, contact your broker or your account executive.

## ][ Blue Distinction<sup>®</sup> Centers for Specialty Care<sup>SM</sup>

At Blue Cross Blue Shield of Massachusetts, we know your members are looking for affordable, high quality care, and it can be difficult for them to find useful information about the providers they might choose when they need care. That's why the Blue Cross Blue Shield Association created Blue Distinction Centers for Specialty Care, a centers of excellence designation awarded to medical and surgical facilities that meet a set of national expectations that are associated with delivering quality health care. Blue Distinction's goal is to help consumers find quality specialty care on a consistent basis, while improving affordability to employers.

The Blue Cross Blue Shield Association has designated nearly 800 Blue Distinction Centers across 43 states in the areas of:

- Bariatric Surgery—hospitals that provide weight loss surgery
- Cardiac Care—hospitals that can treat certain heart problems with both surgery and catheter procedures
- Transplants—hospitals that do organ transplants, and must be designated for each transplant type
- Complex and Rare Cancers—hospitals that provide comprehensive, multi-specialty, in-hospital surgical treatment for certain cancers that are rare and difficult to treat; facilities must meet volume requirements for at least five of the cancers specified by the program

Blue Cross Blue Shield plans, including Massachusetts and the Blue Cross Association worked closely in collaboration with leading clinicians and professional organizations to establish nationally consistent and evidence-based quality criteria, by which to assess institutions and award Blue Distinction recognition. It's also why our methodologies for selecting Blue Distinction Centers are transparent—readily available to consumers, employers, and providers.



The criteria for designation as a Blue Distinction Center for Specialty Care are based on work done with leading medical and surgical specialists and societies to take a holistic look at quality, including measures of structure, volume, processes, and outcomes as well as treatment expertise at each facility.

We are committed to delivering on our promise of high quality, more affordable health care by working to eliminate the overuse, underuse, and misuse of health care services. Blue Distinction centers of excellence are no exception. Based on clinical data from hospitals and registries, research indicates that Blue Distinction Centers demonstrate better, more consistent overall outcomes with fewer post-procedure complications and mortality rates.

Blue Distinction Centers are facilities designated for the treatment of very specific conditions. For this reason, it is critical that members consult with their primary care physicians or specialists to identify facilities that are best suited to their individual health care needs. In addition, members should confirm their eligibility to receive services at specific facilities. For more information about Blue Distinction, including designation requirements or to see an interactive national map of the Blue Distinction Centers for Specialty Care, please visit [www.bcbs.com/bluedistinction](http://www.bcbs.com/bluedistinction).

## ][ Blue MedicareRx Selects CVS/Caremark as a New PBM and Administrative Services Vendor

CVS/Caremark has recently been selected as the new PBM and administrative services vendor for the Blue MedicareRx stand-alone prescription drug plan (PDP) plan, offered in partnership with the Blues plans in Rhode Island, Vermont, and Anthem in Connecticut. This new vendor relationship will begin for the 2009 benefit year. Services will be provided by CVS/Caremark and its affiliate, SilverScript, L.L.C., (SilverScript). Anthem/Wellpoint will continue in its role of providing PBM and administrative services to our Blue MedicareRx members through December 31, 2008, in addition to any “run out” activities required to support the Blue MedicareRx product into 2009 and beyond.

SilverScript L.L.C., (SilverScript) an affiliate of Caremark, has been supporting Medicare-approved prescription drug plans since the inception of the Medicare Part D Program in January 2006. SilverScript supports health plan clients for PDP’s, operates stand-alone PDP plans and provides a comprehensive array of services in the Medicare market place, ranging from Part D enabling core adjudication and PBM processing to a complete set of specialized Part D administrative services.

CVS/Caremark and SilverScript currently support over 600 clients, representing 3.7 million enrollees in the delivery and administration of retiree drug subsidy seeking sponsors and MA-PD/PDP Plans. We are confident that our partnership will result in enhanced quality and service for our members at a competitive cost.

### Plan Designs and Formulary Coverage

The new relationship with CVS/Caremark will not change the plan benefit design options currently available to employer groups. Blue Cross Blue Shield of Massachusetts will continue to offer five customized “100% gap coverage” plan options and three standardized plan options to the employer group market.

Since PBM services will be provided through CVS/Caremark, a new formulary will be implemented for 2009. Formulary disruption is expected to be minimal with an anticipated four or fewer drugs not being covered compared to the 2008 formulary. Additional drugs will be removed due to newly available generic alternatives. Details on the final formulary will be available once approved by CMS.

