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# IAI

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MASSACHUSETTS

SEPTEMBER 2009

# HEALTH CARE REFORM

## ][ Early Intervention State-Mandated Change, Effective July 1, 2009

Effective July 1, 2009, the annual and lifetime dollar benefit maximums for medically necessary early intervention services furnished by an early intervention provider for an enrolled child from birth through age two will be removed. This state-mandated change is being applied to all insured group and non-group plans and administrative services contract (ASC) 32B accounts, excluding Medicare Advantage, Medex,<sup>®</sup> Medicare supplement plans, and Managed Blue for Seniors,<sup>SM</sup> effective on a one-day change as of July 1, 2009.

For ASC accounts, with the exception of ASC 32B accounts, we will begin to apply this benefit change beginning with October 1, 2009 renewals, unless you decline the benefit. Benefit descriptions will include language about the mandated early intervention benefit change as of your account renewal date, beginning on or after October 1, 2009.

If you have any questions about the early intervention mandate, please contact your account executive.

## ][ 2010 Minimum Creditable Coverage Plan Compliance Update

Beginning January 1, 2010, two important changes to Massachusetts' minimum creditable coverage (MCC) requirements will take effect:

1. All health plans must contain a newly expanded broad range of medical benefits, which includes:

- Ambulatory patient services, including outpatient, day surgery, and related anesthesia
- Diagnostic imaging and screening procedures, including X-rays
- Emergency services
- Hospitalization (including, at a minimum, inpatient acute-care services, which are generally provided by an acute-care hospital for covered benefits in accordance with the member's subscriber certificate or plan description)
- Maternity and newborn care
- Medical/surgical care, including preventive and primary care
- Mental health and substance abuse services
- Prescription drugs
- Radiation therapy and chemotherapy

2. Federally qualified high-deductible health plans (HDHP) (i.e., Health Savings Account [HSA] compatible) must also meet certain MCC standards. An HSA-compliant plan with deductibles exceeding \$2,000 individual/\$4,000 family and/or out-of-pocket maximums for in-network covered services exceeding \$5,000 individual/\$10,000 family will meet MCC as long as:

- The underlying health benefits include "a broad range of medical benefits," as listed above, and pre-deductible preventive care requirements.
- Plan sponsors or carriers provide individuals enrolled in these plans with access to an HSA. Individuals may decide whether or not to open or fund the HSA.

If you have any questions about these changes, please contact your account executive.



## ][ Reducing Racial and Ethnic Disparities in Health Care

At Blue Cross Blue Shield of Massachusetts, we are committed to a transformed health care system that provides safe, timely, effective, affordable, patient-centered care for all. Yet research shows that there are measurable differences in the care provided to people in Massachusetts based on their race, ethnicity, and primary language.

The Massachusetts Health Care Quality and Cost Council (HCQCC) was created by the Commonwealth to address these differences and improve health care quality, contain costs, and reduce racial and ethnic disparities in access to health care. Blue Cross Blue Shield of Massachusetts is represented on the Advisory Committee to the HCQCC and actively participates in its efforts to improve the care of everyone in the Commonwealth.

To better understand disparities and expand access to care, the HCQCC has developed regulations requiring health plans to collect racial, ethnic, and language data from a growing percentage of in-state members over time. It is completely voluntary for members to provide this information. To facilitate the collection of this data, Blue Cross Blue Shield of Massachusetts is working on several easy-to-use online solutions. These solutions will be phased in over the coming months.

We are required to share this information with the state; however, all member-specific information will be kept confidential. We will report the required data each month without any personally identifiable information. The primary use of the information will be for state agencies to evaluate disparities in access to and use of health care.

Please be assured that:

- Individual information collected will be held in the strictest confidence; only information stripped of personal data (e.g., names, member IDs, etc.) will be shared
- The information collected can result in better care for Blue Cross Blue Shield of Massachusetts members and our communities alike
- Disclosure of racial and ethnic information is purely voluntary, and refusal to disclose this information will have no effect on a member's benefits or coverage

This data collection may generate questions from members. If you or your employees have any concerns about the request for this information, please contact your account executive.

## ][ Online Partnership for Healthcare Excellence Videos Promote Flu Prevention and More

The flu season is just around the corner and the H1N1 influenza (swine flu) virus is expected to return this fall. While this is a new kind of flu, you and your employees can protect themselves and others from H1N1 the same way that you protect yourself from the seasonal flu and other types of infections.

A video from the Partnership for Healthcare Excellence featuring Dr. Ronald Goodspeed of New Bedford's St. Luke's Hospital explains the simple steps employees can take to help stop the flu before it starts. Dr. Goodspeed's video is just one in a series of patient engagement videos that are available on the Partnership's website and YouTube.<sup>TM</sup> Some videos feature individuals talking about how they helped to improve the safety and effectiveness of the care they received by taking simple, tangible steps for themselves or their loved ones. Others feature physicians explaining how patients can ask questions, prepare for an office visit with their doctor, and get ready for surgery. (One video is available in Spanish.) In another video, a CVS pharmacist talks about medication safety.

The Partnership believes that having patients who are educated, active, and engaged is one of the best ways to improve the safety and effectiveness of health care for everyone. To watch the videos or learn more, visit the Partnership's website at [www.partnershipforhealthcare.org](http://www.partnershipforhealthcare.org) or [www.youtube.com/user/healthcareexcellence](http://www.youtube.com/user/healthcareexcellence).



][ Visit [www.bluecrossma.com/employer](http://www.bluecrossma.com/employer) for information to help you manage flu-related issues in the workplace. [

## ][ Michelle's Law Update

In the June *IAI*, we notified you about federal bill HR 2851 (Michelle's Law) that prohibits a group health plan from terminating coverage for an eligible student dependent under a subscriber's policy who takes a leave of absence from a post-secondary school for medical reasons. Changes to eligibility provisions in plan benefit designs (i.e., our subscriber certificates and benefit descriptions) to reflect eligibility for continued coverage for up to one year **will become effective as of the account's renewal date on or after October 1, 2009.**

In addition, the federal law also requires group health plans to include a description of a student's right to an additional year of coverage due to a medical leave of absence in any notice requiring certification of student status.

For administrative service contract (ASC) accounts that currently participate in the annual student recertification program, Blue Cross Blue Shield of Massachusetts will update the recertification notices for the November 2010 recertification (letters will be mailed in August 2010 and September 2010). Since the eligibility change is not effective until your renewal on or after October 1, 2009, the notices mailed in August 2009 and September 2009 will not be changed for the November 2009 recertification.

You may wish to consult with your own legal counsel to ensure your enrollment and termination practices for full-time students are consistent with the requirements of the law and our eligibility changes. For fully insured accounts, you may also want to consider if eligibility due to state law has any impact on your enrollment and termination practices.

