



Welcome to this overview of changes to the individual plan sales process that are required to ensure accreditation compliance.

Because of Health Care Reform, BCBSM must attain NCQA accreditation status.

Accreditation requires the BCBSM internal and external sales force to tell and provide certain information to BCBSM customers.

Overview

NCQA requires that:

- Prior to enrollment, members must receive an accurate description of the organization's benefits and operating procedures
- Communications (materials, presentations) with members prior to enrollment must thoroughly and accurately represent health plan benefits and the processes and procedures of the organization



Health plans are required to be accredited in order to participate in the Health Insurance Marketplace, also known as state health insurance Exchanges.

In order for BCBSM to achieve accreditation with the National Committee for Quality Assurance (NCQA), members must receive certain required information prior to enrollment.

NCQA Requirements for Marketing Information

Prior to enrollment the internal and external sales force must inform potential members about:

- Covered and noncovered benefits
- Potential network, service or benefit restrictions
- Practitioner and provider availability
- A summary of key UM (Utilization Management) procedures
- Pharmaceutical management procedures
- Policies and practices regarding collection, use and disclosure of PHI



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Listed here is the information that the internal and external sales force must present to potential members.

The NCQA requirements on this slide are a “checklist” of required information to be given to members prior to enrollment.

Health plan benefit information is listed on the Summary of Benefits and Coverage (SBC) document, and a one-page flier outlines and describes how to find the remaining required information on the BCBSM public website.

Health Plan Benefits Information



Sample Plan XYZ

Coverage Period: Beginning on or after 01/01/2013

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

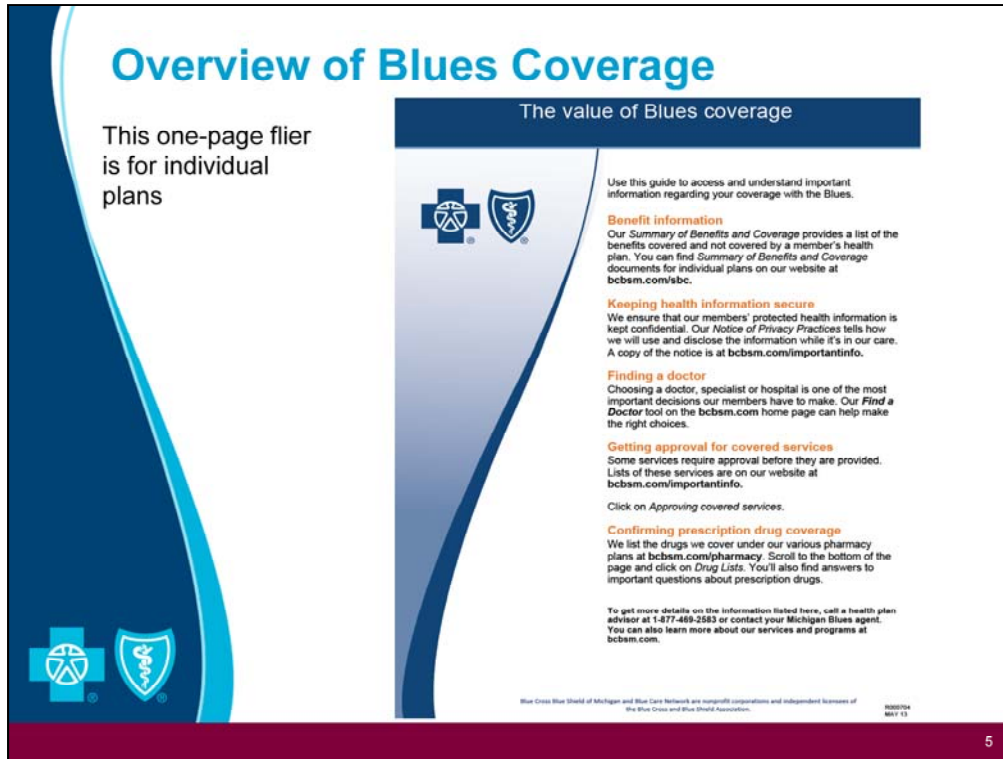
Coverage for: Individual / Family | Plan Type: PPO

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.bcbjm.com/member or by calling 1-888-288-2738.

Important Questions	Answers		Why this Matters:
	In-Network	Out-of-Network	
What is the overall deductible?	Inpatient services- \$1,500 Individual / \$3,000 Family; Outpatient services - \$5,000 Individual / \$10,000 Family. Does not apply to preventive care.	Inpatient services- \$3,000 Individual / \$6,000 Family; Outpatient services- \$10,000 Individual / \$20,000 Family. Does not apply to preventive care.	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1 st). See the Common Medical Event chart starting on page 2 for how much you pay for covered services after you meet the deductible .
Are there other deductibles for specific services?	Yes, Prescription drugs - \$1,000 Individual / \$2,000 Family	No, Prescription drugs - Not covered	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
Is there an <u>out-of-pocket</u> limit on my expenses?	Yes, \$5,000 Individual / \$10,000 Family	Yes, \$10,000 Individual / \$20,000 Family	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket</u> limit?	Co-payments, premiums, balance-billed charges, and health care this plan doesn't cover.		Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Is there an overall annual limit on what the plan pays?	No		The Common Medical Event chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.
Does this plan use a network of providers?	Yes. For a list of in-network providers, see www.bcbjm.com or call 1-888-288-2738.		If you use an in-network doctor or other health care provider , this plan will pay some of all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out of network provider for some services. Plans use the term in-network, preferred or participating for providers in their network . See the Common Medical Events chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a specialist?	No		You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes		Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information, about excluded .

