



**Blue Care
Network
of Michigan**



healthybluelivingSM
rewards

The plan that rewards healthy choices

Member Guide

Welcome to

Healthy *Blue* Living RewardsSM

Enrolling in **Healthy Blue Living Rewards** can help you keep a promise to yourself to work toward or keep a healthy lifestyle. The “rewards” in our plan’s name are real. By achieving six wellness outcomes, you lower your out-of-pocket health costs.

The health targets we set directly affect your well-being. What you eat, if you use tobacco and whether you exercise are everyday health choices that influence your risk of developing a chronic or disabling disease. Lifestyle diseases such as heart disease, diabetes and stroke are among the leading causes of death in the United States.*

We’ll help you along your journey to make positive changes to get healthier and stay healthy. **Healthy Blue Living Rewards** has tools and resources to help you set and achieve your personal health goals. Our wellness resources are part of a comprehensive benefit package that covers everything from preventive care to specialist visits.

Along with your primary care physician, we’re your health care partner. Thank you for giving us the opportunity to help you make healthy living your reality.




*Source: Centers for Disease Control and Prevention *FastStats: Leading Causes of Death*

Healthy outcomes reap financial rewards

Healthy *Blue* Living Rewards has three levels of benefits. Higher achievements lower your copayments and deductible.

Benefit level	Copays and deductible
Enhanced Awarded to those who achieve the plan's requirements during renewal or at enrollment. You save money when you live healthier.	Lowest
Intermediate Awarded to people who may have a certain health condition but are committed to working toward becoming healthier.	Average
Standard Given to those who choose not to meet the plan requirements or participate in physician prescribed treatment to improve their health.	Highest



Healthiest grades mean enhanced benefits

When you re-enroll in Healthy *Blue* Living Rewards, you start the new plan year where you ended: the enhanced, intermediate or standard benefit level. From day one, you have 90 days to reset your level for the rest of the new plan year.

Meeting the *enhanced or intermediate* benefit requirements

90
days

How do I meet the requirements for enhanced or intermediate benefits?

1. Visit your Blue Care Network primary care physician.

Your doctor must electronically submit your *BCN Qualification Form* to us. We no longer accept paper copies from doctors or members. The form we receive must be less than 180 days old.

Make your appointment promptly and encourage your doctor to submit the form on time. This will help you receive the highest benefit level for which you qualify. You can check whether we have received the completed form from your primary care physician in Member Secured Services at **MiBCN.com**.

2. Your qualification form lists six health measurement targets.

Tobacco

Weight

Blood pressure

Cholesterol

Blood sugar

Depression

Enhanced benefits

Score a B or A on depression and all A's on the other five health measures.

If you and your covered spouse don't use tobacco, have a body mass index lower than 30 and meet all the health measure targets, you're on your way to earning **enhanced** benefits.

Intermediate benefits

Score A's and B's on the six health measures. However, if you score a B for depression and A's in all five other health measures, you earn **enhanced** benefits.

If you or your covered spouse have a health condition that might not be controlled, but you are actively participating to improve the condition, you're on your way to earning **intermediate** benefits. Depending on your scores, you also may have tobacco use and weight requirements to meet in 120 days.

3. Complete an online health assessment at **MiBCN.com**. If you don't have Internet access, ask for a paper copy at 1-800-873-0509.

Now you're ready to claim your reward of lower copays and deductible for choosing to live healthy.

You and your covered spouse both need to meet all the requirements for enhanced or intermediate benefits. If one of you doesn't meet the enhanced or intermediate benefit requirements, you're still covered, but everyone on your contract moves to the **standard** benefit level.

120
days

Depending on the results of your *BCN Qualification Form*, you may also need to meet two more requirements within **120 days** of enrollment or renewal to receive intermediate benefits:

- **Tobacco use:** If you use tobacco, enroll and actively participate in our free tobacco-cessation program until you quit using tobacco.
- **Weight management:** If your body mass index is 30 or more, select and actively participate in a free, BCN-sponsored weight-management program until your BMI falls below 30. Your options are:

Weight Watchers®

or

Walkingspree, a USB pedometer-based walking program

BCN covers the cost of either weight-management program.