If you have any questions, please contact your account executive.

# PRODUCT/NETWORK UPDATES

## ][ Product Portfolio and Benefit Design Updates, Effective January 1, 2010

As part of our ongoing effort to offer affordable coverage choices, effective January 1, 2010 we are instituting changes to our standard plan designs and are introducing new plan options. Please review the [Product Portfolio and Benefit Design Updates brochure](#) on page 13 of this PDF for a detailed overview of the changes.

If you have any questions about the plan changes or new plan options, please contact your account executive.

As a reminder, we make benefit changes that take effect on account anniversaries across our product portfolio from time to time. We encourage you to use our online resources to get the most up-to-date information on all of our available plan designs. Simply go to the **Plans & Products** section of [www.bluecrossma.com/employer](http://www.bluecrossma.com/employer) or [www.bluecrossma.com/broker](http://www.bluecrossma.com/broker) for more detailed benefit summary information for all our plan options based on effective date. Accounts with future renewal dates are encouraged to check back for the most up-to-date plan design information and to contact their account executive with any questions.

## ][ Health Care Reform Plans Receive Connector's Seal of Approval

We are pleased to announce that 11 Blue Cross Blue Shield of Massachusetts plans were awarded the Board of the Commonwealth Health Insurance Connector Authority (the Connector) Seal of Approval on June 23, 2009.

These products meet minimum creditable coverage requirements and cover all three of the Connector's price bands (Gold, Silver, and Bronze) as well as the 18–26-year-old segment.

### Gold:

- HMO Blue® Premium

### Silver:

- HMO Blue \$500 Deductible
- HMO Blue \$1,000 Deductible
- HMO Blue Value<sup>SM</sup> with BlueValue Rx<sup>SM</sup> (previously known as HMO Blue Value<sup>SM</sup> with BasicRx)

### Bronze:

- Access Blue Basic<sup>SM</sup>
- Access Blue<sup>SM</sup> Saver II
- HMO Blue Basic Value

### Young Adult:

- Essential Blue YA with Rx
- Essential Blue YA Without Rx
- Essential Blue YA II with Rx
- Essential Blue YA II Without Rx



These plans offer a range of member cost-sharing levels and price points, but share some common features, including:

- No deductibles on physician, diagnostic, or hospital services
- Copayments for preventive care, primary care, specialist, and emergency room visits
- Co-insurance (for certain plans) for most other services with an out-of-pocket maximum
- Access to our HMO Blue network of providers
- Three tier copayments for drugs
- No annual or per-illness benefit maximums

The open enrollment period for these plans begins November 1, 2009 for effective dates starting January 1, 2010.

Please review the [Product Portfolio and Benefit Design Updates](#) brochure on page 13 of this PDF for a detailed overview of the plan designs.

## ][ Using BlueLinks<sup>SM</sup> with Blue MedicareRx<sup>SM</sup>

If you currently offer (or plan to offer) your retirees the Blue MedicareRx prescription drug plan, please remember to always include the retiree's Medicare number when updating your membership information via BlueLinks. This number is also called an HICN number.

The Medicare number is a mandatory field that Blue Cross Blue Shield of Massachusetts needs to process new enrollments in the Blue MedicareRx product with the Centers for Medicare and Medicaid Services (CMS). Entering membership information without a valid Medicare number may cause a delay in the member's enrollment for the requested effective date, as enrollments in the Blue MedicareRx product are effective the first of the month after completed enrollment information is available to send to CMS.

**Note:** Changes in membership are effective on a prospective basis. Blue Cross Blue Shield of Massachusetts may not be able to honor retroactive enrollments, disenrollments, or plan cancellations due to CMS requirements. As a result, if you plan to discontinue offering the Blue MedicareRx product, please contact your account executive to coordinate this change.



## ][ Blue Care Elect<sup>SM</sup> and Preferred Blue PPO<sup>SM</sup> Out-of-Network Reimbursement Update

Effective October 1, 2009, standard out-of-network coverage for non-preferred physicians and other covered non-preferred professional providers for our Blue Care Elect and Preferred Blue PPO plans will change. This change will affect new sales and existing PPO customers on renewal dates on and after October 1, 2009. These plans will include the application of a usual and customary fee schedule for providers in Massachusetts.

The fee schedule will apply when a member in one of these plans receives services from a Massachusetts provider who is not part of our PPO network. Beginning October 1, 2009, claim payments for most non-preferred physicians and other covered non-preferred professional providers in Massachusetts will be calculated based on Blue Cross Blue Shield of Massachusetts' standard indemnity fee schedule or the provider's actual charge if it is less than the fee schedule.

In instances in which a provider's charges are greater than the standard indemnity fee schedule, the member will be responsible for the difference, plus any applicable cost-sharing amount. This change will not affect claim payments for services received outside of Massachusetts. If a member receives services from a provider outside of Massachusetts who does not participate with the local Blue Cross Blue Shield plan, Blue Cross Blue Shield of Massachusetts will make claim payments based on the provider's actual charges.

## ][ 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 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
- Retirees and their dependents

The Centers for Medicare and Medicaid Services (CMS) has updated the Creditable Coverage Guidance and Model Disclosure Notices to be used after January 1, 2009. To view or download the notices, go to [www.cms.hhs.gov/CreditableCoverage](http://www.cms.hhs.gov/CreditableCoverage) and select **Creditable Coverage Guidance and Model Disclosure Notices to be used after January 1, 2009** from the left column.

If you have questions about the CMS guidelines, please contact your account executive.





## ][ Online Billing

As we announced in the June *IAI*, Blue Cross Blue Shield of Massachusetts has started enrolling insured accounts into our secure online billing tool, eBill. eBill can help you to drastically reduce the paperwork associated with health, dental, and other insurance invoices by allowing you to:

- Make online payments at no charge
- Set up recurring debits from your bank
- Sort and export invoices as Excel and/or PDF files
- Access reporting tools as well as an 18-month archive of your invoices and payments
- View and manage multiple invoices
- Manage/limit user permissions and access, and offer simultaneous multi-user access

Getting started couldn't be easier. Just send an email to [payment.inquiry@bcbsma.com](mailto:payment.inquiry@bcbsma.com) that includes the following information:

- Your name
- Account name
- Phone number
- Group number(s)
- Email address
- Billing address

You will receive a username and password to access the site within two business days.

