

Plan Comparison

Self-funded Group Summary Plan Description

For Self-funded Groups
Effective Jan. 1, 2021



Summary Plan Description Modifications

Self-funded clients will receive a revised summary plan description (SPD) with plan years or renewals effective on or after Jan. 1, 2021.

The revised SPD from Blue Cross and Blue Shield of Nebraska (BCBSNE) includes clarification throughout the document.

The charts on the following pages provide a high-level overview of the changes made to the SPD. Here is what is shown in the charts:

- An overview of the provisions, as well as the rationale for the changes
- Impacted funding type and whether the change is required or optional
- Whether the change is applicable to grandfathered groups

Please note: Minor changes, such as capitalization, punctuation and grammar fixes, are not reflected in the chart.

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

*** NOTE FOR GRANDFATHERED PLANS:** Certain changes could cause loss of grandfathered status. To determine the impact of their grandfathered status, employers should check with their legal advisor regarding changes that are not mandated by the ACA.

SPD Section	SPD Provision	Rationale	Impacted Type: ERISA or Non-ERISA	Required or Opt-out	Applies to Grandfathered Groups	Required for ASO Block
Section 1, Payment for Services	Special Cases - Valued Based Programs	Clarification: "Value Based Care Programs" have now been renamed "Total Care" value based programs.	ERISA and Non-ERISA	Required	Yes	Yes
Section 3, Benefits for ACA Preventive Services	ACA Preventive Services	Clarification: We added a link to the NebraskaBlue.com website for more information on preventive services.	ERISA and Non-ERISA	ERISA - Not Required Non-ERISA - Required	No	Yes
Section 4, Exclusions & 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.	ERISA and Non-ERISA	Required	Yes	Yes
Section 4, Exclusions & 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.	ERISA and Non-ERISA	Required	Yes	Yes
Section 5, Rx Nebraska Prescription Drug Program	Tiered Benefit Design	Clarification: Updated language to refer to "preferred and non-preferred prescription drugs" instead of "formulary and non-formulary prescription drugs." Also changed "formulary" to "Prescription Drug List (PDL)."	ERISA and Non-ERISA	Required	Yes	Yes
Section 5, Rx Nebraska Prescription Drug Program	Coordination of Pharmacy Benefits	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.	ERISA and Non-ERISA	Required	Yes	Yes
Section 5, Rx Nebraska Prescription Drug Program	Additional Provisions and Limitations	Clarification: NE DOI-required language added to clarify coverage for approved FDA medication used off label to treat a cancer or HIV/AIDS diagnosis. In this situation, prior authorization and approval will be required by BCBSNE.	ERISA and Non-ERISA	Non-ERISA - Required ERISA - Not Required	Yes	Yes

SPD Section	SPD Provision	Rationale	Impacted Type: ERISA or Non-ERISA	Required or Opt-out	Applies to Grandfathered Groups	Required for ASO Block
Section 5, Rx Nebraska Prescription Drug Program	Preauthorization	Clarification: Added language to clarify under the Drug Coverage Program that preauthorization is required for prescriptions as determined by BCBSNE. We removed specific pharmacy preauth programs (PPI and NSAIDs) information as a result of the Prescription Drug List being based on drugs, not programs. No changes in current administration processes. The Prescription Drug List advises which drugs require preauthorization.	ERISA and Non-ERISA	Required	Yes	Yes
Section 5, Rx Nebraska Prescription Drug Program	PDL (Formulary) Exception Process	Clarification: Added language to clarify, the member or physician may request an exception for prescription drugs that are not otherwise covered under the plan.	ERISA and Non-ERISA	Required	Yes	Yes
Section 5, Rx Nebraska Prescription Drug Program	Definitions	Clarification: Removed the definition for "formulary." Replaced with the definition for "Prescription Drug List."	ERISA and Non-ERISA	Required	Yes	Yes
Section 5, Rx Nebraska Prescription Drug Program	Definitions	Clarification: We added clarifying language to refer to the "Prescription Drug List" instead of "Formulary List" under the "Pharmacy and Therapeutics Committee" definition.	ERISA and Non-ERISA	Required	Yes	Yes
Section 5, Rx Nebraska Prescription Drug Program	Definitions	Added: Prescription Drug List definition added.	ERISA and Non-ERISA	Required	Yes	Yes
Section 8, Claim And Appeal Procedures	Appeals Procedure	Benefit Administration: Clarification of Appeal Procedures and ERISA/non-ERISA chart added to outline the turnaround time for benefit determinations. User friendly appeals determination created to assist members/groups with timeframes associated with ERISA and Non-ERISA appeal determinations. Members should use Appeal Request Form to file appeal. Form can be found on NebraskaBlue.com	ERISA and Non-ERISA	Required	Yes	Yes
Section 9, Coordination Of Benefits	Definitions	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.	ERISA and Non-ERISA	Required	Yes	Yes
Section 11, General Legal Provisions	Contractual Right to Reimbursement	Clarification: Additional verbiage added in this section as a result of updates to the No Fault law. This plan is second to automobile no-fault coverage, personal injury protection coverage or medical payments coverage.	ERISA and Non-ERISA	ERISA - Required Non-ERISA - Not Required	Yes	Yes

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Section 12, Definitions	Definitions	Clarification: Total Care - Added definition for "Total Care," formerly known as Value Based Care.	ERISA and Non-ERISA	Required	Yes	Yes
Section 12, Definitions	Definitions	Clarification: Value Based Program - Removed the definition for "Value-Based Program."	ERISA and Non-ERISA	Required	Yes	Yes
Below is a high-level overview of the elective benefits and the changes made to the SPD for groups that administer the following optional provisions:						
SPD Section	SPD Provision	Rationale	Impacted Type: ERISA or Non-ERISA	Required or Opt-out	Applies to Grandfathered Groups	Required for ASO Block
Section 3, Benefits for Covered Services	Biofeedback	Clarification: Biofeedback added under Covered Services. BCBSNE allows for all approved medical conditions. No charge in current administration process.	ERISA and Non-ERISA	Required for all groups that currently cover biofeedback.	Yes	Yes
Section 3, Benefits for Covered Services	Autism	Benefit Change: Removed the ACA age limit of 21 years of age or older as a result of Mental Health Parity.	ERISA and Non-ERISA	Required for all groups that cover autism services with an age limit provision.	Yes	Yes
Section 3, Benefits for Hospital and Other Institutional Facility Services	Orthopedic Specialty Inpatient Benefit	Clarification: "Center of Excellence" is now called "Preferred Center" under this benefit. A list of these covered services and designated facilities is at NebraskaBlue.com/Preferred .	ERISA and Non-ERISA	Required for groups that currently allow orthopedic specialty inpatient benefits at a hospital designated by BCBSNE.	Yes	Yes
Section 3, 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 process.	ERISA and Non-ERISA	Required for all groups that currently cover biofeedback.	Yes	Yes
Section 5, Rx Nebraska Prescription Drug Program	Benefit Administration	Benefit Administration: Removed the out-of-network penalty for covered prescriptions.	ERISA and Non-ERISA	Required for ASO Block groups. Optional for custom ASO groups.	Yes	Yes