

Proposed **Benefit Changes** for 2024/25 Plan Year

Allowing Coverage for Humira Biosimilars

-1.7 % Impact to Rates

For informational purposes only.
Change has already occurred.
No action required.

Why is this important.

- Our #2 costing medication.
- **122** scripts for only **10** individuals.
- Average monthly script cost is **\$6,461**.
- **\$788,302** or **7%** of our total drug spend.
- Biosimilar's are expected to be **60-80%** less expensive.
- If handled right, as they come to market, we could reduce overall drug spend by **3.5%** if all switched.

Require Blue Distinction Centers for Major Medical Surgeries

-0.7 % Impact to Rates

Why is this important?

- Surgeries from the Best Regional Surgeons
- Significantly Lower Complications
- Much Higher Chance of a Quality Outcome
- Savings for the Plan

What would this apply to?

- Transplants
- Hip & Knee Surgeries
- Cardiac Surgeries
- Spinal Surgeries

Adding Coverage for Bariatric Surgeries

+0.4% Impact to Rates

Why is this important?

- With properly managed eligibility, significant reductions in an individual's weight can lead to overall health and quality of life improvements.
- Base line health improvements can also result in lower claims costs.
- Studies show Gastric Sleeve and Lap Band surgery methods result in fewer readmissions and complications than other Bariatric Surgery methods.

Eligibility Criteria

- **Only** for Members and Spouses.
- **No Coverage** for Dependent Children.
- Individual **Must Be** Enrolled for Health Coverage through Employer for **2 Consecutive Years**.
- **Only** available at BlueDistinction & BlueDistinction+ Providers.
 - Currently in Oklahoma, these are Bailey, Integris & Norman.
- **Only** for Lap Bands & Gastric Sleeves under the following procedure codes:
 - Gastric Sleeve: 43775
 - Lap Band: 43770, 43771, 43772, 43773, 43774, 43886, 43887, 43888 & S2083
- Eligibility subject to Blue Cross's Medical Policy Criteria SUR 716.003 & SUR 716.006.
 - <http://tinyurl.com/39fr8nzy>
- Coverage subject to Deductible & Co-Insurance.

Allowing Coverage for GLP-1 Medications

+1.9% Impact to Rates

Why is this important?

- GLP-1's are the media hot topic.
- With strict eligibility criteria, adding coverage would be cost prohibitive.
- Additionally, a higher member cost share is necessary to protect the Plan.

Eligibility Criteria

- **Only** for Members and Spouses.
- **No Coverage** for Dependent Children.
- Individual **Must Be** Enrolled in Health Coverage through Employer for **2 Consecutive Years**.
- Subject to a Clinical Prior Authorization (CPA) Process managed by Express Scripts.
- Individual **Must Meet** the following eligibility criteria:
 - Morbidly Obese **BMI >40 kb/m2**; or
 - Morbidly Obese **BMI >35 kg/m2 AND** one or more of the following:
 - Hypertension - Stage 2 **SYS >140 & DIA >90** & Uncontrolled.
 - Dyslipidemia - High **>240 mg/dL** & Uncontrolled.
 - Coronary Heart Disease.
 - Obstructive Sleep Apnea.
 - Osteoarthritis in Weight Bearing Joints.
- Available for a **\$250** Co-Pay for 30-Day Supply.
 - For Preferred Formulary Brands Medications **Only**.
 - **No Coverage** for Non-Preferred Brand Medications.
 - Would **Not** Apply to Plan Year Maximum-Out-Of-Pocket.

Plan Design Changes to Platinum Health Coverage

0% Impact to Rate

Why is this important?

- Re-Balances Suite of Plan Designs
- Simplifies Rx Coverage
- Aligns with Competitor Plan Designs to Aid in Growth

Suggested Changes

	Current	Proposed
In-Network		
Deductible - Individual	\$1,750	\$1,500
Deductible - Family Max	\$3,500	\$3,000
Max Out-of-Pocket - Individual	\$6,000	\$5,000
Max Out-of-Pocket - Family Max	\$12,000	\$10,000
Out-of-Network		
Deductible - Individual	\$3,500	\$3,000
Deductible - Family Max	\$7,000	\$6,000
Max Out-of-Pocket - Individual	\$12,000	\$10,000
Max Out-of-Pocket - Family Max	\$24,000	\$20,000
Pharmacy		
Preferred Brands	25% up to \$80 Max	\$55
Non-Preferred Brands	40% up to \$120 Max	\$70