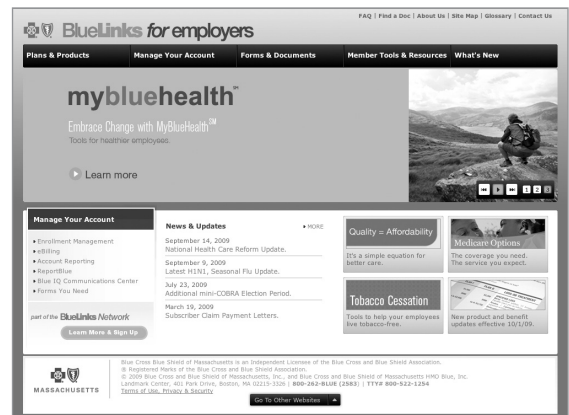
To learn more about eBill, visit [www.bluecrossma.com/employer](http://www.bluecrossma.com/employer).

## ][ Redesigned BlueLinks for Employers Website Launched

As part of our ongoing commitment to provide employers with quick and easy online access to applications, forms, tools, important news, and product updates, we launched the enhanced BlueLinks for Employers website on July 31, 2009. In addition to a new user-friendly design, you will enjoy:

- Streamlined navigation that puts key information at your fingertips
- Centralized access to administrative forms, applications, and tools
- News & Updates section to help you stay informed
- Member Tools & Resources section, which outlines the programs, benefits, and engagement tools available to members

Visit [www.bluecrossma.com/employer](http://www.bluecrossma.com/employer) today to take advantage of the new BlueLinks for Employers.



## ][ Member Email Communications

As part of our ongoing efforts to provide our members with relevant, timely, cost-effective communications, we will soon begin sending occasional emails to members. The emails will focus on topics such as members-only savings opportunities from our Blue 365<sup>SM</sup> value-added benefit programs, and ways to get and stay healthy with MyBlueHealth,<sup>SM</sup> our robust online wellness platform. Only members who consent to receive emails from us will be sent these emails.

In accordance with the Blue Cross Blue Shield of Massachusetts email privacy policy, members' email addresses are never shared with outside parties, except as permitted by law. Members may opt out of receiving email messages at any time.

We expect to use email to communicate with members on an ongoing basis. We will send emails to members registered for Member Self Service or any of our other online offerings and invite them to sign up for relevant communications. All of the emails will be sent from Blue Cross Blue Shield of Massachusetts.

Accounts that previously indicated that their members should not be contacted will automatically be excluded from these emails.

Please contact your account executive if you have any questions about member email communications.

# PROACTIVE HEALTH MANAGEMENT

## ][ Blue Care Connection<sup>®</sup> Program Update

At Blue Cross Blue Shield of Massachusetts, we continuously evaluate our disease management programs to identify strong value-based opportunities designed to generate clinical quality improvements and make a positive impact on medical expense savings. With this in mind, we've made the following changes to our Blue Care Connection programs, effective August 1, 2009.

The Blue Care Connection programs that support members with seizure disorder and hemophilia will be discontinued. Members with these conditions will be supported as appropriate by our internal case management, medication adherence, and pharmacy programs.

For certain disease management programs, Blue Cross Blue Shield of Massachusetts has determined that telephonic coaching is a more effective approach to engaging our members in understanding their individual health issues. Therefore, we will no longer offer the "mail only" option to members who are receiving support for any of the following conditions:

- Rheumatoid arthritis
- Multiple sclerosis
- Parkinson's disease
- Systemic lupus erythematosus (SLE)
- Myasthenia gravis
- Sickle cell disease



- Scleroderma
- Polymyositis
- Chronic inflammatory demyelinating polyradiculoneuropathy (CIDP)
- Amyotrophic lateral sclerosis (ALS)
- Dermatomyositis
- Gaucher's disease

If a member elects to receive telephonic support from a nurse coach, he or she will continue to receive educational materials by mail for support in the coaching process. Impacted members received a letter notifying them of these changes.

### Synergy Personal Health Management Program

Our Blue Care Connection program is designed to help your employees with chronic conditions improve their health and quality of life. To that end, we are expanding our Blue Care Connection program to include the Synergy Personal Health Management Program. Administered in collaboration with Health Integrated, Inc., this limited-enrollment pilot program will provide targeted coaching and education to high-risk members who have both a chronic medical condition and a behavioral health or psycho-social condition.

Members may be invited to join the program as of October 1, 2009. Identified members will be offered coaching from a personal care coach as well as educational materials via mail to enhance the coaching process. This voluntary program is available to members at no additional cost and aims to reinforce the physician's plan of care by helping to motivate members to achieve greater self-efficacy and improve their health status.

If you have questions about any of these changes, please contact your account executive.

## PHARMACY COVERAGE UPDATES

### ][ Pharmacy Coverage Changes, Effective January 1, 2010

As part of our efforts to slow rising health care costs and improve the quality, safety, and effectiveness of the health care our members receive, we have made several changes to our benefits for prescription medications under both our medical and pharmacy plans. Please be sure to review the [Pharmacy Bulletin](#) on page 25 of this PDF regardless of whether you offer your employees pharmacy benefits because some of these changes affect both medical and pharmacy benefits.

If you have any questions, please contact your account executive.

Be sure to review the [Pharmacy Bulletin](#) on page 25 of this PDF to learn about important pharmacy changes. **These changes may affect your employer group and employees even if you do not offer pharmacy benefits.**





# MASSACHUSETTS

# Product Portfolio and Benefit Design Updates, Effective January 1, 2010



MASSACHUSETTS

At Blue Cross Blue Shield of Massachusetts, we believe the most promising way to slow rising health care costs is to improve the quality, safety, and effectiveness of the health care our members receive. It's an approach we've summarized in a simple equation: Quality = Affordability. We believe that better care will lead to more affordable care, and we are introducing a number of new products and benefits enhancements designed to reach that solution. We view this as part of our ongoing commitment to offer employers and their employees product solutions to meet their needs and budgets.

## Benefit Change for Certain Specialty Medications

As part of our ongoing efforts to improve the safety and affordability of the care our members receive, there will be a change in the way benefits are provided for certain specialty medications. Members who receive any of the specialty medications listed below as part of outpatient services, including treatment received at a physician's office or outpatient hospital, will only have those medications covered under their pharmacy benefit. Members will no longer have these medications covered under their medical benefit. This means that the member must have a prescription for the medication and purchase it through a pharmacy that is part of the designated retail specialty pharmacy network. The member will be responsible for their applicable pharmacy cost-share amount.

This change applies to all commercial medical products and will take effect beginning on January 1, 2010, based on the effective date schedule below.

### Effective Date Schedule

Account Renewal Date	Specialty Medication Change Effective Date
October 1, 2009–December 31, 2009	January 1, 2010
January 1, 2010 or later	Upon renewal

The following medications are affected as part of this change.