Note: If you're not a tobacco user and have a BMI lower than 30, you don't need to participate in a tobacco-cessation or weight-management program to qualify for enhanced benefits.

You can do a lot in

120 days

To keep enhanced or intermediate benefits, you and your covered spouse must meet the specified requirements by the deadlines listed. If you don't meet the requirements:

- Everyone on your health care contract moves to the standard benefit level.
- You will have standard benefits for the rest of the plan year.



Ready, set, go!

Your qualification timeframes

- Whether your benefit level is enhanced, intermediate or standard at the start of the plan year, it stays at that level for the first 90 days.
 - If you and your covered spouse have enhanced benefits or intermediate benefits, complete the necessary requirements to keep them. If you don't, everyone on your contract will move to standard benefits on the 91st day of your plan year.
 - If you have standard or intermediate benefits and you and your covered spouse meet the requirements, you and everyone on your contract will move to enhanced benefits on the 91st day of your plan year.
- You don't have to wait until the start of your plan year to meet the requirements. Start now! However, the qualification form we receive must be less than 180 days old.
- In the first 90 days of your plan year, you and your covered spouse must complete an online health assessment at MiBCN.com.

NEW!

- **All A's may change two rules for you**

We're relaxing what's required of 18- to 39-year-olds. If you're under 40 and score all A's on the qualification form, you'll need to visit your primary care physician, or PCP, every three years. Your online health assessment requirement also changes from annually to every three years.

For members age 40 or older scoring all A's, we require a PCP visit and online health assessment every two years.

At all times, your PCP is your partner in maintaining your good health. In addition to preventive services, PCP care includes treatment for illness and injury, plus referral to specialty care, lab tests and hospitalization.





Lower your health costs by *achieving* outcomes, meeting requirements

Earning enhanced or intermediate benefits

- Both you and your covered spouse must meet the requirements for enhanced benefits, or everyone on your contract will move to intermediate or standard benefits. Requirements are to earn all A's on the health measures. Or, score a B for depression and A's in all five other health measures.
- If you or your covered spouse is covered by two medical plans, you still need to meet the requirements for enhanced benefits.
- Children and adult dependents other than your spouse on your Healthy *Blue* Living Rewards contract don't need to meet the requirements. We assign them to enhanced, intermediate or standard benefits based on your benefit level.
- Members whose primary coverage is Medicare don't need to meet the requirements since they cannot receive benefits under Healthy *Blue* Living Rewards. Check with your employer for your plan options.
- A new spouse added to your contract after the start of the plan year will receive your benefit level. You and your spouse will need to meet the requirements for enhanced or intermediate benefits in the first 90 days of the next plan year.

Measuring up

with the *BCN Qualification Form*

The *BCN Qualification Form* helps you and your doctor get a snapshot of your health related to six high-impact health measures individuals can manage. It allows you to work with your doctor to develop a treatment plan and set obtainable goals to improve your health.

A qualification form is included in your member renewal kit. Or you can download and print the form by visiting **MiBCN.com**.

Ask your doctor to electronically submit the form to us by the deadline. The form we receive must be less than 180 days old. We recommend you confirm that we've received it on time. Check by visiting Member Secured Services on **MiBCN.com**. Or, call the customer service number on the back of your ID card.

