

## If You Like It You Can Keep It (LIKI) Discontinuation

### Producer Communication #749

March 2, 2016

#### Message

On Wednesday, March 5, 2014, the U.S. Health and Human Services (HHS) department announced that its November 2013 transitional guidance was extended for up to two years. This extension allowed insurers – with concurrence from their state insurance commissioner – to offer small groups (50 or fewer employees) the option to renew their non- PPACA health plans beyond 2013. This guidance allowed small groups to renew their non-PPACA coverage through plan years beginning on or before October 1, 2016 as the carrier decided on an annual basis.

#### Details

Capital BlueCross originally elected to offer small groups with renewal dates beginning in June 2014 the transitional relief policy, otherwise known as “If You Like It You Can Keep It (LIKI),” but give them the option to switch to PPACA-compliant plans.

After re-evaluating the impacts, we decided to change our approach to further promote our PPACA-compliant plans. Therefore, beginning with October 1, 2015 renewals LIKI groups were auto-enrolled into PPACA products, but, if requested, the groups had the option to stay with their LIKI product.

To continue the conversion to PPACA-compliant plans, beginning June 1, 2016, we will be discontinuing our LIKI product portfolio and no longer offer Small Groups the option to renew in a LIKI plan.

#### Advantages

By changing our approach, we can offer the following advantages:

- PPACA plans provide additional benefits and coverage such as:
  - Medical and Rx Copays, Deductible, and Coinsurance accumulate towards the MOOP
  - Pediatric Vision/ Pediatric Dental
  - Habilitative Services
  - No dollar limits on DME, prosthetics, and orthotics
- PPACA plans provide individual employee and dependent pricing detail, which allows employers to establish various scenarios of employee cost share
- PPACA plans are consistent in the market
- Numerous plan options available
- Telehealth

#### Communications

After changing our approach in October, we received feedback that groups and members didn't understand what they were renewing into and how their new PPACA plan design differed from their old plan.

Launching the first week of March, we will begin sending to all current LIKI groups either an email blast (for those groups that have an email address on file) or a hardcopy packet (for those groups that don't have an email address on file or that have unsubscribed from our email list) explaining the change. The communication will be sent in-line with their renewal document release which is approximately 75-90 days prior to their effective date.

# Producer Bulletin



Their renewal document (*Attachment A*) will be a modified version of the Small Group PPACA document with a large text box on the front of the document stating they are being renewed into a PPACA plan as their transitional relief policy is no longer available. The renewal document will also outline high-level changes the group will need to know when moving to a PPACA plan such as Health Reimbursement Arrangement (HRA) pre-defined funding requirements, rating invoice changes, and Age Band Rate Sheet (ABRS) explanation.

The email or hardcopy packet will include the following:

- Email or Letter (*Attachment B and C*)
- Talking Points for Members (*Attachment D*)
- Rx Preventive List (*Attachment E*)

The email will ask the recipient not to reply to the email, but rather contact their Capital BlueCross account executive, producer, or general agent for any group-specific questions. If the recipient does reply to the email, it will be automatically forwarded to a Small Group Account Executive.

**Please note: Dental and/or Vision ONLY groups will not receive a communication mailing, but they will still receive the renewal document.**

## **Senior**

If a LIKI group wants to add Senior off anniversary, the producer will need to request a quote through the group's account executive.

## **Attachments**

- [Attachment A](#) – LIKI Discontinuation Renewal Document
- [Attachment B](#) – LIKI Discontinuation Email sent to employers
- [Attachment C](#) – LIKI Discontinuation Letter sent to employers
- [Attachment D](#) – LIKI Discontinuation Talking Points for employees
- [Attachment E](#) – Rx Preventive Coverage List

## **Questions**

Contact your Preferred Agency with any questions. Thank you.

Month Day, YYYY ID: xxxxxx

Policy Maker Name

Account Name

Primary Address 1

Primary Address 2

Primary Address 3

City State ZIP

ENCLOSED WITH THIS PACKET IS YOUR NEW RENEWAL FOR 2016. THIS RENEWAL REFLECTS BENEFITS THAT COMPLY WITH THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA) AS YOUR TRANSITIONAL RELIEF PRODUCT IS NO LONGER AVAILABLE.





Month Day, YYYY ID: xxxxxxx

Policy Maker Name  
Account Name  
Primary Address 1  
Primary Address 2  
Primary Address 3  
City State ZIP

## More Than Just Health Insurance

Thank you for being a valued Capital BlueCross customer. As your health and wellness partner, we appreciate the opportunity to provide your employees with health coverage and so much more to help them live healthy.

By renewing with Capital BlueCross, your employees will continue to be protected by a card that is accepted by most doctors and hospitals and by a plan that offers so much more than just health insurance.

As you know, the Patient Protection and Affordable Care Act (PPACA) has brought extensive changes to the health care industry. To simplify our product offerings and provide you with the most competitive rates possible, Capital BlueCross has modified all of our small group plan offerings to meet PPACA requirements effective June 1, 2016.

Capital BlueCross is here to help you understand PPACA's impact on you and your employees and what it means to switch to a PPACA-compliant plan. To make this move simple for you and your covered employees, the following pages detail the PPACA-compliant plan that most closely matches your current plan offering. In addition to the same great coverage you expect from Capital BlueCross, our PPACA-compliant plans feature:

- No dollar limits on durable medical equipment (DME), prosthetics, and orthotics
- Waived deductibles for certain diabetic services (except for HSA accounts)
- HRA plans include pre-defined funding options for employers
- Embedded pediatric dental & vision

As Capital BlueCross customers, you and your employees have access to more than just health insurance with innovative products, services, and tools designed to help you maximize your health plans and live healthy including:

- Healthy Rewards that empower members to earn a total of \$50 in gift cards by completing a personal profile and participating in an online coaching program
- Telehealth services that enable members to see a doctor by live video, offering a convenient alternative to traditional doctor visits
- Tools and resources designed to help you and your employees stay connected, save time and money
- Programs designed to help you and your employees live healthy and manage complex or chronic health conditions

We offer a variety of plan options designed to suit your health care needs and budget.

Thank you again for choosing Capital BlueCross. We value our relationship and look forward to our continued role in providing you the best value in health care, a broad choice of benefit plans, an extensive provider network, and excellent service in the coming year.

