Healthy Blue LivingSM HMO





Member Guide

Inside: How to keep your health care costs lower

Confidence comes with every card®





Enhanced level versus standard level

Healthy Blue Living has two benefit levels. Your actions will determine which one you're at.

Enhanced level

lower out-of-pocket costs, such as copayments, deductible and coinsurance

Standard level

higher out-of-pocket costs, such as copayments, deductible and coinsurance

If you're **new to Healthy** *Blue Living*, you start at the enhanced level. To stay here, you must complete the tasks on your Healthy *Blue Living* to-do list found on pages 2 and 3.

If you were at the enhanced level in your previous plan year, we'll mail you additional details about any tasks you need to complete to stay at the enhanced level.

If you were previously at the standard level in your last plan year, you can still complete the tasks this year to earn back the enhanced level.



Check out Page 7 to see an example of how the enhanced level can save you money.

How to stay at, or earn back, the enhanced level

Complete each step below by your deadlines. Your deadline dates are posted on your to-do list in your member account at **bcbsm.com**. Check out *Page 6* for more information on the to-do list.



Healthy *Blue* Living to-do items only apply to the enrollee (contract holder) of the plan. Dependents and covered spouses don't need to complete the tasks; they're assigned to the same benefit level as the enrollee.

You have the first 90 days of your plan year to do steps 1 and 2.



Schedule an appointment and go to your primary care physician for a health evaluation to check these six health measures:

- a. Tobacco use (cotinine test required)
- b. Body mass index
- c. Blood pressure
- d. Blood sugar
- e. Cholesterol
- f. Depression



You don't need to wait for the start of your plan year to see your doctor. We'll accept a qualification form from an office visit that occurred up to 180 days before your plan year began.

After your evaluation, tell your doctor to submit your results electronically on a *Blue Care Network Qualification Form*. Don't wait; make an appointment right away so there's plenty of time to meet this task. Check out *Pages 4 and 5* to learn more about the qualification form and the health targets you should aim for.



Complete an online health assessment. It takes about 10 minutes. If you don't have internet access, request a paper copy by calling **1-855-326-5098**.

To take your health assessment:

- 1. Log in to your member account at **bcbsm.com** using your computer or the web browser on your mobile device or tablet.
- 2. Click *Health & Well-Being* in the navigation menu, then *WebMD®* (you'll be redirected to another page).
- 3. Click Resources in the navigation box, then Assess Your Health at the top of the screen.
- 4. Click on the Health Assessment card, then click Take it Now.

You have the first 120 days of your plan year to sign up for the programs in steps 3 and 4, if necessary.



If your qualification form shows your BMI is 30 or higher, enroll and participate in a BCN-sponsored weight management program to stay at the enhanced level.



If your qualification form shows you use tobacco, enroll and participate in Tobacco Cessation Coaching, powered by WebMD®, to stay at the enhanced level.

We cover the costs of these programs. Once we receive a new qualification form from your doctor showing a negative cotinine test and a BMI under 30, you'll no longer need to participate in these programs.

We don't limit the number of times you can see your doctor to have a qualification form completed, even if you're returning to your doctor after a recent physical less than 12 months apart.







If Steps 3 or 4 apply to you, we'll mail you details about the programs with instructions on how to enroll. The deadline dates to enroll in a tobacco cessation or weight management program will display on your to-do list after we process your qualification form. Log in to your member account at **bcbsm.com** to view the status of your to-do list.

The Blue Care Network Qualification Form

The qualification form has six important health measures. During your appointment with your doctor, he or she will check each one and then provide each health measure with an A, B or C score:

- A = You've met the recommended target.
- B = You didn't meet the recommended target, but you've promised to take the right steps to try and improve the health measure. See the table below to learn what you need to do to earn a "B".
- C = You didn't meet the recommended target, and you won't commit to your doctor's treatment plan or enroll in a BCN program for weight or tobacco.

A's and B's will keep you at the enhanced level if you complete everything else on your to-do list. Any C's will move you to the standard level with higher health care costs.

Here are the health targets you should aim for:

Health measure	Target to score an "A"	If you don't score an "A", do this for a "B"	
Tobacco	No tobacco use confirmed by blood or urine cotinine test*	Tell your doctor you'll enroll and participate in BCN's tobacco cessation program until a new qualification form shows you don't use tobacco.	
Weight	BMI under 30	Tell your doctor you'll enroll and participate in a BCN- sponsored weight management program until a new qualification form shows your BMI is under 30.**	
Blood pressure	Below 140/90	Commit to and follow your doctor's treatment plan.	
Blood sugar	Fasting blood sugar or A1C at or below target		
Cholesterol	LDL-C is below target (based on risk factors: <100, <130 or <160)		
Depression	Any symptoms of depression are well-controlled		

^{*}After one negative test, no testing is needed again. Self-reported tobacco users don't need the test.

