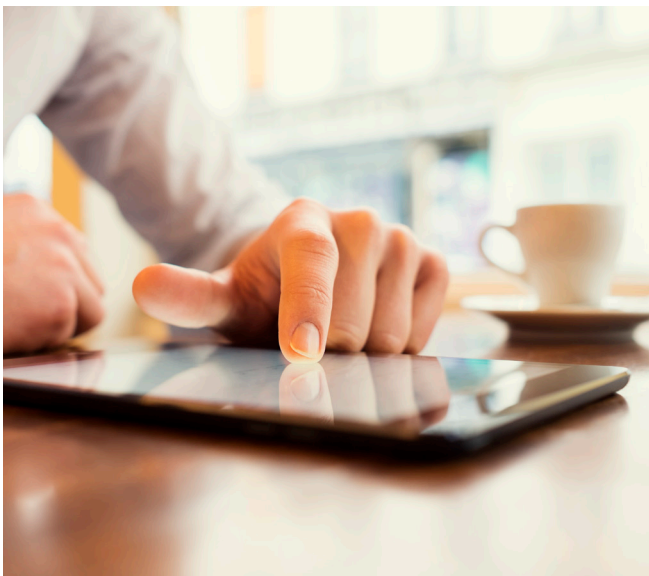


PremierBlue/Blue Freedom

PLAN COMPARISON

Large Group (51+ Eligible Employees) Master Group Contract

**For Fully-insured Groups
Effective Jan. 1, 2020**



Contract Modifications

Master Contract 96-067-I 01/2020

Large group and Blue Freedom clients (51+ eligible employees) will receive a revised large group master contract with plan years or renewals effective on or after Jan. 1, 2020. The new contract and Schedule of Benefits Summary from Blue Cross and Blue Shield of Nebraska (BCBSNE) now includes 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, as well 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 Blue Cross and Blue Shield of Nebraska sales or account management representative for more information.

Contract Section	Contract Provision	Rationale	Applies to COC	Section of COC
Face Page		Clarification: Document title updated to call out Health Benefits contract.	No	
Contacts	Important Telephone Numbers	Change: Updating member number.	Yes	Contacts
Continuation of Coverage for Children to Age 30	Eligible Dependents	Clarification: Covered dependent identified as a child.	No	
Payment for Services	Out-of-pocket Limit and Deductible	Clarification: Cost-sharing for prescription drugs paid by a covered person with a pharmaceutical discount or copay card may not accumulate to the deductible and will be excluded from the out-of-pocket limit. No change in how we administer. Required verbiage change due to regulations issued in the notice of benefit and payment parameters..	Yes	Out-of-Pocket Limit, Deductible and Prescription Drug Benefits - Limitations
Diabetic Supplies	Diabetic Supplies	Change: As a result of changes to PDL 40, insulin pump and supplies including batteries, needles, alcohol wipes/swabs and tubing are available under medical benefits only. These services are not covered under the RX Nebraska Drug Program. Endorsement 3-00423. ~does NOT apply to Sarpy Coverage~	Yes	Covered Health Care Services - Diabetic Supplies
Hearing Aids	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. Cochlear implants and bone anchored hearing aids are separate and will not count toward this hearing aid maximum.	Yes	Covered Health Care Services - Hearing Aids
Residential Treatment Services	Residential Treatment Services	Clarification: Benefits for residential treatment centers are available subject to certification and medical necessity criteria and utilization management. 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 are not covered. No changes in how we administer benefits today.	Yes	Benefit Description - Residential Treatment Services
Oral Surgery and Dentistry	Anesthesia and Hospitalization for Dental Services	Change: Oral surgery and dentistry provision updated to match the state mandate. As required by law, services are payable for covered persons up to eight years of age or developmentally disabled to safely receive dental care. Services will not be covered for anyone over the age of 8, unless developmentally disabled.	Yes	Benefit Description - Oral Surgery and Dentistry
Organ Transplants	Organ and Tissue Transplants	Clarification: All transplant services must be certified by BCBSNE and meet BCBSNE established criteria and medical policies. This update includes covered services, exclusions and limitations.	Yes	Benefit Description - Organ Transplants

