

Healthy Blue LivingSM

Leading change. Changing lives.



Employer Questions and Answers
**Open up to a healthier
workforce**



**Blue Care
Network**
of Michigan

Healthy *Blue* Living — Creating healthier workplaces all over Michigan

When it launched in 2006, Healthy *Blue* Living was the first health plan of its kind. Rewarding employees who chose to work toward healthier lifestyles represents a bold step in a new direction for us and for employers.

Now, businesses from Grand Rapids to St. Clair Shores are seeing lower costs, higher productivity and a healthy new corporate culture.



"We got the kind of care we wanted at a lower cost than our old plan, and it aligns with our goals as a health care organization," said Darlene Alviar of Grand Rapids' Advantage Health Physician Network. "People have lost weight, started to exercise and eat better — even spouses have finally stopped smoking."

Darlene Alviar
Compensation & Benefits Coordinator
Advantage Health Physician Network, Grand Rapids



"Our people are happier, I see a lot fewer empty desks, and of course we're paying less for better coverage," said Ewa Matuszewski of Rochester's Medical Network One. "It's a win-win across the board."

Ewa Matuszewski
CEO
Medical Network One, Rochester



"This has been a life-changing experience," said Linda Broome of Royal Oak's Judson Center. "I'm exercising, I've lost weight, my diabetes is under control, and I'm in a smoking cessation program. I'm so grateful that the Judson Center chose Healthy *Blue* Living."

Linda Broome
Employment Specialist
Judson Center, Royal Oak



"I knew Healthy *Blue* Living would be a popular choice with employees, but I didn't know that people would come up just to thank me for offering it, or to brag about how much weight they've lost or that they've finally quit smoking," said Maureen Sisco of Nino Salvaggio International Marketplace, with locations in Clinton Township, Farmington Hills, Troy and St. Clair Shores. "In this job, that's about the best endorsement there is."

Maureen Sisco
Human Resources Director
Nino Salvaggio International Marketplace, Troy

We figure responsible behavior should cost less, so we designed Healthy *Blue* Living to be the first health plan in Michigan that rewards people who commit to making better choices.

What is Healthy Blue Living?

Blue Care Network's Healthy *Blue* Living is an innovative health plan that rewards members with lower costs for pursuing their health goals. Healthy *Blue* Living provides quality health care coverage from a company you trust and focuses on helping members maintain and improve their health. Coverage also includes health screenings, immunizations and preventive care.

Healthy *Blue* Living uses financial incentives, education and support to encourage your employees and their spouses to take control of their health. Those who choose to partner with their primary care physician to set and achieve their health goals pay less out of pocket when they need medical care. The response to this innovative health plan has been amazing. In its first 18 months, more than 70,000 people in Michigan became part of this life-changing plan.

Healthy *Blue* Living was honored with the following major awards:

- Disease Management Association of America Leadership Award for Outstanding Health Plan, 2007
- Distinctively Blue Honorable Mention for Innovation for Healthy *Blue* Living from the Blue Cross and Blue Shield Association, 2007

Members are not only reducing what they pay for deductibles and copayments, they're also reducing their risk of developing diabetes, heart disease and other potentially serious health conditions. More than 1,000 people have joined our smoking-cessation program. Thousands have worked with their doctors to control their cholesterol and weight. And tens of thousands of people have received powerful personal feedback from their health risk appraisal.

Frequently asked questions

How do the rates for Healthy Blue Living compare to other plans?

Healthy *Blue* Living rates compare very favorably to the rates for BCN's other comparable commercial plans.

Does the employer pay the same premium regardless of how many members are in the enhanced or standard benefit levels?

Yes.

Who is eligible for Healthy Blue Living?

Healthy *Blue* Living is available to employer groups with two or more subscribers. The plan is not available to Medicare-eligible segments. (For more information on Medicare compatibility with this product, see the Medicare question and answer on page 7.)

What are the employer's roles and responsibilities?