Questions about coverage options? Please contact  
**<rep\_name>**  
Phone: **<rep\_number>**  
Fax: **<rep\_fax>**  
E-mail: **<rep\_email>**

Sincerely,

Robert Grochalski  
Senior Director, Commercial Group Sales

Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

## Three Easy Steps To Renew Your Coverage

<b>STEP 1: Review</b>	<ul style="list-style-type: none"> <li>Go to “Your New Coverage with Illustrative 5 Tier Monthly Rates” page</li> <li>Review your Age Band Rate Sheets</li> <li>Read the Important Information About Your Health Plan section of this document</li> </ul>
<b>STEP 2: Decide</b>	<ul style="list-style-type: none"> <li>Decide if you want to purchase the PPACA-compliant plan presented in this document or request more information about alternative PPACA-compliant plans</li> <li>Contact your Capital BlueCross account executive if you want to discuss other benefit options that may save you and your employees money</li> </ul>
<b>STEP 3: Act</b>	<ul style="list-style-type: none"> <li><b>If you choose to accept the renewal plan offering presented in this document, you do not have to do anything.</b> We will automatically renew your benefits into the PPACA-compliant plan option provided.</li> <li><b>Choose other coverage.</b> Contact your account executive or producer today so we can expedite the change for you.</li> </ul>

## Simple Solutions for Small Business

We want to help you reduce the amount of time needed for you to manage your health benefit programs for your employees. Our online Simple Solutions for Small Business tools will help you do just that. Register now to start using these tools today.

<p>Have the following information on hand to help you register:</p> <p><b>Group Number</b>  <b>Subgroup Number(s)</b>  <b>Invoice Number</b>  <b>Web Access Code</b></p>	<ul style="list-style-type: none"> <li>Go to <a href="http://capbluecross.com">capbluecross.com</a></li> <li>Click “register” (pop up block toward right on home page)</li> <li>Check “group administrator”</li> <li>Complete information as requested to activate your online account</li> </ul>
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To learn more about other tools and services available to you please go to [capbluecross.com/Employers](http://capbluecross.com/Employers)

## Need help with online access?

**Call 866.802.4781**

## Value-Based Programs

Value-based programs refer to a partnership with health care providers in which a portion of total provider reimbursement is based on efficiency (cost management) and improved outcomes (better quality).

Capital BlueCross offers value-based programs in our 21-county market, as well as national access through the BlueCross and BlueShield Association's national program.

### **Blue Distinction®**

Blue Distinction® is a national designation program that recognizes quality, cost-efficient specialty care facilities, as well as value-based patient-centered solutions.

### **Blue Distinction® Centers and Blue Distinction® Centers+**

The Blue Distinction® specialty care designation recognizes medical institutions that lead the way in delivering quality outcomes for your employees' specialty health care needs. Located throughout the United States, your employees will always have access to the highest quality of care through these centers of distinction.

### **Blue Distinction® Total Care**

Patient Centered Medical Homes (PCMH), Accountable Care Organizations (ACO) and similar programs that meet Blue primary care requirements for patient-centered, value based care are the programs that help create the framework of Blue Distinction® Total Care.

Blue Distinction® is trademark of the BlueCross Blue Shield Association.

## Health Care Reform

PPACA has brought extensive changes to the health care industry including some that may affect your health insurance benefits. Your account executive, producer, tax or legal advisor should be able to offer more information on how health care reform legislation may affect your business.

## Important Information About Your Health Plan

### Changes to Your Existing Plan Design

Capital BlueCross is renewing your group into a 2016 PPACA-compliant plan option that is most similar to your current plan. PPACA-compliant plans differ from your current plan design with a change to accumulation rules, additional benefits, and an alteration to the rating methodology for your current plan. This document outlines each one of those differences to make this transition into a PPACA-compliant plan simple.

In addition to the same great coverage you expect from Capital BlueCross, our PPACA-compliant plans feature:

- No dollar limits on durable medical equipment (DME), prosthetics, and orthotics
- Waived deductibles for certain diabetic services (except for HSA accounts)
- HRA plans include pre-defined funding options for employers
- Embedded pediatric dental & vision

As Capital BlueCross customers, you and your employees have access to more than just health insurance with innovative products, services, and tools designed to help you maximize your health plans and live healthy including:

- Healthy Rewards that empower members to earn a total of \$50 in gift cards by completing a personal profile and participating in an online coaching program
- Telehealth services that enable members to see a doctor by live video, offering a convenient alternative to traditional doctor visits
- Tools and resources designed to help you and your employees stay connected, save time and money
- Programs designed to help you and your employees live healthy and manage complex or chronic health conditions

For more information regarding the changes to your plan, refer to the highlight sheets located in this document or contact your account executive or producer.



### **Out of Pocket (OOP) Limits**

Every year PPACA establishes a maximum in-network Out of Pocket (OOP) limit for member cost share. Effective with the first renewal on or after January 1, 2016, the OOP maximum on a plan may not exceed the limit of \$6,850 for individuals and \$13,700 for families. The in-network OOP maximum consists of all member cost share including copays, coinsurance, and deductibles for medical, prescription drug, pediatric vision, and pediatric dental.

### **Pediatric Vision Coverage**

PPACA requires pediatric vision coverage for dependent children under age 19 be included in the medical coverage for all small group employers (50 or fewer employees). Pediatric vision services are defined as an annual eye exam plus materials.

Capital BlueCross has added the required PPACA-certified pediatric vision coverage to our medical plans. If you currently have vision coverage with Capital BlueCross, now is the time to review the current enrollment of your employees and their dependents as you may not want to enroll dependent(s) under age 19 on a standalone vision policy.

For information on additional vision plans offered by Capital BlueCross, please contact your account executive or producer.

### **Pediatric Dental Coverage**

PPACA requires all small group employers (50 or fewer employees) to obtain a pediatric dental product that meets certain requirements. Pediatric dental services are defined as standard dental procedures and medically necessary orthodontia care. The requirement applies even if the individual does not have any dependent children.

Capital BlueCross has added the required PPACA-certified pediatric dental coverage to our medical plans. If you currently have dental coverage with Capital BlueCross, now is the time to review the current enrollment of your employees and their dependents as you may not want to enroll dependent(s) under age 19 on a standalone dental policy.

For information on additional dental plans offered by Capital BlueCross, contact your account executive or producer.

