



Summary of 2021 large group product updates

Following is an overview of the changes/updates Blue Cross and Blue Shield of Nebraska (BCBSNE) will put into effect upon renewal starting Jan. 1, 2021, for PremierBlue (151+ eligible employees).

Medical Benefits

Mental Health Parity Act (MHPA): This federal law generally prevents group health plans and health insurance issuers that provide mental health and substance dependence and use benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical coverage.

- **Mental health parity annual testing:** Our annual testing to determine the most predominant cost shares for 2021 has been finalized. Everything remains the same as for 2020, except for office service benefits on the PPO plans with office copayments. The outpatient office services were tested as their own category, separate from other outpatient services. The results did not identify a most predominant benefit for substantially all office services on medical/surgical (66 2/3%). Therefore, the mental illness and substance dependence and abuse benefit for office services on these plans will move from deductible and coinsurance to plan pays 100%. Benefits for telehealth services will remain deductible and coinsurance as are included in other outpatient services.
- **Autism spectrum disorders (2015 state mandate):** Upon review of this benefit provision and the Mental Health Parity Act mentioned above, we are removing the age 21 limitation under the autism spectrum disorder provision because there is no age limitation on any medical/surgical benefit.

Worksite Wellness Services – Employer Sponsored Wellness Services: BCBSNE contracts and other plan documents include exclusions for services provided at the employee worksite or provided at a health fair, unless approved by BCBSNE.

- **Flu shots/immunizations** offered at the employer worksite will not require prior approval. Immunizations provided at the employer worksite will be covered under the ACA preventive immunization benefits based on the provider's in-network or out-of-network status. The contracts and certificate of coverage documents will be updated to reflect that immunizations do not require prior approval.
- **Biometric screenings and laboratory tests** will no longer be covered for fully insured business. If employers wish to offer these services, they will need to arrange for the vendor to bill them directly. This service will continue to be an option for self-funded business, but will require prior approval. If prior approval is not received, the claims will be denied.

Pharmacy Benefits

Out-of-network Pharmacy Services: The out-of-network benefits are moving from “in-network level of benefits, plus a 25% penalty” to a “50% coinsurance” logic. A penalty will no longer be applied.

- For PPO plans with copayments or minimum/maximum logic for the in-network benefits, the out-of-network benefit will be 50% coinsurance. The coinsurance will apply to the out-of-network out-of-pocket maximum.
- For qualified high deductible health plans (QHDHP) where the in-network benefits are deductible and coinsurance, the out-of-network benefits will be the out-of-network deductible, then 50% coinsurance. The deductible and coinsurance will apply to the out-of-network deductible and out-of-pocket maximum.
- For QHDHPs where the in-network benefits are deductible only (no coinsurance), the out-of-network benefits will be the out-of-network deductible. The deductible will apply to the out-of-network deductible and out-of-pocket maximum.

If you have any questions about this information, please contact a member of your BCBSNE account management team.