

# DETROIT PUBLIC SCHOOLS COMMUNITY DISTRICT

## Memorandum


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**TO:** All DPSCD Employees  
**FROM:** Jim Baker, Deputy Superintendent of Human Resources  
**DATE:** March 21, 2017  
**SUBJECT:** District Wide Distribution – Healthy Blue Living Extension Notice

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Blue Care Network has offered a 30-day extension for employees to complete the Healthy Blue Living requirements so they can retain the Enhanced benefit level. The new deadline to complete all requirements is now April 30, 2017. We have developed multiple communications which will be distributed to employees through a number of mechanisms. Watch for emails, postings throughout the buildings and listen to the information on the Robo Calls which will be made.

We cannot emphasize enough how important this issue is! Please follow the instructions as published.

APPROVED:   
Jim Baker, Deputy Superintendent of Human Resources

APPROVED:   
Alycia Meriweather, Interim General Superintendent



# DETROIT PUBLIC SCHOOLS COMMUNITY DISTRICT

## Office of Compensation, Benefits & EHS

3011 W. Grand Blvd., 10<sup>th</sup> Fl. Fisher Building, Detroit, Michigan 48202  
Office: (313) 576-0080 Fax: (313) 748-6119

Dear DPSCD Employee;

We are pleased to announce that Blue Care Network (BCN) has granted a 30 day extension for employees to complete the Healthy Blue Living Requirements. The deadline to **complete** the Healthy Blue Living requirements for BCN is now **April 30, 2017**. Please note that if you **do not complete** the online health assessment and the qualification form (completed with your primary care physician) by **April 30, 2017 your deductibles, co-pays, coinsurance and pharmacy copays will increase substantially** when you move from the Enhanced to the Standard benefit level as noted below:



	Core Plan PCP FOCUS Network		Core+ Plan PCP FOCUS Network		Premium Plan Full BCN Network	
	Enhanced	Standard	Enhanced	Standard	Enhanced	Standard
Deductible	\$500 Individual \$1,000 Family	<b>\$2,000</b> <b>Individual</b> <b>\$4,000</b> <b>Family</b>	None	<b>\$500</b> <b>Individual</b> <b>\$1,000</b> <b>Family</b>	\$500 Individual \$1,000 Family	<b>\$2,000</b> <b>Individual</b> <b>\$4,000</b> <b>Family</b>
Coinsurance (employee pays)	10%	<b>20%</b>	N/A*	N/A*	10%	<b>20%</b>
Coinsurance Maximum	\$1,500 Individual \$3,000 Family	<b>\$2,000</b> <b>Individual</b> <b>\$4,000</b> <b>Family</b>	N/A	N/A	\$1,500 Individual \$3,000 Family	<b>\$2,000</b> <b>Individual</b> <b>\$4,000</b> <b>Family</b>
Physician Office Visit (PCP) / Online Office Visit	\$20 Copay	<b>\$30 Copay</b>	\$20 copay	\$20 copay	\$20 Copay	<b>\$30 Copay</b>
Specialist Office Visit	\$40 Copay	<b>\$45 Copay</b>	\$20 copay	\$20 copay	\$40 Copay	<b>\$45 Copay</b>
Emergency Room Visit	\$100 Copay	<b>\$150</b> <b>Copay</b>	\$100 copay	\$100 copay	\$100 Copay	<b>\$150</b> <b>Copay</b>
Urgent Care Facility	\$40 Copay	<b>\$45 Copay</b>	\$50 copay	\$50 copay	\$40 Copay	<b>\$45 Copay</b>

OVER



Pharmacy (EHIM)	EHIM Rx					
Retail (Up to 30 Days Supply)	\$7 / \$25 / \$50 Copay	<b>\$15 / \$30 / \$60 Copay</b>	\$5 / \$25 / \$40 Copay	\$5 / \$25 / \$40 Copay	\$7 / \$25 / \$50 Copay	<b>\$15 / \$30 / \$60 Copay</b>
Mail Order (Up to 90 Days Supply)	\$14 / \$50 / \$100 Copay	<b>\$30 / \$60 / \$120 Copay</b>	\$10 / \$50 / \$80 Copay	\$10 / \$50 / \$80 Copay	\$14 / \$50 / \$100 Copay	<b>\$30 / \$60 / \$120 Copay</b>

If your Primary Care Physician is unable to see you and complete the Qualification form, including submitting it electronically to BCN before the deadline, you must call BCN Customer Service at (800-662-6667) and advise them of your situation. **Failure to do so will result in you, and/or your family moving from the Enhanced to the Standard benefit level and substantially increase your deductibles, co-pays, coinsurance and pharmacy copays.**

