

Healthy Blue LivingSM
Leading change. Changing lives.



Member Guide
**Open up to a
healthier you**



**Blue Care
Network
of Michigan**

Healthy *Blue* Living and a healthier you

Welcome to Healthy *Blue* Living!

Healthy *Blue* Living is the first health plan in Michigan to reward members with lower costs for actively pursuing their health goals. The response to this health plan has been terrific. In its first 18 months, more than 70,000 people in Michigan became part of this life-changing plan. Healthy *Blue* Living is a unique plan, and therefore, you'll need to know how it works.

How Healthy *Blue* Living works with you

Healthy *Blue* Living members are eligible for two benefit levels: standard and enhanced. On an introductory basis, new members will automatically receive enhanced benefits for the first 90 calendar days of coverage. You and your covered spouse can choose to actively maintain or work toward a healthy lifestyle and continue to receive the enhanced benefits or do nothing and receive standard benefits.

With either the standard or enhanced benefits, you receive quality BCN health care coverage. Once enrolled in Healthy *Blue* Living, you will have coverage regardless of whether or not you complete the steps below.

It pays to live healthy

If you choose to qualify for the enhanced benefits, you will save money when you use health care.



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.

That's because enhanced benefits offer lower copayments. They may also offer a lower deductible or no deductible at all.

If you and your covered spouse don't complete the four steps listed below within 90 calendar days of enrollment or re-enrollment, everyone on the contract will move to the standard benefit.

Step

1

Choose a primary care physician in BCN's network and see your primary care physician as soon as possible.

Don't delay. Your primary care physician is your health partner — responsible for providing and coordinating your health care. Your primary care physician will work with you to complete your *Qualification Form* (see Step 2) and will begin a partnership with you to help you set and achieve your health goals. Your primary care physician helps ensure you receive preventive care, such as regular checkups, health screenings and immunizations. If specialty care is needed, your primary care physician will refer you.

Tip: For more information on choosing a primary care physician, visit MiBCN.com/find, call BCN at 888-656-8276 (TTY users call 800-257-9980), or see the *Blue Care Network Member Handbook*.

Step

2

Partner with your primary care physician to complete the *Qualification Form*.

The *Qualification Form* looks at six high-impact health measures that can affect your health. (See chart on page 3.) With guidance from your primary care physician, the form will help you and your covered spouse develop solid wellness plans. Within the first 90 calendar days of enrollment or re-enrollment, you and your covered spouse will need to see your primary care physician and ask him or her to complete the form. The *Qualification Form* must be completed and sent to BCN within the first 90 calendar days of enrollment or re-enrollment.* (See footnote in box on following page.) Either you or your primary care physician can mail or fax the *Qualification Form*, or your primary care physician can send it to BCN electronically and print you a copy for your records.

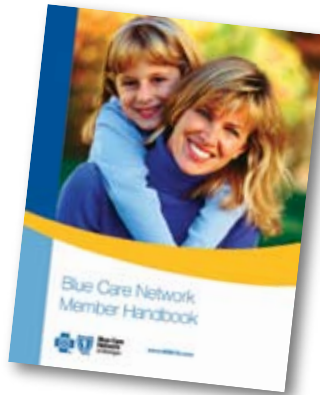
To take advantage of enhanced benefits, you and your covered spouse must complete the online health risk appraisal and *Qualification Form* within 90 days of enrollment or re-enrollment. See checklist above for additional qualification criteria.

Covered children and adult dependents do not need to complete the forms. They will automatically receive the enhanced or standard benefit based on you and your spouse's benefit level.

Step 3 Adopt or maintain a healthy lifestyle

Only you can decide whether you'll adopt a healthy lifestyle. Healthy Blue Living works for you when you actively commit to your own wellness plan. To help you maintain a healthy lifestyle, Healthy Blue Living requires follow-up visits with your primary care physician at the timeframe indicated by your primary care physician. If you or your covered spouse smoke or have two or more health issues identified on the *Qualification Form* and do not make a required follow-up visit, everyone on your contract will be moved to the standard benefit level 45 calendar days after your follow-up visit due date. (See page 5 for more information on follow-up appointments.)

