

Important Highmark Medical & Prescription Plan Changes

Below, please find a summary of changes that apply to PPO Blue, PPO Blue Qualified High Deductible Health Plan, and Classic Blue plans effective July 2, 2018. (Please note this document is intended to be a summary only).

- **Annual Limitations:**
 - Total Maximum Out-of-Pocket Limitation (TMOOP):
 - The annual limitation on in-network out-of-pocket maximums for non-qualified plans increases to \$7,350 for self-only coverage and \$14,700 for family coverage in 2018. ***For the LCIC Classic plan (Traditional), this change does not apply. It will remain at \$6,900 / \$13,550 Medical, \$250 / \$750 Rx, and Major Medical remains at \$50 / \$150 Deductible, 20% Coinsurance with a \$200 / \$600 Coinsurance Maximum.***
 - The annual limitation on in-network out-of-pocket maximums for qualified high deductible plans increases to \$6,650 for self-only coverage and \$13,300 for family coverage in 2018. ***For the LCIC QHDHP plan (CDHP-1), the total maximum out-of-pocket will remain at \$2,000 for self-only coverage and \$4,000 for family coverage.***
 - The minimum in-network deductible for qualified high deductible plans increases to \$1,350 for an individual and \$2,700 for a family in 2018.
- **Infusion Therapy Site of Care:** Administration of select high cost infusion therapy medications will be moved from the hospital outpatient setting to a non-hospital setting when medically appropriate. Prior Authorization will be utilized to determine the appropriate setting. Currently prior authorization is only required for the medication itself and not the site. Going forward, prior authorization will be required for both. For example, if the medication is approved, but the site of care is not approved, the authorization will be denied. Impacted members will be notified of these changes in advance.
- **Methadone:** Coverage is being added for methadone, an opioid addiction treatment. This will be covered under medical benefits subject to applicable cost share.
- **Preventive Care:**
 - Coverage is being added for enrollment in a Diabetes Prevention Program that is delivered by a Diabetes Prevention Provider. The program applies to adult members meeting certain medical criteria of having a high risk of developing type 2 diabetes. Coverage is limited to one enrollment in one Diabetes Prevention Program per year.
 - Coverage for Shingrix, a shingles vaccine, was added effective January 26, 2018. The Centers for Disease Control and Prevention (CDC) recommends coverage for members age 50 and older. Note: the Preventive schedule will reflect this new vaccine upon its next update in July, 2018.
- **Virtual Behavioral Health:** Effective April 1, 2018 across the board, virtual behavioral health services provided by Doctor On Demand will no longer be covered. Doctor On Demand will still be available for 24/7 acute care for minor illnesses. For virtual behavioral health a member can still use American Well or can use a local provider that has telemedicine capabilities.