

PLAN COMPARISON

Small Group BlueFlex Summary Plan Description

**For Level-funded Groups
Effective Jan. 1, 2021**



Summary Plan Description Modifications

BlueFlex clients will receive a revised summary plan description (SPD) for new business 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 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.

Section	Provision	Rationale
Section 1 PAYMENT FOR SERVICES	Special Cases – Value-based Programs	Clarification: All "Value-based Care Programs" have now been renamed "Total Care" programs.
Section 3 BENEFITS FOR COVERED SERVICES	Biofeedback	Clarification: Biofeedback added under Covered Services. BCBSNE allows for all approved medical conditions. No change in current administration processes.
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 processes.
Section 3 BENEFITS FOR ACA PREVENTIVE SERVICES	ACA Preventive Services	Clarification: We added a link to the website, NebraskaBlue.com, for more information on preventive services.
Section 4 EXCLUSIONS & LIMITATIONS	Genetic treatment or engineering	Clarification: We modified the exclusion for "Genetic treatment or engineering; any service performed to alter or create changes in genetic structure" to more specifically states "Genetic treatment or engineering; cellular therapy, definitive drug test, gene therapy, gestational carrier, presumptive drug test, and surrogate mother services." No change in current administration processes.
Section 4 EXCLUSIONS & LIMITATIONS	Employee Worksite	Benefit Change: Employee worksite's are not a covered place of service (no change), however, we will allow, without approval, immunizations to be administered at an employee worksite.
Section 5 RX NEBRASKA PRESCRIPTION DRUG PROGRAM	Tiered Benefit Design	Clarification: Updated language to refer to "preferred and non preferred prescription drugs", versus the previous language that referred to "formulary and non formulary prescription drugs".
Section 5 RX NEBRASKA PRESCRIPTION DRUG PROGRAM	Accessing Benefits	Benefit Change: Removed the penalty language for covered prescription at an out of network pharmacy
Section 5 RX NEBRASKA PRESCRIPTION DRUG PROGRAM	Accessing Benefits: Other 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.
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.

Section	Provision	Rationale
<p>Section 5 RX NEBRASKA PRESCRIPTION DRUG PROGRAM</p>	<p>Preauthorization</p>	<p>Clarification: Added language to clarify under the Drug Coverage Program preauthorization is required for prescriptions as determined by BCBSNE. We removed specific pharmacy preauthorization programs (PPI and NSAIDs) information as a result of the Prescription Drug List (PDL) being based on drugs, not programs. No changes in current administration processes.</p> <p>The PDL advises which drugs require preauthorization.</p>
<p>Section 5 RX NEBRASKA PRESCRIPTION DRUG PROGRAM</p>	<p>PDL (Formulary) Exception Process</p>	<p>Clarification: Added language to clarify, the member or Physician may request an exception for prescription drugs not otherwise excluded under the plan.</p> <p>The request for a PDL exception must be in writing on the appropriate PDL Exception form and include the name of the Covered Person and any additional information to be considered for review. Submit the request to the address on the back of your member ID card. If approved, the PDL exception drug will be covered at the applicable tier payment level for the excepted drug.</p>
<p>Section 5 RX NEBRASKA PRESCRIPTION DRUG PROGRAM</p>	<p>Definitions</p>	<p>Clarification: Removed the definition for "Formulary." Replaced with the definition for "Prescription Drug List (Formulary)."</p>
<p>Section 5 RX NEBRASKA PRESCRIPTION DRUG PROGRAM</p>	<p>Definitions</p>	<p>Clarification: Under the "Pharmacy and Therapeutics Committee" definition, we added clarifying language to refer to the "Prescription Drug List," versus the former language of "Formulary,"</p>
<p>Section 8 CLAIM AND APPEAL PROCEDURES</p>	<p>Appeals Procedure</p>	<p>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.</p> <p>Members should use the Appeal Request Form to file an appeal. Form can be found on NebraskaBlue.com</p>
<p>Section 9 COORDINATION OF BENEFITS</p>	<p>Definitions</p>	<p>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.</p>
<p>Section 11 GENERAL LEGAL PROVISIONS</p>	<p>Contractual Right to Reimbursement</p>	<p>Clarification: This plan is always secondary to automobile no-fault coverage, personal injury protection coverage, or medical payments coverage.</p>
<p>Section 12 DEFINITIONS</p>	<p>Definitions</p>	<p>Clarification: Total Care – Added definition for "Total Care," formerly known as Value-based Care.</p>
<p>Section 12 DEFINITIONS</p>	<p>Definitions</p>	<p>Clarification: Value-based Program – Removed the definition for "Value-based Program."</p>