Tip: See your *Blue Care Network Member Handbook*, certificate and riders for more information on your benefits.



Step 4 Complete a health risk appraisal on MiBCN.com.

By completing the secure health risk appraisal questionnaire online, you and your covered spouse immediately receive a comprehensive picture of your current health and health risks, as well as suggestions for minimizing those risks. Then, whenever you log into the BlueHealthConnection® Web site on **MiBCN.com**, a personalized health "dashboard" will provide articles, tips and advice about your health. It will even give you health management and tracking tools that help you take control of your health.

To take your online health risk appraisal:

- Visit **MiBCN.com**.
- Select *Member Secured Services*. (New BCN members need to wait two weeks after enrollment to log in.)
- Sign in on the *Member Secured Services Login*.

- Follow the directions to the health risk appraisal.
- When you have completed the online health risk appraisal, click *Submit*.

You and your covered spouse need to register and log in to Member Secured Services separately before completing the online health risk appraisal.

You will know that you successfully completed the online health risk appraisal when you receive an overall wellness score and a report on what you're doing well and what you can do better. Be sure to print the report for your records.

Tip: Detailed instructions on accessing the online health risk appraisal are included in your new member packet. For more information, see page 6. If you do not have Internet access, you can request a paper copy of the health risk appraisal by calling BCN Customer Service. After you return your completed health risk appraisal, you'll receive a summary of your health risks, which you should keep for your records.



Remember to complete the *Qualification Form*:

- When you join
- At required follow-up appointments, if you smoke or have two or more health issues identified on the *Qualification Form* (See page 5 for more information on follow-up appointments)
- Every year at re-enrollment*

Be sure to complete the "Member Information" section of the *Qualification Form* before returning it to BCN.

Remember to complete the online health risk appraisal:

- When you join
- Every year at re-enrollment*

* If your primary care physician indicates on the *Qualification Form* that follow-up is needed in 13 to 24 months, your next *Qualification Form* and health risk appraisal will be due at that time.

High-impact health measures

Six high-impact health measures	Qualification Form 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 Blue 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, you and your covered spouse must score a minimum of 80 points each on your *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 5 for more information on follow-up appointments.)



Frequently asked questions

How much will I save by qualifying for the enhanced benefit level?

Enhanced benefits mean a lower deductible, if applicable, and lower copays. To find out what the standard and enhanced copays and deductible are for you, contact your employer's human resources department or BCN Customer Service.

How can I get the most from my Healthy Blue Living coverage?

After you have completed the steps to qualify for enhanced coverage, be sure to check out the 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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What if I am unable to see my primary care physician in the first 90 calendar days? Can I get an extension?

No. The online health risk appraisal and *Qualification Form* are due within 90 calendar days of your coverage effective date. Your primary care physician will help you complete the form, but you are responsible for returning the form within the 90-day timeframe. If your primary care physician sends it to BCN electronically, be sure to ask him or her for a printed copy for your records.

Blue Care Network primary care physicians understand they must:

- Accommodate members requiring primary care physician validation of their *Qualification Form* in the first 90 calendar days of the program.

- Validate all patient-completed information against medical records (if the person's an existing patient).
- Sign the form.
- Agree to schedule follow-up appointments for patients identified with conditions being monitored by the program. Your primary care physician will determine the exact follow-up intervals.

What if I do not make my follow-up appointments?

If you smoke or have two or more health issues outlined in the *Qualification Form*, you will be required to see your primary care physician for a follow-up visit after the initial 90-day qualification period in order to maintain enhanced benefits. Your primary care physician will determine the exact follow-up timeframe.

If you or your covered spouse do not make a required follow-up visit, everyone on your contract will be moved to the standard benefit 45 calendar days after the follow-up visit due date. Everyone on the contract will remain in the standard benefit plan until the following renewal year when they can re-qualify. The *Qualification Form* needs to be completed at all required follow-up appointments and sent to BCN.

If my spouse or I have diabetes or high blood pressure, will we automatically have the standard benefit with higher copays?

No. It is important to remember that you and your covered spouse can qualify for the enhanced benefit and save money — as long as you are both actively committed to working toward healthier lifestyles.

