

Consumer-Driven Health Plans



Consumer-Driven Health Plans (CDHP)

- **What are they**
- **Key components of CDHP**
- **Glossary of terms**
- **How do they work**
- **How can you identify a member who is on a CDHP**

What is a Consumer-Driven Health Plan? (CDHP)

- **CDHP are health plans that engage covered individuals in:**
 - improving their own health and taking control over health care decisions
 - taking control over choosing their own health care providers
 - managing their own health expenses

Three key components of CDHPs

- **An affordable high-deductible health plan**
 - HealthyBlue, SimplyBlue and BluePPO
- **A funding account**
 - Health Savings Account – HSA
 - Health Reimbursement Account – HRA
 - Flexible Spending Account - FSA
- **Online health information and health tools and resources**

How does it work?

Preventive Services



Plan provides full coverage

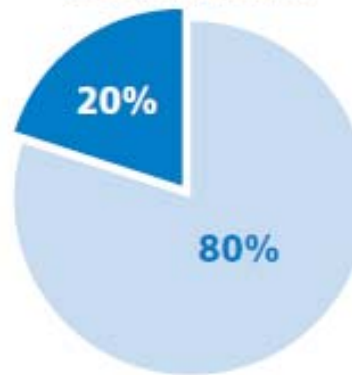
Other Services

Until deductible amount is reached



Employee pays a deductible up to a certain amount

After deductible amount is reached



Once the deductible costs are reached, the employee pays a percentage called coinsurance

Plan pays Patient pays

The funding account

HRA, HSA, or FSA funds are used to pay for qualified medical expenses that are the employee's responsibility

Types of funding accounts

	Health Saving Account (HSA)	Health Reimbursement Account (HRA)	Flexible Spending Account (FSA)
Overview	A tax-free, employee-owned account that combines with a high-deductible health plan to help employees save on qualified medical expenses	A tax-free medical reimbursement plan funded by the employer that pays for qualified medical expenses by the end of each year	A tax-free spending account used for qualified medical expenses, which must be used
Is a high-deductible health plan required	Yes	No	No
Who owns the account?	The employee	The employer	The employer
Who funds the account?	Employers and employees	The employer	Employers and employees
Are there contribution limits?	In 2011, the maximum is \$3,050 for single coverage, and \$6,150 for family	The employer controls contribution limits	The employer controls contribution limits
Is the account transferable?	Yes, since the employee owns the account	Maybe. It depends on how the employer designs the plan	Money not used by the end of a given year is forfeited to the employer
What are the advantages?	<ul style="list-style-type: none"> • Both employer and employee can contribute • Account is transferable • Employee has investment options • Expansive list of qualified medical expenses • After the age of 65, employee can spend money on anything without penalties 	<ul style="list-style-type: none"> • No trust required • Employer designs the plan • Cash flow advantage for the employer - no upfront funding required • Employer can decide to vest money or not • Employees can only spend money on qualified expenses 	<ul style="list-style-type: none"> • Can be used with any commercial health plan • Can be combined with an HSA or HRA • Tax saving for the employers

How it works in your office

- 1. Bring It:** members are responsible for bringing their ID cards to each visit
- 2. Check It:** providers are responsible to ask for and check the member ID card at each visit.
- 3. Go to Excellusbcbs.com/provider** to verify eligibility / benefits even if the member has presented his/her ID card
- 4. Call customer service** to verify eligibility/benefits



How it works with providers and the plan

- Provider confirms the status of the deductible
- Provider informs member of policy regarding collecting payment up-front
- We encourage providers to submit a claim for processing before collecting up-front from the member.
- Always submit a claim regardless of the member's status in meeting his/her deductible.

Note: If the provider requires payment up-front and it is determined on the remittance invoice that too much was collected, you will be required, by law, to refund the difference to the member.

Patient Payment Notification Notepad



Dear Valued Member,

Your plan may require member cost-sharing, which means that you may be responsible for paying a copayment, coinsurance, or for the service itself (if your deductible has not been met) to your physician or health care provider at the time of the visit.

Because your plan does not reimburse your physician or health care provider for these fees, please be considerate by paying promptly at a time agreed upon by you and your physician or health care provider.