### **Senior<sup>SM</sup> Product Eligibility**

Another PPACA-mandated change impacts the eligibility for enrollment in the Senior group products offered by Capital BlueCross. As of December 1, 2014, these products are only open to not-actively working subscribers such as retirees or those eligible for COBRA. These requirements must be met for all existing and new enrollment of Medicare eligible employees.

### **Medical Loss Ratio (MLR)**

The MLR provision of PPACA requires that the majority of health insurance plan premium dollars be spent on medical care and improving the quality of care. Insurers must meet the minimum loss ratio percentages defined by PPACA for the total number of employees by group. If minimum ratios are not met the insurer must repay the difference in premium.

To perform the MLR calculations, we will ask you annually to provide your group Federal tax identification number, W-9 Federal tax name of your company, and the size of your group based on your total number of employees.



## Summary of Benefits and Coverage/Uniform Glossary

PPACA requires group health plans and health issuers to provide a written Summary of Benefits and Coverage (SBC) for each benefit package, as well as a uniform glossary of a pre-defined list of insurance-related terms. The uniform glossary can be found at [cciio.cms.gov](http://cciio.cms.gov). Capital BlueCross will provide access to SBCs to groups for their Capital BlueCross benefit plan designs. The SBCs are available online through our Employer Portal at [capbluecross.com/Employers](http://capbluecross.com/Employers) under the “Resources” section. If you are unable to retrieve the document electronically through the website, please contact your account executive so we can make alternate plans to get these documents to you.

PPACA requires that groups provide SBCs to enrollees renewing with existing benefits no later than 30 days prior to the effective date of the plan. And, if benefit changes are made at renewal, a new SBC for all programs elected must be distributed to enrollees no later than the first day of the new plan year. For groups making benefit changes, new SBCs will be provided within seven business days of processing the benefit change by our Underwriting Compliance department. Therefore, it is important to make timely benefit determinations.

**IMPORTANT: It is the group’s responsibility to distribute the SBC to all enrolled employees to meet PPACA’s required timelines.**

If you have any questions concerning the SBC requirements, please contact your account executive or producer. Upon request, a non-English version of the SBC will be provided.

## Healthy Rewards

We want to help your employees take the small steps toward being healthy today and staying healthy tomorrow; therefore beginning with your 2016 renewal, all products will include Capital BlueCross’ Healthy Rewards. These plans are designed to engage your employees in their health care choices. Research proves that reward programs make wellness more doable. Our Healthy Rewards program helps participants focus on their current health status and provides activities that can improve their overall health and well-being, while rewarding them for their efforts. When your employees are healthy and happy, so is your bottom line.

Our Healthy Rewards program is included in all of our products. The program empowers your employees to start making healthy lifestyle choices and provides support to those with chronic health conditions. The key is providing employees with incentives that matter to them. Healthy Rewards offers a \$50 gift card incentive. Employees receive \$25 for completing an online personal profile and another \$25 for participating in an online coaching program.

We will provide your employees with the tools necessary to manage their participation in the Healthy Rewards program, and keep up-to-date with program activities.

Healthy Rewards does not apply to CareConnect products. CareConnect has a unique rewards program.



## Important Information About Your Rates

### Rating Invoice Changes

The PPACA-mandated rating methodology will be applied to small group rates when purchasing PPACA-compliant programs. See below for a comparison between previous rate calculations and the new PPACA mandated “Per Member” rate calculation format. Capital BlueCross will implement a Per Member rate calculation to replace the current 5 Tier Rate Calculation. This means every person covered by a group, including dependents, may have a different rate applied to them. These rates are added together to determine the rate for the entire family. Additionally, each covered employee is listed with a unique rate on the monthly premium statement.

#### Previous Rate Calculation Format

- Static rate shown for each coverage tier (single, employee/spouse, or family)
- Rates for each contract holder remains unchanged until group’s renewal
- Do not need to provide member-level information to receive initial quote

#### New Per Member Rate Calculation Format

- Informational rate shown for each coverage tier. Billing rate shown by age band for each member.
- Rates for each contract holder may change as members are added or removed from the plan
- Member-level information required to receive a quote

Please contact your account executive or producer for more information.

### Per Member Rate Calculation (Age Band Rate Sheet)

The rates displayed on the Age Band Rate Sheet show member level information. The member counts shown are based on your estimated current enrollment.

A subscriber’s total rate can include a spouse, up to three dependent children under the age of 21, and any other enrolling dependents over the age of 21.

5 Tier Rates are calculated for comparison purposes only. These illustrative rates are not binding. Invoiced rates will be based on actual member demographics at enrollment using the Age Band rates.

### Automatic Renewal

Attached to this renewal are rate sheet(s) that show the new illustrative 5 tier rates and age specific member rates for your 2016 programs beginning <Effective Date>. To simplify the renewal process, your coverage is automatically mapped to PPACA-compliant products and renewed 15 calendar days before your anniversary date. Your new coverage will include all benefit changes noted in this renewal unless you notify us that you want to make a change. Receipt of your first premium payment will confirm that you have agreed to accept all benefit changes.



## Health Reimbursement Arrangement (HRA) Reminder

If you have a Health Reimbursement Arrangement (HRA), PPACA regulations require funding amount changes. The HRA funding amount -- the amount that the employer contributes -- is predefined as plans renew beginning January 1, 2016. A new HRA Administration Application will need to be completed. Please contact your account executive or producer for a copy of the HRA Administration Application.

- If you have questions regarding the new predefined funding amount, please look at your plan name as described below or contact your account executive or producer.

Example: Healthy Benefits PPO HRA 2000.0.350

2000 = The deductible amount

0 = The coinsurance

350 = The new predefined funding amount

## Important Information About Our Health Savings Account (HSA) Product Programs

Due to recent federal guidance, the way an HSA family out-of-pocket (OOP) maximum is administered will change. Currently, the entire family OOP maximum must be met before any plan benefits are covered at 100%. As of January 1, 2016, family plan HSAs include a single level OOP maximum. For example, if an individual family member within the family coverage reaches the single OOP level, the individual family member will be able to receive their plan benefits at 100% regardless of whether the entire family OOP maximum has been met. No one family member will pay more in OOP expenses than the single level OOP maximum on the plan.

Due to Cost of Living Adjustments (COLA) for 2016, the minimum and maximum amounts were revised as follows:

	2015*	2016*
<b>Minimum Deductible</b>	\$1,300 single \$2,600 family	\$1,300 single \$2,600 family
<b>Maximum Contribution</b>	\$3,350 single \$6,650 family	\$3,350 single \$6,750 family
<b>Maximum Out-of-Pocket**</b>	\$6,450 single \$12,900 family	\$6,550 single \$13,100 family
<b>55+ Catch-up Contributions</b>	\$1,000	\$1,000

\*Regulation applies to in-network amounts only.

