



# Health and Wellness Benefit Plan Summary

## Network Medical and Prescription Drug Deductibles

This Benefit Plan has a combined Medical and Prescription Drug Deductible that must be met before Benefit Plan payments begin. Benefits will be provided based on the co-insurance amount outlined in the benefit plan. The Deductible applies to all Medical and Prescription Drug Benefits except covered preventive prescription drugs and preventive medical services. Non-network benefits do not accrue towards the Out-of-Pocket Maximum.

## Out-of-State Services

**Prior authorization must be obtained by the Network Provider for non-emergent elective services provided outside the State of Mississippi. Benefits for non-emergent elective services from an out-of-state Network Provider are not available if the services are reasonably available through an in-state Network Provider.**

## Blue Primary Care Home

Blue Primary Care Home is a partnership between the Member and their Blue Primary Care Network Provider or Pediatric Blue Primary Care Network Provider focused on achieving quality health outcomes through patient-centered care. Blue Primary Care benefits include an annual *Healthy You!* wellness visit, Color Me Healthy! to manage certain chronic conditions for Members age 18 and older, and the Good Health Club for Members age 0-17.

## Healthy You! and Preventive Health Services

Our Healthy You! wellness benefit facilitates a healthy provider-patient relationship through annual wellness visits with a Mississippi Primary Care Network Provider. The *Healthy You!* benefit is provided at no out-of-pocket cost when rendered by a Blue Primary Care Network Provider, Pediatric Blue Primary Care Network Provider or *Healthy You!* Network Provider located and practicing in Mississippi. Services must be provided in the provider's clinical setting. The *Healthy You!* benefit is not covered for Non-Network providers or out-of-state providers. See the Healthy You! Wellness Guide located at [www.bcbsms.com](http://www.bcbsms.com) for details on covered screenings. Other Preventive Health Services as outlined in Medical Policy are also available when rendered by a Network Provider. Visit [www.bcbsms.com](http://www.bcbsms.com) to view our Medical Policy.

## Specialty Services

Specialty Services include, but are not limited to, treatment related to cardiac care, spine surgery, and certain orthopedic services. All Specialty Services are subject to Medical Policy, including Medical Necessity, and a determination by the Company of the most clinically appropriate setting. Certain specified Specialty Services must be rendered by a Center of Excellence Provider or a Blue Specialty Network Provider for a Member to receive the highest level of benefits. No Specialty Services Benefits will be provided without Pre-Certification or Prior Authorization. To be covered, certain Specialty Services, to include hip, knee and shoulder replacement and spine surgeries, must be provided by a Blue Specialty Network Provider.

## Hospital Services

Hospital services include inpatient and outpatient hospital services. Hospital services do not include Specialty Services provided by a Center of Excellence Network Provider or Blue Specialty Network Provider. Only certain Covered Services are covered in a Hospital setting, and Prior Authorization may

be required if the Covered Services can be provided in a lower place of treatment. If Prior Authorization is not obtained, coverage shall not be provided for Covered Services provided in a place of treatment other than the lower place of treatment.

### Emergency Room (ER) Services

Emergency room services are available for medical emergencies. If a Member receives non-emergency services from an emergency room, an additional costs will apply.

### Physician and Allied Provider Professional Services

Physician and Allied Provider professional services includes office visits and covered services in the inpatient and outpatient setting.

### Other Covered Services, Supplies or Equipment

Other covered services, supplies or equipment provided by an Allied Provider or Physician are subject to Network and Non-Network Benefits, where applicable, and include:

- Allergy Injections/Testing Services
- Ambulance Services
- Diagnostic Services Facility\*
- Dialysis Treatment\*
- Durable Medical Equipment\*
- Hospice Care\*
- Independent Laboratory\*
- Infusion Services\*
- Orthotic Devices
- Outpatient Cardiac Rehabilitation\*
- Physical Medicine\*
- Prosthetic Appliances
- Sleep Studies\*
- Speech Therapy
- Therapy Services\*

\*Benefits are only available when provided by a Network Provider.

