

PremierBlue/Blue Freedom

PLAN COMPARISON

Large Group (51+ Eligible Employees) Master Group Contract

**For Fully-insured Groups
Effective Jan. 1, 2021**



Contract Modifications

Master Contract 96-067-I 01/2021

Large group and Blue Freedom clients (51+ eligible employees) will receive a revised large group master contract with plan years or renewals effective on or after Jan. 1, 2021. The new contract and Schedule of Benefits Summary from Blue Cross and Blue Shield of Nebraska (BCBSNE) include clarification throughout the document, along with several benefit provision changes.

The charts on the following pages provide a high-level overview of the changes made to the contract. They give an overview of the current and new contract provisions, as well as the rationale for the changes. Please note: Minor changes, such as capitalization, grammar fixes and other punctuation, are not reflected in the chart.

Contact your BCBSNE sales or account management representative for more information.

| Contract Section | Contract Provision | Rationale | Applies to COC | Section of COC |
|--|--|--|----------------|---|
| PART III. Payment for Services | Provider Payments: Special Cases: Total Care | Clarification: Value Based Care programs have now been renamed Total Care value based programs. | Yes | Section 1: Special Cases |
| PART V. Benefits for Hospital and Other Institutional Facility Services | Orthopedic Specialty Inpatient Benefit | Clarification: A Nebraska Center of Excellence is now called a Preferred Center under this benefit. A list of these covered services and designated facilities is located on NebraskaBlue.com. | Yes | Section 3: Orthopedic Specialty Inpatient Benefit |
| PART VII. Benefits for Preventive Services | ACA Prevent-Required Services | Clarification: We added a link to the NebraskaBlue.com website for more information on preventive services. | Yes | Section 3: Preventive Services |
| PART IX. Benefits for Mental Illness and Substance Dependence or Abuse Services | Outpatient Services | Clarification: "Training for treatment of Mental Illness" verbiage removed to align with current administration processes. Biofeedback is allowed for all approved mental health and medical conditions. No change in current administration processes. | Yes | Section 3: Benefit Descriptions |
| PART IX. Benefits for Mental Illness and Substance Dependence or Abuse Services | Autism Spectrum Disorder: Covered Services Autism Spectrum Disorder: Exclusions and Limitations | Benefit Change: Removed the ACA age limit of 21 years of age or older as a result of the Mental Health Parity Act. | Yes | Section 3: Autism Spectrum Disorders |
| PART XIII. Benefits for Other Covered Services | Diabetes | Clarification: Added additional language to clarify what diabetic supplies and devices are covered under the medical benefit versus the pharmacy benefit. Continuous glucose monitors has been added. | Yes | Section 3: Prescription Drug Benefits |
| PART XIII. Benefits for Other Covered Services | Biofeedback | Clarification: Biofeedback added under Covered Services, BCBSNE allows for all approved medical conditions. No change in current administration processes. | Yes | Section 3: Benefit Descriptions |
| PART XIV. Exclusions and Limitations | Genetic Treatment or Engineering | Clarification: We modified the exclusion for "Genetic treatment or engineering" to specifically state "Genetic treatment or engineering; cellular therapy, definitive drug test, gene therapy, gestational carrier, presumptive drug test, and surrogate mother services, except for certain FDA-approved therapies approved by Us." No change in current administration processes. | Yes | Section 4: Other Exclusions and Limitations |

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|--|---------------------------------------|---|----------------|---|
| PART XIV. Exclusions and Limitations | Employer Worksite | Benefit Change: Employer worksite currently is not a covered place of service unless otherwise approved by BCBSNE. Updated language will allow immunizations without approval to be administered at an employee worksite. | Yes | Section 4: Other Exclusions and Limitations |
| PART XV. Rx Nebraska Prescription Drug Program | Prescription Drug Provision | Clarification: We changed reference to a "formulary" to "Prescription Drug List (PDL)." In addition, we added "Continuous glucose monitoring devices" to the list of covered diabetic and insulin supplies under the pharmacy benefit. | Yes | Section 5: Covered Prescription Drug Products |
| PART XV. Rx Nebraska Prescription Drug Program | Prescription Drug List (Formulary) | Clarification: Removed the definition for "Formulary." Replaced with definition for "Prescription Drug List (Formulary)." | Yes | Section 5: Definitions |
| PART XV. Rx Nebraska Prescription Drug Program | Definitions | Clarification: We added clarifying language to refer to "Prescription Drug List" instead of "Formulary List" under the "Pharmacy and Therapeutics Committee" definition. | Yes | Section 5: Definitions |
| PART XV. Rx Nebraska Prescription Drug Program | Benefit Administration | Benefit Change: Removed the 25% penalty amount for covered prescriptions. | Yes | Section 5: Benefit Administration |
| PART XV. Rx Nebraska Prescription Drug Program | Tiered Benefit Design | Clarification: Updated language to refer to "preferred and non-preferred prescription drugs" versus the previous language of "formulary and non-formulary prescription drugs." | Yes | Section 5: Benefit Administration |
| PART XV. Rx Nebraska Prescription Drug Program | Primary/Secondary Coverage | Clarification: Updated language to clearly explain that coordination of benefits is only applicable when the services (prescriptions) are covered under both the primary and secondary plan's pharmacy benefits. We will not coordinate benefits under the BCBSNE pharmacy benefits if prescriptions were purchased through a medical provider under the primary plan. | Yes | Section 5: Accessing Benefits |
| PART XV. Rx Nebraska Prescription Drug Program | Additional Provisions and Limitations | Clarification: Added language to clarify coverage for an approved FDA-approved medication used off label to treat a cancer or HIV/AIDS diagnosis. In this situation, prior authorization and approval will be required by BCBSNE. | Yes | Section 5: Limitations |
| PART XV. Rx Nebraska Prescription Drug Program | Diabetic Supplies | Clarification: Under item 15, we removed "continuous glucose monitoring devices" from exclusions list. | Yes | Section 5: Services not covered under the RX Nebraska Drug Coverage Program |

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|--|---------------------------------------|--|----------------|---|
| PART XVI. Claim and Appeal Procedures | Procedure for Filing an Appeal | Clarification: Added language that the appeal should be submitted on the designated appeal request form. | Yes | Section 8: How to Appeal an Adverse Benefit Determination |
| PART XVII. Coordination of Benefits | Coordination of Benefits | Clarification: Coordination of Benefits language now clearly states that BCBSNE as a secondary payer will only reimburse up to the primary carrier's contracted rate. | Yes | Section 9: Secondary Plan |
| PART XX. General Provisions | Independent Corporation | Clarification: Added required language to show "in the state of Nebraska". | No | |
| PART XXI. Definitions | Definitions | Clarification: Added definition for "Total Care." formerly known as Value Based Care. | Yes | Section 12: Definitions |
| PART XXI. Definitions | Definitions | Clarification: Removed definition for "Value Based Care," now known as "Total Care." | Yes | Section 12: Definitions |