Fertility	Growth Hormone	Hepatitis C	Red Blood Cell Agents	Other Drugs	
Bravelle	Genotropin	Copegus	Aranesp	Actimmune	Leuprolide
Chorionic Gonadotropin	Humatrope	Infergen	Epogen	Avonex	Lupron
Fertinex	NordiFlex	Pegasys	Procrit	Betaseron	Mozobil
Follistim AQ	Norditropin	PegIntron		Cimzia	Octreotide
Ganirelix	Nutropin	PegIntron RediPen		Copaxone	Orfadin
Gonal-f	Nutropin AQ	Rebetol		Enbrel	Pulmozyme
Gonal-f RFF	Omnitrope	Rebetron		Forteo	Rebif
Luveris	Saizen	RibaPak		Fuzeon	Roferon-A [DSC]
Menopur	Serostim	Ribasphere		Humira	Sandostatin
Pregnyl	Tev-Tropin	Ribavirin		Increlex	TOBI
Profasi	Zorbtive			Intron A	
Repronex				Kineret	

## New Consumer Choice Blue Consumer Directed Health Plan Designs

Our Consumer Choice Blue consumer-directed health (CDH) plans come with the most important things your employees need from their coverage—no deductible coverage, preventive care services, protection from high medical costs, and the freedom and flexibility to manage their health care expenses, as well as the option to include Personal Spending Accounts (PSAs) that engage employees in managing their health and health care costs. In addition, we provide the resources and tools to help members manage their health and health care expenses.

Beginning January 1, 2010, we will be offering the following new plans. These health plans meet minimum creditable coverage standards. For more detailed benefit summary information, please visit [www.bluecrossma.com/employer](http://www.bluecrossma.com/employer) or [www.bluecrossma.com/broker](http://www.bluecrossma.com/broker).

### Access Blue<sup>SM</sup> New England Saver

Access Blue New England Saver is a cost-saving Consumer Choice Blue CDH plan that combines the seamless New England-wide coverage of our HMO Blue New England<sup>SM</sup> plans with the flexibility to receive full coverage for care obtained directly from participating specialists throughout the New England region without a referral from their primary care provider (PCP) with the savings of a CDH plan. This plan combines deductible and copayment features and is qualified to be combined with a Health Saving Account (HSA). Access Blue New England Saver is available for individual and group sales through Blue Cross Blue Shield of Massachusetts for effective dates on or after January 1, 2010.

### Access Blue New England Saver Benefits

Network	HMO Blue New England
Financial Arrangement	Insured and administrative service contract (ASC)
Deductible	\$1,500 individual plan-year deductible \$3,000 family plan-year deductible This deductible applies to all covered services except preventive health services
Out-of-Pocket Maximum	\$5,000 individual plan-year out-of-pocket maximum \$10,000 family plan-year out-of-pocket maximum Includes deductible, co-insurance, and copayments
Emergency Room	\$150 copayment after deductible per visit
Inpatient Care	No cost after deductible
Outpatient Day Surgery	No cost after deductible
Preventive Care Office Visit (Routine Physical)	No cost (deductible does not apply)
PCP Office Visit	\$15 per visit after deductible
Specialist Office Visit	\$25 per visit after deductible
Diagnostic Labs and X-rays	No cost after deductible
CT, MRI, PET, and Nuclear Cardiac Imaging	No cost after deductible per category, per date of service
Pharmacy	Plan-year deductible, then: Retail after deductible—\$10/\$25/\$45 (up to a 30-day supply) Mail after deductible—\$20/\$50/\$135 (up to a 90-day supply)

## Access Blue Basic<sup>SM</sup> Saver

Access Blue Basic Saver is a low-cost Consumer Choice Blue CDH plan. This plan combines a higher deductible and copayments with co-insurance features and offers a significantly lower premium for employers and employees. This plan provides the flexibility to receive full coverage of care without having to designate a PCP and the freedom to receive coverage directly from participating specialists without a referral. Access Blue Basic Saver can be combined with a Health Savings Account (HSA), which allows employees to take advantage of the tax savings allowed on HSA contributions. This plan is available for individual and group sales through Blue Cross Blue Shield of Massachusetts for effective dates on or after January 1, 2010. **Access Blue Basic Saver is only available on a fully insured basis.**

## Access Blue Basic Saver Benefits

Network	HMO Blue <sup>®</sup>
Financial Arrangement	Insured only
Deductible	\$3,000 individual plan-year deductible \$5,950 family plan-year deductible This deductible applies to all covered services except preventive health services
Out-of-Pocket Maximum	\$5,800 individual plan-year out-of-pocket maximum \$11,600 family plan-year out-of-pocket maximum Includes deductible, co-insurance, and copayments
Emergency Room	\$250 copayment per visit after deductible
Inpatient Care	35% co-insurance after deductible
Outpatient Day Surgery	35% co-insurance after deductible
Preventive Care Office Visit	\$60 per visit at PCP office; \$75 per visit for other network providers
PCP Office Visit	\$60 per visit after deductible
Specialist Office Visit	\$75 per visit after deductible
Diagnostic Labs and X-rays	35% co-insurance after deductible
CT, MRI, PET, and Nuclear Cardiac Imaging	35% co-insurance after deductible
Pharmacy	Plan-year deductible, then: Retail—\$15/\$30/\$50 (up to a 30-day supply) Mail—\$30/\$60/\$150 (up to a 90-day supply) BlueValue Rx <sup>SM</sup> formulary

## Access Blue Saver II

Access Blue Saver II is a Consumer Choice Blue CDH plan with a moderate deductible and comprehensive coverage at an affordable cost. This plan combines deductible, copayments, and co-insurance features and is qualified to be combined with a Health Savings Account (HSA). Members have the flexibility to receive full coverage for care through their PCP and the freedom to receive coverage directly from participating specialists without a referral. Members also have access to preventive care for a copayment without a deductible. This plan is available to individuals and groups directly from Blue Cross Blue Shield of Massachusetts. In addition, this plan is available through the Commonwealth Health Insurance Connector. **This plan is only available on a fully insured basis.**

## Access Blue Saver II Benefits

Network	HMO Blue
Deductible	\$2,000 individual plan-year deductible \$4,000 family plan-year deductible This deductible applies to all covered services except preventive health services
Out-of-Pocket Maximum	\$5,000 individual plan-year out-of-pocket maximum \$10,000 family plan-year out-of-pocket maximum Includes deductible, co-insurance, and copayments
Emergency Room	\$100 copayment after deductible
Inpatient Care	20% co-insurance after deductible
Outpatient Day Surgery	20% co-insurance after deductible
Preventive Care Office Visit (Routine Physical)	No cost (deductible does not apply)
PCP Office Visit	\$25 per visit, after deductible
Specialist Office Visit	\$25 per visit, after deductible
Diagnostic Labs and X-rays	20% co-insurance after deductible
CT, MRI, PET, and Nuclear Cardiac Imaging	20% co-insurance after deductible
Pharmacy	Plan-year deductible, then: Retail after deductible—\$15/50%/50% (up to a 30-day supply) Mail after deductible—\$30/50%/50% (up to a 90-day supply)



## Plan Design Changes

The following plans are being modified, effective January 1, 2010 for new sales and on anniversary for renewing customers. These health plans meet minimum creditable coverage standards and are available through the Commonwealth Health Insurance Connector.

