ANNUAL MEMBER NOTICE

BlueCross BlueShield Minnesota

To make the most of your health plan, it's important to understand your health coverage and take an active role in your healthcare. This notice provides important information to help you understand where to locate important information about your health plan coverage.

Benefits of Blue Cross

Blue Cross knows that you have options when it comes to health care, and that's why we continue to work to be the best and provide you with outstanding services, including:

- The **Largest Provider Network** so you can get the care you need when you need it
- **Experienced Health Plan Team** health coaches and customer service representatives dedicated to providing you with the information and help you need
- **Online Tools and Resources** provide easy access to information about your care
- **24-hour Nurse Line** to help answer all your health questions, day, or night

Your Rights and Responsibilities

As a member, you have rights and responsibilities when receiving health care. Understanding them can help you make the most of your membership. As your health care partner, we want to make sure your rights are respected. That means giving you access to our network of health care providers and the information you need to make the best decisions for your health.

To view this valuable information, visit bluecrossmn.com and search for "member rights." A paper copy may be requested from Customer Service by calling the phone number on the back of the member id card or by emailing Quality.Improvement@bluecrossmn.com. Please note: Individuals responding to email requests sent to this mailbox do not have access to member records.

Understanding Your Coverage

The Health Care Certificate or Contract is a document that describes your health care benefits in detail. It provides documentation of what that plan covers and how it works, including how much you pay. It's a good idea to review this document each year. Your health plan or employer should provide you with a copy annually. A copy can be requested through your Benefits Administrator or by calling Customer Service. Your plan may have access to additional benefits, in certain situations. Those benefits include:

- Getting a second opinion
- Choosing any in-network doctor, clinic, hospital, pharmacy, or family planning agency for services such as family planning, testing for infertility, testing and treatment of sexually transmitted diseases, testing for AIDS and HIV, or women's routine and preventive health services
- Receiving coverage for out-of-network services if the service is a covered benefit and there is not an in-network provider who can perform the service

To learn more about these benefits and others that may be available to you, contact Customer Service at the number on the back of your ID card.

NOTICE: The information contained here is a summary of coverage and not a contract. If statements in this document differ from the contracts, the terms and conditions of those contracts will prevail. For more detailed information about benefit provisions, contact the Customer Service Department at the telephone number on the back of your insurance card.

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Creating a Better Experience

Our Quality Program builds on the work of the Institute of Medicine. The Institute is a leader in studying how to make health care the best it can be. Our goal is to improve your experience through advancement of healthcare that is safe, effective, patient-centered, timely, efficient, and equitable. Blue Cross' Quality Program has the following focus areas:

1. Monitoring hospital readmissions and complications
2. Improving services for managing chronic conditions
3. Coordinating care between medical and behavioral health/substance abuse providers
4. Coordinating care for complex conditions or chronic illnesses
5. Ensuring you get the healthcare you need – at the right place, the right time and for the right cost
6. Ensuring you have access to culturally and linguistically appropriate services

For detailed information about the program and how we improve the quality of benefits and services, visit bluecrossmn.com, and search for "quality improvement". A paper copy may be requested from Customer Service by calling the phone number on the back of the member id card or by emailing Quality.Improvement@bluecrossmn.com. Please note: Individuals responding to email requests sent to this mailbox do not have access to member records.

Prevention

Our preventive care programs identify members with gaps in care. Our clinical staff outreach to those members and share preventive care education; information to assist in the management of chronic conditions; and offer reminders and assistance in scheduling primary care appointments. This outreach is performed in a variety of ways: text messaging, email, mailings, or interactive voice response (IVR) calls. Our prevention outreach program is designed to improve adherence to recommended preventive care schedules. These schedules are designed to keep individuals on track to live their healthiest life possible, identify health problems early, and reduce the risk of unmanaged complications. These efforts improve the health of the community one person at a time.

Prior Authorizations

Our Utilization Management (UM) decision-making is based only on appropriateness of care and service and existence of medical coverage through your plan policy. We do not compensate providers, practitioners or other individuals conducting decision-making activities for denials of coverage or service. We do not offer incentives to decision-makers to encourage denials of coverage or service that would result in less than appropriate care or under-utilization of appropriate care and services.

UM decision-making processes ensure that members are not discriminated against based on race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, or genetic information. Consideration of an individual's needs, health plan benefits and clinical criteria are considered when making a decision. Core processes used to guide staff performing UM functions are:

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- Confidentiality: Personal health information is kept confidential in accordance with state and federal laws, including limiting access to only the information necessary to complete the review.
- Open Process: Physicians, licensed clinicians, members, and patient representatives are given the opportunity to provide essential information to clinical staff.

