

PBM CARVE-OUT

Update for 2015

EHIM is pleased to announce that Blue Cross Blue Shield of Michigan (BCBSM) has recently rescinded their decision to mandate prescription coverage solely through BCBSM for fully insured groups with 51 or more eligible employees.

This change allows our current and new clients, who have fully insured medical benefits with BCBSM to continue to carve-out their pharmacy benefits in 2015. To read the original announcement from BCBSM, please refer to: *Blues Marketplace* Volume 7, Issue 41, November 5, 2014.

You can email bluealert@bcbsm.com to receive the full announcement.

“We are so pleased that we are able to continue to offer valuable pharmacy benefit programs to mutual EHIM and BCBSM clients in 2015. EHIM remains committed to providing the highest level of innovative and customized strategies for cost savings in today’s healthcare market. We know that this is necessary for both the physical and financial well-being of our clients and members.”

—Mindi Fynke, EHIM President and CEO.



Guidelines

- BCBSM is requiring all groups who chose to use a third-party carrier for prescription coverage to sign an attestation form certifying that ACA-mandated drug coverage is being provided by their prescription benefit manager.

EHIM's standard plan designs conform to the ACA mandates.

- BCBSM is requiring all groups who use a third-party carrier for prescription coverage to be responsible for ensuring that their out-of-pocket maximum for their BCBSM medical plan and their out-of-pocket maximum for their prescription coverage does not exceed the limits set under federal law.

EHIM already has the tools and team in place to establish appropriate out-of-pocket thresholds for the pharmacy program that aligns with BCBSM’s medical plans and will comply with the regulatory guidelines issued under the ACA.

For further clarification about EHIM's services,
please contact EHIM at 800-311-3446.