

2017 Affordable Care Act (ACA)/Exchange Plans





Agenda

- Essential Health Benefits
- BlueCross BlueShield of South Carolina ACA/Exchange Plans
- BlueChoice HealthPlan ACA/Exchange Plans
- Covered Drug List
- Utilization Management
- Transition of Care
- ACA Updates
- Helpful Tips for Small Group Exchange Members
- Resources
- Questions



Essential Health Benefits

10 Categories of Benefits			
Ambulatory patient services	6. Prescription drugs		
2. Emergency services	7. Habilitative and rehabilitative services and devices		
3. Hospitalization	8. Laboratory services		
4. Maternity and newborn care	Preventive and wellness services and chronic disease management		
Mental health and substance use disorder services, including behavioral health treatment	10.Pediatric services, including vision care		

Medical Policies	Medical Policy Search Search		
Alphabetical List Categorical List Contact Us Disclaimer			
CAM 089 Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF recommended services			



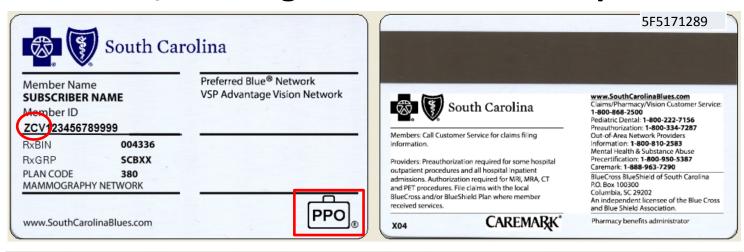
BlueCross ACA/Exchange Plans: Small Group Plans

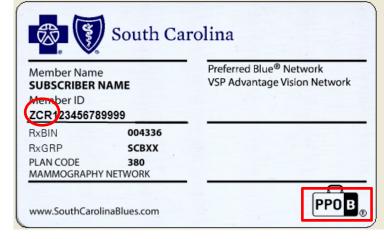
Plans are offered through the Federally Facilitated Marketplace (FFM) and private marketplaces to businesses with 2-50 employees.

Product Name(s)	Business BlueEssentials SM	
Alpha Prefixes	ZCR and ZCV	
Network(s)	Preferred Blue PPO Network	
Prescription Drug Plan	 Four-tier plan with drug card and mail-service benefits managed through CVS/caremark Compound drugs require prior authorization as of Jan. 1, 2017 CVS/caremark is an independent company that administers pharmacy benefits on behalf of BlueCross and BlueChoice 	
Vaccination Network	 Vaccinations for flu, pneumonia and other illnesses are available at CVS pharmacies without a copay Available under member's medical benefit 	
Requirement for Referral to Specialist	No referral required	
Precertification	Verify benefits and eligibility requirements, and initiate a prior authorization request using My Insurance Manager.	



BlueCross ACA/Exchange Plans: Small Group ID Cards











BlueCross ACA/Exchange Plans: Small Group Plans

Business BlueEssentials members have a sustained health benefit that provides benefits for preventive screenings.

- Benefits are applied to preventive services and screenings that are not covered 100 percent under the United States Preventive Service Task Force (USPSTF) guidelines.
- \$500.00 benefit maximum
- Examples: Preventive/screening CBC (complete blood count) testing, vitamin D tests and chest X-rays (when not performed for diagnostic purposes).