Health measure	Wellness target	If you don't meet the wellness target for enhanced benefits, here's how you can work to qualify for intermediate benefits
Tobacco	Does not use (confirmed by primary care physician through blood or urine cotinine testing)	Enroll in our tobacco-cessation program and actively participate until you complete the program and quit using tobacco.
Weight	Body mass index below 30	Participate in Weight Watchers or Walkingspree program until BMI falls below 30.
Blood pressure	Below 140/90	Commit to and follow doctor's treatment plan.
Cholesterol	LDL below target (based on risk factors: <100, <130 or <160)	Commit to and follow doctor's treatment plan.
Blood sugar	At or below target (fasting blood sugar or A1C)	Commit to and follow doctor's treatment plan.
Depression	Any depression is in full remission	Commit to and follow doctor's treatment plan.

Even if you use tobacco or have a health condition such as diabetes, you can qualify for intermediate benefits by following your doctor's treatment plans, participating in required BCN-sponsored programs and meeting the follow-up requirements.

The health measures are chosen because they have a huge impact on health and the likelihood that an individual will develop a chronic or disabling condition. By focusing on wellness and prevention, Healthy *Blue* Living Rewards inspires you to make healthy choices and gives you the knowledge, skills and support to achieve your health goals.

Notes: Children and adult dependents other than your spouse on your Healthy *Blue* Living Rewards contract do not need to meet the healthy requirements. They will be assigned your level of benefits.

Only active employees and retirees under age 65 are eligible for Healthy *Blue* Living Rewards. If you or your spouse is eligible for or is currently enrolled in a Medicare plan then you or your spouse does not have to meet the Healthy *Blue* Living Rewards plan requirements.

The ABC's of your health

Each health measure on the *BCN Qualification Form* tracks your status using an easy-to-understand A, B, C grading system. You will be moved to the appropriate benefit level on the 91st day of the plan year, based on completing the necessary requirements.

Status:

A	=	You are meeting the wellness target.
B	=	You have a health condition that might not be controlled, but you are actively participating in treatment to improve the condition.
C	=	You are not meeting the wellness target, and you have not committed to treatment to improve your condition.

If you and your covered spouse score a B in depression and A's in all five other health measures, the entire contract will receive enhanced benefits. Everyone on your contract will earn intermediate benefits if you and your covered spouse score A's and B's on the six measures. Scoring a C on any one of the six health measures moves your entire contract to the standard benefit level for the rest of your plan year.




BCN encourages members to consult with their doctors before starting any regular exercise or weight-management program. Members should also consult with their doctors if they have concerns that the programs or behaviors recommended by BCN or their primary care physicians are unreasonably difficult due to a medical condition or are medically inadvisable. A BCN primary care physician will work with the member to develop the most medically appropriate treatment plan to improve the member's health status.

Working toward *wellness*

Achieving a healthy lifestyle can be challenging. That's why BCN is your health partner and provides a number of valuable resources to help you earn enhanced or intermediate benefits and reach your wellness goals.

Weight management*

- If your body mass index is 30 or more, you'll need to participate in a BCN-sponsored weight-management program. You'll need to actively participate through the end of your plan year or until we have an updated qualification form from your doctor showing your BMI is below 30. You will remain at the intermediate level of benefits for the rest of your plan year.
- You may choose from either of two programs: Weight Watchers or Walkingspree, a USB pedometer-based walking program. BCN will cover the cost of either program (not both), although some restrictions do apply.
- Pick only one program and start participating within one week of registering for it.
-  • If you already are participating in a Healthy *Blue* Living weight management program and your BMI is still 30 or more, you can continue in Weight Watchers or Walkingspree without re-selecting it. To switch programs, call the customer service number on the back of your ID card.
- If your BMI drops below 30 during the year, congratulations. We will continue to pay for your voluntary participation in your program until the end of your plan year to help you maintain your positive results.
- Once your BMI is below 30, ask your doctor to complete and electronically submit an updated *BCN Qualification Form* to show you have met the requirement. When we receive the updated form, you'll no longer need to participate in Weight Watchers or Walkingspree.
- If your BMI is 30 or more and you choose not to participate in either weight-management option, you and everyone else on your contract will move to the standard benefit level.
- Additional details about each weight-management option are at [MiBCN.com/hbl/weight](https://www.MiBCN.com/hbl/weight) or in the **Q&A** in this guide.