Employers who offer Healthy *Blue* Living assume these responsibilities:

- Encourage employees and covered spouses to choose their primary care physician at enrollment and make an appointment, so they can complete all steps within the first 90 calendar days of enrollment

- Promote the need for employees and covered spouses to complete the online health risk appraisal and see their primary care physicians to complete the *Qualification Form* within 90 calendar days of enrollment
- Institute and maintain a smoke-free workplace
- Encourage employees to participate in wellness programs

We also expect employers to support healthy lifestyle behaviors by offering one or more of the following:

- Healthy food choices in the cafeteria and vending machines
- BCN-conducted health fairs on site
- Fitness programs that encourage physical activity at work
- Weight control programs, such as hosting Weight Watchers® at work
- Corporate discounts or memberships to exercise and fitness facilities (or provide facilities on-site)
- Health-related articles distributed and posted for employees

Larger employers with more resources to assist employees are expected to offer more options than smaller employers. Please see the employer group requirements chart for more information.

Employer group requirements by size

Employer Group	Required	Options					
	Provide smoke-free environment	Health fairs	Distribute health-related articles for employees (brochures, newsletter, posters)	Provide on-site classes or discounts for weight loss	Provide healthy foods in cafeteria and vending machines	Provide stress-relief classes	Provide discounts to exercise facilities, or exercise classes 2x/year, or exercise facility on-site
2-50 enrolled employees Must provide smoke-free environment and select at least one of the optional categories	Required	Not Required	2x/year	1x/year	Ongoing	1x/year	Ongoing
51-300 enrolled employees Must provide smoke-free environment and select at least two of the optional categories	Required	1x/year	2x/year	1x/year	Ongoing	1x/year	Ongoing
301-1000 enrolled employees Must provide smoke-free environment and select at least three of the optional categories	Required	2x/year	2x/year	2x/year	Ongoing	2x/year	Ongoing
1001+ enrolled employees Must provide smoke-free environment and select at least four of the optional categories	Required	2x/year	3x/year	2x/year	Ongoing	2x/year	Ongoing

What is a smoke-free workplace?

A smoke-free work environment is a place where:

- Employees do not smoke while working inside the building.
- Employees are not subject to secondhand smoke from colleagues or customers.

What if an employer likes the Healthy Blue Living concept, but has difficulty maintaining a smoke-free workplace?

It depends on the circumstances. Here is an example:

- If an employer cannot provide a smoke-free workplace, it will not qualify for Healthy Blue Living.

- If an employer is doing all it can to provide a smoke-free work environment, but some employees regularly leave the employer's property to smoke (e.g., a shopkeeper's employees walk onto the public sidewalk to smoke), the employer will qualify for BCN Healthy Blue Living.

How can Healthy Blue Living save members money?

When members enroll in Healthy Blue Living, they have access to two benefit levels: enhanced and standard. The subscriber and his or her covered spouse can choose to receive the standard benefits, or they can choose to maintain or achieve a healthy lifestyle, which qualifies them for enhanced

benefits. When members qualify for enhanced benefits, they save money through a lower deductible and copayments when they receive health plan services.

What is the difference between standard and enhanced benefits?

The enhanced benefit level offers a lower deductible, if applicable, and lower copays. Once enrolled in Healthy Blue Living, all members will have coverage regardless of whether they complete the *Qualification Form* and online health risk appraisal. Employees who don't complete the online health risk appraisal and send in the *Qualification Form* within 90 calendar days of enrollment will move to the standard benefit and pay a higher deductible and copays when they need medical care. In addition, in order to qualify for enhanced benefits, employees and covered spouses must score a minimum of 80 points each on their *Qualification Forms*.

With their first enrollment, new members automatically receive enhanced benefits for the first 90 calendar days of coverage. Renewing members will maintain their existing benefit level, enhanced or standard, for the first 90 calendar days of renewal. To continue receiving enhanced benefits, both the subscriber and covered spouse need to complete the steps listed above. Either the primary care physician or member can mail or fax the *Qualification Form* or the primary care physician can send it to BCN electronically and print the member a copy.

If BCN has not received the health risk appraisal and *Qualification Form* from either the primary care physician or member within the 90-calendar-day period, everyone on the contract will be moved to the standard benefit level.

If a member wishes to stop smoking, he or she can qualify for enhanced benefits by enrolling in BCN's free Quit the Nic smoking cessation program within 120 calendar days of enrollment or re-enrollment, actively participate in the program and continue to try to quit smoking. Primary care physician follow-up is required. If a member does not continue to try to quit smoking or if a member does not go for a follow-up visit, everyone on the contract will be moved to the standard benefit level.