BlueCross ACA/Exchange Plans: Individual Plans

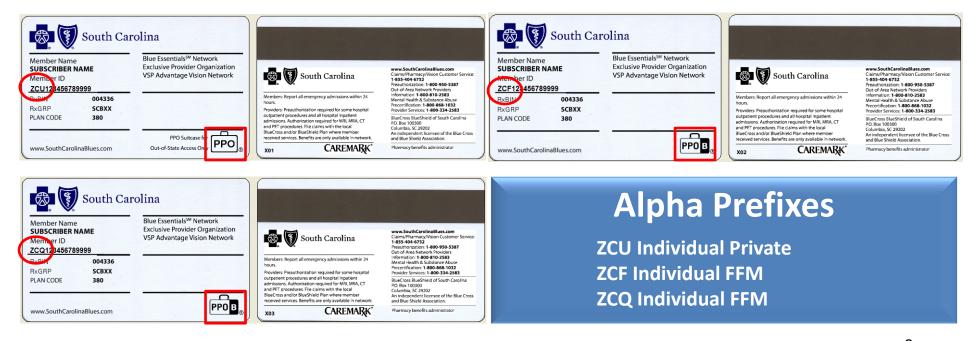
These are non-grandfathered plans that offer a core package of benefits and services.

Product Name(s)	BlueEssentials SM	
Alpha Prefixes	ZCF, ZCQ and ZCU	
Network(s)	BlueEssentials Network (EPO)	
Prescription Drug Plan	 Four-tier plan with drug card and mail-service benefits managed through CVS/caremark and uses the Advanced Choice Network™ Compound drugs require prior authorization as of Jan. 1, 2017 	
Vaccination Network	 Vaccinations for flu, pneumonia and other illnesses are available at CVS pharmacies without a copay Available under member's medical benefit 	
Requirement for Referral to Specialist	No referral required	
Precertification	Verify benefits and eligibility requirements, and initiate a prior authorization request using My Insurance Manager.	



BlueCross ACA/Exchange Plans: Individual Plans ID Cards

BlueEssentials is a line of **individual** plans BlueCross offers using the BlueEssentials network. This network is unique to these plans.





BlueCross ACA/Exchange Plans: Individual Plans

Each plan includes limited dental and limited vision benefits for **all** members – not just children.

- Vision services are available through Vision Service Plan (VSP)* and include:
 - One exam per benefit period with a \$25 copayment for a VSP provider (adults 20 or older).
 - One exam per benefit period with a \$25 copayment (members 19 or younger)
 - \$50 copay for glasses/frames for children (lenses every year, frames every two years)
- Preventive dental benefits include:
 - One exam every six months (\$27 allowance first visit and \$20 on the second)
 - One cleaning every six months (\$40 allowance for adults 20 or older and \$31 for children)

^{*}VSP is an independent company that offers eye care benefits on behalf of BlueCross and BlueChoice.



BlueCross ACA/Exchange Plans: Individual Plans

Members have a Wellness Plus+ benefit that provides an additional benefit toward preventive screenings.

- Applies towards preventive services and screenings that are not covered 100 percent under the USPSTF guidelines.
- \$500.00 benefit maximum
- Examples: Preventive/screening CBC testing, vitamin D tests and chest X-rays (when not performed for diagnostic purposes).



BlueChoice® ACA/Exchange Plans: Small Group Plans

These are non-grandfathered plans that offer a core package of benefits and services.

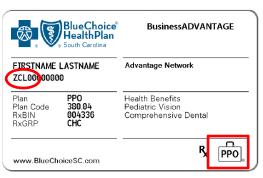
Product Name(s)	BusinessADVANTAGE	
Alpha Prefixes	ZCL and ZCG	
Network(s)	ADVANTAGE Network (PPO)	
Prescription Drug Plan	 Six-tier plan with drug card and mail-service benefits through CVS/caremark Compound drugs require prior authorization as of Jan. 1, 2017 	
Vaccination Network	 Vaccinations for flu, pneumonia and other illnesses are available at CVS pharmacies without a copay Available under member's medical benefit 	
Requirement for Referral to Specialist	No referral required	
Precertification	Verify benefits and eligibility requirements, and initiate a prior authorization request using My Insurance Manager.	

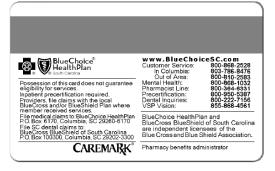




BlueChoice ACA/Exchange Plans: Small Group Plans

Business AdvantageSM plans are a line of small group plans BlueChoice offers to businesses with two to 50 employees. These plans use the existing **BusinessADVANTAGE network**.