### Changes for Members

Members will begin to see new information about the Blue Cross Blue Shield and CVS/Caremark relationship during the late September—mid-October 2008 time frame, when information about 2009 benefits is released. Members will receive new ID cards in late November or early December and will be required to transition to a new mail order service through CVS/Caremark. However, through December 31, 2008, current ID cards will still work at the pharmacy point of sale. In addition, Blue MedicareRx history information will be transitioned to CVS/Caremark.

## ][ Medicare Advantage Plan Renewal Information

Blue Cross Blue Shield of Massachusetts expects to receive Centers for Medicare & Medicaid Services (CMS) approval in September to continue to offer its Medicare Advantage plans: **Medicare HMO Blue**,<sup>®</sup> **Medicare PPO Blue**<sup>SM</sup> and **Blue Medicare PFFS**.<sup>SM</sup>

As is common each year, Blue Cross Blue Shield of Massachusetts' plan offers benefit changes for 2009. These benefit changes will be described in Annual Notice of Change (ANOC) communications sent to members. This year Evidence of Coverage subscriber certificates and other plan material will be sent in October rather than January, in accordance with new CMS rules.

The following Medicare Advantage 2009 benefit changes (subject to CMS approval) will be described in employer-sponsored member ANOCs:

	2008	2009
<b>Changes to Medical Benefits</b>		
<b>1. Infertility services</b>	For plan covered services, members pay: \$0	For services not covered by Medicare, members pay: 100%
<b>2. Hearing aids and related services</b>	Members pay: \$0 for hearing aid fittings and evaluations every 12 months	Members pay: All costs after \$400 every 36 months for hearing aids, fittings, evaluations, batteries and repairs
<b>For Medicare HMO Blue plans only:</b>		
<b>3. Outpatient physical, occupational and speech therapy services</b>	Prior authorization <b>is not</b> required	Prior authorization <b>is</b> required
<b>4. Non-prescription enteral formulas for home use, including low-protein foods, phenyl-free foods</b>	Members pay: \$0 cost-sharing for enteral formulas; all costs after \$2,500 for low-protein foods	Members pay: \$0 for Medicare-covered services; 100% for non-Medicare covered services



	2008	2009																		
<b>Changes to Medical Benefits</b>																				
<b>5. Immunizations and vaccines included in the plan formulary</b>  <b>Note: Medicare covered flu shots, pneumonia vaccines, and Hepatitis B vaccines continue to be covered at no cost when administered in accordance with plan guidelines (office visit copay may apply)</b>	When filled and administered at <b>physician offices</b> (office visit copay may apply), members pay: \$0  When filled and administered at <b>retail network pharmacies</b> , members pay plan pharmacy copays	When filled and administered at <b>physician offices</b> (office visit copay may apply) or retail network pharmacies, members pay plan pharmacy copays																		
<b>Changes to Medicare Part D Coverage</b>																				
<b>For select plans only:</b>																				
<b>6. Specialty medications (including injectibles)</b>	For each 30-day supply at retail network pharmacies, members pay:*  <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>PlusRx</th> <th>PremierRx</th> </tr> </thead> <tbody> <tr> <td>Tier 1:</td> <td>\$10</td> <td>\$10</td> </tr> <tr> <td>Tier 2:</td> <td>\$35</td> <td>\$28</td> </tr> <tr> <td>Tier 3:</td> <td>\$65</td> <td>\$58</td> </tr> </tbody> </table> <p><b>*Tier descriptions: generics, preferred brands, and non-preferred brands, respectively.</b></p>		PlusRx	PremierRx	Tier 1:	\$10	\$10	Tier 2:	\$35	\$28	Tier 3:	\$65	\$58	New Tier 4: For eligible formulary specialty medications (including injectibles) exceeding prescription costs of \$600, <sup>^</sup> members pay percent of prescription costs:  <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>PlusRx</th> <th>PremierRx</th> </tr> </thead> <tbody> <tr> <td>Tier 4:</td> <td>25%</td> <td>33%</td> </tr> </tbody> </table> <p><b><sup>^</sup>Please refer to the plan formulary, effective January 1, 2009 for prescription details.</b></p>		PlusRx	PremierRx	Tier 4:	25%	33%
	PlusRx	PremierRx																		
Tier 1:	\$10	\$10																		
Tier 2:	\$35	\$28																		
Tier 3:	\$65	\$58																		
	PlusRx	PremierRx																		
Tier 4:	25%	33%																		
<b>For eligible Part D prescriptions:</b>																				
<b>7. Out-of-pocket threshold</b>	<b>For members with gap coverage:</b>  Members pay plan pharmacy copays until out-of-pocket costs reach \$4,050	<b>For members with gap coverage:</b>  Members pay plan pharmacy copays until out-of-pocket costs reach \$4,350																		