If either my covered spouse or I smoke, will we automatically have the standard benefit with higher copays?

Not necessarily. If you wish to quit, you can join the BCN Quit the Nic free smoking cessation program. Call 800-811-1764 to enroll. To qualify for enhanced benefits, you must enroll in Quit the Nic within 120 days of enrollment or re-enrollment, actively participate in the program and continue to try to quit smoking. 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 my covered spouse or I have dual medical coverage (more than one type of coverage)? Can we still receive enhanced benefits?

Yes. Both you and your covered spouse will need to visit your **BCN primary care physicians** and complete all the steps to qualify for enhanced benefits. Your BCN primary care physicians must complete the *Qualification Forms*.

What is the online health risk appraisal and why should I fill one out?

The health risk appraisal is no ordinary questionnaire. Answering these 50 questions will support your healthy habits and guide you to new ones. It takes an average of 10 minutes to complete the health risk appraisal online, but you can spend as much time as you like with your responses. Your answers generate a report that identifies your potential health risks, such as heart disease or diabetes. The report then tells you what you can do to improve your health.

Do I need anything before I take the online health risk appraisal?

To get the best possible results from the questionnaire, it's a good idea to have your medical information on hand, including:

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

If you include this information when you fill out the questionnaire, your results will be more accurate and recommendations to you more focused. If you don't have your medical information, write in your best guesses. Over the next year, find your medical information so it's readily available when you fill in the questionnaire again. Think about your lifestyle, too. For example, how often you:

- 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 your health

What if I don't have time to finish all of the questions?

It takes an average of 10 minutes to complete the online health risk appraisal, and it must be completed in one sitting. If you're not able to finish the questionnaire in one sitting, do not submit it. You can visit the site later and re-enter your answers, which will not be stored.

I answered all the questions and hit Submit. What happens now?

You receive an overall wellness score. Plus, you'll be given a report on what you're doing well and what you can do better. Print this report for your records. You can view your results any time. Remember, you have to wait six months from the date you submitted your answers before you can take the questionnaire again. Between now and your next Healthy *Blue* Living renewal cycle, work on maintaining a healthy lifestyle to see whether you receive a better score for the same questions.

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

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

What if I am in the standard benefit this year and qualify for the enhanced benefit next year? Will my copays for the first 90 calendar days of next year be based on the standard benefit or on the enhanced benefit?

If you are in the standard benefit and qualify for the enhanced benefits during the first 90 calendar days of any renewal year, you will be moved to the enhanced benefit at the end of the 90-day time period. This means, for the first 90 calendar days, your copays and deductible will be at the standard benefit level. Following the 90-day period, your copays and deductible will be at the enhanced benefit level.

What if I follow all program rules and adopt a healthy lifestyle; do I need to complete the same steps again at my group's renewal?

Yes. To retain enhanced benefits, you and your covered spouse must complete a health risk appraisal and *Qualification Form* annually. The only exception is if your primary care physician indicates on the *Qualification Form* that follow-up is needed in 13 to 24 months, in which case you do not need to complete a *Qualification Form* until that time.

What happens if I get married and I need to add a spouse to my contract during the 90-day period or mid-year? Does my new spouse have the same requirements as me?

If you are married at the time of enrollment, your covered spouse must meet plan requirements to qualify for enhanced coverage. New spouses added anytime after enrollment will be assigned to your benefit level when added to the contract and will be asked to qualify for the enhanced benefit level when the contract is renewed the following year.

What happens if I add a dependent to my contract mid-year? Do they have the same 90-calendar-day period?

No. If you add a dependent to an existing Healthy *Blue* Living contract, the dependent will default to your enhanced or standard benefit level.

What happens if I change my primary care physician and my previous primary care physician indicated on the *Qualification Form* that a follow-up visit is required?

It is your responsibility to ensure your new primary care physician has a copy of your medical history from the previous primary care physician. A follow-up visit with your new primary care physician will be required. The *Qualification Form* needs to be completed at each required follow-up appointment and submitted to BCN. (See page 5 for more information on follow-up appointments.)

What is your reinstatement policy if I leave the plan and decide 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.