- HMO Blue Premium
- HMO Blue Value<sup>SM</sup> with BlueValue Rx (previously known as HMO Blue Value with BasicRx)
- HMO Blue \$500 Deductible
- HMO Blue \$1,000 Deductible
- HMO Blue Basic Value
- Access Blue Basic<sup>SM</sup>

### HMO Blue Premium Plan Design Features as of January 1, 2010

Network	HMO Blue
Deductible	None
Out-of-Pocket Maximum	None
Emergency Room	<b>\$75 copayment per visit</b>
Inpatient Care	<b>\$150 copayment per admission</b>
Rehabilitation Hospital and Skilled Nursing Facility	<b>\$150 copayment per admission</b>
Outpatient Day Surgery	<b>\$150 copayment per admission</b>
Preventive Care Office Visit	<b>\$20 copayment per visit</b>
PCP Office Visit	<b>\$20 copayment per visit</b>
Specialist Office Visit	<b>\$30 copayment per visit</b>
Diagnostic Labs and X-rays	<b>\$25 copayment per visit</b>
CT, MRI, PET, and Nuclear Cardiac Imaging	\$25 copayment per category, per date of service
Routine Vision Exam	<b>\$30 copayment per covered exam</b>
Pharmacy*	<b>Retail—\$15/\$30/\$50 (up to a 30-day supply)</b> <b>Mail Service—\$30/\$60/\$150 (up to a 90-day supply)</b>

\* See the Benefit Change for Certain Specialty Medications section for more information on pharmacy benefit changes.

**Note:** Items in bold reflect benefits that are changing as of January 1, 2010.

## HMO Blue Value with BlueValue Rx (previously known as HMO Blue Value with BasicRx) Plan Design Features as of January 1, 2010

Network	HMO Blue
Deductible	None
Out-of-Pocket Maximum	\$2,000 individual calendar-year out-of-pocket maximum \$4,000 family calendar-year out-of-pocket maximum Includes inpatient, outpatient, and ER copayments
Emergency Room	<b>\$100 copayment per visit</b>
Inpatient Care	\$500 copayment per admission
Rehabilitation Hospital and Skilled Nursing Facility	<b>\$500 copayment per admission</b>
Outpatient Day Surgery	<b>\$500 copayment per admission</b>
Preventive Care Office Visit	\$25 copayment per visit
PCP Office Visit	\$25 copayment per visit
Specialist Office Visit	\$25 copayment per visit
Diagnostic Labs and X-rays	No cost
CT, MRI, PET, and Nuclear Cardiac Imaging	\$75 copayment per category of test, per date of service (applies to CT, MRI, PET, and nuclear cardiac imaging tests)
Routine Vision Exam	\$25 copayment per covered exam
Pharmacy*	<b>Retail—\$15/50%/50% (up to a 30-day supply)</b> <b>Mail—\$30/50%/50% (up to a 90-day supply)</b> <b>BlueValue Rx formulary</b>

\* See the Benefit Change for Certain Specialty Medications section for more information on pharmacy benefit changes.

**Note:** Items in bold reflect benefits that are changing as of January 1, 2010.

## HMO Blue \$500 Deductible Plan Design Features as of January 1, 2010

Network	HMO Blue
Deductible	\$500 individual plan-year deductible \$1,000 family plan-year deductible This deductible does not apply to preventive health services, prescriptions, and certain other services
Out-of-Pocket Maximum	<b>\$2,000 individual plan-year out-of-pocket maximum</b> <b>\$4,000 family plan-year out-of-pocket maximum</b> Includes deductible, copayments over \$100, and co-insurance; does not include prescriptions
Emergency Room	<b>\$100 copayment per visit</b>
Inpatient Care	No cost after deductible
Rehabilitation Hospital and Skilled Nursing Facility	No cost after deductible
Outpatient Day Surgery	No cost after deductible
Preventive Care Office Visit	\$20 copayment per visit
PCP Office Visit	\$20 copayment per visit
Specialist Office Visit	\$20 copayment per visit
Diagnostic Labs and X-rays	No cost after deductible
CT, MRI, PET, and Nuclear Cardiac Imaging	No cost after deductible
Routine Vision Exam	\$20 copayment per visit for covered exams
Pharmacy*	<b>Retail—\$15/\$35/\$60 (up to a 30-day supply)</b> <b>Mail—\$30/\$70/\$120 (up to a 90-day supply)</b>

\* See the Benefit Change for Certain Specialty Medications section for more information on pharmacy benefit changes.

**Note:** Items in bold reflect benefits that are changing as of January 1, 2010.

## HMO Blue \$1,000 Deductible Plan Design Features as of January 1, 2010

Network	HMO Blue
Deductible	\$1,000 individual plan-year deductible <b>\$2,000 family plan-year deductible</b> This deductible does not apply to preventive health services, prescriptions, and certain other services
Out-of-Pocket Maximum	<b>\$2,000 individual plan-year out-of-pocket maximum</b> <b>\$4,000 family plan-year out-of-pocket maximum</b> Includes deductible, copayments over \$100, and co-insurance; does not include prescriptions
Emergency Room	<b>\$100 copayment per visit after deductible</b>
Inpatient Care	No cost after deductible
Rehabilitation Hospital and Skilled Nursing Facility	No cost after deductible
Outpatient Day Surgery	No cost after deductible
Preventive Care Office Visit	\$20 copayment per visit
PCP Office Visit	\$20 copayment per visit
Specialist Office Visit	\$20 copayment per visit
Diagnostic Labs and X-rays	No cost after deductible
CT, MRI, PET, and Nuclear Cardiac Imaging	No cost after deductible
Routine Vision Exam	\$20 copayment per visit for covered exams
Pharmacy*	Retail—\$15/\$30/\$50 (up to a 30-day supply) Mail—\$30/\$60/\$150 (up to a 90-day supply)

\* See the Benefit Change for Certain Specialty Medications section for more information on pharmacy benefit changes.