	2008	2009
<b>Changes to Medical Benefits</b>		
<b>8. Catastrophic coverage</b>	<p><b>For members without gap coverage:</b> Then members pay 100% of prescription costs until out-of-pocket costs reach \$4,050.</p> <p><b>For PremierRx plans:</b> Members pay generic copays and 100% of prescription costs for all other covered drugs until out-of-pocket costs reach \$4,050.</p>	<p><b>For members without gap coverage:</b> Then members pay 100% of prescription costs until out-of-pocket costs reach \$4,350.</p> <p><b>For PremierRx plans:</b> Members pay generic copays and 100% of prescription costs for all other covered drugs until out-of-pocket costs reach \$4,350.</p>
<p><b>9. For those members who receive extra help paying for prescription drugs</b></p> <p><b>Note: These cost-sharing amounts do not include any further reductions members may receive from state assistance programs</b></p>	<p>Then for each 30-day supply filled at <b>retail network pharmacies</b>, members pay the greater of:</p> <p>\$2.25 for generic and multi-source drugs</p> <p>\$5.60 or 5% of the cost for all other drugs</p> <p>In 2008, if members pay:</p> <p>\$1.05 for generics and multi-source drugs</p> <p>\$3.10 for brand name drugs</p> <p>\$2.25 for generics and multi-source drugs</p> <p>\$5.60 for brand name drugs</p> <p>15% coinsurance for all drugs</p>	<p>Then for each 30-day supply filled at <b>retail network pharmacies</b>, members pay the greater of:</p> <p>\$2.40 for generic and multi-source drugs</p> <p>\$6.00 or 5% of the cost for all other drugs</p> <p>In 2009, members will pay:</p> <p>\$1.10 for generics and multi-source drugs</p> <p>\$3.20 for brand name drugs</p> <p>\$2.40 for generics and multi-source drugs</p> <p>\$6.00 for brand name drugs</p> <p>15% coinsurance for all drugs</p>

For more information, please contact your Account Representative.

## ][ Part D Late Enrollment Penalties Update

Beginning this Fall, employer-sponsors may begin to see Late Enrollment Penalty (LEP) charges in their Medicare Advantage premium invoices. Where applicable, the LEP will appear as a separate line item for affected member premiums. Congress requires the collection of LEPs for most people with Medicare who did not have “creditable” Medicare prescription drug coverage at any time after January 1, 2007. Creditable coverage means the retirees’ prescription plan is actuarially equivalent or better than the standard Medicare Part D benefits.

The LEP is calculated at one percent of the monthly Part D base beneficiary premium (\$27.93 in 2008). This calculated amount (\$.28 in 2008) is added to member premiums for every month the member was eligible but not enrolled in a Part D program or its equivalent. LEP funds collected by Blue Cross Blue Shield of Massachusetts are returned to the Centers for Medicare & Medicaid Services (CMS). Employer-sponsors may choose to pass through all or a portion of the additional premium to their retirees.

Questions? Please contact your Account Executive or your Customer Financial Management representative. Members may call Member Service at **1-800-200-4255**, Monday through Friday 8 a.m. – 8 p.m. (TTY: **1-800-522-1254** until 6:00 p.m.). Information is also available at [www.medicare.gov](http://www.medicare.gov) or by calling **1-800-MEDICARE (1-800-633-4227)** (TTY: **1-877-486-2048**).

## ][ Medicare Creditable Coverage Update

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 requires sponsors that provide prescription drug coverage to Medicare Part D-eligible individuals to provide a written disclosure notice to all covered Medicare-eligible individuals annually. This includes Medicare-eligible active working individuals and their dependents, individuals enrolled in Medigap plans with prescription drug coverage, COBRA-eligible individuals and their dependents, disabled individuals covered under a prescription drug plan, and any retirees and their dependents. CMS has updated the Creditable Coverage Guidance and Model Disclosure Notices to be used after June 15, 2008. In order to view the downloads, go to [http://www.cms.hhs.gov/CreditableCoverage/01\\_Overview.asp](http://www.cms.hhs.gov/CreditableCoverage/01_Overview.asp) scroll down the left hand column, and select the updated page. If you have questions about the CMS Guidelines, please contact your broker or Account Executive.

## ][ Benefit Increase for Medically Necessary Low-Protein Foods

Insured plans that currently provide benefits for medically necessary low-protein foods to treat inherited diseases of amino and organic acids will be changing. The maximum annual benefit for these medically necessary low-protein foods will be increased to \$5,000 per calendar year, up from \$2,500. This change will take effect on a one-day basis as of October 28, 2008 for all insured plans and all insured and self-funded 32B municipal plans. We are making this change as a result of a recent change to state law. There will be no pricing impact to current rates. At this time, this benefit increase will not affect self-funded accounts (except 32B Municipal plans) unless the account specifies otherwise to their account representative. In addition, this change will not apply to Medicare Advantage Plans.