To reiterate, you must complete the following by **April 30, 2017**:

1. Complete the online Health Assessment
2. Schedule an appointment with your Primary Care Physician to complete the Qualification Form
3. Make sure your Primary Care Physician submits the completed Qualification Form electronically to BCN before the **April 30, 2017** deadline
4. Call BCN Customer Service if your Primary Care Physician is unable to complete the Qualification Form and submit it electronically to BCN prior to the **April 30, 2017** deadline
5. Call BCN Customer Service if your Primary Care Physician is unable to schedule you to complete the Qualification Form prior to the **April 30, 2017** deadline

For additional information regarding the Healthy Blue Living requirements, please review the member handbook you should have received from BCN. BCN has also provided a link to the webinar they conducted previously on our website at <http://detroitk12.org/benefits>.

**Please note, failure to complete requirements as noted will result in your family moving to the Standard benefit level for the duration of the 2017 plan year. You will also start the 2018 plan year at the Standard benefit level until you have successfully completed the requirements for the 2018 plan year prior to the 2018 deadline.**





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# Healthy Blue Living<sup>SM</sup> HMO

## Your Healthy Blue Living to-do list

Don't forget, to stay in the enhanced level with lower out-of-pocket costs, you have a Healthy Blue Living to-do list. You need to complete the first two steps below within the first 90 days of your plan year. Depending on your qualification form results, you may need to complete steps 3 and 4 within the first 120 days of your plan year.

Here's what you need to do:

Within the first

**90 DAYS**

of plan year

Complete by 3/31/2017

Complete by 4/30/2017

- ☐ **See your primary care physician for a *Blue Care Network Qualification Form* visit.**

After your exam, your doctor needs to electronically submit your qualification form for you.

- ☐ **Complete a health assessment.**

To take your health assessment, log in to your account at **bcbsm.com**, click the *Health & Wellness* tab, then the *Healthy Living* tab and then click *Health Assessment*. It takes about 10 minutes to complete. If you don't have internet access, ask for a paper copy by calling **1-855-326-5098**.

Within the first

**120 DAYS**

of plan year

Complete by 4/30/2017

Complete by 5/31/2017

- ☐ **Enroll in Tobacco Cessation Coaching, powered by WebMD®.**

If your qualification form shows you use tobacco, enroll and participate in this program until your doctor submits a new qualification form that shows you no longer use tobacco.

- ☐ **Sign up for a BCN-sponsored weight-management program option.**

If your qualification form shows you have a body mass index of 30 or more, you'll need to enroll and participate in Weight Watchers or the Steps walking program, powered by WebMD. BCN will cover the cost of one program during your plan year only if you have a BMI of 30 or more and meet the participation requirements.

If you have a tobacco-cessation or weight-management requirement, you'll receive a letter with more details about the programs and enrollment instructions.

**You can check your updated, personal to-do list online and see the deadline of each task. Log in to your account at **bcbsm.com**, click the *My Coverage* tab, then click *To-do List*.**

Blue Care Network is committed to helping you achieve your best health status. Rewards for participating in our wellness program, Healthy Blue Living, are available to all contract holders who meet all qualification requirements. If you think you might be unable to meet a standard or requirement for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. You can work with your BCN primary care physician to find an alternative that's right for you in light of your health status. WebMD Health Services is an independent company supporting Blue Care Network by providing health and wellness services. Weight Watchers is an independent company that provides weight-management services to Blue Care Network members. Consult with your BCN primary care physician before starting any regular exercise or weight-management program.



If you, or someone you're helping, needs assistance, you have the right to get help and information in your language at no cost. To talk to an interpreter, call the Customer Service number on the back of your card.

إذا كنت أنت أو شخص آخر تساعد بحاجة لمساعدة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك دون أية تكلفة. للتحدث إلى مترجم اتصل برقم خدمة العملاء الموجود على ظهر بطاقتك.

[illegible]

만약 귀하 또는 귀하가 돕고 있는 사람이 지원이 필요하다면, 귀하는 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 통역사와 대화하려면 귀하의 카드 뒷면에 있는 고객 서비스 번호로 전화하십시오.

Se tu o qualcuno che stai aiutando avete bisogno di assistenza, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, rivolgiti al Servizio Assistenza al numero indicato sul retro della tua scheda.

Kung ikaw, o ang iyong tinutulungan, ay nangangailangan ng tulong, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa numero ng Customer Service sa likod ng iyong tarheta.

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone, or email at: U.S. Department of Health & Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201, phone: 800-368-1019, TTD: 800-537-7697, email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.