\*\*HSA maximum out-of-pocket (OOP) limits are different from the OOP limits required by PPACA. The limits listed in this chart are the limits for an IRS compliant HSA-qualified high deductible health plan.



### Telehealth Benefit

On January 1, 2016, Capital BlueCross introduced telehealth services as a new benefit. Telehealth provides timely, cost effective care. Capital BlueCross' network of national telehealth doctors enables members the ability to immediately, conveniently, and securely connect with a licensed physician via smartphone, tablet, or computer for certain primary care type services in the convenience of their own home or while traveling anywhere in the United States. For more information on telehealth, please contact your account executive or producer.

Currently does not apply to CareConnect Products.

### Product Issuance Information

Our health care benefit programs are issued or administered by Capital BlueCross and/or its subsidiaries. PPO, BlueCross Dental<sup>SM</sup>, and BlueCross Vision<sup>SM</sup> are issued by Capital Advantage Assurance Company<sup>®</sup>. CareConnect and Senior programs are issued by Capital Advantage Insurance Company<sup>®</sup>. CareConnect is a gatekeeper PPO product, which means the member must select a primary care physician and abide by referral processes for specialists to receive the highest level of coverage. HMO is issued by Keystone Health Plan<sup>®</sup> Central. All companies are subsidiaries of Capital BlueCross and are independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

## YOUR NEW COVERAGE WITH ILLUSTRATIVE 5 TIER MONTHLY RATES

(Group Name)  
(Group Number)

Effective **MM/DD/YYYY** through **MM/DD/YYYY**  
Benefit Period (**Plan Year/Calendar Year**)

The 5 tier rates below are calculated for comparison purposes only. These illustrative rates are not binding. Invoiced rates will be based on actual member demographics at enrollment using age banded rating.

<i>Program</i>	<i>ID</i>	<i>Single</i>	<i>Parent and Child</i>	<i>Parent and Children</i>	<i>Husband and Wife</i>	<i>Family</i>
<Program Name>	ExxxxRxxxxDxxxxVxxxx	\$x,xxx.xx	\$x,xxx.xx	\$x,xxx.xx	\$x,xxx.xx	\$x,xxx.xx
<Program Name>	ExxxxRxxxxDxxxxVxxxx	\$x,xxx.xx	\$x,xxx.xx	\$x,xxx.xx	\$x,xxx.xx	\$x,xxx.xx
<Program Name>	ExxxxRxxxxDxxxxVxxxx	\$x,xxx.xx	\$x,xxx.xx	\$x,xxx.xx	\$x,xxx.xx	\$x,xxx.xx
<Program Name>	ExxxxRxxxxDxxxxVxxxx	\$x,xxx.xx	\$x,xxx.xx	\$x,xxx.xx	\$x,xxx.xx	\$x,xxx.xx
<Program Name>	ExxxxRxxxxDxxxxVxxxx	\$x,xxx.xx	\$x,xxx.xx	\$x,xxx.xx	\$x,xxx.xx	\$x,xxx.xx
<Program Name>	ExxxxRxxxxDxxxxVxxxx	\$x,xxx.xx	\$x,xxx.xx	\$x,xxx.xx	\$x,xxx.xx	\$x,xxx.xx
<Program Name>	ExxxxRxxxxDxxxxVxxxx	\$x,xxx.xx	\$x,xxx.xx	\$x,xxx.xx	\$x,xxx.xx	\$x,xxx.xx
<Program Name>	ExxxxRxxxxDxxxxVxxxx	\$x,xxx.xx	\$x,xxx.xx	\$x,xxx.xx	\$x,xxx.xx	\$x,xxx.xx
<i>Senior</i>		\$x,xxx.xx				

All rates are subject to approval by the Pennsylvania Insurance Department (PID)

Prescription Drug Information

Your Rx Program – Creditable Coverage

We have evaluated the creditable coverage status of your proposed prescription drug program design(s) according to Centers for Medicare and Medicaid Services (CMS) Medicare Part D Prescription Drug standards.

The creditable coverage status of your current program(s) is shown below:

Benefit Plan ID	Creditable Coverage Status
ExxxxRxxxxDxxxxVxxxx	Program meets/does not meet/not yet evaluated for creditable coverage requirements under Medicare Part D as of January 1, CCYY.

Your Capital BlueCross plan designs were compared to the Medicare standard using the simplified determination method when creditable status was determined. Other more detailed industry models may exist that could find a different result. You may wish to seek professional advice regarding performing your own testing and evaluation.

If your Rx program has not yet been evaluated for creditable coverage status, further detail will be provided in a separate mailing prior to the effective date of coverage.

Senior Prescription Drug Card Plans

The Senior<sup>SM</sup> Medicare Complementary program you have selected for your members is not a Medicare Part D prescription drug program. **The Senior<sup>SM</sup> Copayment Card and the Senior<sup>SM</sup> Coinsurance Card prescription drug program designs do not conform to creditable coverage requirements established by CMS under Medicare prescription drug programs.** Coverage is considered creditable if its actuarial value equals or exceeds the actuarial value of standard prescription drug coverage under Medicare Part D.

If you have not contacted us regarding changing these non-creditable drug programs, your existing drug programs will be renewed on their program renewal date. The Senior<sup>SM</sup> Medicare Complementary coverage, providing benefits that complement Medicare Part A hospital and Medicare Part B medical programs, will also be renewed on the group's effective date.

**We call this to your attention because less costly creditable prescription drug plans are available. In addition, Medicare-eligible members could incur premium penalties for Medicare Part D coverage if they are not enrolled in a qualified plan when they are eligible to enroll for Medicare.**

## BlueCross Dental<sup>SM1</sup>

If you **currently have** BlueCross Dental:

- (1) Your new dental rates are included on the “Your New Coverage with Age Band Rates” page
- (2) **No action is required on your part unless you want to change or add additional dental plans**. For more information about additional dental plans, please contact your account executive or producer
- (3) Capital BlueCross has added the required PPACA-certified pediatric dental coverage to our medical plans for small group employers (50 or fewer employees), therefore you may **not** want to enroll dependent(s) under age 19 on a standalone dental policy

For more information about additional dental plans, please contact your account executive or producer.