Alpha Prefixes

ZCL Small Group Private ZCG Small Group FFM



BlueChoice ACA/Exchange Plans: Individual Plans

These are non-grandfathered plans that offer a core package of benefits and services.

Product Name(s)	Blue Option	
Alpha Prefixes	ZCJ	
Network(s)	Blue Option Network (EPO)	
Prescription Drug Plan	 Six-tier plan with drug card and mail-service benefits managed through CVS/caremark and use Advanced Choice Network Compound drugs require prior authorization as of Jan. 1, 2017 	
Vaccination Network	 Vaccinations for flu, pneumonia and other illnesses are available at CVS pharmacies without a copay Available under member's medical benefit 	
Requirement for Referral to Specialist	No referral required	
Precertification	Verify benefits and eligibility requirements, and initiate a prior authorization request using My Insurance Manager.	

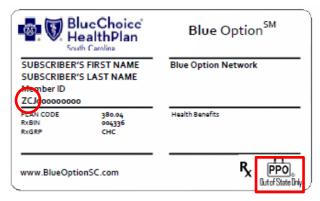


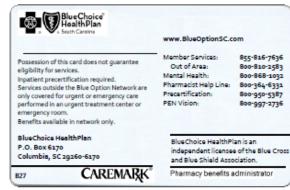
BlueChoice ACA/Exchange Plans: Individual Plans

Blue Option is a line of **individual** plans BlueChoice offers. The network name indicates that the **Blue Option Network** is being used.

Alpha Prefix

ZCJ Individual Private





Members do not have out-of-state or out-of-network benefits.



Important Reminder: BlueChoice plans are no longer offered through the FFM

- Became effective Jan. 1, 2017
- Members that had the alpha-prefix ZCX opted for a comparable BlueEssentials plan on the FFM or a private ACA plan





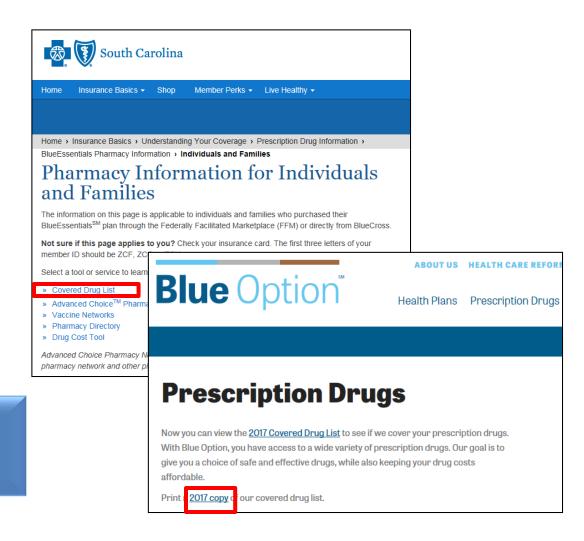
Covered Drug List

You can review our 2017 Covered Drug List for both BlueCross and BlueChoice plans on our websites.

www.SouthCarolinaBlues.com www.BlueOptionSC.com www.BlueChoiceSC.com

Caremark handles prior authorization questions about:

- Step therapy
- Formulary exceptions







Utilization Management

- You must get prior authorization for certain services.
- Failure to get prior authorization may result in claim denial.
- Prior authorization is not a guarantee that we will cover the service.
- Benefits are subject to patient eligibility.
- Verify benefits and eligibility through My Insurance Manager from the BlueChoice or BlueCross website provider sections.