Can you tell me more about the *Qualification Form*?

The member and his or her primary care physician complete the *Qualification Form* within the first 90 calendar days of enrollment or re-enrollment. The form has different health measures using a point value system.



What are the steps to qualify for enhanced benefits?

1. Select a BCN primary care physician.
2. Partner with your BCN primary care physician to complete a *Qualification Form* and return it to BCN.
3. Commit to follow your primary care physician's treatment plan and actively maintain a healthy lifestyle. If you smoke, join the free Quit the Nic smoking cessation program within 120 calendar days of enrollment or re-enrollment.
4. Complete an online health risk appraisal.

Score 80 points or more — If both the subscriber and covered spouse each score 80 points or more on the *Qualification Form*, they are on the road to receiving enhanced benefits. Of course, they'll also need to complete the online health risk appraisal, continue to follow their primary care physician's advice and keep on leading a healthy lifestyle.

Score less than 80 points — If the results are lower than 80 points for either the subscriber or the covered spouse, everyone on the contract will be moved to the standard benefit level after the initial 90-day qualifying period.

What if members do not make their follow-up appointments?

In order to keep enhanced benefits, members who smoke or who have two or more health issues outlined in the *Qualification Form* will be required to see their primary care physician for follow-up. The *Qualification Form* needs to be completed at all required follow-up appointments and sent to BCN. If a member does not make a required follow-up visit, everyone on the contract will be moved to the standard benefit level 45 days after the follow-up visit due date. Everyone on the contract will remain in the standard benefits level until the following renewal year when they can re-qualify.

If a member has diabetes or high blood pressure, will he or she automatically have the standard benefit with a higher deductible and copayments?

No. It's important to remember that members can qualify for enhanced benefits and save money — as long as they and their covered spouse are both committed to and working toward healthier lifestyles.

What are the six high-impact health measures that are on the *Qualification Form*?

Six high-impact health measures	<i>Qualification Form</i> wellness targets	What can I do to qualify for enhanced benefits if I do not meet the wellness targets?	Points
Smoking status	Nonsmoker (never smoked or quit for at least 30 days)	Enroll in BCN's free Quit the Nic smoking cessation program by calling 800-811-1764 within 120 calendar days of enrollment or re-enrollment, actively participate and continue to try to quit smoking.	25 points
Blood pressure control	Below 140/90	Commit to and actively follow your PCP's recommended treatment plan.	15 points
Cholesterol management	LDL-C below target (based on risk factors)	Commit to and actively follow your PCP's recommended treatment plan.	15 points
Weight	Body mass index at or below 30. (Not sure what your BMI is? Calculate your BMI using a free tool available on the Healthy <i>Blue</i> Living member section of MiBCN.com .)	Actively participate in PCP-supervised approved weight management program.	15 points
Alcohol use	Consume less than 2 drinks per day on average and pass a physician-administered screening exam	Commit to and actively follow your PCP's recommended treatment plan.	15 points
Diabetes management	Blood sugar at or below target	Commit to and actively follow your PCP's recommended treatment plan.	15 points

In order to qualify for enhanced benefits, employees and covered spouses must both score a minimum of 80 points each on their *Qualification Forms*. Members who smoke or who have two or more health issues outlined in the *Qualification Form* will be required to see their primary care physician for follow-up. (See page 3 for more information on follow-up appointments.)

If a member smokes, will he or she automatically have the standard benefit with a higher deductible and copayments?

Not necessarily. If they wish to quit, they can join the BCN Quit the Nic free smoking cessation program within 120 days of enrollment or re-enrollment and actively participate in the program. Members who smoke and are trying to quit will need to see their primary care physician for a follow-up visit.

If a member is not actively participating in Quit the Nic or does not make the follow-up appointment, everyone on his or her contract will be moved to the standard benefit. Everyone on the contract will remain in the standard benefit plan until the following renewal year when they can re-qualify.



What if the member doesn't want to quit smoking, can he or she still qualify for the enhanced benefit?

No. Only nonsmokers and smokers who agree to quit smoking by joining and participating in BCN's free Quit the Nic smoking cessation program can qualify to receive enhanced benefits.