BlueCross Dental plans feature: :

- ✓ Both PPO and HMO/Select dental plans
- ✓ Access to one of the largest PPO nationwide dental networks and HMO/Select regional networks
- ✓ Savings for employees because PPO participating providers agree to accept our allowance as payment in full and HMO/Select participating providers accept the predetermined fees as payment in full for covered services
- ✓ Discounts on non-covered services and services received after program maximums are met
- ✓ No annual program maximum limits, deductibles, or waiting periods on our HMO/Select plans \*
- ✓ The convenience of one ID card and single billing for medical and dental benefits

If you would like to review our comprehensive dental plan options, please contact your account executive or producer.

\*Except for medically necessary pediatric orthodontia, which has a 24-month waiting period.

## BlueCross Vision<sup>SM2</sup>

If you **currently have** BlueCross Vision:

- (1) Your new vision rates are included on the “Your New Coverage with Age Band Rates” page
- (2) **No action is required on your part unless you want to change or add additional vision plans**
- (3) Capital BlueCross has added the required PPACA-certified pediatric vision coverage to our medical plans for small group employers (50 or fewer employees), therefore you may **not** want to enroll dependent(s) under age 19 on a standalone vision policy

For more information about additional vision plans, please contact your account executive or producer.

BlueCross Vision plans feature:

- ✓ Access to a broad national network of providers comprised of private practitioners and optical retailers
- ✓ Discounts on lens options, additional supplies and LASIK surgery
- ✓ The convenience of one ID card for both medical and vision benefits and single billing
- ✓ Multiple plan options to fit your needs and budget

If you would like to review our comprehensive vision plan options, please contact your account executive or producer.

<sup>1</sup> On behalf of Capital BlueCross, Dominion Dental Services, Inc. assists in the administration of the BlueCross Dental benefits. Dominion Dental is an independent company. On behalf of Capital BlueCross, Grid Dental Corporation provides dental network administration services. Grid Dental is an independent company.

<sup>2</sup>On behalf of Capital BlueCross, National Vision Administrators, LLC (NVA<sup>®</sup>) provides the network and assists in the administration of network management services for the BlueCross Vision benefits program. NVA is an independent company.



BlueCross Dental

The 5 tier rates below are calculated for relativity comparison purposes only. These illustrative rates are not binding. Invoiced rates will be based on actual member demographics at enrollment using age banded rating.

Illustrative 5 Tier Monthly Rates

Quote Number: xxxxxxxxxx SIC: xxxx					
Proposed Programs	Single	Parent and Child	Parent and Children	Husband and Wife	Family
Program Name	\$xx,xxx.xx	\$xx,xxx.xx	\$xx,xxx.xx	\$xx,xxx.xx	\$xx,xxx.xx
Program Name	\$xx,xxx.xx	\$xx,xxx.xx	\$xx,xxx.xx	\$xx,xxx.xx	\$xx,xxx.xx
Program Name	\$xx,xxx.xx	\$xx,xxx.xx	\$xx,xxx.xx	\$xx,xxx.xx	\$xx,xxx.xx
Program Name	\$xx,xxx.xx	\$xx,xxx.xx	\$xx,xxx.xx	\$xx,xxx.xx	\$xx,xxx.xx
Program Name	\$xx,xxx.xx	\$xx,xxx.xx	\$xx,xxx.xx	\$xx,xxx.xx	\$xx,xxx.xx

All rates are subject to approval by the Pennsylvania Insurance Department (PID)

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BlueCross Vision

The 5 tier rates below are calculated for relativity comparison purposes only. These illustrative rates are not binding. Invoiced rates will be based on actual member demographics at enrollment using age banded rating.

Illustrative 5 Tier Monthly Rates

Quote Number: xxxxxxxxxx    SIC: xxxx

Proposed Programs	Single	Parent and Child	Parent and Children	Husband and Wife	Family
Program Name	\$xx,xxx.xx	\$xx,xxx.xx	\$xx,xxx.xx	\$xx,xxx.xx	\$xx,xxx.xx
Program Name	\$xx,xxx.xx	\$xx,xxx.xx	\$xx,xxx.xx	\$xx,xxx.xx	\$xx,xxx.xx
Program Name	\$xx,xxx.xx	\$xx,xxx.xx	\$xx,xxx.xx	\$xx,xxx.xx	\$xx,xxx.xx
Program Name	\$xx,xxx.xx	\$xx,xxx.xx	\$xx,xxx.xx	\$xx,xxx.xx	\$xx,xxx.xx
Program Name	\$xx,xxx.xx	\$xx,xxx.xx	\$xx,xxx.xx	\$xx,xxx.xx	\$xx,xxx.xx

All rates are subject to approval by the Pennsylvania Insurance Department (PID)

Capital BlueCross and Capital Advantage Assurance Company® are independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

## Terms and Conditions

Subject to the PPACA-mandated rating methodology, the renewal rates will be guaranteed for 12 months from the effective date, subject to the provisions for adjustment shown below unless otherwise specifically agreed to in writing.

### Changes in Benefits

The renewal rates are based on the benefit designs contained in the group contract and as modified by any benefit design changes identified by Capital BlueCross in this renewal package.

### Changes Prescribed by Law

Capital BlueCross further reserves the right to modify rates included in this renewal in the event that at any time on or after the effective date, Federal or State laws or regulations are adopted which: (1) affect benefits, operations, provider relationships or medical/referral management arrangements; (2) affect either party's obligations under this agreement; or (3) result in new taxes or surcharges.

### Changes in Enrollment and Other Information

Renewal rates have been developed using information in our membership system including, the age and tobacco usage of the group's members, Medicare-eligibility of members and similar information. In the event any such information provided by the group proves to be incorrect, inaccurate or incomplete, Capital BlueCross reserves the right to revise rates accordingly.

### Additional Information

On behalf of Capital BlueCross, specific vendors assist in the administration of various programs. We continually evaluate vendor capabilities. Vendors are entities providing goods and/or services as of the date of this renewal. As separate companies, the vendors are solely responsible for their programs. Vendor products and services are not Capital BlueCross products and services. Vendors are subject to change at Capital BlueCross' discretion.

Refer to your Group Contract for additional information concerning the terms and conditions of your agreement.

