

# PremierBlue/BlueFreedom

## PLAN COMPARISON

### Large Group (51+ Eligible Employees) Master Group Contract

**For Fully Insured Groups  
Effective Jan. 1, 2022**



## Contract Modifications

### **Master Contract 96-067-I 01/2022**

Large group and BlueFreedom clients (51+ eligible employees) will receive a revised large group master contract with plan years or renewals effective on or after Jan. 1, 2022. 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 and 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
<b>PART III. Payment for Services</b>	<b>Out-of-network Provider Payment</b>	<b>Added:</b> Language amended in anticipation of the new No Surprises Act in the Consolidated Appropriation Act passed 2021, effective 01/01/2022.  If covered person receives a bill from an out-of-network provider and the covered person did not provide consent to the out-of-network provider to receive such services the covered person should send the bill to the member services department for further review by either sending a secure email through MyNebraskaBlue.com or by mail.	Yes	Section 1, How The Network Works -Exception
<b>PART V. Benefits for Hospital and Other Institutional Facility Services</b> <b>PART VI. Benefits for Physician's Services</b>	<b>Drugs Administered in an Outpatient Setting</b>  <b>Benefits For Physicians FDA Approved Drugs</b>	<b>Change:</b> The provision known as "outpatient drug exclusion list" will be known as "Drugs Administered in Outpatient Setting."	Yes	Section 3, Benefit Description
<b>PART V. Benefits for Hospital and Other Institutional Facility Services</b> <b>PART VI. Benefits for Physician's Services</b>	<b>Orthopedic Specialty Benefit</b>	<b>Change:</b> The provision called "Orthopedic Inpatient Specialty" will now be called "Orthopedic Specialty benefit," administration of this benefit will continue to be handled in the same manner. A list of covered services and designated hospitals can be found on the NebraskaBlue.com.  Spine will be added to existing knee and hip orthopedic specialty benefit for groups that currently cover this benefit.	Yes	Section 3, Benefit Description
<b>PART VI. Benefits for Physician's Services</b>	<b>Telehealth and Telemedicine Services</b>	<b>New:</b> Definition of telemedicine added.	Yes	Section 3, Benefit Description
<b>PART IX. Benefits for Mental Illness and Substance Dependence or Abuse Services</b>	<b>Residential Treatment Services</b>	<b>Clarification:</b> Residential Treatment Exclusion for Autism removed, services are considered a mental illness medical condition and will be covered in same manner as MIDA services. Unless endorsed otherwise. No change in administration.	Yes	Section 3, Benefit Description
<b>PART XIV. Exclusions and Limitations</b>	<b>Skin Tags</b>	<b>New:</b> Exclusion for removal of Skin Tags added; skin tags will be considered cosmetic.	Yes	Section 4, Exclusions - What's Not Covered
<b>PART XIV. Exclusions and Limitations</b>	<b>Wellness Fair Exclusion</b>	<b>Clarification:</b> Existing exclusion updated to include employer sponsored wellness event are not covered unless otherwise approved by BCBSNE.	Yes	Section 4, Exclusions - What's Not Covered
<b>PART XV. Rx Nebraska Prescription Drug Program</b>	<b>Home Delivery Pharmacy Benefit Manager (PBM) Prescription Drug Program</b>	<b>Changed:</b> The provisions known as "Mail Order" will be known as "Home Delivery." No changes in administration.	Yes	Section 5, Prescription Drug Benefit

Contract Section	Contract Provision	Rationale	Applies to COC	Section of COC
<b>PART XV. Rx Nebraska Prescription Drug Program, page 47, 49, 51</b>	<b>Continuous Glucose Monitor</b>	<b>Change:</b> Continuous glucose monitoring system and supplies will be covered under diabetic and insulin supplies as shown on the Prescription Drug List (PDL). This would impact all PDLs unless endorsed otherwise by the group.	Yes	Section 5, Prescription Drug Benefit
<b>PART XV. Rx Nebraska Prescription Drug Program</b>	<b>Limitation on Pharmacy</b>	<b>Change:</b> Six-month lookback timeframe period has been removed from the existing Lock-in Member Program, BCBSNE will review the members prescription medications when a pattern of usage that is not medically necessary has been identified.  If BCBSNE determines utilization of a prescription medication demonstrates a pattern of usage that is not medically necessary, no benefits will be provided for prescription medications obtained from any other pharmacy or prescribing physician. A covered person will be limited to one in-network pharmacy, and/or one prescribing physician as approved by us.	Yes	Section 5, Prescription Drug Benefit
<b>PART XV. Rx Nebraska Prescription Drug Program - Exclusions and Limitations</b>	<b>Over-the-Counter (OTC) denials</b>	<b>Clarification:</b> Verbiage added to clarify some OTC supplies and/or devices are not covered “unless otherwise required by or specifically designated for coverage by BCBSNE, such as in-home COVID tests.” No changes in current administration of benefits.	Yes	Section 5, Prescription Drug Benefit
<b>PART XIV. Exclusions and Limitations</b>	<b>Replacement of Broken or Destroyed Prescription Drugs</b>	<b>Clarification:</b> Verbiage added regarding replacement of lost, broken, destroyed or stolen Covered Prescription Drug Products.  Replacement of lost, broken, destroyed or stolen Covered Prescription Drug Products within the Covered Person’s control. BCBSNE may allow one fill per year, per medication. No changes in current administration of benefits.	Yes	Section 5, Prescription Drug Benefit
<b>PART XVI. Claim and Appeal Procedures</b>	<b>Request for External Review</b>	<b>New:</b> External Appeal reviews are now available online through the Nebraska Department of Insurance (NDOI) website by going to <a href="http://www.doi.nebraska.gov">www.doi.nebraska.gov</a> . This online application process replaces the need to complete forms and submit via mail or fax.	Yes	Section 8, Appeals Procedures
<b>PART XVII. Coordination of Benefits</b>	<b>Miscellaneous Provisions</b>	<b>Added:</b> Telemedicine added Under COB provision to be handled in same manner as Telehealth Services.	Yes	Section 9, Coordination of Benefits

Note: Grammatical edits are not reflected