Questions: Call 1-888-288-2738 or visit us at www.bcbjm.com. If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.dol.gov/ebsa/pdf/SBCUinfomGlossary.pdf> or call 1-888-288-2738 to request a copy.

Covered and noncovered benefits, and potential network, service or benefit restrictions are listed on the Summary of Benefits and Coverage (SBC) document.



A one-page flier directs potential members to the BCBSM public website and describes how to find the information required by NCQA.

There are separate fliers for individual and group plans. The image above shows the flier for individual plans.

This *Overview of Blues Coverage* flier for individual plans is posted in two locations on the website:

1. In the public Agent Help section of the website at [bcbsm.com/agents](https://www.bcbsm.com/agents) under Help, Plan Documents and Forms
2. In Agent Secured Services under Client Resources, Client Forms, Individual Health Plan Forms

Agent Sales Process - Individual Plans

- Tell potential members:
 - The *Summary of Benefits and Coverage* document provides details on covered and noncovered benefits, and potential network, service or benefit restrictions
 - They can find provider availability on the **bcbsm.com** home page by clicking on ***Find a Doctor***
 - They should visit our public website at **bcbsm.com/importantinfo** to view other essential information they should know about Blues coverage
 - How to get the *Summary of Benefits and Coverage* document(s) for the plan(s) they are interested in
 - How to get a copy of the *Overview of Blues Coverage* flier if they request a summary of important information regarding coverage with the Blues



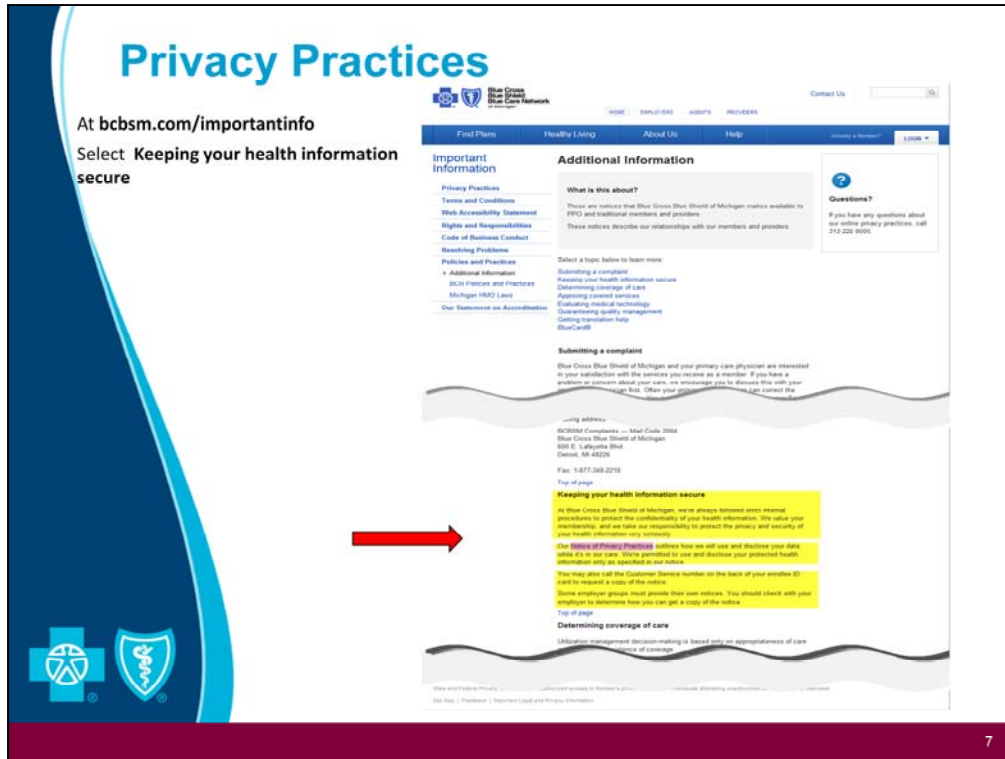
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The sales force must provide the information listed above to all members prior to enrollment.

There are separate fliers for Individual and Group plans.