Independent Review of Claim Denial

If you disagree with a decision we've made about your appeal, you may ask for additional information or explanation by calling Customer Service. If your appeal is about a health care service or claim or contract rescission, review by an independent organization may be available to you. In most cases, you must first use the internal appeal process. Plans regulated by the Minnesota Department of Commerce or Health have a filing fee of $25, which the State may waive in cases of financial hardship. Not all plans or appeals qualify for independent review. To learn about your independent review options, contact Customer Service or review a copy of your certificate of coverage.

To request a review, refer to the instructions included in your denial letter or contact the appropriate office noted below. An independent review organization will work with you and your health plan to review your claim. You can also choose someone to act on your behalf, in writing. If you have a fully insured plan or state regulated plan and have questions about reviews, contact one of the offices below:

- Blue Cross and Blue Shield of Minnesota: MN Department of Commerce: 1-800-657-3602
- Blue Plus: MN Department of Health: 1-800-657-3916
- FEP (Multi-State Plan): United States Office of Personnel Management: 1-855-318-0714
- Other: Customer Service number on the back of your member ID card

Privacy Notice

We have always been committed to maintaining the security and confidentiality of your medical or other identifiable information (name, address, phone number, ID number, etc.). We maintain careful safeguards to protect against unauthorized access and use. We are required by law to provide notice about our legal duties and privacy practices. This notice is posted online annually and includes detail on how your identifiable information is used and disclosed, and how you can get access to this information. To review this notice, go to bluecrossmn.com and search for "Privacy Practices". A paper copy may be requested from Customer Service or by emailing Quality.Improvement@bluecrossmn.com. Please note: Individuals responding to email requests sent to this mailbox do not have access to member records.

Prescription Drugs

If you have your prescription drug coverage through Blue Cross, we will help you get the medications you need at the best value. Our drug benefit plans have access to tens of thousands of participating pharmacies nationwide. By using a pharmacy in your network, you pay the lowest cost and the pharmacy files claims for you. If you use an out-of-network pharmacy, you may need to pay the pharmacy in full and then file a claim. To find a pharmacy in your network and to get personalized, real-time prescription drug pricing information, visit bluecrossmn.com and log in."

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A **formulary** is a list of drugs that are covered by a health plan. Its purpose is to encourage use of the most cost-effective drugs. The formulary is necessary because the cost of prescription drugs, especially specialty drugs, is rising faster than other healthcare costs. Some of the reasons for this trend include:

- Advertising for high cost drugs
- Aging population using more drugs
- High cost of research and development for new drugs

Formularies are developed and maintained by a committee of doctors and pharmacists. The Pharmacy & Therapeutics Committee studies new drugs and new information for existing drugs. They keep up to date on the newest developments in medicine and continually improve our formularies based on the latest research. The formulary applies only to prescription medication dispensed pharmacies, not to inpatient medications or medications obtained from and/or administered by your doctor unless exceptions are noted. We do not require that your doctor only prescribe preferred formulary drugs. However, you may save time and money by asking your doctor if a newly prescribed drug is on our formulary. If it is not, ask whether there is a preferred generic or brand-name version that is on the Blue Cross formulary. In most cases, your doctor will be able to offer you at least two alternatives.

Depending on your plan benefits, your provider may request an exception to the formulary or a coverage exception for any drug that they consider medically necessary. We provide your doctor with instructions on how to request a medication coverage exception. Your doctor will provide us with supporting documentation such as laboratory results, progress notes and other information to support the request. Your doctor may also submit a request to have a medication added to the formulary.

Additional information about Prescription Drug coverage:

Term	Description
Generic Substitution	Some plans require generic substitution for brand-name drugs where the FDA has determined the generic is equivalent to the brand name version. To obtain the brand name version, you may have to pay a higher out-of-pocket amount.
Prior Authorization	A process to ensure appropriate prescribing and use before a drug will be covered. Coverage may be approved after certain criteria are met.
Step Therapy	A process that requires trying another drug that may be more safe, clinically effective and, in some cases, less expensive, before a more expensive drug is approved

To find a copy of your plan's formulary, including any restrictions, limitations and preferences, as well as a summary of the most recent changes and current procedures visit bluecrossmn.com and log in The formulary is printable, you may also request a paper copy from Customer Service or by emailing Quality.Improvement@bluecrossmn.com. Please note: Individuals responding to email requests sent to this mailbox do not have access to member records.

