Service Areas

- BCBST Plans available in 2019
- BCBST Plans not available in 2019
## 2019 Marketplace Plan Changes

- Meet AV requirements
- Add Preventive Drug copay to Silver plans
- No longer cover out-of-network services, except for emergencies

<table>
<thead>
<tr>
<th>Policy</th>
<th>Individual Deductible</th>
<th>Individual Coins</th>
<th>Individual OOP Max</th>
<th>Office Ded/Coins</th>
<th>Rx Ded/Coins</th>
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<tbody>
<tr>
<td>Form</td>
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<td>Visit Visit</td>
<td>Benefit Benefit</td>
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<tr>
<td>B07</td>
<td>5,650</td>
<td>50%</td>
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Bronze

B07

- $5,650 Individual Deductible
- $6,650 Individual Out-of-Pocket Maximum
- 50% Coinsurance
- HSA Compatible
- *Out of Network services not covered, except for emergencies*

*Bold italics indicate change for 2019*
Silver

- **S01**
  - $500 Individual Deductible
  - $7,000 Individual Out-of-Pocket Maximum
  - 50% Coinsurance
  - $10/$35/$60 Preventive Drug Copay
  - *Out of Network services not covered, except for emergencies*

- **S04**
  - $2,500 Individual Deductible
  - $7,700 Individual Out-of-Pocket Maximum
  - 50% Coinsurance
  - $10/$35/$60 Preventive Drug Copay
  - *Out of Network services not covered, except for emergencies*

*Bold italics indicate change for 2019*
Gold

+ G06
  - $1,500 Individual Deductible
  - $6,350 Individual Out-of-Pocket Maximum
  - 80% Coinsurance
  - $35/$50 Office Visit Copay
  - $50 Urgent Care Center Copay
  - $8/$35/$60 Rx Copay
  - *Out of Network services not covered, except for emergencies*

*Bold italics indicate change for 2019*
No Out-of-Network Benefits

Beginning January 1, 2019, out-of-network services will no longer be covered, except for an emergency. Members will pay the full cost of treatment if they get care outside of the network.

- Exclusive Provider Organization (EPO)
  - No out-of-network benefits, except for emergencies
  - Member will continue to utilize Blue Network
  - BlueCard PPO Network
    - When traveling outside of Tennessee members have access to BlueCard PPO network providers
    - Out-of-network providers not covered, except for emergencies

- Not a Health Maintenance Organization (HMO)
  - Care is not managed by one provider
  - Referrals not required
Blue Network S<sup>SM</sup>

- Plans will continue to utilize Network S.
  - A large statewide network with a variety of select hospitals and providers
  - ~26,000 providers statewide

*September 1, 2018, The University of Tennessee Medical Center joined Blue Network S<sup>SM</sup>
New Look to ID Cards

New Verbiage

- Out-of-Network Benefits “None”
- PPO Suitcase Logo will remain due to BlueCard benefit
  - Disclaimer added
Pharmacy Changes

Preventive Drug Copays
(January 1, 2019)

- All Silver Plans Offer
  - $10 copay for generic drugs
  - $35 copay for preferred brand drugs
  - $60 copay for non-preferred brand drugs
We believe having a PCP has its benefits

- Effort to establish a relationship with a doctor
- Increase routine and preventive care
- Coordinate care and refer to a specialist, if needed
- Attempt to cut down on non-emergency visits to ER
- Not a "gate-keeper"
- Not Mandatory

PCP Assignment

- Based on recent doctor visits
- Member can change their PCP in BlueAccess Member Portal

Digital ID Card

- PCP's name will display on digital ID card only
- Physical ID card will not display PCP's name
BlueAccess\textsuperscript{SM} Refresh

- Member portal and myBlue TN\textsuperscript{SM} mobile app
  - Mobile-first design with prioritized content members use most
  - Claims & Balances dashboard with at-a-glance views
  - Fewer clicks required to find the most used benefits and content
  - Easy to follow, four step registration process
Discontinuation / Renewal Notices

- Advise of discontinuation of plan
- Information on new plan
- Information on how to change plan
- Notice of removal of out-of-network benefits
- Pre-Subsidy Premium amount
- *2018 Subsidy Amount
- Open Enrollment dates
- How to inquire about financial assistance

*Member may not see 2019 premium rate until they receive their welcome packet or first billing statement; For updated subsidy amounts members must log into healthcare.gov.
Medicare Anti-Duplication Rule triggered by our change from a PPO product to an EPO

- Required BCBST to terminate all members on the policy
- All Dually-Enrolled members will receive a Termination Letter
  - Policies with dually-enrolled members will terminate 12/31/2018
- Termination Letter Content
  - Reason for termination
  - Med-Advantage/Medicare Supplement contact information
  - Special Enrollment Period information for those not Medicare eligible
- Outreach planned from our Sales team
Member Welcome Packet

+ All members will receive a new welcome packet
  - Benefit Summary Flyer
  - Approval Letter (includes post-subsidy premium)
  - Member Guide
  - Bank Draft Form
Need Assistance

- Billing & Premium Payments –
  - 1-855-484-0282

- Sales Assistance
  - 1-888-995-7786

- Claims & Customer Service –
  - 1-800-294-3845
Thank You