

Member Communication for 2017 Group Renewal Bulletin

Blue Cross and Blue Shield of Minnesota
Minimum Premium Plans



Each year there are a number of health plan changes that may affect members. Typically these include benefit clarifications, process modifications and other plan changes. Some of the changes noted in this document are due to enhancements that Blue Cross and Blue Shield of Minnesota has implemented as a result of a new platform. These changes will help us evolve our business operations and allow us to focus more on product and service innovations.

This document provides a summary of changes that will be implemented upon your 2017 health plan renewal.

The following provides a summary of changes or informational items that will be implemented with your health plan renewal, on or after January 1, 2017.

Platform Migration Updates:

- New group number and member ID numbers
- New member portal
- Non-par pricing methodology

Other Information and Updates:

- Out-of-pocket maximum requirements/2017 HSA limits
- Prescription drug – 90dayRx benefit
- Transition to Benefit Booklet

Health and Wellness changes/updates:

- WebMD online resources
- Fitness Center Discounts
- Enhanced Stop Smoking
- Health Coach updates

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Administrative Platform Upgrade

New group numbers and member ID numbers

The group number structure will change. The group number will be comprised of 8 numeric digits and there will be no alpha characters.

The Member ID number, also referred to as a Unique Member ID (UMI), will also change in format from an alpha numeric to an all numeric ID. It will generally be 12 digits in length.

- All members covered under a subscriber will share the same UMI whether they are covered as the subscriber, the spouse, a domestic partner or a dependent. Each covered member will receive their own ID card, as they do today.
- Each member's ID card will include the UMI, along with his or her name.
- In most cases the network name will no longer be on the ID card, but in all cases once a member logs into the member portal, the provider search tool will automatically recognize their assigned network so any provider searches a member conducts post-authentication will search their assigned network by default.

Members should begin using the new ID card once the new Plan year starts and they should remember to show this new ID card when they visit their doctors or other health care providers to make sure their records are updated. If claims incurred after renewal are filed with the old ID number, a crosswalk between the old and new ID numbers will be in place to assure claims are routed and processed correctly.

New member portals

Upon renewal, the web address for the member portals will change to one that includes the primary address bluecrossmnonline.com. Members will also receive a postcard after the renewal to help access and register for this new portal.

The Blue Cross operating platform transformation will improve the capabilities of the member portal and will offer new self-service tools that make it even easier for members to manage their benefits and make informed decisions about their health care.

- Members will need to go online and re-register for the new member portal by logging onto www.bluecrossmnonline.com
- Enhancements to the member portal include: streamlined navigation, better integration of health and wellness tools and added information to increase engagement.

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- Once a member has migrated, they will still need to access the old site (mybluecrossmn.com) to access pre-migration claim information. Each site will link to the other for “recent” (post-migration) vs. “older” (pre-migration) claims information.
- The new portal will continue to offer members access to the features they use most frequently, including the ability to:
 - View benefits
 - View claims history
 - Manage prescription drugs
 - Find a doctor or hospital
 - Change primary care physicians (PCP’s) for those plans requiring election of a PCP
 - Request a new member ID card or print a temporary copy
 - Change their password
 - Set preferences for how they would like to receive Explanation of Benefits (EOB) by paper or email
 - View their member ID card and wither email, fax or print a temporary copy to themselves or to someone else

Non-Participating provider pricing methodology

The methodologies used to determine the allowed amount for nonparticipating claims will be changing. To provide greater transparency when members utilize nonparticipating providers, the allowed amount will be determined based upon Medicare Advantage allowed amount.

- Nonparticipating Provider Claims Incurred in Minnesota:
 - Paid at 100% of the Medicare Advantage fee schedule (instead of the regular Medicare fee schedule as is the case today). If no Medicare Advantage pricing is available, professional services will use the MN standard multispecialty fee schedule and facility services will be allowed at 40% of charge. Pricing is identical between Medicare and Medicare Advantage with the exception of reimbursement levels for services received at teaching hospitals.
- Out-of-State Nonparticipating Provider Claims:
 - Paid according to the Local Blue Plan’s standard nonparticipating provider pricing. If no Local Blue Plan pricing is sent on the claim, professional and facility services will use an allowed amount of 30% of billed charges.

This change does not impact the nonparticipating pricing for emergency services. Allowed amounts for emergency services, provided at an emergency department of a hospital, and by nonparticipating providers are based on 100% of billed charges.