## ][ Change in PT/OT Authorization Requirements for 2009

To help ensure that our members receive medically necessary services that contribute to their health, effective January 1, 2009, we will automatically authorize up to eight physical therapy (PT) or occupational therapy (OT) office visits for commercial HMO and POS members before requiring a provider to request prior authorization for additional visits. After the initial eight visits are used, the provider will be required to request authorization for additional visits by following the current authorization extension process.

## ][ Psychiatric Nurse Practitioners Added to the Network

As previously communicated in the June 2008 *IAI* article, Blue Cross Blue Shield of Massachusetts has been developing a strategy to add Psychiatric Nurse Practitioners (PNPs) to our existing behavioral health networks in Massachusetts. Effective for dates of service on or after October 1, 2008, services rendered by contracted PNPs will be covered under the mental health benefit offered through Blue Cross Blue Shield of Massachusetts in accordance with the subscriber certificate terms regarding benefits. If you have questions about this network addition, please contact your broker or Account Executive.

# PROACTIVE HEALTH MANAGEMENT

## ][ Introducing Blue365<sup>SM</sup>—Start Living Healthier Now

Living healthy means having healthy choices.

When it comes to good health, great medical coverage is just the beginning. Blue365 goes beyond health insurance, to offer easy access to discounts and savings from select companies on a variety of products and services.

Blue365 is an online destination where Blue Cross Blue Shield of Massachusetts' members can experience a program created to support them as they make healthy decisions every day. Opportunities include preventive services, fitness programs, and other health-related products and services that speak to their unique needs. Savings are available in the following categories:

- Health and Wellness—fitness, diet, weight management, elective procedures, complementary and alternative medicine, stress management, and quality care resources
- Family Care—Seniorlink<sup>TM</sup> and other senior care advisory services, long-term care insurance, and Medicare options
- Financial Wellbeing—financial services and assessments, information about Medicare prescription drug coverage, and more
- Travel—Canyon Ranch,<sup>®</sup> Appalachian Mountain Club, BlueCare<sup>®</sup> worldwide health coverage, travel tips, and much more

Blue365 allows members to purchase products and services they need to make choices for a healthy lifestyle. These products and services do not overlap with covered benefits under a member's policy or any applicable federal health care program.

Blue365 is backed by 39 independent Blue Cross Blue Shield Companies and their 100 million members. This means collective buying power and significant group savings are passed on to members.

Blue365 also offers an extensive array of tools and resources to help members make more informed health decisions, including:

- Interactive weight management tools
- Web seminars on important health-related topics such as stress management and healthy eating
- A daily calorie counter that helps members compute the number of calories they need to consume daily to maintain or lose weight
- Three- and five-day cardiovascular workout plans with personalized heart-rate recommendations
- Reference guides to Medicare and long-term care insurance options

Blue365 provides a differentiated consumer experience through access to local expertise delivered on a national platform.

All of these resources can be found at [www.bluecrossma.com/blue365](http://www.bluecrossma.com/blue365). Visit today and be introduced to a portfolio of healthy products and services that enables members to start living healthier—now.



## ][ QuitNet

Cigarettes claim thousands of lives each week and cost Americans over \$167 billion a year in lost productivity and medical expenses. Public awareness campaigns have called attention to these facts, but they don't make quitting any easier. That's why we are offering select accounts that implement tobacco premium contribution differentials (TPCD) access to QuitNet, a comprehensive, evidence-based program designed to help smokers put down the pack for good.

Blue Cross Blue Shield of Massachusetts, in collaboration with QuitNet, is proud to offer members access to personalized smoking cessation support and educational information such as quit-related statistics like "Time Smoke-Free" and "Lifetime Dollars Saved." Members have access to smoking cessation services and tools via phone, online, and through written communications. This allows the member to choose the quit method that works best for them. Members who participate in the program will receive scheduled phone counseling from credentialed health professionals, a QuitNet QuitGuide, and five years of opt-in e-mail support. QuitNet provides a unique community to help people on their way to a smoke-free life.

Overcoming tobacco dependency isn't easy, but with QuitNet and Blue Cross Blue Shield of Massachusetts, our members have the tools to make one of the single best changes for their health. For more information about this pilot program, please call your broker or Account Executive.

Interested in receiving the ][AI] via e-mail?  
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PROACTIVE HEALTH MANAGEMENT



[ Notes ]



# MASSACHUSETTS