

# BLUEPRINT®



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## 'Thank you' for participating in 2007 labor training seminars

The Market Relations Labor Liaison staff at Blue Cross Blue Shield of Michigan and Blue Care Network thank everyone who participated in our 2007 labor training seminars. We held seven statewide training classes and trained 126 union leaders representing 19 unions.

Your input has been invaluable in selecting topics and making improvements for our future labor seminars. We are in the process of planning seminars for 2008. Please look for details on dates and times in future editions of *Blueprint*.

Some of the topics we are considering for 2008 include updates on health care issues and trends, BCN products and Medicare individual and group products. If you have any additional suggestions or input on how we can better serve our labor customers, please contact your Market Relations labor liaison representative.

Again, we thank you for your participation and support.

## Community Blue Plus<sup>SM</sup> is a win-win health care plan

When you negotiate benefits on behalf of your union members, health care costs will, no doubt, be at the forefront of the discussion. So, it's important to know that a health care plan with built-in preventive dental and vision exams could lead to significant savings on your overall health care costs.

This is what prompted the Blues to launch Community Blue Plus, a medical plan with built-in dental and vision exams.

Community Blue Plus is a total wellness plan that incorporates the medical coverage of our industry-leading PPO with limited Blue Dental<sup>SM</sup> and Blue Vision<sup>SM</sup> coverage. It's a plan that Dr. Michael Jennings, past president of the Michigan Dental Association, calls "the ultimate solution" for its detailed attention to employee wellness, cost reduction for employers and simplicity for both.

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The Blues wish  
to thank you for  
your support  
and extend to  
you a warm  
holiday greeting  
and a Happy  
New Year!



## HSA deductible and contribution limits increased for 2008

Cost of living adjustments set by the Internal Revenue Service have increased 2008 deductibles for groups enrolled in our Flexible Blue product.

Individual products — Flexible Blue<sup>SM</sup> 1500 and Flexible Blue 2500 — will now include the new individual and family contribution limits for 2008. One-sub groups that maintain the Flexible Blue Plan 4 have automatically been modified. Deductible and contribution limits for 2008 are listed below:

### Pre-tax contribution limits

Combined member and customer annual contributions cannot exceed:

- \$2,900 for individual-only coverage (formerly \$2,850)
- \$5,800 for family coverage (formerly \$5,650)

### Maximum annual out-of-pocket costs (including deductibles and copayments)

- \$5,600 for individual-only or self-only coverage (formerly \$5,500)
- \$11,200 for family coverage (formerly \$11,000)

### In-network minimum deductible amounts (unchanged from 2007)

- \$1,100 for individual-only or self-only coverage (formerly \$1,050 in 2006)
- \$2,200 for family coverage (formerly \$2,100 in 2006)

### Catch-up contributions

The annual 2008 catch-up contribution for members 55 and older is \$900 per person. With the mandated \$2,900 annual individual contribution limit, the total for members in this age category is \$3,800.

### Medical savings accounts

Deductible and out-of-pocket limits for medical savings accounts will be released later this year. MSAs were originally a pilot program scheduled to end in 2000; the program has now been extended through 2007.

**Note:** BCBSM will automatically adjust select Flexible Blue plan deductibles to align with minimum deductibles required by the IRS. We will also align a select plan's deductible (FB Plan 4) with the maximum contribution allowable to an HSA.

## COMMUNITY BLUE PLUS continued from page 1

“A plan like this is really ideal because it address the entire body,” says Jennings. “It’s really a win-win situation to have medical, dental and vision benefits fall under one roof.”

Community Blue Plus seeks to accomplish a trio of goals:

- **Improve wellness** — Attention to both dental and vision care is important to overall health. This comprehensive plan offers preventive dental treatment and a vision exam to help avoid serious health conditions and improve the overall wellness of your union members.
- **Reduce costs** — Dental and vision specialists can catch signs of severe health problems, such as

diabetes and heart disease. When detected early, some health problems can be cured or treated earlier, preventing more costly health conditions.

- **Increase employee productivity** — A healthy workforce saves money through improved attendance, productivity and work quality. Individuals are likely to perform at a higher level when they are healthy and less likely to leave a company that places emphasis on and shows concern for their overall health.

If you'd like to hear more about Community Blue Plus, please contact your local BCBSM sales representative.

## Zyrtec<sup>®</sup>, Zyrtec-D<sup>®</sup> go over the counter to save members, groups money

Blue Cross Blue Shield of Michigan will begin paying for over-the-counter Zyrtec and Zyrtec-D when they become available at the end of January 2008 for those groups participating in our pharmacy initiative program. The patents for these two drugs expire at the end of December 2007.

At the same time Zyrtec and Zyrtec-D become available, the Blues will also begin paying for OTC Claritin/Claritin-D. Members must have a prescription from their physician for covered OTC drugs.

Through our Member Education Therapeutic Interchange initiative, the Blues encourage physicians and members to switch to an OTC alternative unless there is a medical reason not to change, as determined by the physician and BCBSM. Members switching to the OTC drug or another lower-cost alternative will have their copay waived for the first prescription or supply of the drug. After that, they will pay their normal generic drug copayment for subsequent prescriptions.

The Blues estimate groups and members will save \$10 million to \$15 million in 2008 as a result.

### Member Education Therapeutic Interchange

is a member-directed initiative that educates members about generic drugs and over-the-counter equivalents of expensive brand-name drugs.

Here is what this will mean for your union members:

- The first time a member fills a prescription for brand-name drugs Xyzal<sup>®</sup> (levocetirizine) or Clarinex<sup>®</sup>/Clarinex-D<sup>®</sup>, BCBSM will contact the member and prescribing physician, encouraging both to consider the OTC equivalent or another lower-cost alternative.
- If the member switches, the first prescription is free because BCBSM will waive the copay. However, for BCBSM to pick up the copay, the doctor will have to write a new prescription for the OTC medicine. After the first prescription, members will pay their generic copay for the OTC drug, as opposed to the full amount.
- If the member chooses not to switch to the recommended drug, he or she can continue to take the brand-name drug for up to 90 days. After 90 days:
  - The physician must call BCBSM to provide evidence of medical necessity for the brand-name drug.
  - If the brand-name drug is not approved, the member will be responsible for the cost of the brand-name drug.

The Blues first told you about its Member Education Therapeutic Interchange in the July 2007 edition of *Blueprint*. It is part of our effort to reduce prescription drug costs for groups and members by serving as more of a pharmacy benefit manager.

## Have you missed an edition of Blueprint?

If you've missed an edition of *Blueprint*, with a few clicks of the mouse, you can find back issues at [bcbsm.com](http://bcbsm.com).

- Click on *I am a Group Customer*.
- Under *Group Services*, click on *Group Publications*.
- Under *Blueprint*, click on the issue you wish to view, which will be accessible as a downloadable PDF file.



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