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Benefit Books

The new resource document describing the details of your 2017 plan coverage will be called a Benefit Booklet. These benefit booklets replace our old Summary Plan Description documents. Blue Cross will no longer print and mail these health plan benefit booklets.

With our new enhanced member portal, the Benefit Booklet will be readily available online for review or printing. Other useful benefit and reference information will also be available on the member portal. Members will receive a postcard shortly after their effective date that will direct them to the new member portal.

Other Required Changes, Notifications and Reminders

Out-of-pocket maximum requirements

The out-of-pocket (OOP) maximum for the plan can be no greater than the self-only or other than self-only cap established for that year. Cost-sharing accumulates to the OOP maximum based on:

- Covered Benefits (Essential Health Benefits (EHBs), EHB and other designated benefits or all benefits)
- Network (in-network only or more generous network tiers); and
- Plan design

Note: the High Deductible Health Plan (HDHP) limits on out-of-pocket expenses and the maximum out-of-pocket (OOP) limits as defined under the Affordable Care Act (ACA) are NOT the same.

Minimum Value Plans

- Fully insured and self-insured large groups are also required to have a minimum value of at least 60%.

Note the federal minimum value (MV) calculator has not been updated since 2014 and only allows an OOP maximum up to \$6,350 single/\$12,700 family. Due to this conflict, Blue Cross only allows large group plans with an embedded OOP maximum of \$6,350 single/\$12,700 family. Large group plans with a non-embedded OOP maximum are not affected by the MV calculator limitation

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Contribution and Out-of-Pocket Limits for Health Savings Accounts and High Deductible Health Plans			
	For 2016	For 2017	Change
HDHP minimum deductibles	Self-only: \$1,300	Self-only: \$1,300	Self-only: no change
	Family: \$2,600	Family: \$2,600	Family: no change
HDHP maximum out-of-pocket amounts (deductibles, copayments and other amounts, but not premiums)	Self-only: \$6,550	Self-only: \$6,550	Self-only: no change
	Family: \$13,100	Family: \$13,100	Family: no change
Out-of-pocket limits for HSA-qualified HDHPs (set by IRS)	Self-only: \$6,550	Self-only: \$6,550	Self-only: no change
	Family: \$13,100	Family: \$13,100	Family: no change
HSA contribution limit (employer + employee)	Self-only: \$3,350	Self-only: \$3,400	Self-only: +50
	Family: \$6,750	Family: \$6,750	Family: no change
HSA catch-up contributions (age 55 or older)*	\$1,000	\$1,000	No change**
*Catch-up contributions can be made any time during the year in which the HSA participant turns 55.			
** Unlike other limits, the HSA catch-up contribution amount is not indexed, any increase would require statutory change.			

Guidance for designing an HSA-compliant health plan that has individual “embedded” deductibles:

HSA-compliant HDHP with an embedded deductible. It is permissible to have an individual member (embedded) deductible on family policies as long as the individual deductible is not less than the minimum family deductible amount established by HSA law (\$2,600 in 2017).

Prescription drug – 90dayRx benefit

In order to align with common industry practice Blue Cross is changing our 90dayRx benefit for our groups with copay type plans. The 90dayRx benefit for ongoing or maintenance medications that are filled in a retail pharmacy or through mail order will be three times the 30 day retail copay.

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Health and Wellness Changes, Updates

WebMD online resources

WebMD will be replacing Staywell for our online health and wellness resource library. WebMD offers online health resources with reliable, personalized information on diseases, conditions, procedures and prescription medications. Interactive tools are available to members, such as wellness profile, health quizzes and calculators. Wellness rewards is available as a buy up option for groups on the WebMD platform.

Fitness Center Discounts

Members need to update their health club and the fitnessdoespay.com website (if they have registered online) with their new member identification number. The Dependent ID is no longer necessary for processing workouts through the program.

Enhanced Stop Smoking

Due to expanded access to quit aids through pharmacy benefits as required by the ACA, the enhanced version of Stop Smoking Support program is being discontinued effective January 1, 2017. With the discontinuation of the enhanced program, members will no longer have access to over-the-counter nicotine replacement therapies via mail from the program vendor.

Health Coach updates

Blue Cross has worked to improve the member experience and outcomes for services we deliver through health coaches. We have integrated our case and disease management platform and protocols to help meet member needs across a broader spectrum of care. The program is able to leverage one health coach to address and align with member needs for both acute and chronic conditions.