Thank you!

excellusbcbs.com

A nonprofit independent licensee of the Blue Cross Blue Shield Association

Ways to live healthier and save money

The goal of consumer-driven health care is to empower you to take control of your care.

Here are some things you can do to make sure you're taking care of yourself and getting the most value for your dollar.

Use network providers

Access the in-network doctors, specialists and pharmacies listed on our website and you can save money on your care.

Get recommended preventive care

Preventive care is covered in full on your plan. Getting regular exams and screenings will help you live healthier. You can find a list of preventive services on our website.

Ask for generic drugs

Generic drugs are safe, effective, and approved by the Food and Drug Administration. They just cost you less. A lot less. Ask your doctor or pharmacist if generic drugs are right for you.

Take advantage of the online resources we offer

- Blue 365 - discounts on health and fitness products and services
- 6,000+ Health topics online
- Health coaching to provide you with answers to virtually any health care question
- Quit for Life® tobacco cessation program

Take care of yourself

Use Step Up - our free fitness and nutrition program.

Find health tips and healthy recipes on our website
excellusbcbs.com/member

B-3558 / 5300-11M



To order a supply of notepads, click [HERE!](#)



How to check member eligibility


excellusbcbs.com/provider

The screenshot displays the provider portal interface. At the top, it says 'Welcome Mary!' with links for 'Log Out', 'Modify My Profile', and 'Change My Password'. The main navigation bar includes 'Provider Home', 'Coverage & Claims', 'Referrals & Auths', 'Coding & Billing', 'Prescriptions', 'Patient Care', 'Education', and 'Contact Us'. A 'Quick Links' sidebar on the left lists: 'Check Eligibility', 'View Benefits & Coverage', 'Check Claims', 'Request Claim Adjustment', and 'View Remittances & Statements'. The central 'Check Member Eligibility' section features a large heading, a description, and three links: 'Check Eligibility', 'For Members of Other Blue Plans', and 'Member Prefix List (PDF)'. Below this, the 'Benefits & Coverage' section is highlighted with a red arrow pointing to the 'View Benefits' link, which is also enclosed in a red box. Other links in this section include 'For Members of Other Blue Plans', 'Deductible & Cost Sharing (for High Deductible members)', and 'Coordination of Benefits'. To the right, the 'Check Claims' section has links for 'Check Claims' and 'For Members of Other Blue Plans'. At the bottom, there are three buttons: 'View Medical Policies', 'View Remittances & Statements', and 'TheBlueCard' (Learn about TheBlueCard® Program).

How to check member eligibility

excellusbcbs.com/provider

Welcome Mary! [Log Out](#) | [Modify My Profile](#) | [Change My Password](#)

Excellus  | For Providers

Text Size [A](#) [A](#) [A](#) [Printer Friendly](#)

[Provider Home](#) | [Coverage & Claims](#) | [Referrals & Auths](#) | [Coding & Billing](#) | [Prescriptions](#) | [Patient Care](#) | [Education](#) | [Contact Us](#)

Quick Links

- [Check Eligibility](#)
- [View Benefits & Coverage](#)
- [Check Claims](#)
- [Request Claim Adjustment](#)
- [View Remittances & Statements](#)

View Benefits

Enter Member Information

Instructions:

Please enter any of the following combinations and click "Next"

1. Subscriber ID and Date of Birth - OR -
2. Subscriber ID, First Name and Last Name - OR -
3. Date of Birth, First Name and Last Name

Subscriber ID: Enter without the 3 letter prefix, spaces or dashes

First Name: **Last Name:**

Date Of Birth: MMDDYYYY

Date Of Service: MMDDYYYY

How to check member eligibility

excellusbcbs.com/provider

The screenshot shows the Excellus provider portal interface. At the top, it says "Welcome Mary!" with links for "Log Out", "Modify My Profile", and "Change My Password". The main header includes the Excellus logo and "For Providers" with a search bar. A navigation menu contains: Provider Home, Coverage & Claims (highlighted), Referrals & Auths, Coding & Billing, Prescriptions, Patient Care, Education, and Contact Us. On the left, a "Quick Links" sidebar lists: Check Eligibility, View Benefits & Coverage, Check Claims, Request Claim Adjustment, and View Remittances & Statements. The main content area is titled "View Benefits" and "Results Detail". It displays member information in a table:

