

Individual Product News

Highmark Requests Rate Adjustments

Highmark Blue Cross Blue Shield has filed with the Pennsylvania Insurance Department for rate adjustments for Medically Underwritten products including CompleteCare, DirectBlue, KeystoneBlue and PPOBlue. The rate adjustments, needed primarily because of the increase in health care costs, have been requested for an October 1, 2009 effective date.

Attached for your use are PDFs of the Important Notice inserts announcing the requested rate adjustments. **These inserts should to be given to your customers interested in or applying for individual coverage.** In addition, these inserts can be ordered via the Producer Online Order Form using the following inventory numbers:

24307 (6/09) – CompleteCare
24308 (6/09) – DirectBlue & PPOBlue
24309 (6/09) – KeystoneBlue

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Applications Require Member Acknowledgment of Family Deductible

Applications for the Medically Underwritten products have been revised. The most current version of each application has a revision date of 1/09 following the inventory number in the bottom right-hand corner on the first page of the application.

Enhancements to the applications include showing applicable family deductibles on the first page of the CompleteCare, DirectBlue and PPOBlue applications next to the individual deductibles. Family deductible explanations have been added to applications as well. **Acknowledgement that they understand how a deductible is applied must be indicated with customers' written initials on the Conditions of Enrollment page on the paper applications (for your files) and electronic signature on the online application.**

It is important to provide your clients with a thorough explanation of how a family deductible for a particular product is applied so they have a clear understanding of the costs they will incur before a plan begins to pay for benefits. Not all Highmark plan deductibles are applied in the same way. The PPOBlue family deductible is applied differently than the DirectBlue and CompleteCare family deductibles as described below.

PPOBlue Annual Family Deductible

For an Agreement covering more than one (1) family member, the ENTIRE family deductible must be met (within a benefit period) before Highmark will pay for covered services to ANY family member. The family deductible can be satisfied by an individual family member or in a combination of one or more family members.

DirectBlue & CompleteCare Annual Family Deductibles

For an Agreement covering more than one (1) family member, each covered individual must meet his/her individual deductible (within a benefit period) before Highmark will pay for covered services for that individual. No individual member may satisfy the entire family deductible. Only after three (3) individual family members have satisfied their deductibles will the deductibles for all remaining family members also be considered to have been satisfied.

Advising Your Highmark Group Clients on Conversion and HIPAA Options

If facing termination of group benefits, your clients currently enrolled in Highmark group programs may seek your advice on options for themselves or their employees when looking for individual and family coverage.

Conversion

If an individual is cancelled from a Highmark group, he or she **may** be eligible for a conversion to specific individual coverage. Individuals interested in applying for a conversion should:

1. Call the toll-free Member Service phone number on the back of the Highmark group ID card and ask if his/her group offers conversions. (If a conversion is available, Highmark, upon notification **by the group** of the cancellation date, will mail a conversion pre-interest letter to the customer.)
2. Upon receipt of the conversion pre-interest letter, call the phone number indicated on the Pre-Interest letter to request a conversion application.
3. Complete and mail the conversion application to Highmark **within 90 days** of the group cancellation date.

The customer can enroll in one of the conversion products with **no pre-existing waiting period and no lapse in coverage** between the group cancel date and the date the new individual coverage begins.

HIPAA Eligibility Checklist and HIPAA Program

Clients who are not currently enrolled in a Highmark group program may be eligible for HIPAA. Producers are **required** to review the attached HIPAA Eligibility Checklist with their clients.

If a client is losing coverage provided by a non-Highmark group, a HIPAA program **may** be a good option. Individuals interested in applying for HIPAA coverage should:

- 1) Obtain a Certificate of Prior Creditable Coverage from all previous employers with whom they had coverage during the past 18 months.
- 2) Determine if he or she meets the government-mandated guidelines for the HIPAA program (see the attached Eligibility Checklist).
- 3) Once eligibility is determined, call 1-800-876-7639 to request a Highmark HIPAA enrollment kit. PreferredBlue PPO is the plan Highmark offers for HIPAA enrollment.
- 4) Submit the HIPAA application to Highmark **within 63 days** of the group cancellation date.