Can you tell me more about the online health risk appraisal?

The online health risk appraisal is no ordinary questionnaire. Answering these 50 questions helps members understand their overall health condition and identify specific risks, such as for heart disease or diabetes. Then the report will tell members where they can make a difference and improve their health. Answers to the health risk appraisal will also customize the material provided to members in an online health "dashboard." It takes an average of 10 minutes to answer the online health risk appraisal, but members can spend as much time as they like.

Do members need anything before they take the online health risk appraisal?

In order to get the best possible results from filling out the questionnaire, it's a good idea that members have medical information at hand, including:

- Their blood pressure
- Their cholesterol levels (total and HDL)
- The approximate date of their last checkup
- When, approximately, they had their most recent vaccines, such as for flu and tetanus
- When, approximately, they had their most recent screenings for various cancers and other conditions

Having this information will make for more accurate results and more focused recommendations. It is not required, however. Members can take the online health risk appraisal at **MiBCN.com**.

Members can write in their best guesses. Over the next year, they might want to get that information so that when they fill in the questionnaire again results will be more accurate. Before members start filling out the questionnaire, they might also think about their lifestyle, such as how often they:

- Drink alcohol
- Smoke cigarettes, cigars or a pipe
- Exercise, or perform physical tasks like yard work or washing the car by hand
- Eat fruits and vegetables
- Drive faster than the speed limit
- Feel tense or depressed
- Get a full night's sleep
- Make plans to improve their health

What happens if a subscriber and his or her covered spouse does not fill out either the online health risk appraisal or *Qualification Form*?

Everyone on the contract will be moved to standard benefits after the first 90 calendar days of coverage. The subscriber and their covered spouse will both need to qualify in order for anyone on the contract to receive enhanced benefits.

Do children and adult dependents need to complete the online health risk appraisal and *Qualification Form*?

No. Children and adult dependents are covered under Healthy *Blue Living*, but do not need to complete the forms. They will automatically be assigned to enhanced or standard benefits based on the subscriber and covered spouse's benefit level.

What if a subscriber or covered spouse has dual medical coverage (more than one type of coverage)? Can they still receive enhanced benefits?

Yes. Both the subscriber and covered spouse will need to visit their BCN primary care physicians and complete all the steps to qualify for enhanced benefits.

What if a member is unable to fulfill enrollment activities or can't get in to see his or her primary care physician in the first 90 calendar days? Can the member get an extension?

No. The online health risk appraisal and *Qualification Form* are due within 90 calendar days of the effective date. Blue Care Network primary care physicians understand that they must:

- Accommodate members requiring primary care physician validation in the first 90 calendar days of program
- Validate all patient-completed information against medical records (if existing patient)
- Agree to screen patients for Healthy *Blue Living* conditions within initial 90-day period
- Agree to schedule follow-up appointments (follow-up timeframe to be determined by the primary care physician) for patients identified with one of the conditions being monitored by the program
- Agree to work with BCN Quality Management department and health coaches to motivate members to change behaviors

If we need to add a member retroactively, does that impact the member's 90-calendar-day form completion period? Can the member get an extension?

No. The online health risk appraisal and *Qualification Form* are due within 90-days of the member's effective date. Employers need to notify BCN of enrollment changes prior to the effective date of the change. Retroactive contract adds after the effective date will jeopardize the employee's ability to have the full 90 calendar days to comply with initial enrollment requirements.

What if members decide to adopt a healthy lifestyle after the 90-day enrollment period? How soon can they move from standard to enhanced benefits?

Members have one opportunity each year to move from the standard to enhanced benefit level and that is during the group's re-enrollment period.

Can I offer this to my retirees and employees who are eligible for Medicare?

Only active employees and retirees under the age of 65 are eligible for Healthy *Blue* Living. If a subscriber or covered spouse is Medicare-eligible (Medicare is primary), they can enroll in one of BCN's Medicare products (BCN 65 or BCN AdvantageSM) with benefits closely matching the employers' Healthy *Blue* Living enhanced benefit plan. The chart below defines coverage requirements based on Medicare eligibility.

