



Blue Care  
Network  
of Michigan

healthybluechoices<sup>SM</sup>  
Embrace total health.



# healthyblueliving<sup>SM</sup> products

## Group Administrative Guidelines

Keeping track of the various qualification timeframes and health measurement criteria can be challenging, so we created this quick reference guide. It provides valuable information to help administer **Healthy Blue Living<sup>SM</sup>** and **Healthy Blue Living Rewards<sup>SM</sup>** to your employees.

### Required health measures

**Healthy Blue Living** and **Healthy Blue Living Rewards** focus on six high-impact health areas that individuals can manage. These measures are chosen because they have a huge impact on health care costs and the likelihood that an individual will develop a chronic or disabling condition.

Health measure	Wellness target
Tobacco	Non-tobacco user (must be confirmed by primary care physician through blood or urine cotinine testing)
Weight	Body mass index below 30
Blood pressure	Below 140/90
Cholesterol	LDL below target (based on risk factors: <100, <130 or <160)
Blood sugar	At or below target (fasting blood sugar or A1C)
Depression	Any depression is in full remission

## Plan requirements

Healthy *Blue* Living and Healthy *Blue* Living Rewards both take a slightly different approach to how employees qualify for each benefit level. For members to be eligible for a lower cost enhanced benefit level, employees and their covered spouses must meet each plan's compliance requirements.

	Healthy <i>Blue</i> Living	Healthy <i>Blue</i> Living Rewards
<p><b>How to earn enhanced benefits:</b></p> <p>Members and their covered spouses must meet these initial requirements each plan year within 90 days of enrollment or renewal.</p>	<p><b>They must:</b></p> <ul style="list-style-type: none"> <li>Visit their primary care physician. The PCP completes the <i>BCN Qualification Form</i> and electronically submits it to us.</li> <li>Meet the health measures or commit to physician prescribed treatment to improve their health.</li> <li>Complete the online health assessment annually at <b>MiBCN.com</b>.</li> </ul> <p>Members and covered spouses who use tobacco or have a BMI of 30 or more may also need to meet the following requirements within 120 days of enrollment or renewal to receive enhanced benefits:</p> <ul style="list-style-type: none"> <li>Tobacco users must actively participate in our tobacco-cessation program until they quit using tobacco.</li> <li>Members and covered spouses with a BMI of 30 or more must actively participate in a BCN-sponsored weight-management program.</li> </ul>	<p><b>They must:</b></p> <ul style="list-style-type: none"> <li>Visit their primary care physician. The PCP completes the <i>BCN Qualification Form</i> and electronically submits it to us.</li> <li>Meet the health measures.</li> <li>Complete the online health assessment annually at <b>MiBCN.com</b>.</li> </ul> <p>Only members and covered spouses who don't use tobacco, who have a BMI lower than 30 and meet all the health measure targets will qualify for enhanced benefits.*</p> <p><i>*BCN encourages members to consult with their doctors before starting any regular exercise or weight-management program. Members should also consult with their doctors if they have concerns that the programs or behaviors recommended by BCN or their primary care physicians are unreasonably difficult due to a medical condition or are medically inadvisable. A BCN primary care physician will work with the member to develop the most medically appropriate treatment plan to improve the member's health status.</i></p>
<p><b>How to earn intermediate benefits:</b></p> <p>Members and their covered spouses must meet these initial requirements each plan year within 90 days of enrollment or renewal.</p>	<p>Not applicable</p>	<p><b>They must:</b></p> <ul style="list-style-type: none"> <li>Visit their primary care physician. The PCP completes the <i>BCN Qualification Form</i> and electronically submits it to us.</li> <li>Commit to physician prescribed treatment to meet the health measures.</li> <li>Complete the online health assessment annually at <b>MiBCN.com</b>.</li> </ul> <p>Members and covered spouses who use tobacco or have a BMI of 30 or more may also need to meet the following requirements within 120 days of enrollment or renewal to receive intermediate benefits*:</p> <ul style="list-style-type: none"> <li>Tobacco users must actively participate in our tobacco-cessation program until they quit using tobacco.</li> <li>Members or covered spouses with a BMI of 30 or more must actively participate in a BCN-sponsored weight-management program.</li> </ul>
<p><b>Standard benefits:</b></p>	<p>If a member or covered spouse do not meet the enhanced benefit requirements everyone on their health care contract moves to standard on day 91 and remains at that benefit level for the rest of the plan year.</p>	<p>If a member or covered spouse do not meet either the enhanced or intermediate benefit requirements everyone on their health care contract moves to standard on day 91 and remains at that benefit level for the rest of the plan year.</p>

### Qualification Form – Learning the A, B, Cs

Each health measure on the *BCN Qualification Form* tracks a member's health using an easy-to-understand (A, B, C) grading system. New members will have enhanced benefits and renewing members will remain at their current benefit level until the 91st day of the plan year. At that point, they will be moved to the appropriate benefit level based on the completed requirements. The successful completion and results of the *BCN Qualification Form* and online health assessment are part of those requirements.