**Note:** Items in bold reflect benefits that are changing as of January 1, 2010.

## HMO Blue Basic Value Plan Design Features as of January 1, 2010

Network	HMO Blue
Deductible	\$250 individual plan-year deductible \$500 family plan-year deductible This deductible does not apply to services with a copayment, preventive services, prescriptions, and certain other services noted with no member cost
Out-of-Pocket Maximum	\$5,000 individual plan-year out-of-pocket maximum \$10,000 family plan-year out-of-pocket maximum Includes deductible, copayments over \$100, and co-insurance; does not include prescriptions
Emergency Room	<b>\$150 copayment per visit</b>
Inpatient Care	35% co-insurance after deductible
Rehabilitation Hospital and Skilled Nursing Facility	35% co-insurance after deductible
Outpatient Day Surgery	35% co-insurance after deductible
Preventive Care Office Visit	\$15 copayment per visit
PCP Office Visit	\$25 copayment per visit
Specialist Office Visit	\$40 copayment per visit
Diagnostic Labs and X-rays	35% co-insurance after deductible
CT, MRI, PET, and Nuclear Cardiac Imaging	35% co-insurance after deductible
Routine Vision Exam	\$15 copayment per covered exam
Pharmacy*	Tier 1: \$15 copayment (retail); \$30 copayment (mail service pharmacy) Tier 2 and Tier 3: \$250 deductible per member, per plan-year; \$500 deductible per family, per plan-year; 50% co-insurance BlueValue Rx formulary

\* See the Benefit Change for Certain Specialty Medications section for more information on pharmacy benefit changes.

**Note:** The item in bold reflects the benefit that is changing as of January 1, 2010.

## Access Blue Basic Plan Design Features as of January 1, 2010

Network	HMO Blue
Deductible	<b>\$2,000 individual plan-year deductible</b> <b>\$4,000 family plan-year deductible</b> Does not apply to preventive care, prescriptions, and first two visits each calendar year for covered <b>outpatient</b> medical care services and/or mental health services
Out-of-Pocket Maximum	\$5,000 individual plan-year out-of-pocket maximum \$10,000 family plan-year out-of-pocket maximum Includes deductible and copayments; does not include prescriptions
Emergency Room	\$150 copayment after deductible
Inpatient Care	<b>\$500 copayment after deductible</b>
Rehabilitation Hospital and Skilled Nursing Facility	<b>\$500 copayment after deductible</b>
Outpatient Day Surgery	<b>\$250 copayment after deductible</b>
Preventive Care Office Visit	<b>\$30 copayment per visit for PCP</b> <b>\$45 copayment for specialist</b>
PCP Office Visit	<b>\$30 copayment per visit</b>
Specialist Office Visit	<b>\$45 copayment per visit</b>
Diagnostic Labs and X-rays	Nothing after deductible
CT, MRI, PET, and Nuclear Cardiac Imaging	Nothing after deductible
Routine Vision Exam	<b>\$30 copayment per covered exam</b>
Pharmacy*	\$250 prescription deductible per member, \$500 prescription deductible per family, per plan year for Tier 2 and Tier 3  Tier 1: \$10 copayment (retail); \$20 copayment (mail service pharmacy) Tier 2 and Tier 3: \$30/\$50 copayment after deductible (retail); \$60/\$90 copayment after deductible (mail service pharmacy) BlueValue Rx formulary and Exclusive Home Delivery

\* See the Benefit Change for Certain Specialty Medications section for more information on pharmacy benefit changes.

**Note:** Items in bold reflect benefits that are changing as of January 1, 2010.

## Plans Closing

The following products will be closed for new sales to employer groups with fewer than 50 eligible employees and for individuals with effective dates on or after January 1, 2010:

- Blue Choice® Value Plus
- Blue Choice New England<sup>SM</sup> Value Plus

Employer groups currently enrolled in these products may continue to renew their coverage.

## Benefit Changes Available Online

As a reminder, we are making benefit changes across our product portfolio on anniversary, beginning on October 1, 2009. And because you are a valued business partner, you can use our online resources to get the most up-to-date information on all of our available plan designs. Simply go to the **Plans & Products** section of [www.bluecrossma.com/employer](http://www.bluecrossma.com/employer) or [www.bluecrossma.com/broker](http://www.bluecrossma.com/broker) for more detailed benefit summary information for all our plan options based on effective date. Accounts with future renewal dates are encouraged to check back for the most up-to-date plan design information for their employees.



MASSACHUSETTS



# Pharmacy Bulletin–September 2009

## Important Changes and Information

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## January 1, 2010 Pharmacy Formulary Changes

At Blue Cross Blue Shield of Massachusetts, we make a continuous effort to keep prescription medication benefits affordable by periodically making changes to our covered medication list. Working closely with doctors, pharmacists, and other industry experts, we evaluate our formulary to assess: How effective is a medication? What other medications are available that treat the same condition? How does the cost of a particular medication compare to the cost of similar ones that treat the same condition?

As a result of these evaluations, we have made the following changes to our pharmacy formulary that will go into effect on January 1, 2010. Members who are affected by these changes will be receiving a notification from us no later than December 1, 2009.

### Medications Moving to Non-Covered Status in Our Standard and BlueValue Rx<sup>SM</sup> Formularies

The following is a list of medications that will no longer be covered and a list of their covered alternatives. A drug is moved to non-covered status after careful clinical consideration and an evaluation of its cost relative to its alternatives. For example, one of the changes we are making for January 1 is

to move Zocor, a cholesterol lowering medication, to non-covered status. There is a generic equivalent, simvastatin, in addition to several other options, that help to control pharmacy costs for everyone. When medically necessary, a physician may request an exception to have a non-covered drug covered.

Non-Covered Medication	Alternative Covered Medication
<b>Allergy</b>	
Flonase	Fluticasone Propionate
<b>Antidepressant</b>	
Prozac	Fluoxetine HCl
Zoloft	Sertraline HCl
Wellbutrin SR	Bupropion SR
Celexa	Citalopram HBr
Pamelor	Nortriptyline HCl
Anafranil	Clomipramine HCl
Paxil	Paroxetine HCl
Wellbutrin	Bupropion HCl
Tofranil	Imipramine HCl
<b>Cholesterol Lowering</b>	
Tricor	Fenofibrate, Gemfibrozil
Triglide*	Fenofibrate, Gemfibrozil
Fenoglide*	Fenofibrate, Gemfibrozil
Zocor	Simvastatin
Pravachol	Pravastatin Sodium