Member Name:		Address:	
Subscriber ID:		Phone:	
Date of Birth:	06/12/1954	Contract:	HealthyBlue Copay \$15/25 LTH
Date of Service:	03/08/2011		

Below the table is a disclaimer: "Disclaimer: This information should not be interpreted as pre-approval of services. Certain services may be subject to additional requirements described in the member's insurance policy. Payment of claims related to these benefits are subject to the member's eligibility on the date of service and the resolution of any other outstanding claims." Instructions follow: "Instructions: Select a Benefit or Contract from the table below to view benefit details or contract summary (for example, visits used for limited benefits)". A red arrow points to the "Contract Description: (Click on the contract you wish to view)" section, which shows a radio button selected for "HealthyBlue Copay \$15/25 LTH". At the bottom, there is a dropdown menu labeled "Select Another Option for this Patient" with the text "Please Select" and a "Start Over" button.

How to check member eligibility

excellusbcbs.com/provider

Instructions: Select a Benefit or Contract from the table below to view benefit details or contract summary (for example, visits used for limited benefits)

Contract Description: (Click on the contract you wish to view)

HealthyBlue Copay \$15/25 LTH

Contract Summary: (Contract name selected above)

In Network Benefits (Select a Benefit from the table below to view additional benefit information)

Service Type	Copay	Deductible	Coinsurance	Limit
<input type="radio"/> Acupuncture	\$25.00	\$0.00	0%	10
<input type="radio"/> Allergy Testing- PCP	\$15.00	\$0.00	0%	0
<input type="radio"/> Allergy Treatment- Specialist	\$25.00	\$0.00	0%	0
<input type="radio"/> Allergy Treatment- PCP	\$15.00	\$0.00	0%	0
<input type="radio"/> Allergy Testing/Treatment-Specialist	\$25.00	\$0.00	0%	0
<input type="radio"/> Ambulance-Ground	\$250.00	\$0.00	0%	0
<input type="radio"/> Ambulance-Air	\$250.00	\$0.00	0%	0
<input type="radio"/> Anesthesia	\$0.00	\$0.00	0%	0
<input type="radio"/> Bone Density Testing	\$0.00	\$0.00	0%	0



How to check member eligibility


excellusbcbs.com/provider


The screenshot displays the provider portal interface. At the top, it says 'Welcome Mary!' with links for 'Log Out', 'Modify My Profile', and 'Change My Password'. The main navigation bar includes 'Provider Home', 'Coverage & Claims', 'Referrals & Auths', 'Coding & Billing', 'Prescriptions', 'Patient Care', 'Education', and 'Contact Us'. A 'Quick Links' sidebar on the left lists: 'Check Eligibility', 'View Benefits & Coverage', 'Check Claims', 'Request Claim Adjustment', and 'View Remittances & Statements'. The central 'Check Member Eligibility' section features a large heading, a sub-heading 'See which plan a patient is enrolled in and the effective dates.', and three links: 'Check Eligibility', 'For Members of Other Blue Plans', and 'Member Prefix List (PDF)'. Below this, the 'Benefits & Coverage' section contains four links: 'View Benefits', 'For Members of Other Blue Plans', 'Deductible & Cost Sharing (for High Deductible members)', and 'Coordination of Benefits'. A red arrow points to the 'Deductible & Cost Sharing' link. To the right, the 'Check Claims' section has two links: 'Check Claims' and 'For Members of Other Blue Plans'. At the bottom, there are three buttons: 'View Medical Policies', 'View Remittances & Statements', and 'TheBlueCard' (Learn about TheBlueCard® Program).