Members receive a copy of the *BCN Qualification Form* in their member renewal packet. The form can also be downloaded from **MiBCN.com**. PCPs electronically submit the completed form to BCN.

## Qualification timeframes

BCN provides a range of benefit-qualifying timeframes for new and returning employees to achieve enhanced or intermediate benefits under their Healthy *Blue* Living or Healthy *Blue* Living Rewards health plan.

### New employees

At the start of the plan year, new members automatically receive enhanced benefits for the first 90 days. To remain at the enhanced level, members must meet the plan requirements. If they don't meet the enhanced requirements, everyone on their health care contract moves to standard or intermediate benefits, depending on the plan, on day 91 and remains at that benefit level for the rest of the plan year. (See chart below.)

### Rehires

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

### Employees added retroactively

A retroactive contract addition after the effective date will jeopardize the employee's ability to have the full 90 days to comply with initial enrollment requirements and therefore is discouraged. Employers need to notify BCN of enrollment changes prior to the effective date. **All members must take the health assessment every year.**

New hire process – New hires will become eligible as follows...		
First or second quarter	Third quarter	Fourth quarter
Subscriber and covered spouse have enhanced benefits for 90 days. They will need to complete the plan requirements for enhanced or intermediate benefits, depending on the plan, within 90 days of their effective date.	Subscriber and covered spouse have enhanced benefits for 90 days. They need to complete the plan requirements for enhanced or intermediate benefits, depending on the plan, within 90 days of their effective date. The PCP will not need to submit the <i>BCN Qualification Form</i> at the start of the new plan year, unless doctor follow-up is required.	Subscriber and covered spouse have enhanced benefits for the remainder of the plan year. At the start of the new plan year, subscriber and covered spouse must complete the plan requirements within 90 days to qualify for enhanced or intermediate benefits, depending on the plan.

## New plan year open enrollment

During open enrollment there are a number of ways for members to work toward achieving healthier lifestyles and maximize their healthy benefits.

### Continuing members: standard or intermediate benefits

At the start of the plan year, renewing members with standard or intermediate benefits have the opportunity to meet the health requirements within the first 90 days of the plan year to move from:

- Standard to enhanced for Healthy *Blue* Living
- Standard to intermediate or enhanced for Healthy *Blue* Living Rewards
- Intermediate to enhanced benefits for Healthy *Blue* Living Rewards

Those who qualify will move to enhanced or intermediate benefits on day 91, depending on the plan.

### Continuing members: enhanced benefits

At the start of each plan year, renewing members must meet the requirements to keep enhanced benefits. The only exception is when a member's primary care physician notes on the *BCN Qualification Form* that a follow-up appointment isn't needed for 13 to 24 months. In that case, PCPs do not have to send us a qualification form until the following plan year. However, all members must take the online health assessment annually during the 90-day renewal period, even if their PCPs don't need to see them for two years.

## Members and Medicare

Only active employees, COBRA members and retirees under the age of 65 are eligible for Healthy *Blue* Living and Healthy *Blue* Living Rewards. Subscribers or covered spouses eligible or enrolled in a Medicare plan do not have to meet the Healthy *Blue* Living or Healthy *Blue* Living Rewards plan requirements.

If the subscriber is	And the spouse is	And a Medicare plan is offered
Medicare-eligible	Medicare-eligible	The subscriber and spouse enroll in the Medicare plan. Non-Medicare dependents are automatically enrolled in Healthy <i>Blue</i> Living or Healthy <i>Blue</i> Living Rewards enhanced benefits.
Medicare-eligible	Not Medicare-eligible	The subscriber enrolls in the Medicare plan. The spouse enrolls in Healthy <i>Blue</i> Living or Healthy <i>Blue</i> Living Rewards and dependents receive the spouse's benefits (enhanced, intermediate or standard depending on the plan).
Not Medicare-eligible	Medicare-eligible	The subscriber enrolls in Healthy <i>Blue</i> Living or Healthy <i>Blue</i> Living Rewards and dependents receive the subscriber's benefits (enhanced, intermediate or standard depending on the plan). The spouse enrolls in the Medicare plan.

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

### Questions?

Ask your Blues agent or sales representative,  
call **1-800-464-BLUE (2583)** or visit  
**[MiBCN.com/groupresources](http://MiBCN.com/groupresources)**.

**healthybluechoices**<sup>SM</sup>  
Embrace total health.

Total Health Engagement is a game-changing, integrated approach to health care that allows you to embrace total health with ease by integrating three principles – your benefits, health support and resources, and the care you receive from doctors and hospitals.

As your partner in health care, the Blues are here to support you every step of the way.



**Blue Care  
Network  
of Michigan**

A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association