The customer can enroll in the HIPAA program with **no pre-existing waiting period and no lapse in coverage** between the group cancel date and the date the new individual coverage begins.

Direct your group clients whose coverage is terminating and who are not eligible for Medically Underwritten programs to contact Highmark to determine eligibility for conversion and HIPAA options.

Individual Products Provide Out-of-Area Coverage While Traveling

The following information will be beneficial when talking about coverage with customers and members who travel outside the Highmark service area.

Members who are enrolled in Highmark Individual Products can receive medical care for covered services when they travel out-of-area. **All** Highmark Individual Products provide this out-of-area service as indicated by the BlueCard and BlueCard Worldwide “suitcase” logo on the front and the toll-free phone number on the back of Highmark ID cards.

When travelling outside the Highmark service area, members should, ideally, seek only needed urgent or emergency care. However, routine services are also available. Members needing urgent or emergency care should get treatment from the nearest provider and then contact their own doctor for follow-up upon return home. If seeking routine care out-of-area, members should call the BlueCard number on their ID card or check the Highmark Web site to locate network or participating providers.

When planning travel outside the U.S., members who use maintenance prescriptions or who have chronic conditions may anticipate the need for medical care and want to be confident that they will have access to that medical care, if it is needed. In preparation for their travel, members should call the BlueCard Worldwide toll-free number on their ID cards to determine the accessibility to appropriate providers in advance of their trip.

KeystoneBlue members also use the BlueCard program for up to 90 days. From 90 consecutive days to not more than 180 days, the Away From Home Care Program enables KeystoneBlue members residing outside the Keystone Health Plan West service area to have an HMO benefit program in a participating Blue HMO location. The member needs to apply for this program, select a PCP in the participating service area and receives an ID card labeled "Away From Home Care" in the PCP field on the front of the ID card. Call 1-800-249-9579 for eligibility information, an application and locations where the Guest Membership is available.

Guidelines for Adding Children to Existing Coverage Have Been Revised

Although the guidelines for Adding Newborns to Existing Individual Product Coverage have not changed, the guidelines in the Producer Manual are being revised to provide clarification between natural born newborns, adopted newborns, and newborns placed for adoption.

Attached are the revised guidelines. Please insert these guidelines into your Producer Manual. Also attached is a PDF of the Change Form that must be used when adding a newborn to a policy. Please destroy the old Change Forms. In addition, the Change Form can be ordered via the Producer Online Order Form using inventory number CC-043.

Shut Down of CompleteCare to New Members

Highmark will no longer accept new member applications for CompleteCare, effective October 1, 2009. Current members will retain their CompleteCare coverage and will, if necessary, also be able to add new family members (i.e., a spouse or newborn/adopted child) under their contracts.

New enrollment in CompleteCare will no longer be available for a number of reasons:

- DirectBlue now offers both \$250 and \$500 deductible options, the same deductible options as CompleteCare.
- DirectBlue and CompleteCare premiums are similar but DirectBlue offers a 90% coinsurance versus Complete Care's 80% coinsurance.
- DirectBlue provides out-of-network coverage with no claim forms to file. CompleteCare members who use non-participating providers may be balance-billed and have to file their own claims for services from those providers.
- DirectBlue pays 100% of the negotiated prescription drug price (after a \$100 drug deductible) while CompleteCare pays only 80% of covered drug costs (after a \$100 drug deductible).

If you have any questions concerning the items in this issue, please contact your Account Manager.

Sincerely,

A handwritten signature in black ink, appearing to read "Reginald E. Brown". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Reginald E. Brown

Director, Producer Affairs, West

Attachments: 6

WPA CompleteCare insert for 6-09.pdf

WPA DirectBlue and PPOBlue insert for 6-09.pdf

WPA KB insert for 6-09.pdf

21942 HBCBS HIPAA ELIGIBILITY CHECKLIST for 6-09.pdf

Newborns Handbook Insert.pdf

CC-043 (R2-09).pdf