

# Member Communication for January 2021 Renewal Bulletin

Blue Cross and Blue Shield of Minnesota  
January 2021 Minimum Premium Groups



Each year there are a number of health plan changes that may affect members. Typically, these include benefit clarifications, process modifications and other plan changes.

This document provides a summary of changes that will be implemented upon your 2021 health plan renewal.

## Pharmacy changes/updates:

- Specialty Coupon Accumulator Adjustment Program

## Other required changes, notifications, and reminders:

- Creditable coverage disclosure for pharmacy benefits
- Network changes in 2021
- Out-of-pocket maximum requirements/2021 HSA limits
- IRS preventive care benefits

## Pharmacy Changes, Updates

### Specialty Coupon Accumulator Adjustment program

There is a change in the process when using coupons for specialty drugs. Upon your group's renewal, only the actual amount you pay out-of-pocket for the specialty drug will apply towards your deductible, coinsurance, and/or annual out-of-pocket maximum. Letters will be sent to impacted members advising of the change.

To see your benefit details, visit [Bluecrossmn.com](http://Bluecrossmn.com), or for base questions on coverage and prescriptions call customer service using the number listed on the back of your ID card.

## Other Required Changes, Notifications and Reminders

### Creditable coverage disclosure for pharmacy benefits

Member notification of creditable disclosure coverage status is due each year on October 1, upon request from your employer, or upon plan design change or termination of coverage.

### Network changes

Blue Cross' goal is to make health care accessible, affordable, and easy to use. To promote member choice and access, Blue Cross will be sunsetting three Accountable Care Organization (ACO) networks in 2021: Strive – Metro Region, Western MN, and Northeast MN. Two ACO networks will remain in place: Southeast MN and Metro MN.

### Out-of-pocket maximum requirements

The out-of-pocket (OOP) maximum for the plan can be no greater than the self-only or other than self-only cap established for that year. Cost-sharing accumulates to the OOP maximum based on:

- Covered Benefits (Essential Health Benefits (EHBs), EHB and other designated benefits or all benefits)
- Network (in-network only or more generous network tiers); and
- Plan design

Note: The High Deductible Health Plan (HDHP) limits on out-of-pocket expenses and the maximum out-of-pocket (OOP) limits as defined under the Affordable Care Act (ACA) are NOT the same.

### Embedded (aggregate) vs. non-embedded (non-aggregate) OOP maximum

There are specific requirements regarding family cost sharing accumulations. This impacts the ability for a plan to have an embedded or non-embedded OOP maximum.

- Plans with an embedded OOP maximum begin paying benefits that require cost sharing for the first family member that meets the per person OOP maximum.
- Plans with a non-embedded OOP maximum require the entire family OOP maximum to be met before cost sharing benefits are paid.

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- All plans (whether HDHP or non-HDHP) must cap out-of-pocket spending at \$8,550 for any covered person. A family plan with an out-of-pocket maximum in excess of \$8,550 can satisfy this rule by embedding an individual out-of-pocket maximum in the plan that is no higher than \$8,550. This means that for the 2020 plan year, an HDHP subject to ACA out-of-pocket limit rules may have a \$7,000 (self only)/\$14,000 (family) out-of-pocket limit (and be HSA-compliant) so long as there is an embedded individual out-of-pocket limit in the family tier no greater than \$8,550 (so that it is also ACA-compliant).

## Employer Implications:

- Large Employers will need to evaluate their OOP maximum and make adjustments to their deductible and OOP maximums for 2021 as needed according to these new guidelines.
- Unless the family OOP amount is \$8,550 or less the plan must have an embedded individual out-of-pocket
- Groups who have a separate OOP maximum for medical and pharmacy must not exceed the OOP maximum when the two separate OOP maximums are combined.

## Guidance for designing an HSA-compliant health plan that has individual “embedded” deductibles:

### HSA-compliant HDHP with an embedded deductible

It is permissible to have an individual member (embedded) deductible on family policies if the individual deductible is not less than the minimum family deductible amount established by HSA law (\$2,800 in 2021).

A comparison of the 2020 and the 2021 limits is shown below:

<b>Contribution and Out-of-Pocket Limits for Health Savings Accounts and High Deductible Health Plans</b>			
	<b>For 2020</b>	<b>For 2021</b>	<b>Change</b>
<b>HDHP minimum deductibles</b>	Self-only: \$1,400 (single plan only)  Family: \$2,800 (this is the lowest amount for embedded deductible on a family plan.)	Self-only: \$1,400 (single plan only)  Family: \$2,800 (this is the lowest amount for embedded deductible on a family plan.)	Self-only: +\$0  Family: +\$0
<b>HDHP maximum out-of-pocket amounts</b> (deductibles, copayments and other amounts, but not premiums)	Self-only: \$6,900  Family: \$13,800	Self-only: \$7,000  Family: \$14,000	Self-only: +\$100  Family: +\$200
<b>Out-of-pocket limits for ACA-compliant plans</b> (set by HHS) <b>*Note: this is the highest amount for embedded deductible.</b>	Self-only: \$8,150*  Family: \$16,300*	Self-only: \$8,550*  Family: \$17,100*	Self-only: +\$400  Family: +\$800

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<b>Out-of-pocket limits for HSA-qualified HDHPs</b> (set by IRS)	Self-only: \$6,900	Self-only: \$7,000	Self-only: +\$100
	Family: \$13,800	Family: \$14,000	Family: +\$200
<b>HSA contribution limit</b> (employer + employee)	Self-only: \$3,550	Self-only: \$3,600	Self-only: +\$50
	Family: \$7,100	Family: \$7,200	Family: +\$100
<b>HSA catch-up contributions</b> (age 55 or older) *	\$1,000	\$1,000	No change**
*Catch-up contributions can be made any time during the year in which the HSA participant turns 55. ** Unlike other limits, the HSA catch-up contribution amount is not indexed, any increase would require statutory change.			

## IRS Preventive Care benefits

The IRS issued guidance that expands the list of preventive care benefits that high deductible health plans (HDHPs) can cover when paired with a health savings account (HSA) (IRS Notice 2019-45). HDHPs can now provide pre-deductible coverage for certain items and services to manage chronic conditions without putting the member's HSA eligibility at risk. Blue Cross is adding coverage to our fully insured to include all the items listed in the chart below except for Blood Pressure monitors.

The following table shows which medical services and items used to treat certain chronic conditions are now recognized as preventive care eligible for pre-deductible HDHP coverage. Please note that our preventive drug lists are not expanding/changing.

Preventive Care Service or Device	For Individuals Diagnosed with these conditions
*Blood Pressure Monitor	Hypertension
Retinopathy screening	Diabetes
Peak flow meter	Asthma
Glucometer	Diabetes
Hemoglobin A1c testing	Diabetes
International normalized ratio (INR) testing	Liver disease and/or bleeding disorders
Low-density lipoprotein (LDL) testing	Heart disease

\*Blue Cross fully insured is implementing a change to include this new benefit **except for blood pressure monitors**.