

CONSENT DECREE UPDATE

EMPLOYER NEWSLETTER 1

MAY 2018

IMPORTANT NOTICE: The Consent Decrees between UPMC Health System and Highmark expire **JUNE 30, 2019!!!!**

Following many years of legal battles, the consent decree facilitated by the Commonwealth of Pennsylvania between UPMC and Highmark will finally come to an end on **June 30, 2019**. When UPMC terminated its contract with Highmark in 2014, the consent decree was created to extend limited access to Highmark members to certain UPMC facilities to ease the disruption with providers and facilities.

After June 30, 2019, Highmark members will no longer have access to in-network care at UPMC facilities, except for a few specialized and regional facilities where care is only available at a UPMC hospital. This means your employees with Highmark coverage who have been able to receive in-network care at UPMC under the Continuation of Care provision of the consent decree will have to find another provider by the middle of next year. If not, they will incur out-of-network charges if they continue to receive care from that UPMC provider or facility.

Detailed information on the exception facilities may be found on our website at www.municipalbenefitsservices.com.

As a valued client of Municipal Benefits Services (MBS), we are developing a series of monthly consent decree communications beginning in June for both you as the employer as well as a targeted piece for you to share with your benefit eligible employees. Future newsletters will spotlight topics, such as:

- ✓ Highlights of Highmark Blue Cross Blue Shield and Allegheny Health Network (AHN)
- ✓ Highlights of UPMC Health Plan and University of Pittsburgh Medical Center (UPMC Health System)
- ✓ Choosing the Right Network for You
- ✓ How to Select a Primary Care Physician (PCP)
- ✓ What Happens on June 30, 2019

With the consent decree coming to an end mid-year next year, it will be important for your employees to carefully choose the medical plan with the network of providers that best meets their needs **during this year's Open Enrollment in November 2018**. During open enrollment, employees will be provided important communications to help them understand the medical options available. They will also be provided access to tools and resources to assist them in making their decisions for a January 1, 2019 effective date. Keep in mind, the medical plan chosen by employees during the upcoming annual enrollment period will be locked in for the entire calendar year, unless they experience a qualified change in status (*i.e., marriage, birth of a child, divorce, loss of a spouse, etc.*).

Change is hard, but prepared with the right information and good resources, you and your employees will be able to make these important decisions during the upcoming open enrollment. MBS is committed to providing you and your employees with all of the information needed to easily navigate through the changes in the networks. So, look for our **Consent Decree Update** communication series over the next several months.

If you have questions, please contact your Client Managers:

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