### Prescription Drugs

- Benefits will only be provided for Prescription Drugs included in the Company's Prescription Drug Formulary, Maintenance Drug Formulary, Medical Prescription Drug Formulary or Disease Specific Drug Formulary. Members can identify covered Prescription Drugs using the search feature on the My Rx tab of our *myBlue* Member portal available at [www.bcbsms.com](http://www.bcbsms.com).
- All Prescription Drug Benefits are subject to Care Management to include Prior Authorization which may be required prior to Benefits being provided, Medical Necessity and appropriateness of care. Benefits for Prescription Drugs are subject to quantity limits and/or day limits and Medical Policy. Certain prescription drugs are subject to clinically-appropriate duration of use restrictions based upon the usual course of treatment.
- If a generic equivalent Prescription Drug, Interchangeable Biological Product or Biosimilar Product is available but the Member purchases a brand name or Reference Biologic Medication, the Member will be responsible for the entire cost of the drug.
- Certain Prescription Drugs that have a generic alternative, Interchangeable Biological Product or Biosimilar Product may be subject to a trial usage of a generic alternative drug, Interchangeable Biological Product or Biosimilar Product for a specific period of time before Benefits will be available for the Prescription Drug.
- Subject to Prior Authorization, Benefits may be available for Category 4 Prescription Drugs where a lower cost alternative is available. If Benefits are provided, the Benefits will be no greater than the Benefit for the lowest cost alternative.

### Maintenance Drugs

Members can receive a 90-day supply of certain Prescription Drugs from a Community PLUS Maintenance Pharmacy.

### Disease Specific Drugs

Disease Specific Drugs must be provided by a Network Disease Specific Pharmacy or a Member's Non-Pharmacy Network Provider, be authorized in advance by the Company and listed in the Disease Specific Drug Formulary.

### Medical Prescription Drugs

Medical Prescription Drugs are available through a Hospital, Physician, Allied Provider or in other healthcare settings, are not considered retail Prescription Drugs, are subject to Medical Policy and must be listed in the Medical Prescription Drug Formulary.

### Blue Health Management

**Join the Good Health Club!** Being healthy can be a lot of fun. The Good Health Club promotes the 5-2-1-0 plan:

- Eat 5 servings of fruits and vegetables every day
- Limit screen time to 2 hours
- Get at least 1 hour of physical activity
- Limit sweetened drinks to 0

To help kids be as healthy as possible, our Health and Wellness Team works with Pediatric Blue Primary Care Network Providers and other Network Providers to ensure covered services are rendered in the most clinically-appropriate, cost-effective setting, to include Centers of Excellence and Blue Specialty Network Providers. Based on their health status, Eligible Members may also qualify for one of our enhanced health management programs which support kids and their parents in managing asthma or diabetes, for example.

### Mental Health and Substance Use Disorder Benefits

- Inpatient Care
- Partial Hospitalization
- Outpatient Hospital Visits
- Other Outpatient Physician and Allied Provider Services
- Network Physician and Allied Provider Office Visits

### Organ and Tissue Transplant Benefits

Prior Authorization and Care Management are required for renal transplants, other solid organ transplants (liver, heart, lung), tissue transplants (bone marrow transplants) and donor benefits. Benefits are only available when provided by a Network Provider approved and designated for the particular transplant service.

### Pediatric Vision

Pediatric vision benefits are available for Members up to age 19. Benefits include an annual comprehensive routine eye exam and eyeglasses.

### Pediatric Dental

Pediatric dental benefits are available for Members up to age 19. Benefits include preventative and diagnostic dental care as well as certain surgical dental services. This benefit will pay primary to any other dental coverage provided by the Company.

### Health Savings Account (HSA)

Members with this benefit plan are eligible for a Health Savings Account (HSA) which allows them to contribute tax-deductible dollars toward future medical expenses including deductibles, co-insurance and other qualified healthcare expenses.

This summary of the Health and Wellness Benefit Plan is designed for the purpose of presenting general information about the Health and Wellness Benefit Plan and is not intended as a guarantee of benefits. All services covered in the Health and Wellness Benefit Plan are subject to Medical Policy and Medical Necessity review to determine if the services are covered under the Health and Wellness Benefit Plan. This is not a Summary Plan Description and in the event of a conflict between this document and the actual Health and Wellness Benefit Plan, the terms of the Health and Wellness Benefit Plan will prevail.