

2021 Small/Mid-sized Group

PLAN COMPARISON

The following is a high-level overview of the differences between Blue Cross and Blue Shield of Nebraska's (BCBSNE) small and mid-sized group plans.

Please contact your BCBSNE sales or account management representative for more information.



Provisions	BluePride - ACA (2-50 enrolled employees)	BlueFlex (5-50 enrolled employees)	BlueFreedom (51-150 enrolled employees)	Notes
Out-of-pocket limit	✓	✓	✓	
Temporomandibular joint (TMJ) (No limit)	✓	✓	✓	
Physical Therapy (PT), Occupational Therapy (OT), Speech Therapy (ST) and Chiropractic session maximums	45/20	60/30	60/30	First number is PT, OT, ST, chiropractic physiotherapy session limit per calendar year. Second number is limit on chiropractic manipulations and adjustment sessions in a calendar year (ex., 45/20).
Pediatric vision and dental services	✓			
Autism coverage	✓	✓	✓	Effective Jan. 1, 2021, there is no age limit on autism spectrum disorder coverage.
State continuation applicable	✓		✓	
Maternity coverage built in	✓	✓	✓	
Newborn automatic coverage for first 30 days	✓		✓	
Ostomy supplies covered under medical portion	✓	✓	✓	
Orthopedic specialty inpatient benefit (Preferred Centers)	✓	✓	✓	Deductible and/or coinsurance is waived for total knee/hip replacements performed at Preferred Centers.
Hearing aids	✓	✓	✓	If the box is checked, hearing aids are covered. Limits and exclusions apply; coverage is for members up to 19 years old, with a \$3,000 limit every 48 months.
Emergency care services covered at deductible/coinsurance	✓	✓	✓	
Rate structure	Age rates only	Composite rates	Composite rates	No changes to previous rate structure.
Mental health and substance abuse outpatient office visit covered at 100%			✓	BluePride ACA and BlueFlex cover this benefit with a cost share of deductible/coinsurance.

2021 pharmacy benefits

Provisions	BluePride - ACA (2-50 enrolled employees)	BlueFlex (5-50 enrolled employees)	BlueFreedom (51-150 enrolled employees)	Notes
Designated extended supply network (ESN) for pharmacy		✓	✓	If the box is checked, members have to use a specific ESN pharmacy for 90-day prescriptions.
Prescription drug list	PDL64	PDL 40	PDL 40	
Pharmacy network	J	C	C	