

# Member Communication for 2018 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.

This document provides a summary of changes that will be implemented upon your 2018 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, 2018.

Updated items – March, 2018

- Omada
- Vitals

Information and Updates:

- Out-of-pocket maximum requirements/2018 HSA limits (including the March 5, 2018 IRS change)
- Living Donor Kidney Program
- Prescription drug – Lifestyle drugs
- Prescription drug – Over-the-Counter
- Prescription drug – Standard dispensing limits
- Prescription drug – Statins
- Accident coverage
- Fitness Center discounts
- Wellness Discount Marketplace
- Creditable Coverage

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## Omada

The Minnesota Healthcare Consortium is bringing the Omada program to its member groups, effective upon renewal starting 7/1/18. Members at risk for diabetes and heart disease will have access to Omada, a program designed to detect and decrease the incidence of future diabetic cases through an intensive screening and plans individualized to each person's need. Interested members can access information at [www.omadahealth.com/bcbsmn1](http://www.omadahealth.com/bcbsmn1). The cost for this additional benefit will be coordinated by the Minnesota Healthcare Consortium. Contact your Account Manager for additional details. Please note, Omada is not available for members in the Western and Metro Networks, as these care systems have similar programs in place designed to assist with lifestyle changes.

## Vitals

Vitals SmartShopper is a new program designed to provide incentives to members who shop for healthcare. Brought to you by the Minnesota Healthcare Consortium, this system promotes actual behavior change by members and incents them to shop for lower cost of care services. Members can shop online or over the phone with the Vitals Personal Assistant Team. Incentives are in the form of checks paid out directly to the member and coordinated by Vitals. This program will be available to members later in 2018. More details will be provided as we implement the program

## 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.

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A comparison of the 2017 and the 2018 limits is shown below:

<b>Contribution and Out-of-Pocket Limits for Health Savings Accounts and High Deductible Health Plans</b>			
	<b>For 2017</b>	<b>For 2018</b>	<b>Change</b>
<b>HDHP minimum deductibles</b>	Self-only: \$1,300	Self-only: \$1,350	Self-only: +\$50
	Family: \$2,600	Family: \$2,700	Family: +\$100
<b>HDHP maximum out-of-pocket amounts</b> (deductibles, copayments and other amounts, but not premiums)	Self-only: \$6,550	Self-only: \$6,650	Self-only: +100
	Family: \$13,100	Family: \$13,300	Family: +200
<b>Out-of-pocket limits for ACA-compliant plans</b> (set by HHS)	Self-only: \$7,150	Self-only: \$7,350	Self-only: +\$200
	Family: \$14,300	Family: \$14,700	Family: +\$400
<b>Out-of-pocket limits for HSA-qualified HDHPs</b> (set by IRS)	Self-only: \$6,550	Self-only: \$6,650	Self-only: +100
	Family: \$13,100	Family: \$13,300	Family: +200
<b>HSA contribution limit</b> (employer + employee)	Self-only: \$3,400	Self-only: \$3,450	Self-only: +50
	Family: \$6,750	Family: \$6,850***	Family: +100***
<b>HSA catch-up contributions</b> (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.  
 \*\*\*March 5, 2018 IRS change

## Living Donor Kidney Program

Blue Cross is adding a travel benefit to the Living Donor Kidney Transplant (LDKT) program at the Mayo Clinic. The travel benefit applies only to plans on the Aware network and is exclusive to the LDKT program. Members in the LDKT program may receive up to \$5,000 for eligible travel expenses.

## Prescription drug – Lifestyle drugs

For all non-grandfathered plans, Blue Cross will no longer offer lifestyle drugs (sexual dysfunction), weight loss medications or cosmetic altering medications as a standard benefit.

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## Prescription drug – Over-the-Counter

For all non-grandfathered plans, Blue Cross is removing the over-the-counter (OTC) drug benefit. This will impact coverage for proton pump inhibitors, nasal steroids and non-sedating anti-histamines.

This change does NOT apply to ACA required OTC coverage.

## Prescription drug – Standard dispensing limits

For all non-grandfathered plans, all pharmacy benefits will be brought into standard dispensing limits of 31 days or 90-day supply for extended or mail prescriptions.

## Prescription drug - Statins

USPSTF is moving statins to a B recommendation, which makes them a preventive drug under ACA. The following select statin drugs will be available at no cost to eligible members with a prescription:

FlexRx and GenRx	KeyRx
Lovastatin 20 mg, 40 mg	Lovastatin 20 mg, 40 mg
Pravastatin 10 mg, 20 mg, 40 mg, 80mg	Pravastatin 10 mg, 20 mg, 40 mg, 80mg
Simvastatin 10 mg, 20, mg, 40 mg	

## Accident coverage

For all non-grandfathered plans, legacy plans with accident waiver coverage will be moved to standardized coverage. Current benefit plans are generally subject to deductible and copays, with benefits equal to any other illness.

## Fitness Center Discount

Due to a program vendor change, members need to update their health club and/or go to [NIHCArewards.org](http://NIHCArewards.org) website (if they have registered online) with their new member identification number.

## Wellness Discount Marketplace

Now you can stay healthy and save money. As a member of Blue Cross, you receive weekly deals from leading national brands, on a wide network of gyms, fitness gear, personal care and more. Visit [blue365deals.com/bcbasmn](http://blue365deals.com/bcbasmn) for more information.

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## Creditable Coverage

### **Eligible to Join Medicare this Year? Important notice on creditable coverage.**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7. If you decide to keep your employer sponsored group coverage after initial eligibility, you need to confirm that your plan pays at least as much as standard Medicare prescription drug coverage. If your plan is not equal or better than Medicare standard drug coverage, it is considered not creditable. Starting with the end of the last month that you were eligible to join a Medicare drug plan, but didn't, if you go 63 days with continuous drug coverage that is less than standard Medicare drug coverage, when you move to a Medicare drug plan, your monthly premium may go up by at least 1% of the Medicare premium for every month you did not have that coverage. Your employer can provide you with information on plans offered and if they provide creditable coverage.