# Age Band Rate Sheet

Quote Prepared for : {GroupName}  
 Group : {GroupNumber}  
 Effective : {Eff Date} - {End Date}  
 Product : EJXXRJXXDJXXVJXXX



Program: **Healthy Benefits XXX ## \$\$\$ . Rx \$\$\$**

Member Age	# Members	Member Rate
0-20	x	\$xx.xx
21	x	\$xx.xx
22	x	\$xx.xx
23	x	\$xx.xx
24	x	\$xx.xx
25	x	\$xx.xx
26	x	\$xx.xx
27	x	\$xx.xx
28	x	\$xx.xx
29	x	\$xx.xx
30	x	\$xx.xx
31	x	\$xx.xx
32	x	\$xx.xx
33	x	\$xx.xx
34	x	\$xx.xx
35	x	\$xx.xx
36	x	\$xx.xx
37	x	\$xx.xx
38	x	\$xx.xx
39	x	\$xx.xx
40	x	\$xx.xx
41	x	\$xx.xx
42	x	\$xx.xx

Member Age	# Members	Member Rate
43	x	\$xx.xx
44	x	\$xx.xx
45	x	\$xx.xx
46	x	\$xx.xx
47	x	\$xx.xx
48	x	\$xx.xx
49	x	\$xx.xx
50	x	\$xx.xx
51	x	\$xx.xx
52	x	\$xx.xx
53	x	\$xx.xx
54	x	\$xx.xx
55	x	\$xx.xx
56	x	\$xx.xx
57	x	\$xx.xx
58	x	\$xx.xx
59	x	\$xx.xx
60	x	\$xx.xx
61	x	\$xx.xx
62	x	\$xx.xx
63	x	\$xx.xx
64	x	\$xx.xx
65+	x	\$xx.xx

**Contracts** #  
**Members** #  
**Est Monthly Premium** \$\$\$  
**Class:** \_\_\_\_\_  
**Prior Plans:** {xxxxxx/xxxxxx}

**Quote:** {Quote ID} - {Rev}  
**Census:** {Census ID}  
**Rating Area:** {GRA ID}  
**Plan ID:** {xxxxxx/xxxxxx}

I, \_\_\_\_\_, a duly authorized representative of {Group Name} do hereby accept the renewal for the program received from ISSUING ENTITY. I understand that I am accepting the rates listed above, and that this renewal will be controlled by the terms and conditions set forth in this renewal and in the standard Group Contract currently in effect until such time as the parties have entered into a signed written agreement. Renewal rates are subject to change if this acceptance is not returned to Capital BlueCross or ISSUING ENTITY 30 days in advance of the effective date. Pursuant to the Group Contract, the renewal rates will be applicable for a period of 12 months from the effective date.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.



Please do not reply to this email. If you have any group-specific questions, please contact your Capital BlueCross account executive, producer, or general agent.

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Dear valued customer,

As your health and wellness partner, we appreciate the opportunity to provide your employees with health coverage and so much more to help them live healthy.

As you know, the Patient Protection and Affordable Care Act (PPACA) has brought extensive changes to the health care industry. To provide you with the most competitive rates possible and to simplify our product offerings, Capital BlueCross has converted all of our small group plan offerings to plans meeting PPACA requirements effective June 1, 2016.

Capital BlueCross is here to help you understand PPACA's impact on you and your employees and what it means to switch to a PPACA-compliant plan. We recently sent you a detailed renewal document that highlights the PPACA-compliant plan that most closely matches your current plan offering. To help you discuss this transition with your employees, we have created [talking points for you](#).

In addition to the excellent service and extensive provider network you expect from Capital BlueCross, PPACA-compliant plans include:

- No dollar limits on durable medical equipment, prosthetics, and orthotics
- Waived deductibles for certain diabetic services\*
- HRA plans with predefined funding included
- Embedded pediatric dental and vision

As Capital BlueCross customers, you and your employees receive more than just health insurance with innovative products, services, and tools designed to help you maximize your health plans and live healthy, including:

- Healthy Rewards\*\* that empower members to earn a total of \$50 in gift cards by completing a personal profile and participating in an online coaching program
- Telehealth\*\* that enables members to see a doctor by live video, offering a convenient alternative to traditional doctor visits
- Tools and resources designed to help members stay connected and save time and money
- Programs designed to help members live healthy and manage complex or chronic health conditions

If you would like to explore other plan options to find one that best suits your health care needs and budget, please call your account executive or producer.

Thank you again for choosing Capital BlueCross. We value our relationship and look forward to continuing to provide you the best value in health care, a broad choice of benefit plans, an extensive provider network, and excellent service in the coming year.

Sincerely,

A handwritten signature in black ink that reads "Robert A. Grochalski". The signature is fluid and cursive, with the first name "Robert" and last name "Grochalski" being clearly legible.

Robert A. Grochalski  
Senior Director, Commercial Group Sales

\*Not available for HSA accounts due to IRS regulations.

\*\*Healthy Rewards and Telehealth do not apply to CareConnect<sup>SM</sup> Gatekeeper PPO products. CareConnect has a separate rewards program.

Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the BlueCross BlueShield Association serving 21 counties in Central Pennsylvania and the Lehigh Valley. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies. This is an advertisement.

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Sincerely,

Robert Grochalski  
Senior Director, Commercial Group Sales

\*Not available for HSA accounts due to IRS regulations.

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## Talking Points for Employees

As you know, the Patient Protection and Affordable Care Act (PPACA) has brought extensive changes to the health care industry. Capital BlueCross has converted all of its small group plan offerings to meet PPACA requirements effective June 1, 2016.

### **Why is our plan converting to a PPACA-compliant plan?**

Capital BlueCross made this change to provide the most competitive rates possible while simplifying their plan offerings. According to current government regulations, all small groups will have to transition to a PPACA-compliant plan in 2017. By converting to a PPACA-compliant plan now, we are receiving more competitive rates.

### **Will there be many changes to our plan?**

In addition to the same great service and extensive provider network you expect from Capital BlueCross, PPACA-compliant plans meet all of the essential health benefit requirements.