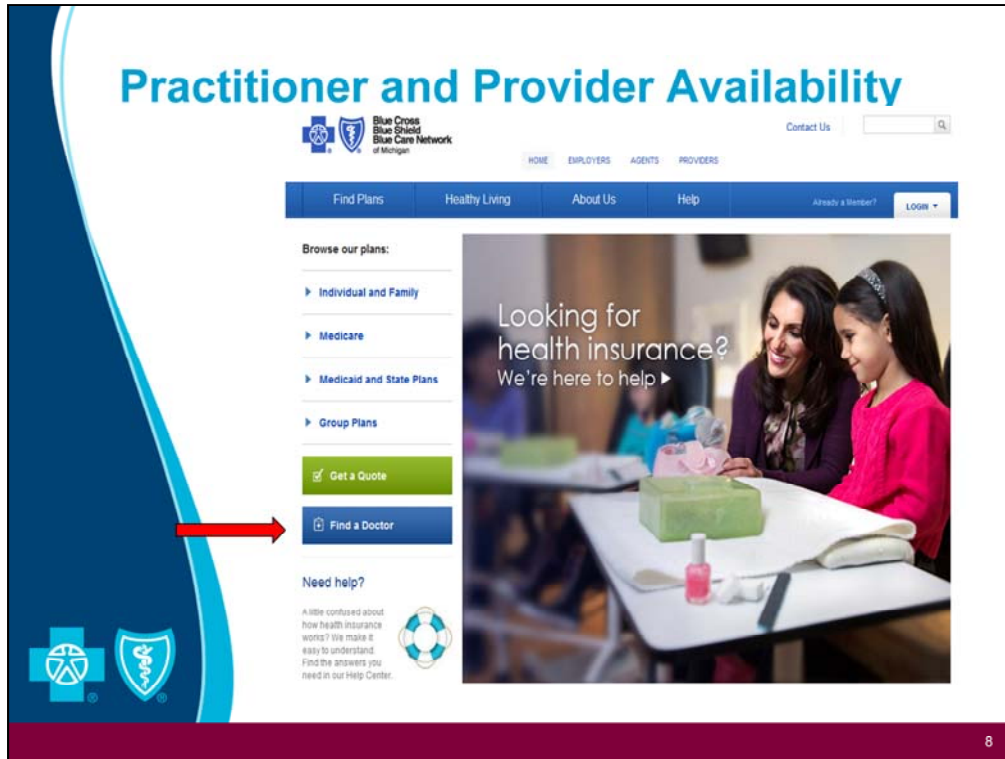
The *Overview of Blues Coverage* flier for individual plans is in PDF format and can be easily emailed or printed as needed; it is available on the website in two locations:

1. In the public Agent Help section of the website at **bcbsm.com/agents** under Help, Plan Documents and Forms
2. In Agent Secured Services under Client Resources, Client Forms, Individual Health Plan Forms



Policies and practices regarding collection, use and disclosure of PHI are described in *our Notice of Privacy Practices* available on our public website.

At bcbsm.com/importantinfo select **Keeping your health information secure**. This image shows the link to a PDF version of our *Notice of Privacy Practices*.



Practitioner and provider availability can be found by selecting the **Find a Doctor** option on the **bcbsm.com** home page.



Utilization management procedures are those services that require approval before they are provided by a doctor or other health professional. Lists of the services that require approval in advance are available on our public website.

At bcbsm.com/importantinfo select **Approving covered services** and the page shown above is displayed.

Pharmaceutical Management Procedures

At bcbsm.com/importantinfo

Select Drug lists and pharmacy information

Blue Cross Blue Shield of Michigan

Home | Family/Overseas | Agents | Resources

Find Plans | Healthy Living | About Us | Help | Already a Member? | LOGIN

Popular Help Topics

- Contact Us
- Locate Us
- FAQs
- Plan Documents and Forms
- Calculators and Tools
- Glossary

Browse by Topic

- How Health Insurance Works
- Buying Health Insurance
- Understanding My Benefits
- Getting Care
- Managing My Account
- Claims
- Health Care Reform
- Other Topics

Browse by Plan Type:

- PPO
- HMO / Blue Care Network
- Medicare
- Medicaid
- Group Plans
- Pharmacy
- Health Spending Accounts

Other Help

Not finding what you need in this section for members and insurance shoppers? Check out our other help sections below.

Help » Plan Documents and Forms » Pharmacy

Drug Lists

Who is this for?

- Blue Cross Blue Shield of Michigan / PPO
- Blue Care Network / HMO

Medicare member?

Blue Cross Complete (Medicaid) member?

Related Items

- Mail Order Drug Forms
- How do I know if my plan covers my prescription drug?
- Why do I need prior authorization for a prescription drug?
- How can I understand my Blue Care Network drug benefits?
- How to save money on prescription drugs

Contact Us

Need help finding the right phone number?

- Looking for insurance
- PPO members
- HMO / Blue Care Network members
- Medicare members

View all contacts

Find Plans

Shows coverage for you or your family

Popular Topics

- How do deductibles, coinsurance and copays work?
- Coordination of Benefits Form
- Autism Coverage FAQ
- Health assessment FAQ
- What is an HSA?
- What does health care reform mean for me?

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The drug lists on the public website provide the required pharmaceutical management procedures information.

At bcbsm.com/importantinfo select **Drug lists and pharmacy information** and the page shown above is displayed. This web page contains broad information about our pharmacy programs and access to the drug formularies.