How to check member eligibility

excellusbcbs.com/provider

Welcome Mary! [Log Out](#) | [Modify My Profile](#) | [Change My Password](#)

Excelsus  | For Providers

Text Size [A](#) [A](#) [A](#) [Printer Friendly](#) 

[Provider Home](#) [Coverage & Claims](#) [Referrals & Auths](#) [Coding & Billing](#) [Prescriptions](#) [Patient Care](#) [Education](#) [Contact Us](#)

Quick Links

- [Check Eligibility](#)
- [View Benefits & Coverage](#)
- [Check Claims](#)
- [Request Claim Adjustment](#)
- [View Remittances & Statements](#)

View Member Deductible & Cost Sharing Information

Enter Member Information

Please Note: This feature is available for DAIRYLEA CUSTOM EPO, BluePPO HSA, HealthyBlue HSA, FourFront and University of Rochester Health Care Plan members only.

Instructions:

Please enter any of the following combinations and click "Next"

1. Subscriber ID and Date of Birth - OR -
2. Subscriber ID, First Name and Last Name - OR -
3. Date of Birth, First Name and Last Name

Subscriber ID: Enter without the 3 letter prefix, spaces or dashes

First Name: Last Name:

Date Of Birth: MMDDYYYY

Date Of Service: MMDDYYYY

How to check member eligibility

excellusbcbs.com/provider

View Deductible & Cost Sharing Inquiry

For members in our High-Deductible Plans

View Member Deductible & Cost Sharing Information

Deductible & Out of Pocket Limit Inquiry

The amounts below reflect claims we've processed from Jan. 1 through Dec. 31st for the selected year.

Calendar Year Date of Last Claim Processed: 06/22/10

Member Details

Member	Birth Date	Annual Deductible	Deductible Used	Deductible Remaining	Out-of-Pocket Used	Out-of-Pocket Remaining
ANGELA	07/20/1966	\$2,400.00	\$85.37	satisfied	\$176.16	\$4,623.84
Family Totals		\$2,400.00	\$2,400.00	satisfied	\$2,682.44	\$2,117.56

Family Policy Totals

- In Network Deductible (Includes In and Out of Network Claims):**
The member has met \$2,400 toward their annual Network Deductible. Once that amount is met, claims will no be subject to a deductible.
- In Network Out of Pocket Maximum (Includes In and Out of Network Claims):**
\$2,682.44 has been met. When the total met equals \$4,800, claims will no longer be subject to a deductible and coinsurance.

excellusbcs.com/member/cdhc

Consumer Driven Health Care

Consumer driven health care (CDHC) puts you in control of your health care. The information below can help you understand the plan.

How it works

Guides to using the plan

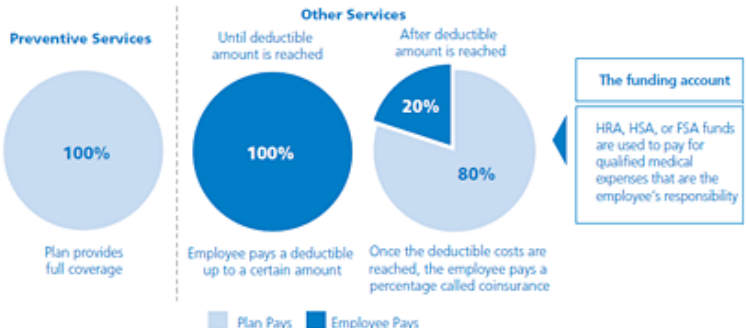
New member area

[How it Works](#) | [Frequent Questions](#) | [Health & Wellness](#)

How it Works

You get great coverage with a High Deductible Health Plan and can add a Funding Account to help reduce out-of-pocket expenses, which could reduce your taxable income.

» [View Larger Image](#)



Preventive Services
100%
Plan provides full coverage

Other Services
Until deductible amount is reached: 100% Employee Pays
After deductible amount is reached: 80% Plan Pays, 20% Employee Pays

The funding account
HRA, HSA, or FSA funds are used to pay for qualified medical expenses that are the employee's responsibility

■ Plan Pays ■ Employee Pays

Key Components

- + A High Deductible Health Plan
- + Funding Account Options
- + New Members - Get Started

Calculators

New member guide (brochure)

List of qualified expenses

Calculate Your Expenses



Use our [HDHP Calculator](#) or [FSA Calculator](#)

New Member Guide

[Download Our New Member Guide \(PDF\)](#)

Hear from a Member



[How it works for singles and families](#)

Qualified Medical Expenses



[HSAs, HRAs and FSAs \(pdf\)](#)