### **What types of changes will you see in your medical coverage?**

- Low or no cost-share at independent labs\*
- Habilitative services for physical therapy, occupational therapy, and speech therapy
- A combined 60 visit limit for physical therapy and occupational therapy
- Pediatric dental and vision coverage included
- No dollar limits on hospice, durable medical equipment, or prosthetics/orthotics
- Waived deductibles for certain diabetic services\*
- Out-of-pocket (OOP) maximums (which include deductible, copays, and coinsurance) for medical, Rx, Pediatric Dental, and Pediatric Vision
- HMO benefits do not have out-of-network coverage except for emergent and urgent care

*\*Not available for HSA plans because of IRS Regulations.*

### **What types of changes will you see in your prescription coverage?**

- Out-of-network prescription purchases will apply to an out-of-network OOP maximum
- The PPACA \$0 cost share preventive list will apply; see attached list
- You can now get your 84-90-day supplies of maintenance medications at retail CVS pharmacies; the amount you pay is the same as you would pay if ordering through the mail
- HMO benefits do not have out-of-network coverage except for emergent and urgent care
- Lifestyle drugs are not covered and cannot be obtained at a discounted rate
- A paper claim is only timely if submitted within 90 days of purchase

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**What types of changes will you see in your standalone dental coverage?**

- Your medical plan provides dental coverage for children under age 19; therefore, you may not want to enroll your children in a standalone dental plan
- Separate dental deductible requirements for each covered member

**What types of changes will you see in your standalone vision coverage?**

- Your medical plan provides vision coverage for children under age 19; therefore, you may not want to enroll your children in a standalone vision plan

**You will continue to receive more than just health insurance as a Capital BlueCross member:**

As Capital BlueCross members, you have access to innovative products, services, and tools designed to help you maximize your health plans and live healthy, including:

- Healthy Rewards\*\* that empower you to earn a total of \$50 in gift cards by completing a personal profile and participating in an online coaching program
- Telehealth\*\* that enables members to see a doctor by live video, offering a convenient alternative to traditional doctor visits
- Tools and resources designed to help you stay connected, save time and money
- Programs designed to help you live healthy and manage complex or chronic health conditions
- A secure member page on capbluecross.com to help you manage your plan

*\*\*Healthy Rewards and Telehealth do not apply to CareConnect<sup>SM</sup> Gatekeeper PPO products. CareConnect has a separate rewards program.*

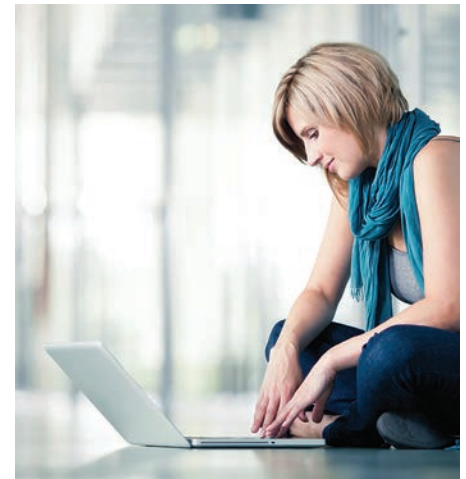
Please call the number on the back of your member ID card if you have questions about your plan.

## Rx Preventive Coverage List

Due to Health Care Reform, certain preventive medications such as female contraceptives, iron supplements, sodium fluoride, folic acid supplements, aspirin, smoking deterrents, vitamin D supplements, tamoxifen, and raloxifene are required to be covered at no cost to you when filled at a participating pharmacy with a valid prescription.

While Capital BlueCross strives to provide prompt notice of changes and updates, this list, as well as the Pharmacy Utilization Management programs (such as prior authorization, quantity level limits, etc.), are subject to change. Please visit our website at [capbluecross.com](http://capbluecross.com) for current information, or contact Rx member services at the phone number listed on the back of your ID card.

*Please note that this Health Care Reform mandate is only applicable to customers with individual coverage or members of a group health plan that is not "grandfathered" under the Patient Protection and Affordable Care Act. Please consult your employer for questions relating to grandfathered status.*



## Rx Contraceptive Medication List

Drug Name	Drug Name	Drug Name
<i>AFTERA</i> <sup>2</sup>	<b>desogestrel/ethinyl estradiol</b>	<b>kimidess</b>
<b>altavera</b>	<b>drospirenone/ethinyl estradiol</b>	<b>kurvelo</b>
<b>alyacen</b>	<i>ECONTRA EZ</i> <sup>2</sup>	<b>larin</b>
<b>amethia</b>	<b>elinest</b>	<b>larin fe</b>
<b>amethia lo</b>	ELLA <sup>2</sup>	<b>layolis fe</b>
<b>amethyst</b>	<b>emoquette</b>	<b>leena</b>
<b>apri</b>	<i>ENCARE</i>	<b>lessina</b>
<b>aranelle</b>	<b>enpresse</b>	<b>levonest</b>
<b>ashlyna</b>	<b>enskyce</b>	<b>levonorgestrel</b> <sup>2</sup>
<b>aubra</b>	<b>errin</b>	<b>levonorgestrel/ethinyl estradiol</b>
<b>aviane</b>	<b>estarylla</b>	<b>levora</b>
<b>azurette</b>	ESTROSTEP FE <sup>1</sup>	LO LOESTRIN FE
<b>balziva</b>	FALESSA	LOESTRIN <sup>1</sup>
BEYAZ	<i>FALLBACK SOLO</i> <sup>2</sup>	LOESTRIN FE <sup>1</sup>
BREVICON <sup>1</sup>	<b>falmina</b>	<b>lomedina 24 fe</b>
<b>briellyn</b>	<i>FC FEMALE CONDOM</i>	<b>loryna</b>
<b>camila</b>	<i>FC2 FEMALE CONDOM</i>	LOSEASONIQUE <sup>1</sup>
<b>camrese</b>	FEMCAP	<b>low-ogestrel</b>
<b>camrese lo</b>	FEMCON FE <sup>1</sup>	<b>lutra</b>
CAYA	GENERESS FE <sup>1</sup>	<b>lyza</b>
<b>caziant</b>	<b>gianvi</b>	<b>marlissa</b>
<b>cesia</b>	<b>gildagia</b>	<b>medroxyprogesterone acetate injection 150mg/ml</b>
<b>chateal</b>	<b>gildess</b>	<b>microgestin</b>
<b>cryselle</b>	<b>gildess fe</b>	<b>microgestin fe</b>
<b>cyclafem</b>	<b>heather</b>	MINASTRIN 24 FE
CYCLESSA <sup>1</sup>	<b>introvale</b>	MIRCETTE <sup>1</sup>
<b>dasetta</b>	<b>jencycla</b>	MODICON <sup>1</sup>
<b>daysee</b>	<b>jolesa</b>	<b>mono-linyah</b>
<b>deblitane</b>	<b>jolivet</b>	<b>mononessa</b>
<b>delyla</b>	<b>junal</b>	<i>MY WAY</i> <sup>2</sup>
DEPO-PROVERA CONTRACEPTIVE <sup>1</sup>	<b>junal fe</b>	<b>myzilra</b>
DEPO-SUBQ PROVERA 104	<b>kariva</b>	NATAZIA
DESOGEN <sup>1</sup>	<b>kelnor</b>	

KEY: bold lowercase print = generic; UPPERCASE PRINT = BRAND; *Italicized* = over-the-counter

(continues on reverse)

<sup>1</sup> To initiate a request to have this medication covered at no cost, please contact Rx member services at the phone number listed on the back of your ID card.