Non-Covered Medication	Alternative Covered Medication
<b>Diabetes</b>	
Glucophage	Metformin HCl
Glucophage XR	Metformin HCl ER
<b>Dermatology</b>	
Cleocin T	Clindamycin
ClindaMax	Clindamycin
Clindets	Clindamycin
Clindagel	Clindamycin
ClindaReach	Clindamycin
Evoclin	Clindamycin
Olux	Clobetasol Propionate
<b>Gastrointestinal (PPIs)</b>	
Pantoprazole*	Omeprazole
Prevacid*	Omeprazole
Protonix*	Omeprazole
<b>Growth Hormone</b>	
Genotropin*	Humatrope, Saizen, Nutropin/AQ
Norditropin*	Humatrope, Saizen, Nutropin/AQ
Omnitrope*	Humatrope, Saizen, Nutropin/AQ
Tev-Tropin*	Humatrope, Saizen, Nutropin/AQ
<b>Heart</b>	
Coreg	Carvedilol
Inderal LA	Propranolol HCl
Norvasc	Amlodipine Besylate
Rythmol	Propafenone HCl
Tenormin	Atenolol
<b>Migraine</b>	
Fioricet	Butalbital-Apap-Caffeine
Fiorinal with Codeine #3	Butalbital Compound-Codeine
Fiorinal	Butalbital-Aspirin-Caffeine
<b>Pain Relievers</b>	
Actiq	Fentanyl Citrate
Dilaudid	Hydromorphone HCl
Duragesic	Fentanyl
<b>Sedative/Sleep</b>	
Ambien	Zolpidem Tartrate

Non-Covered Medication	Alternative Covered Medication
<b>Stimulant/ADHD</b>	
Adderall	Amphetamine Salt Combo
Dexedrine	Dextroamphetamine Sulfate
Ritalin	Methylin
Ritalin-SR	Methylin ER
<b>Other Medications</b>	
Bravelle*	Gonal-f
Detrol*	Oxybutynin
Detrol LA*	Oxybutynin, Oxybutynin ER
Ditropan	Oxybutynin
Ditropan XL	Oxybutynin, Oxybutynin ER
Tranxene T-Tab	Clorazepate
Zithromax	Azithromycin
Neurontin	Gabapentin
DDAVP*	Desmopressin Acetate
Zofran	Ondansetron HCl
Zofran ODT	Ondansetron ODT
Zovirax (excluding cream)	Acyclovir
Purinethol	Mercaptopurine
Estrace Tablets	Estradiol
Actigall	Ursodiol
Imuran	Azathioprine
Plaquenil	Hydroxychloroquine Sulfate
Soma	Carisoprodol
Fosamax*	Alendronate Sodium
Sinemet 25-100	Carbidopa-Levodopa
Requip*	Ropinirole HCl
Arava	Leflunomide
Colazal	Balsalazide Disodium

\* Applies to the BlueValue Rx formulary

### Step-Therapy Updates for Certain Medications

Step therapy is a key part of our prior-authorization program, which allows us to assist physicians with appropriate and affordable drug treatments. For members who are starting treatment, before Blue Cross Blue Shield of Massachusetts will provide coverage for certain medications designated as Step 2 or higher, a member must first try a Step 1 medication. Certain medications may require multiple steps before authorization is granted.

We are adding new step-therapy polices for certain drugs used in the treatment of migraine headaches, overactive bladder, and gout. The following is a list of the medications that will be included in our step-therapy program and their step, effective January 1, 2010.

Medications Used in the Treatment of Migraine Headaches
Step 1: Sumatriptan
Step 2: Amerge, Imitrex, Relpax, Zomig, Zomig-ZMT
Step 3: Axert, Frova, Maxalt, Maxalt-MLT, Treximet

Medications Used in the Treatment of Overactive Bladder
Step 1: Oxybutynin, Oxybutynin ER
Step 2: Vesicare
Step 3: Detrol, Detrol LA, Ditropan, Ditropan XL, Enablex, Sanctura, Sanctura XR, Toviaz

Medications Used in the Treatment of Gout
Step 1: Allopurinol
Step 2: Uloric

We are also updating our existing step-therapy polices for asthma, diabetes management, and immune modulating drugs.

For asthma, we will be adding an additional step to require the use of Symbicort prior to Advair.

For diabetes, we will be adding Actos, Actoplus Met, Avandia, Avandamet, Avandaryl, and Duetact to Step 2.

For immune modulating drugs, we will require the use of Enbrel and Humira prior to Cimzia, Simponi, and Remicade.

### Medications Changing Tier Status in Our Standard and BlueValue Rx Formularies

Tier changes are made when we determine that a medication offers more or less value, both clinically and financially, than alternative medications in its therapeutic class. As a result, a member will either pay more or less for their medication. The following medications and their tier level are effective January 1, 2010.

Medication	Covered Tier Level as of January 1, 2010
Actos	Tier 3
Actoplus Met	Tier 3
Dextroamphetamine/ Amphetamine ER	Tier 2
Avandaryl	Tier 3
Avandamet	Tier 3
Avandia	Tier 3
Cimzia	Tier 3
Omeprazole 40mg	Tier 2

### New Quality Care Dosing Limitation

Quality Care Dosing efforts help to monitor the quantity and dose of medication a patient receives based on FDA recommendations, as well as manufacturer and clinical information.

Effective January 1, 2010 the medication OxyContin will have a limitation of 90 tablets (120 tablets for 60mg and 80mg strengths). When medically necessary, a physician can request an exception to this guideline.

### New Prior-Authorization Requirement for Proton Pump Inhibitors (PPIs)

PPIs are used in the treatment of certain gastrointestinal conditions. Effective January 1, 2010 we will be updating our medical policy for this drug class to ensure usage is consistent with Food and Drug Administration (FDA) guidelines. Coverage will only be allowed for up to a 90-day supply unless there is a diagnosis of Zollinger-Ellison syndrome, Barrett's esophagus, NSAID induced ulcer prevention, or erosive esophagitis.

As of January 1, 2010 the covered drugs in this class will include omeprazole and lansoprazole. Lansoprazole is available if a member tries and fails therapy on omeprazole. Also, as additional medications in this class move to over-the-counter status (Zegerid, Prevacid 15mg), those medications will no longer be available through the pharmacy benefit.

## Managing Specialty Medications

Specialty medications continue to be an area of focus for purchasers and providers of health care services. Medications classified as “specialty” are commonly used in the treatment of complex conditions, are often administered via an injection or infused, and can be expensive. In addition, people taking these medications may require close monitoring, frequent dose adjustments, and additional support from their physician or other health care provider. These medications can serve as an important treatment for people with certain conditions.

So why the focus on these medications? While medications classified as specialty represent a very low volume of claims, usually less than 1 percent, the cost of specialty medications is rising at an exponential rate, often at a rate of 15 percent per year. The main driver of this trend is unit cost price increases. Additionally, there is a robust pipeline of specialty medications that will be entering the market in future years along with expanded use of those specialty medications already on the market. Specialty medications are also unique in that they are reimbursed in both the medical and the pharmacy benefit.

In an effort to help manage the specialty medication trend, Blue Cross Blue Shield of Massachusetts has developed a long-term strategy with a focus on the quality and affordability of health care. Outlined below are upcoming changes that Blue Cross Blue Shield of Massachusetts will be making in support of this overall strategy.