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

If either my covered spouse or I am Medicare–eligible, can we sign up for Healthy Blue Living?

Only active employees and retirees under the age of 65 are eligible for Healthy *Blue Living*. If you or your covered spouse are Medicare-eligible (Medicare is primary), you can enroll in one of BCN's Medicare products (BCN 65 or BCN AdvantageSM) with benefits closely matching your employer's 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 Living</i> plan.
Medicare-eligible	Not Medicare-eligible	The subscriber is enrolled in one of BCN's Medicare products. The spouse participates in Healthy <i>Blue Living</i> and dependents receive spouse's benefits (enhanced or standard).
Not Medicare-eligible	Medicare-eligible	The subscriber participates in Healthy <i>Blue Living</i> and dependents receive subscriber's benefits (enhanced or standard). Spouse is enrolled in one of BCN's Medicare products.



Member's to-do list

Use this handy list to check off the steps you and your covered spouse need to take within the first 90 calendar days of your Healthy Blue Living coverage (for new enrollees and renewals). You'll gain the most from Healthy Blue Living when you do!



Group enrollment or re-enrollment date: ____/____/____

- Select** a primary care physician and make an appointment as soon as possible.
 - You probably made this selection when you enrolled. If you didn't, go to **MiBCN.com/find** or call BCN at 888-656-8276 (TTY users call 800-257-9980).
 - I selected a primary care physician on: ____/____/____
 - Covered spouse selected a primary care physician on: ____/____/____
 - My primary care physician is: _____
Phone number: _____
 - Covered spouse's primary care physician is: _____
Phone number: _____
- Partner** with your primary care physician within 90 calendar days of enrollment or re-enrollment to complete *Qualification Form*.
 - My primary care physician appointment is on: ____/____/____ at ____:____ a.m./p.m.
 - Covered spouse's primary care physician appointment is on: ____/____/____ at ____:____ a.m./p.m.
 - My follow-up appointment (if required) is on: ____/____/____ at ____:____ a.m./p.m.
 - Covered spouse's follow-up appointment (if required) is on: ____/____/____ at ____:____ a.m./p.m.
- Complete** online health risk appraisal within 90 calendar days of enrollment or re-enrollment.
 - I completed the online health risk appraisal on: ____/____/____
 - Covered spouse completed the online health risk appraisal on: ____/____/____
- Return** the completed *Qualification Form* by fax or mail in the enclosed return envelope. Or your primary care physician can send it to BCN electronically. Just be sure your primary care physician prints you a copy for your records. BCN must receive the *Qualification Form* within 90 calendar days of enrollment or re-enrollment. If a follow-up visit is required, the form is due immediately after the visit.
 - I sent in a completed *Qualification Form* on: ____/____/____
 - Covered spouse sent in a completed *Qualification Form* on: ____/____/____
- Adopt** or actively maintain a healthy lifestyle.
- Quit** smoking.
 - If you smoke, you'll need to join and participate in our free Quit the Nic smoking cessation program within 120 days of enrollment or re-enrollment. Call 800-811-1764 to enroll.
 - I enrolled in Quit the Nic on: ____/____/____
 - My primary care physician follow-up appointment is on: ____/____/____ at ____:____ a.m./p.m.
 - My covered spouse enrolled in Quit the Nic on: ____/____/____
 - Covered spouse's primary care physician follow-up appointment is on: ____/____/____ at ____:____ a.m./p.m.

Notes: _____

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How do I contact BCN?

Customer Service: 800-662-6667
8 a.m. to 5:30 p.m. Monday through Friday
TTY users: 800-257-9980

Primary care physician selection line:
888-656-8276

Quit the Nic free smoking cessation program:
800-811-1764

MiBCN.com

BCN members' right to privacy

Our members' privacy is important to us. We ensure no completed health forms are handled or seen by any employer. BCN's commitment to members includes ensuring the confidentiality of their personal and medical information by adhering to strict internal and external safeguards. BCN's complete privacy notice is in the *Blue Care Network Member Handbook*, which is included in your new member packet. It also is available online at **MiBCN.com**. You can also get a copy by calling Customer Service.



**Blue Care
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