^{**}Consult with your doctor before starting any regular exercise or weight-management program.

If you score all A's on your qualification form

You don't need to complete a qualification form and health assessment every year if you scored all A's on your most recent qualification form. We'll send you a letter when it's time to do each one again. Or you can check your to-do list by logging in to your member account at **bcbsm.com**.

Age	How often
Younger than 40	Every three years
40 or older	Every two years

Your doctor's office must submit your qualification form

Your doctor's office must submit your qualification form electronically. We gave you a paper form with this guide only as a sample of the information your doctor submits.

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



Tell your doctor to electronically submit your qualification form after your appointment.



Your personal, online Healthy Blue Living to-do list

You have access to your own personal to-do list when you log in to your member account at **bcbsm.com**. You can only view your to-do list by logging in to your account using your computer or the web browser on your mobile device or tablet, not through the Blue Cross mobile app.

To view your to-do list:

- Log in to your account at bcbsm.com.
- Click My Coverage in the navigation menu.
- Click Medical from the drop-down menu.
- Click To-do List.

Your to-do list will show:

- If your contract is at the enhanced or standard level.
- The tasks you've already completed and the date you did each one.
- Your remaining tasks and the dates they're due.
- Your qualification form results in the Health Measure Results table.
- Whether you received A, B or C scores from your doctor.

If your qualification form results show you use tobacco or have a body mass index of 30 or higher, a link will be provided for you to sign up for the programs. Your sign-up deadline date will also be posted here.

Other benefits of your online member account

Your account provides what you need to understand your health care plan — and how it works — to help you get the most from your benefits.

In your account, you can:

- See your coverage information.
- Select or change your primary care physician.
- Check your claims and explanation of benefits statements.
- Manage prescriptions, find a pharmacy and compare medication costs, depending on your plan.
- Check the status of your authorizations and referrals, and see when they expire.

If you don't have a member account, go to **bcbsm.com/register**.

What the enhanced level can mean for you

The following situation is a basic health care scenario so you better understand how your costs can be lower for being at the enhanced level in Healthy *Blue* Living. Other costs may apply in this scenario if other tests occurred and health issues were present. These costs aren't specific to your plan; they're meant to show an example of the types of savings you could see. Log in to your member account at **bcbsm.com** to view your plan documents. The costs displayed in your account are based on whether you're at the enhanced or standard level.

Meet Jennifer



Jennifer has Healthy *Blue* Living. She did her health assessment online and saw her doctor a month after her plan started. After her visit, her doctor submitted her qualification form to make sure we received it within the first 90 days of her plan year. Jennifer didn't have any 120-day tasks because her BMI is below 30 and she doesn't use tobacco.

A trip to the emergency room

Jennifer tripped on her stairs at home. She was in severe pain after the fall and thought her ankle was broken, so she went to the emergency room.

By doing the items on her to-do list, Jennifer was at the enhanced level and saved \$550 on her out-of-pocket costs.

	Enhanced-level situation (completed to-do items)	Standard-level situation (incomplete to-do items)
Total cost for emergency room trip	\$3,000	\$3,000
Jennifer pays:		
Deductible	\$500	\$1,000
Copayment	\$100	\$150
Her plan pays	\$2,400	\$1,850
Jennifer's total cost	\$600	\$1,150

Your savings apply to all health care services

You don't just save on emergency room visits. Your out-of-pocket cost savings apply for trips to your doctor and urgent care, as well as prescriptions and other covered services, such as physical therapy.

Additional Blue Care Network wellness resources



24-Hour Nurse Line

For no extra cost, reach a registered nurse 24/7, toll-free, at **1-855-624-5214** or 711 (TTY). A registered nurse can answer your health care questions, assess symptoms and provide self-care tips.



Digital Health AssistantSM programs

After you complete your online health assessment, you'll receive recommendations for Digital Health Assistant online coaching programs that are best for you. These include:

- Conquer Stress
- Lose Weight

Eat Better

- Quit Tobacco
- Enjoy Exercise
- Feel Happier

The Digital Health Assistant programs help you set small, reachable goals that you commit to for one week. You can choose activities, create a plan and track your progress.