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Tobacco use

- Tobacco use is determined by cotinine testing. It confirms the presence of nicotine via a blood or urine test ordered by your primary care physician. Cotinine testing is required for all members in the first year of enrollment. Those who test positive for nicotine are tested every year.
- If you or your covered spouse use tobacco, you're required to enroll and actively participate in our free tobacco-cessation program until you quit using tobacco to earn intermediate benefits. If you use tobacco and choose not to participate in the tobacco-cessation program, you and everyone on your contract will be moved to the standard benefit level.
- To confirm that you've quit using tobacco, your PCP must complete and electronically submit to us your updated *BCN Qualification Form*. The form we receive must be less than 180 days old. After we receive the updated form, you'll no longer need to participate in the tobacco-cessation program. You will remain at the intermediate level of benefits for the rest of your plan year.

Depression

- Depression is the No. 1 cause of disability worldwide. People with depression are more likely to develop cardiovascular disease and diabetes.
- Screening for depression is easily completed during your visit to your physician's office by simply answering a few questions. For referral to behavioral health services 24 hours a day, seven days a week, go online to **MiBCN.com** or call the customer service number on the back of your ID card.
- If you or your covered spouse scores a B on the depression measure plus A's on all five other measures, everyone on your contract earns **enhanced** benefits. If you or your covered spouse scores a B on depression plus A's and B's on the other five measures, everyone on your contract earns **intermediate** benefits. If you or your covered spouse scores a C on depression or any other health measure, everyone on your contract earns **standard** benefits.

Your online health assessment

The secure, online health assessment at **MiBCN.com** helps you understand what steps you can take to improve or maintain your health, based on the answers you provide. After completing the health assessment, you'll get:

- A lifestyle score summarizing your health behaviors
- Tailored plans to help meet your health goals
- Access to online coaching to support you while you make lifestyle changes

If you don't have Internet access, call **1-800-873-0509** to ask for a paper copy of the health assessment. To help you earn enhanced or intermediate benefits, complete the health assessment within 90 days of the start of your plan year.

You may repeat the health assessment, but no more often than every 205 days.



If your body mass index is 30 or more, we have a program to help you

Weight Watchers

- Requires you to attend 11 out of 13 weekly meetings per session.
- Participation does not require Internet access. By phone or on the Web, BCN will give you the Weight Watchers phone number. You'll need the ZIP code of the location you prefer. It's up to you whether to attend near home or work. Contact Weight Watchers for meeting locations.

OR

Walkingspree

- You'll need to achieve an average of 5,000 daily steps per three-month period.
- You will receive a battery-operated, state-of-the-art pedometer that you'll need to plug into a personal computer and upload your steps to your personalized Walkingspree website at least once every week.

NOTE: Walkingspree is Internet-based. It requires Internet access and a personal email address to use this weight-management option.

Details: MiBCN.com/hbl/weight

General weight-management program Q&A*

Instead of waiting to see it on my qualification form, how can I find out my body mass index now?

Calculate your BMI by using our online tool at MiBCN.com/bmi.

How long do I have to choose a weight-management program option?

You must register for either Weight Watchers or the Walkingspree pedometer-based walking program within 120 days of the start of the plan year and start participating in your selected program within one week of registration. But the sooner you sign up, the sooner you can start working toward a healthier lifestyle. When you sign up, you will receive your unique Healthy *Blue* Living code you'll need to enroll.

How do I enroll?

Detailed steps are in our *Healthy Blue Living products Weight-Management Program Q&A* booklet. You'll automatically receive that booklet by mail if your *BCN Qualification Form* shows your BMI is 30 or more. The booklet is online at MiBCN.com/hbl/weight. If you have any problem enrolling, call the customer service number on the back of your ID card.

What happens if I lose or forget my Healthy Blue Living code?