<sup>2</sup> If this contraceptive service is not covered under your prescription drug benefit provided by your employer, it may be received directly from Capital BlueCross due to the Affordable Care Act's mandate on women's preventive services.

Drug Name
<b>necon 0.5/35-28</b>
<b>necon 1/35</b>
NECON 1/50-28
NECON 10/11-28
<b>necon 7/7/7</b>
<i>NEXT CHOICE ONE DOSE<sup>2</sup></i>
<b>nikki</b>
<b>nora-be</b>
<b>norethindrone</b>
<b>norethindrone acetate/ethinyl estradiol</b>
<b>norethindrone acetate/ethinyl estradiol/ferrous fumarate</b>
<b>norgestimate/ethinyl estradiol</b>
NORINYL <sup>1</sup>
<b>norlyroc</b>
NOR-QD <sup>1</sup>
<b>nortrel</b>
NUVARING
<b>ocella</b>
<b>OGESTREL</b>
OMNIFLEX DIAPHRAGM
<i>OPSICON ONE-STEP<sup>2</sup></i>
<i>OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE</i>
<i>OPTIONS GYNOL II VAGINAL CONTRACEPTIVE</i>
<b>orsythia</b>
ORTHO DIAPHRAGM

Drug Name
ORTHO EVRA <sup>1</sup>
ORTHO MICRONOR <sup>1</sup>
ORTHO TRI-CYCLEN LO <sup>1</sup>
ORTHO TRI-CYCLEN <sup>1</sup>
ORTHO-CEPT <sup>1</sup>
ORTHO-CYCLEN <sup>1</sup>
ORTHO-NOVUM <sup>1</sup>
OVCON <sup>1</sup>
<b>philith</b>
<b>pimtrex</b>
<b>pirmella</b>
PLAN B ONE-STEP <sup>2</sup>
<b>portia</b>
PRENTIF CAVITY-RIM CERVICAL CAP
<b>previfem</b>
QUARTETTE
<b>quasense</b>
<b>reclipsen</b>
SAFYRAL
SEASONIQUE <sup>1</sup>
<b>sharobel</b>
<i>SHUR-SEAL</i>
<b>solia</b>
<b>sprintec 28</b>
<b>sronyx</b>
<b>syeda</b>
<i>TAKE ACTION<sup>2</sup></i>
<b>tarina fe</b>

Drug Name
<b>tilia fe</b>
<i>TODAY SPONGE</i>
<b>tri-estarylla</b>
<b>tri-legest fe</b>
<b>tri-linyah</b>
<b>trinessa</b>
<b>tri-lo-sprintec</b>
TRI-NORINYL <sup>1</sup>
<b>tri-previfem</b>
<b>tri-sprintec</b>
<b>trivora</b>
<i>VCF VAGINAL CONTRACEPTIVE FILM</i>
<i>VCF VAGINAL CONTRACEPTIVE FOAM</i>
<b>velivet</b>
<b>vestura</b>
<b>viorele</b>
<b>vyfemla</b>
<b>wera</b>
WIDE-SEAL SILICONE DIAPHRAGM
<b>wymzya fe</b>
<b>xulane</b>
YASMIN <sup>1</sup>
YAZ <sup>1</sup>
<b>zarah</b>
<b>zenchent</b>
<b>zenchent fe</b>
<b>zovia 1/35e</b>
ZOVIA 1/50E

KEY: bold lowercase print = generic; UPPERCASE PRINT = BRAND; *Italicized* = over-the-counter

## Rx Preventive Coverage List<sup>3</sup>

Drug Name	Coverage Criteria
<b>Aspirin<sup>4</sup></b>	≤325mg: Limited to one dose per day for men ages 45 to 79 and women ages 55 to 79. 81mg: Requires prior authorization (duration is 7 months), limited to women 12 to 55 years of age, greater than or equal to 12 weeks gestation, and at risk for pre-eclampsia.
<b>Folic Acid Supplements<sup>4</sup></b>	Limited to one dose per day (0.4mg to 0.8mg) for women through age 55
<b>Iron Supplements<sup>4</sup></b>	Limited to children through age one
<b>Smoking Deterrents</b> nicotine patch <sup>2</sup> ; nicotine gum <sup>4</sup> ; nicotine lozenge <sup>4</sup> ; NICOTROL Nasal Spray and Inhaler, bupropion hcl (smoking deterrent) SR 150 mg <sup>4</sup> and CHANTIX	Limited to 180-day treatment regimen
<b>Sodium Fluoride<sup>4</sup></b>	Limited to children ≤ 18 years of age; over-the-counter products excluded even with a prescription
<b>Tamoxifen<sup>4</sup> and Raloxifene<sup>4</sup></b>	Requires prior authorization; limited to women ≥ 35 years of age with no previous history of breast cancer, ductal carcinoma in situ (DCIS), or lobular carcinoma in situ
<b>Vitamin D Supplements<sup>4</sup></b>	Limited to 400 IU tablets/capsules for members age 65 and older

<sup>1</sup> To initiate a request to have this medication covered at no cost, please contact Rx member services at the phone number listed on the back of your ID card.

<sup>2</sup> If this contraceptive service is not covered under your prescription drug benefit provided by your employer, it may be received directly from Capital BlueCross due to the Affordable Care Act's mandate on women's preventive services.

<sup>3</sup> Requires prescription

<sup>4</sup> Generic only

The Health Care Reform mandate does not apply to inpatient medications or to medications obtained from and/or administered by a physician or a home health agency.

The information contained herein is current at the time of printing and may be subject to change. Customers should refer to their Certificate of Coverage for specific terms, conditions, exclusions, and limitations relating to coverage.

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