Member discounts

You have access to national and Michigan-based discounts on a variety of health products and services from groceries and fitness gear to travel and gym memberships. Take advantage of these offers and more. To get started:

- Log in to your member account at bcbsm.com
- Click Member Discounts with Blue 365®



Tobacco Cessation Coaching, powered by WebMD®

This telephone-based program is available at no extra cost to any BCN member. It includes five calls from a health coach over a 12-week period and unlimited access to call your health coach anytime if you need additional support. If you're ready to set a quit date within 30 days, call Tobacco Cessation Coaching at **1-855-326-5102**.

Blue Care Network is committed to helping you achieve your 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 you think you might be unable to meet a standard or requirement for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. You can work with your BCN primary care physician to find an alternative that's right for you in light of your health status.

We speak your language

If you, or someone you're helping, needs assistance, you have the right to get help and information in your language at no cost. To talk to an interpreter, call the Customer Service number on the back of your card.

Si usted, o alguien a quien usted está ayudando, necesita asistencia, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al número telefónico de Servicio al cliente, que aparece en la parte trasera de su tarjeta.

إذا كنت أنت أو شخص آخر تساعده بحاجة لمساعدة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك دون أية تكلفة. للتحدث إلى مترجم اتصل برقم خدمة العملاء الموجود على ظهر بطاقتك.

如果您,或是您正在協助的對象,需要協助,您有權利免費以您的母語得到幫助和訊息。要洽詢一位翻譯員,請撥在您的卡背面的客戶服務電話。

Nếu quý vị, hay người mà quý vị đang giúp đỡ, cần trợ giúp, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số Dịch vụ Khách hàng ở mặt sau thẻ của quý vị.

Nëse ju, ose dikush që po ndihmoni, ka nevojë për asistencë, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin e Shërbimit të Klientit në anën e pasme të kartës tuaj.

만약 귀하 또는 귀하가 돕고 있는 사람이 지원이 필요하다면, 귀하는 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 통역사와 대화하려면 귀하의 카드 뒷면에 있는 고객 서비스 번호로 전화하십시오.

যদি আপনার, বা আপনি সাহায্য করছেন এমন কারো, সাহায্য প্রয়োজন হয়, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য ও তথ্য পাওয়ার অধিকার আপনার রয়েছে। কোনো একজন দোভাষীর সাথে কথা বলতে, আপনার কার্ডের পেছনে দেওয়া গ্রাহক সহায়তা নম্বরে কল করুন।

Jeśli Ty lub osoba, której pomagasz, potrzebujecie pomocy, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer działu obsługi klienta, wskazanym na odwrocie Twojej karty.

Falls Sie oder jemand, dem Sie helfen, Unterstützung benötigt, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer des Kundendienstes auf der Rückseite Ihrer Karte an.

Se tu o qualcuno che stai aiutando avete bisogno di assistenza, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, rivolgiti al Servizio Assistenza al numero indicato sul retro della tua scheda.

ご本人様、またはお客様の身の回りの方で支援を必要とされる方でご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合はお持ちのカードの裏面に記載されたカスタマーサービスの電話番号までお電話ください。

Если вам или лицу, которому вы помогаете, нужна помощь, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону отдела обслуживания клиентов, указанному на обратной стороне вашей карты.

Ukoliko Vama ili nekome kome Vi pomažete treba pomoć, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, pozovite broj korisničke službe sa zadnje strane kartice.

Kung ikaw, o ang iyong tinutulungan, ay nangangailangan ng tulong, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa numero ng Customer Service sa likod ng iyong tarheta.

Important disclosure

Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan and Blue Care Network provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information in other formats. If you need these services, call the Customer Service number on the back of your card. If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with: Office of Civil Rights Coordinator, 600 E. Lafayette Blvd., MC 1302, Detroit, MI 48226, phone: 888-605-6461, TTY: 711, fax: 866-559-0578, email: CivilRights@bcbsm.com. If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at

https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail, phone, or email at: U.S. Department of Health & Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201, phone: 800-368-1019, TTD: 800-537-7697, email: OCRComplaint@hhs.gov. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.



Check your Healthy *Blue* Living to-do list by logging in to your member account at **bcbsm.com** using a computer or the browser on your mobile device or tablet. Click *My Coverage* in the navigation menu, then *Medical* from the drop-down menu, then *To-do List*. Your deadline dates are posted here.

Find us online:

bcbsm.com | news.bcbsm.com | facebook.com/MiBCN ahealthiermichigan.org | twitter.com/bcbsm | youtube.com/bcbsmnews





