



Frequently asked questions: Healthy Blue Living™ HMO

The Healthy *Blue* Living HMO plan puts a spotlight on healthy lifestyles that can help you take charge of your health. You'll get the resources and support you need to meet your plan's requirements and receive enhanced benefits (lower out-of-pocket costs) for the duration of your plan year.

Who has to complete the plan requirements to qualify for the enhanced benefits?

Healthy *Blue* Living to-do items only apply to you as the subscriber of the plan. Your spouse and dependents don't need to complete the tasks. They're assigned to the same benefit level as you.

What are the requirements I have to complete for the enhanced benefits?

You have two requirements to complete within the **first 90 days** of your plan year:

1. **Complete your health assessment** by logging into your online member account at bcbsm.com. Click the *Take the Health Assessment* box. You'll be directed to the health assessment.
2. **See your primary care doctor for a health evaluation.** During your appointment, your doctor will complete a *Blue Care Network Qualification Form*. Your doctor will submit the qualification form on your behalf.

Visit bcbsm.com/hbl for videos for more information about your plan and plan requirements.

What is the *Blue Care Network Qualification Form*?

To determine your eligibility for enhanced benefits, you're scored on six health measures — tobacco use, body mass index, blood pressure, blood sugar, cholesterol and depression. Your doctor uses this form to record your score for each of these measures and then submits it to us electronically.

What do the ABC scores mean on the qualification form?

Your primary care provider scores you on the six health measures listed on the qualification form — tobacco use, body mass index, blood pressure, blood sugar, cholesterol and depression. The plan's ABC scoring system rates you on how well you meet each health measure:

- An "A" score means you've met your requirement. You'll receive the enhanced benefits.
- A "B" means you didn't meet the recommended target, but you've agreed to take the right steps to improve the health measure. You'll receive the enhanced benefit if you complete the next steps of enrolling and participating in a BCN-sponsored program.
- A "C" means you didn't meet the recommended target, and you didn't commit to your doctor's treatment plan or enroll in a BCN program for weight or tobacco. You'll receive the standard level of benefits, which means higher out-of-pocket costs.

Watch a video at bcbsm.com/hbl for more information about the qualification form.

My qualification form shows I received all "A" scores on the qualification form. What does that mean?

You don't need to complete a qualification form and health assessment every year if you scored all As on your most recent qualification form. If you're younger than 40, you'll need to submit a qualification form every three years. If your age is 40 or older, you submit one every two years.

I met with my doctor. What's happened with my qualification form?

Your doctor's office might not submit your qualification form right after your appointment. Log in to your online member account to check your to-do list a week after your appointment to confirm it's been submitted. If not, call your doctor's office to remind them you're a Blue Care Network member with the Healthy *Blue* Living plan, and that they need to submit the electronic form to us online before your deadline.



What steps do I need to take for lower out-of-pocket costs if my BMI is higher than 30?

If your qualification forms shows you have a body mass index of 30 or more, you're required to sign up for one of our weight management programs within the **first 120 days** of your plan year. To receive enhanced benefits, participate in the program for the remainder of your plan year or until your doctor submits a new qualification form that shows you have a BMI below 30.

We have two weight management programs you can choose from – the Steps walking program and WW (formerly known as WeightWatchers). Visit bcbsm.com/hbl for video instructions on how to enroll in either program.

If I currently use tobacco, what do I need to do to get lower out-of-pocket costs?

Sign up for our telephone-based Tobacco Coaching program **within the first 120 days** of your plan year. Schedule your first session and set a quit date. You'll need to participate in five coaching calls within a 12-week period. See your primary care provider for another cotinine test if you quit tobacco after the five coaching calls.

For easy enrollment instructions and more information, watch a brief video at bcbsm.com/hbl.

How do I know that I met my plan requirements?

Keep checking your to-do list within your online member account. Your progress in completing your to-dos is automatically updated in your account. Note: It could take up to two weeks for updates to appear in your account.

I'm new to the Healthy *Blue* Living plan. Do I start my plan year with enhanced benefits?

Yes. As a new member, you're automatically enrolled with enhanced benefits to start the plan year. You'll remain there unless you don't meet the requirements for enhanced benefits.

I had standard benefits last year. Do I start my new plan year with enhanced benefits?

As a renewing member, you'll start the new plan year with the same benefits you had at the end of the last plan year.

- **If you had standard benefits:** You'll continue to receive standard benefits until you meet the requirements for enhanced benefits.
- **If you had enhanced benefits:** You'll continue to receive them unless you don't meet the requirements for maintaining enhanced benefits.

Can I move from standard benefits to enhanced benefits?

Yes. You can move back to enhanced benefits once you meet the A or B scoring requirements for any health measure on which you previously scored a C. This assumes that you've completed everything else on your to-do list.

Where can I learn more about my Healthy *Blue* Living plan?

Visit bcbsm.com/hbl for videos and details about your plan's requirements. Also refer to your online *Member Handbook* using your account and the guides that we mailed to you.

Blue Care Network is committed to helping members achieve their best health status. Rewards for participating in our wellness program, Healthy *Blue* Living, are available to all contract holders who meet all qualification requirements. If any contract holders think they might be unable to meet a standard or requirement for a reward under this wellness program, they might qualify for an opportunity to earn the same reward by different means. They can work with their BCN primary care physician to find an alternative that's right for them in light of their health status.