

PLAN COMPARISON

Small Group BlueFlex Summary Plan Description

**For Level-funded BlueFlex Groups
Effective Jan. 1, 2020**



Summary Plan Description Modifications

BlueFlex clients will receive a revised summary plan description (SPD) with plan years or renewals effective on or after Jan. 1, 2020.

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

The following chart provides a high-level overview of the changes made to the SPD. It outlines the provisions, as well as the rationale for the changes.

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

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

SPD Section	SPD Provision	Rationale
Benefit Descriptions: What's Covered Section	Diabetic Supplies	Clarification: Diabetic supplies, such as insulin pumps, needles, alcohol wipes/swabs, are covered services under the medical plan, but are not covered under the Rx Nebraska Prescription Drug program.
Benefit Descriptions: What's Covered Section	Hearing Aids	Added: As a result of State Mandate LB15 Children of Nebraska Hearing Aid Act, benefits are available for covered persons up to age 19 for hearing impairment.
Benefit Descriptions	Hearing Aids	Added: As a result of State Mandate LB15 Children of Nebraska Hearing Aid Act, benefits are available for covered persons up to age 19 for hearing impairment. Coverage is available for hearing aids, parts, replacement parts and more. Limitations and exclusions apply; benefit limits shown on Schedule of Benefits Summary.
Benefit Descriptions	Orthopedic Specialty Inpatient Benefit	Added: Inpatient hospital facility covered services at Nebraska Centers of Excellence for hip joint and total knee replacement may be subject to a waiver of the deductible and coinsurance amounts. Exception: The waiver of the deductible is not applicable to a qualified high deductible health plan. BCBSNE reserves the right to change or discontinue this specialty benefit or provider participation at its discretion.
Benefit Descriptions	Covered Oral Surgery and Dentistry Services	Clarification: Current provision was modified to match the state mandate. Benefits are available for medically necessary hospitalization and general anesthesia, as required by law, in order for the Covered persons who are under eight years of age or developmentally disabled to safely receive dental care.
Benefit Descriptions	Dental Related Facility Charges	Clarification: Benefits are also available for the following services if determined by BCBSNE to be medically necessary when related to covered services for oral surgery and dentistry: hospital inpatient, hospital outpatient, ambulatory facility.
Benefit Descriptions	Preventive Services	Clarification: Preventive benefits are available as shown on the Benefit Summary.
Exclusions-What's Not Covered	Vision And Hearing	Added: Language added to clarify hearing aids and their fitting may be covered under the plan. As result of State Mandate LB15, Children of Nebraska Hearing Aid Act benefits are available for Covered Persons up to age 19 for each ear affected by a hearing impairment. Cochlear implants and bone anchored hearing aids are separate and will not count toward the hearing aid maximum.
Exclusions-What's Not Covered	Other Exclusions and Limitations	Added: Services for autism spectrum disorders or pervasive developmental conditions, developmental delays or sensory integration disorders unless otherwise required by law or as specifically covered under the plan. Specific autism spectrum disorder benefits are listed on page 12 of the SPD booklet.
Prescription Drug Benefits	Prorated cost-sharing	Added: Cost shares for prescription drug benefits may be prorated if a partial supply is requested by the prescribing physician and/or pharmacist for the purpose of synchronizing medications.

SPD Section	SPD Provision	Rationale
Prescription Drug Benefits	Covered Prescription Drug Products	Added: Covered prescription drug products under the Rx Nebraska Pharmacy benefit includes the following diabetic and insulin supplies: insulin syringes; test strips; lancets/lancet devices; glucose/sugar test tablets. Other diabetic and insulin supplies not listed above, including, but not limited to, needles, alcohol wipes/swabs and insulin pump supplies are not covered under the Rx Nebraska Prescription Drug program, but are available under other covered services on the medical plan.
Prescription Drug Benefit	Prescriptions for Generic Drugs	Added: This is an update to the existing mandatory generic drug penalty. If the covered person or the ordering provider requests a brand name drug when a generic drug equivalent is available, the covered person may be required to pay a penalty equal to the difference in cost between the brand name drug and the generic drug.
Prescription Drug Benefits	Services Not Covered Under The Prescription Drug Program	Clarification: Verbiage updated to include "as specifically covered under this Plan, or otherwise required by law." No change in how we administer the benefit.
Prescription Drug Benefits	Limitations	Adding: Current provision in the pharmacy section provides BCBSNE the right to limit a covered person to an in-network pharmacy, of the members choice, or deny mail order prescriptions if we determine there is over utilization of the prescription in a six-month period exceeds certain threshold amounts. This provision now adds BCBSNE can limit the covered person to the prescribing physician of their choice as approved by BCBSNE.
Prescription Drug Benefits	Preauthorization	Clarification: Under the Rx Nebraska Drug Coverage program preauthorization is required for prescriptions as determined by BCBSNE.
Prescription Drugs Benefits	Definitions for Narrow Therapeutic Index	Clarification: Medications that generally require careful dosage adjustment and patient monitoring due to small variances in a patient's blood levels which can change the effectiveness and toxicity of the drug. No change in how we currently administer today.
Eligibility and Enrollment	Effective Date of Coverage	Clarification: Marriage: Request for enrollment must be made within 31 days of the marriage. Newborn Children: Coverage for your newborn child will begin on the date of birth provided that the newborn child meets the definition of an eligible dependent, the group is notified of the birth of the child within 31 days from the date of birth, and any group specific enrollment procedures/requirements are met. Adopted Children: Clarifying language added around meeting group-specific enrollment procedures/requirements in order for coverage for an adopted child to be effective.
General Legal Provisions	Subrogation	Clarification: Modifying language to include "any source"

SPD Section	SPD Provision	Rationale
<p>General Legal Provisions</p>	<p>Contractual Right to Reimbursement</p>	<p>Clarification: Language updated to read, "Such proceeds may include, <i>but are not limited to</i>, any settlement; judgment; payments made under insurance; <i>individual or group no fault auto insurance; individual or group medical payment coverage; bodily injury overage; uninsured or underinsured motorist protection</i>; or proceeds otherwise paid by <i>any source</i>".</p>
<p>Contractual Right to Reimbursement/Subrogation</p>	<p>Contractual Right to Reimbursement/ Subrogation</p>	<p>Clarification: Modifying language to include "any source" Language updated: Such proceeds may include, but are not limited to, any settlement; judgment; payments made under insurance; individual or group no fault auto insurance; individual or group medical payment coverage; bodily injury overage; uninsured or underinsured motorist protection; or proceeds otherwise paid by any source.</p>