### Benefit Change for Certain Specialty Medications

As part of our ongoing efforts to improve the safety and affordability of the care our members receive, there will be a change in the way benefits are provided for certain specialty medications. Members who receive any of the specialty medications listed below as part of outpatient services, including treatment received at a physician’s office or outpatient hospital, will only have those medications covered under their pharmacy benefit. Members will no longer have these medications covered under their medical benefit. This means that the member must have a prescription for the medication and purchase it through a pharmacy that is part of the designated retail specialty pharmacy network. The member will be responsible for their applicable pharmacy cost-share amount.

This change will take effect beginning on January 1, 2010, based on the effective date schedule below.

Effective Date Schedule	
Account Renewal Date	Specialty Medication Change Effective Date
October 1, 2009– December 31, 2009	January 1, 2010
January 1, 2010 or later	Upon renewal

**Please note:** This change does not apply to Medicare or Medicare supplemental plans.

Affected Specialty Medications	
<b>Fertility</b>	
Bravelle	Gonal-f RFF
Chorionic Gonadotropin	Luveris
Fertinex	Menopur
Follistim AQ	Pregnyl
Ganirelix	Profasi
Gonal-f	Repronex
<b>Growth Hormone</b>	
Genotropin	Omnitrope
Humatrope	Saizen
NordiFlex	Serostim
Norditropin	Tev-Tropin
Nutropin	Zorbtive
Nutropin AQ	
<b>Hepatitis C</b>	
Copegus	Rebetol
Infergen	Rebetron
Pegasys	RibaPak
PegIntron	Ribasphere
PegIntron RediPen	Ribavirin
<b>Red Blood Cell Agents</b>	
Aranesp	Procrit
Epogen	
<b>Other Drugs</b>	
Actimmune	Kineret
Avonex	Leuprolide
Betaseron	Lupron
Cimzia	Mozobil
Copaxone	Octreotide
Enbrel	Orfadin
Forteo	Pulmozyme
Fuzeon	Rebif
Humira	Roferon-A (DSC)

Affected Specialty Medications (continued)	
Other Drugs	
Increlex	Sandostatin
Intron A	TOBI

### Retail Specialty Pharmacy Network—Medication List Update

As of January 1, 2010 Blue Cross Blue Shield of Massachusetts will be adding the following prescription drugs to our list of specialty medications that must be obtained through a designated retail specialty pharmacy.

Medications Available at Specialty Pharmacies	
Adcirca	Orfadin
Afinitor	Panretin
Arcalyst Injection	Promacta
Boniva Injection	Pulmozyme
Chorionic Gonadotropin	Rebetron
Cimzia Kit	Simulect
Endometrin	Somatuline
Faslodex	Sucraid
Fusilev I.V.	Tasigna
Kuvan	TOBI
Mozobil	Treanda
Nplate	Xenazine
Octreotide	Zenapax
Omnitrope	

In order to obtain pharmacy benefit coverage for the medications listed above, members will need to fill their prescription through one of the designated retail specialty pharmacies as of January 1, 2010. For a list of these pharmacies, please visit our website at [www.bluecrossma.com/pharmacy](http://www.bluecrossma.com/pharmacy).

As an accommodation, members will be allowed one refill of their medication at their current pharmacy. This one-time accommodation is only available through April 1, 2010. After this final refill, they must fill their prescription through one of the designated retail specialty pharmacies.

We will be notifying affected members and physicians of this change.

As a reminder, members enrolled in Medex,<sup>®</sup> Blue MedicareRx,<sup>SM</sup> or a Medicare Advantage plan that includes prescription drug coverage are not required to fill prescriptions at the designated retail specialty pharmacies.

### New to Market Specialty Medications

As new prescription drugs are approved by the U.S. Food and Drug Administration, and designated “specialty” by Blue Cross Blue Shield of Massachusetts, we will immediately add them to our list of medications that are required to be filled at one of our retail specialty network pharmacies. As with all newly approved drugs, Blue Cross Blue Shield of Massachusetts will consider them non-covered until a complete formulary evaluation has been completed; however, members who receive a formulary exception will need to fill their initial prescription at one of the retail specialty network pharmacies. This process will ensure that members taking these medications are receiving services from the specialty pharmacies, including education and information, at the start of their treatment.

### Reminder: Medical Benefit Specialty Medication Prior-Authorization Requirement

Effective October 1, 2009, certain specialty drugs that are provided under the medical benefit will now require prior authorization for HMO, POS, and Access Blue<sup>SM</sup> plans. This change is to ensure that drug utilization is consistent with current medical policy guidelines for the safety and effectiveness of our members who take these medications.

Providers will be asked to submit requests for authorization, including demographic and relevant clinical information, prior to administering these medications.

## New Retail Pharmacy Network Options Available for Fully Insured Health Plans

In January 2009, Blue Cross Blue Shield of Massachusetts introduced two additional cost-saving national pharmacy network options for self-funded employers. These options are now available for fully insured groups with more than 50 employees.

These pharmacy networks, which are administered by our pharmacy benefits manager, Express Scripts,<sup>®</sup> Inc., are known as The Select Network and The Select Choice Network.

**The Select Network**—reduces pharmacy costs through a smaller network of retail pharmacies. Members are required to utilize a retail pharmacy in this smaller network that delivers improved unit-cost pricing compared to Blue Cross Blue Shield of Massachusetts' traditional retail pharmacy network.

**The Select Choice Network**—provides members with choice while reducing overall pharmacy costs through incentives for members to use lower cost designated pharmacies within Blue Cross Blue Shield of Massachusetts' traditional broad network of retail pharmacies. The designated pharmacies have improved unit-cost pricing that allows members to pay a lower cost share when they choose to purchase a prescription at one of these pharmacies. Members also have the choice

of purchasing their prescription at any of the other network pharmacies that participate in our traditional broad retail network, but they will pay a higher cost share for their prescriptions.

To view the national pharmacy directory for each of the network options, please visit [www.bluecrossma.com/employers](http://www.bluecrossma.com/employers) or [www.bluecrossma.com/brokers](http://www.bluecrossma.com/brokers) and select **Pharmacy Coverage** in the Plans & Products section.

Contact your account executive to learn more.

## Generic Drug Promotion Mailing

The use of a generic drug instead of a brand-name drug provides cost savings for both employers and members. Generic and brand-name drugs must meet the same U.S. Food and Drug Administration standards for safety, purity, strength, and effectiveness. To provide both education and an incentive for some of our members using brand-name cholesterol lowering medications that have a generic alternative, beginning in November Express Scripts, Inc. will be mailing letters to eligible members enrolled in fully insured health plans. If the member switches to the generic alternative, their copayment for that drug will be waived for three months. This promotion is also available to self-funded employers by request. For more information on this mailing, please contact your account executive.

