

ISD Member Communication for 2020 Renewal Bulletin

Blue Cross and Blue Shield of Minnesota
Minimum Premium Groups



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 2020 health plan renewal.

Pharmacy changes/updates:

- Insulin

Health and Wellness changes/updates:

- Sharecare Update
- Omada Type 2 Diabetes Program
- Living Donor Kidney Transplants (LDKT) program

Other required changes, notifications and reminders:

- Creditable coverage disclosure for pharmacy benefits
- Out-of-pocket maximum requirements/2020 HSA limits
- Network changes in 2021

Pharmacy Changes, Updates

Insulin

The Minnesota Healthcare Consortium will include plan-eligible insulin options as a covered benefit with no member copay or deductible. This benefit began January 1, 2020 for all Service Cooperative groups.

To see your benefit details, including insulin coverage visit Bluecrossmn.com, or for base questions on coverage and prescriptions call customer service using the number listed on the back of your ID card.

Health and Wellness Changes/Updates

Sharecare Fitness Incentive program update

With the Fitness Incentive program, offered through the Sharecare platform, members can earn a reward for achieving 210,000 steps per month along with engaging with the Sharecare platform 21 days out a month. That averages 10,000 steps a day. The reward amount of \$20 is redeemed through the Sharecare Marketplace. Incentives can include available e-gift cards or merchandise. Up to 2 members age 18+ are eligible to receive the incentive each month. A reasonable alternative is available for those that have a medical condition preventing them from being able to complete the physical activity requirement. To learn more visit bluecrossmn.sharecare.com. Incentives are taxable and reporting will be provided by your employer.

Omada – New Type 2 Diabetes program

In addition to the current pre-diabetes program, a new Type 2 Diabetes program was introduced in 2020. This program is available to qualifying participants at no additional out-of-pocket cost. To learn more visit omadahealth.com/mhc.

Omada is a personalized behavior change program designed to help people take control of their type 2 diabetes. Omada surrounds participants with the tools and support they need to reach a healthier weight, remotely monitor blood glucose and feel in control of their health. The type 2 program includes:

- A Certified Diabetes Educator professional health coach
- Engaging lessons with relevant type 2 diabetes content
- Condition-specific peer support group
- Advice on medication adherence relevant to type 2 diabetes

Living Donor Kidney Transplant (LDKT) program

Travel benefits included specifically for the former LDKT program will discontinue upon renewal in 2020. Members will continue to have access to End Stage Renal Disease services, including Living Donor Kidney transplants at Mayo, as well as, other qualified facilities.

Other Required Changes, Notifications and Reminders

Creditable coverage disclosure for pharmacy benefits

Member notification of creditable disclosure coverage status is due each year on October 1, upon request from your employer, or upon plan design change or termination of coverage.

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.

Embedded (aggregate) vs. non-embedded (non-aggregate) OOP maximum

There are specific requirements regarding family cost sharing accumulations. This impacts the ability for a plan to have an embedded or non-embedded OOP maximum.

- Plans with an embedded OOP maximum begin paying benefits that require cost sharing for the first family member that meets the per person OOP maximum.
- Plans with a non-embedded OOP maximum require the entire family OOP maximum to be met before cost sharing benefits are paid.
- All plans (whether HDHP or non-HDHP) must cap out-of-pocket spending at \$8,150 for any covered person. A family plan with an out-of-pocket maximum in excess of \$8,150 can satisfy this rule by embedding an individual out-of-pocket maximum in the plan that is no higher than \$8,150. This means that for the 2020 plan year, an HDHP subject to ACA out-of-pocket limit rules may have a \$6,900 (self only)/\$13,800 (family) out-of-pocket limit (and be HSA-compliant) so long as there is an embedded individual out-of-pocket limit in the family tier no greater than \$8,150 (so that it is also ACA-compliant).

Employer Implications:

- Large Employers will need to evaluate their OOP maximum and make adjustments to their deductible and OOP maximums for 2020 as needed according to these new guidelines.
- Unless the family OOP amount is \$8,150 or less the plan must have an embedded individual out-of-pocket
- Groups who have a separate OOP maximum for medical and pharmacy must not exceed the OOP maximum when the two separate OOP maximums are combined.

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

HSA-compliant HDHP with an embedded deductible

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It is permissible to have an individual member embedded deductible on a family policy. To be HSA compliant in 2020 the minimum individual embedded deductible is \$2,800.

A comparison of the 2019 and the 2020 limits is shown below:

Contribution and Out-of-Pocket Limits for Health Savings Accounts and High Deductible Health Plans			
	For 2019	For 2020	Change
HDHP minimum deductibles *Note: this is the lowest deductible amount for embedded deductible (no fourth quarter carryover)	Self-only: \$1,350* Family: \$2,700*	Self-only: \$1,400* Family: \$2,800*	Self-only: +\$50 Family: +\$100
HDHP maximum out-of-pocket amounts (deductibles, copayments and other amounts, but not premiums)	Self-only: \$6,750 Family: \$13,500	Self-only: \$6,900 Family: \$13,800	Self-only: +\$150 Family: +\$300
Out-of-pocket limits for ACA-compliant plans (set by HHS) *Note: this is the highest amount for embedded deductible.	Self-only: \$7,900* Family: \$15,800*	Self-only: \$8,150* Family: \$16,300*	Self-only: +\$250 Family: +\$500
Out-of-pocket limits for HSA-qualified HDHPs (set by IRS)	Self-only: \$6,750 Family: \$13,500	Self-only: \$6,900 Family: \$13,800	Self-only: +\$150 Family: +\$300
HSA contribution limit (employer + employee)	Self-only: \$3,500 Family: \$7,000	Self-only: \$3,550 Family: \$7,100	Self-only: +\$50 Family: +\$100
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 or after. ** Unlike other limits, the HSA catch-up contribution amount is not indexed, any increase would require statutory change.			

Network Update for 2021

Blue Cross' goal is to make health care accessible, affordable, and easy to use. To promote member choice and access, Blue Cross will be sunsetting three Accountable Care Organization (ACO) networks in 2021: Strive – Metro Region, Western MN, and Northeast MN. Two ACO networks will remain in place: Southeast MN and Metro MN.