Utilization Management

Types of service or treatment that require authorization include:

- Hospital admission, including maternity notifications
- Skilled nursing facility (SNF) admission
- Continuation of a hospital stay or SNF for a medical condition
- Outpatient radiation therapy (through NIA)
- Nuclear cardiology (through NIA)
- Outpatient hysterectomy or septoplasty
- Home health care or hospice services
- Dialysis
- Certain labs (through Avalon)



Utilization Management

Types of service or treatment that require authorization include:

- Durable medical equipment, when the purchase price or rental is \$500 or more
- Admissions for habilitation, rehabilitation and/or human organ and/or tissue transplants
- Treatment for hemophilia
- Mental health and substance use disorders
- Certain prescription drugs and specialty drugs
- Advanced radiological services (through NIA)
- Breast reconstructive surgeries



Transition of Care Form

If a BlueEssentials or Blue Option member is under the care of a physician who is not in the network, the member can request special consideration to have us apply benefits as innetwork using this form.

- UM may approve a member to continue care with the out-of-network provider for a specified time.
- The member must complete the request prior to services and the request must be approved in order to be covered.
- Members are responsible for the difference between the amount the health plan pays for those services and what the provider charges.

BlueChoice HealthPlan Transition of Care Continuation of Care Request Form (Pleaze use a separate form for each condition)			
Employee's Name	II)#	
Address	C	ity/State/ZIP	
Effective Date			
Phone:(Home)	(W	ork)	
Patient's Name	D	OB	ID#
Relationship to Subscriber:	[] Self [] Spouse [] Dependent		
Health Condition:			
Physician/Provider(s) Invo	lved		
Name:	Phone:	Specialty:	
Name:	Phone:	Specialty:	
Name:	Phone:	Specialty:	
	Date of Last Visit:		
Current Treatment or Propose	d Surgery:		
Expected Length of Treatme	nt or Date of Surgery:		
-			
Primary Care Physician			
Provider's Name		Member HealthPlan ID#	
Address			
C': 10:			
City/State/ZIP			

The form is available in the Member sections of www.SouthCarolinaBlues.com and www.BlueOptionSC.com (shown).



ACA Updates

All ACA/Exchange plans require prior authorization for compound drugs as of Jan. 1, 2017.

ACA requires health insurance plans to cover certain drugs at no charge, including:

- Aspirin
- Female Contraceptives
- Folic Acid
- Iron Supplements

- Oral Fluoride Agents
- Vaccines
- Tobacco Cessation Products

Coverage of these medications, including those that are over-the-counter (OTC), require a prescription from a licensed health care provider.



Helpful Tips For Small Group Exchange Members

Are You Eligible to See Small Group Members?			
If you are a provider who is in the	But not in the	You can still service members who have	Because benefits are payable at
Preferred Blue PPO Network	BlueEssentials Network	BlueCross Small Group Preferred Blue PPO (ZCV or ZCR)	Preferred Blue PPO Network rates
Business Advantage Network	Blue Option Network	Business Advantage (ZCL or ZCG)	BlueChoice Network rates





What You Need to Know About
The Affordable Care Act:
Preventive Services

2017 Edition

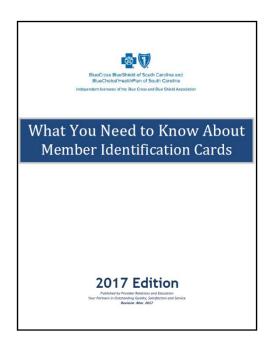
Published by Provider Relations and Education
Your Partners in Outstanding Quality, Satisfaction and Service
Revision: Jan. 2017

Resources

- We have three medical policies that address ACA preventive benefits.
 - www.SouthCarolinaBlues.com or www.BlueChoiceSC.com
- You can also refer to our Preventive Care Guide for details about applicable ACA preventive benefits.
- We will continue to add or update information as we get new regulations or further guidance from the federal government.



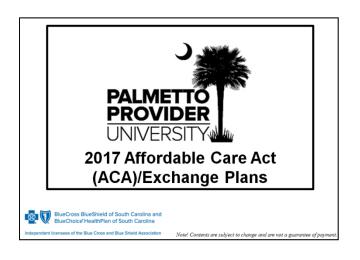
Other Helpful Resources



ID Card Guide



Frequently Asked Questions



2017 ACA/Exchange Plans presentation



Questions?