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Medical Drugs/Therapeutics

Medical drugs are medicines that you receive in a healthcare setting such as a clinic or hospital. Examples of medical drugs are infusions or injectables. They are administered to you by a healthcare provider. Medical drugs are covered under your medical benefit. They do not include drugs that process under the pharmacy benefit such as oral pills or other self-administered drugs.

Blue Cross requires prior authorization for some covered medical drugs. The Medical Pharmacy & Therapeutics Committee evaluate these drugs to determine medical necessity and appropriateness. The Medical Pharmacy & Therapeutics Committee is made up of practicing physicians, pharmacists and other providers representing a variety of specialties and Blue Cross representatives. The Committee studies new drugs and new information for existing drugs. They keep up to date on the newest developments in medicine and continually improve our clinical criteria for prior authorization based on the latest research. Your provider may request a prior authorization review for drugs that they consider medically necessary. We provide your provider with instructions on how to request a prior authorization. Your provider will provide us with supporting documentation such as laboratory results, progress notes and other information to support the request.

To determine if your drug requires a prior authorization and to learn more about our medical prior authorization process, please talk to your provider and have them visit https://www.bluecrossmn.com/providers/medical-management/prior-authorization

For some plans, Blue Cross uses a preferred medical drug list. For more information on medical policy supporting documentation, see https://www.bluecrossmn.com/providers/medical-management/medical-and-behavioral-health-policies.

Additional information about Medical Drug coverage:

Term	Description
Cosmetic Use	Services performed primarily to enhance or alter physical appearance without correcting or improving a physiological function.
Medical Necessity and Appropriate Use	Healthcare services or supplies needed to evaluate, diagnose, prevent, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.
Experimental / Investigative	Treatments, drugs, or services that have been determined not to be medically effective for the condition being treated. Blue Cross will consider an intervention to be experimental/investigative if: • the intervention does not have Food and Drug Administration (FDA) approval to be marketed for the specific relevant indication(s); or, • available scientific evidence does not permit conclusions concerning the effect of the intervention on health outcomes; or,

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Term	Description
	• the intervention is not proven to be as safe and as effective in achieving an outcome equal to or exceeding the outcome of alternative therapies; or, • the intervention does not improve health outcomes; or, • the intervention is not proven to be applicable outside the research setting

For more detailed information on our medical drug management and medical policies including prior authorization information, see https://www.bluecrossmn.com/providers/medical-management. For additional questions, you can call Customer Service at the number on the back of your member ID card, or you can email Quality.Improvement@bluecrossmn.com. Please note: Individuals responding to email requests sent to this mailbox do not have access to member records.

Care Management Programs

Blue Cross offers several Care Management programs, designed with your health and well-being in mind. We're here to support you, whether you're navigating a significant health event, managing a chronic condition, or simply aiming to enhance your overall wellness.

Here's how it works:

- **Personalized Support:** Our dedicated team of nurses, social workers, wellness coaches, and behavioral health specialists are ready to answer your questions and guide you on your health journey.
- **Collaborative Approach:** We work hand-in-hand with you, your doctor, and even family members to ensure you receive the tailored care you need.
- **Identification and Referrals:** Members are identified for these programs through various means - be it claims/utilization information or referrals. Referrals for our programs can come from several sources including our internal staff such as Member Advocates and Utilization Management staff, your care team, your caregiver, and even you.
- **Stay Informed:** If eligible, look out for detailed brochures in the mail, notifications via text or email from our clinical staff, or a phone call from one of our clinicians.

At any point in time, you may contact Blue Cross to:

- Discover more about these enriching programs
- Understand how we identified the perfect program for you
- Opt-out if needed

We're committed to empowering every member with tools and resources that promote a healthier lifestyle!

Questions?

If you have questions about any of the information in this notice, your health benefits, claims, services that require prior authorization or referral, or to obtain status of a prior authorization, contact Customer

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Service at the number on the back of your member identification card. Except for the dates listed below, representatives answering the member customer services numbers are available to assist you Monday through Friday during business hours.

- Monday, January 15
- Monday, May 27
- Wednesday, June 19
- Thursday July 4
- Monday, September 2
- Thursday, November 28
- Friday, November 29
- Tuesday, December 24
- Wednesday, December 25

Thank You

We appreciate your membership and feedback. We are committed to being Minnesota's health care leader and giving you the quality treatment, you deserve. To serve you better, we occasionally conduct surveys by mail or phone. Your input is critical to helping us deliver the best quality care.

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