Subscriber is ...	Spouse is ...	Result
Medicare-eligible	Medicare-eligible	Both the subscriber and spouse are enrolled in one of BCN's Medicare products. Non-Medicare dependents are automatically enrolled in the enhanced Healthy <i>Blue</i> Living plan.
Medicare-eligible	Not Medicare-eligible	The subscriber is enrolled in one of BCN's Medicare products. The spouse participates in Healthy <i>Blue</i> Living and dependents receive spouse's benefits (enhanced or standard).
Not Medicare-eligible	Medicare-eligible	The subscriber participates in Healthy <i>Blue</i> Living and dependents receive subscriber's benefits (enhanced or standard). Spouse is enrolled in one of BCN's Medicare products.

What is your reinstatement policy when an employee leaves the plan and decides to come back?

Members who are reinstated within 180 days (six months) or less from the date their coverage lapsed will be placed into their former benefit level. If the lapse is more than 180 days, BCN will follow the new hire process, as explained below:

New hire process		
If member is added during the first or second quarter of the coverage year:	If member is added during the third quarter of the coverage year:	If member is added during the fourth quarter of the coverage year:
Subscriber and covered spouse will be assigned to enhanced benefits for 90 calendar days. They will need to complete required forms within 90 calendar days of their coverage effective date to qualify for enhanced benefits.	Subscriber and covered spouse will be assigned to enhanced benefits for 90 calendar days. They will need to complete required forms within 90 calendar days of their coverage effective date to qualify for enhanced benefits. They will not have to complete the <i>Qualification Form</i> or online health risk appraisal at renewal, unless primary care physician follow-up is required.	Subscriber and covered spouse will be assigned to enhanced benefits for the remainder of the coverage year. At renewal, subscriber and covered spouse will need to complete required forms within 90 calendar days to qualify for enhanced benefits.

What happens when a subscriber adds a spouse to his or her contract during the 90-day period or mid-year? Do they have the same requirements?

No. New spouses will be assigned to the subscriber's benefit level when added to the contract and will be asked to qualify for the enhanced benefit level at the group's renewal date.

What happens when a subscriber adds a dependent to his or her contract mid-year? Do they have the same 90-calendar-day period?

No. When a subscriber adds a dependent to an existing Healthy *Blue* Living contract, the dependent will default to the subscriber's enhanced or standard benefit level.

What if a member is in the standard benefit the first year and the enhanced benefit the second year? Will the member's copays for the first 90 calendar days of the second year be based on the standard benefit?

Yes. At the start of year two and in following years, members are in the standard or enhanced benefit level for the first 90 calendar days based on their previous year's results. Members with standard benefits can only move to the enhanced benefit 90 days after their renewal effective date. This means that a member with standard benefits who accumulates spending on his or her deductible for the first 90 calendar days of a renewal year will be responsible for standard benefit deductible expenses.

What if a subscriber and the covered spouse qualify for enhanced benefits and adopt a healthy lifestyle? Do they need to complete the same steps every year at the group's renewal?

Yes. Qualifying for enhanced benefits is an annual process. The only exception to this is if their primary care physician indicates on the *Qualification Form* that follow-up is needed in 13 to 24 months, in which case they do not need to do a *Qualification Form* until their next follow-up visit.

How can members get the most from their Healthy Blue Living coverage?

After they have completed the steps to qualify for enhanced coverage, they can check out the *BCN Member Handbook* or visit **MiBCN.com** for our *Guidelines to Good Health* as well as information on:

- Weight Watchers® special pricing for BCN members — Call 888-3-Florine or visit **888-3-Florine.com*** to find a location.
- Weigh to GoSM weight management program — Call 866-MITEAM5 (648-3265) or visit **miteam.org*** to enroll.
- Quit the Nic free smoking cessation program — Call 800-811-1764 to enroll.
- Naturally BlueSM — fitness center discounts as well as select alternative medical services and natural health care-related products — Call 800-637-2972 or visit **MiBCN.com/natblue**.
- Self-help guides — information for members who want to take charge of their health — Call 800-637-2972.
- Disease Management line — assistance with chronic illness — Call 800-392-4247.

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Leading change. Changing lives.

How can I learn more?

Blue Care Network's industry-leading expertise is already paying off for more than 70,000 people in Michigan.

What can it do for you? Ask your Blues agent, call 800-464-BLUE (2583) or visit MiBCN.com/HealthyBlueLiving to find out.



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