You may access your Healthy *Blue* Living code via Member Secured Services at MiBCN.com in the Healthy *Blue* Living status section or by calling the customer service number on the back of your ID card.

What if I accidentally select the wrong option online?

Please contact BCN's Customer Service Department within 48 hours so we can modify your enrollment to the correct weight-management option to ensure you don't lose the opportunity to qualify for intermediate benefits.

How often am I evaluated, and what do I have to do to meet the weight-management requirements for intermediate benefits?

You're evaluated quarterly. To earn intermediate benefits, you'll need to attend 11 out of 13 weekly meetings per session if you choose the Weight Watchers option, or walk an average of 5,000 daily steps per three-month period if you choose to participate in the Walkingspree program.

What type of computer do I need to use Walkingspree?

The Walkingspree Data Uploader software that you download from the Walkingspree website helps track and report your steps. It's compatible with many operating systems.

The software is not compatible with Windows ME®, Windows 98® or older Windows systems. Apple Macintosh computers running Mac OS X Tiger® (version 10.4) or below are also not compatible with the Walkingspree application.

How much do I have to pay to participate in one of the weight-management options?

If your BMI is 30 or greater, BCN will cover the cost of Weight Watchers or Walkingspree for your plan year as long as you actively participate, although some restrictions do apply.

If I participate and my BMI falls below 30, can I still participate in a weight-management option?

Yes. BCN will continue to pay for the program until the end of your plan year to help you maintain your positive results.

If I don't have a BMI of 30 or more, can I still participate in Weight Watchers or Walkingspree?

Yes. We encourage our members to be healthy, and you can participate in either program at the member discount rate. For discount details visit healthybluextras.com.

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Wellness resources

to help you *succeed*

We help make healthy lifestyles a reality with 24/7 support and a variety of tools and services just a phone call or a few clicks away.

Healthy activities and programs

BlueHealthConnection® is BCN's umbrella of programs for members living with a chronic illness. It's designed to help them stay healthy, get better or improve their quality of life.



Valuable online resources

Instantly view your account, benefit and claims information at **MiBCN.com**. You can also find and compare the cost and quality of doctors, hospitals and drug treatment options, based on criteria that matter to you.

Health coaches

Certified health coaches provide telephone support and can consult with you to develop your personal health plan.

Savings on healthy products and services

Members get Healthy Blue XtrasSM savings on healthy products and services from groceries to fitness gear and travel, all from companies across the great state of Michigan.

Informative publications

Members receive a special issue of our award-winning *Good Health* magazine twice a year. It's loaded with health tips, wellness ideas and lifestyle advice.

Outstanding customer service

Our dedicated customer service representatives are trained to answer your health care questions and are just a toll-free phone call away.

Deadlines

90 days from the start of your coverage — to help you earn enhanced or intermediate benefits:

- Visit your Blue Care Network primary care physician. If you haven't selected one, go to **MiBCN.com/find** or call the customer service number on the back of your ID card.
- Ask your PCP to complete and electronically submit your *BCN Qualification Form*. Making your appointment promptly and encouraging your doctor to submit the form on time will help you receive the highest benefit level for which you qualify.
- Check that we've received your form by visiting Member Secured Services at **MiBCN.com**. Or, call the customer service number on the back of your ID card.
- Complete your health assessment at **MiBCN.com**.

120 days from the start of your coverage — to earn intermediate benefits you may have extra steps:

- If you use tobacco, enroll and actively participate in our tobacco-cessation program.
- If your BMI is 30 or more, select and actively participate in our weight-management program.

Checklist

Check off the steps you've taken to qualify for enhanced or intermediate benefits. By meeting all requirements, you'll be rewarded with lower copays and deductible.

For more information, visit **MiBCN.com/hblr** or call the customer service number on the back of your ID card.

As your partner in health care, we're
here to support you every step of the way.



A nonprofit corporation and independent licensee
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