Contract Section	Contract Provision	Rationale	Applies to COC	Section of COC
Physician Services - Physician Office Visit	Mental Illness and Substance Dependence Abuse	Clarification: Mental illness and substance dependence and abuse services are payable subject to the cost-sharing amounts shown on the Schedule of Benefits Summary (SOBS). These services are included in the office visit benefit.	Yes	Benefit Description - Mental Illness and Substance Dependence Abuse
Physician Services - Covered Office Services	Covered Office Services	Clarification: Updated to include diagnostic xrays.	Yes	Benefit Description - Covered Office Service
Physician Services - Non-covered Under Office Service Benefit	Manipulations and Adjustments	Clarification: Chiropractic/osteopathic manipulations and adjustments are non-covered under the office service benefit.		Benefit Description - Non-covered Physician Services
Physician Services - Non-covered Under Office Service Benefit	Drugs Administered During the Office Visit	Clarification: Drugs that are only payable under the Prescription Drug Program are not covered under the office benefit.	Yes	Benefit Description - Non-covered Physician Services
Physician Services - Non-covered Under Office Service Benefit	Drugs in an Outpatient Setting	Clarification: Certain prescription drugs administered in an outpatient setting are only covered under pharmacy.		Benefit Description - Non-covered Physician Services
Therapy	Cognitive Training	Clarification: Covered therapy services include cognitive training. No change in how we administer.	Yes	Benefit Description - Therapy Services
Preventive Services	ACA Preventive Services	Change: Deleting reference to services not part of the ACA to allow flexibility to modify. Directs covered persons to the SOBS for more information.	Yes	Preventive Services
Exclusions	Certification of Coverage	Clarification: Defined term is Certificate of Coverage.	No	Exclusion Certification of Coverage
Exclusions	Hearing Aids	Added: Hearing aid added as an exception as a result of State Mandate LB15 Children of Nebraska Hearing Aid Act.	No	Exclusion Vision and Hearing
Prescription Drug Benefits	Overview	Prorated cost-sharing may apply if a partial supply is requested by the prescribing physician and/or the pharmacist for the purpose of synchronizing medications. Change due to LB442 which requires insurance coverage for synchronizing prescription medications.	Yes	Prescription Drug Benefits
Prescription Drug Benefits	Diabetic and Insulin Supplies	Change: As a result of changes to PDL 40, reflected insulin syringes, test strips, lancets/lancet devices and glucose/sugar test tablets are covered under the pharmacy benefit. Endorsement 3-00423.	Yes	Prescription Drug Benefits - Diabetic and Insulin Supplies
Prescription Drug Benefits	Generic Drugs	Change: 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.	Yes	Prescription Drug Benefits - Generic Drugs

Contract Section	Contract Provision	Rationale	Applies to COC	Section of COC
Prescription Drug Benefits	Limitation on Pharmacy	Adding: We currently have a provision in the pharmacy section of the contracts that provides us the right to limit a covered person to an in-network pharmacy of the member's choice or deny mail order prescriptions if we determine there is over utilization of the prescription in a six-month period and exceeds certain threshold amounts. We are adding to this provision to limit the prescribing physician of their choice, as approved by us. We can steer the member to a specific pharmacy and physician to assist with monitoring opioids and other abused drugs.	Yes	Prescription Drug Benefits Limitations
Prescription Drug Benefits – Oral Anticancer Medication	Orally Administered Anticancer Medication	Clarification: Orally administered anticancer medication used to kill or slow the growth of cancerous cells will be paid no less favorably than intravenously administered or injected anticancer medications covered under the medical provisions of the plan.	Yes	Prescription Drug Benefits Limitations
Prescription Drug Benefits	Preauthorization	Clarification: Under the Rx Nebraska Drug Program, preauthorization is required for prescriptions as determined by BCBSNE.		Prescription Drug Benefits - Preauthorize
Prescription Drug Benefits	Route or Administration of Drugs	Clarification: Added verbiage that the formulary drug list reflects which benefits for certain prescription drugs, based on the route or method of administration, may only be paid under medial coverage.		Prescription Drug Benefits - Limitations
Prescription Drug Benefits	Contracted Amount	Added: Adding definition. The amount the in-network pharmacy has agreed to accept as payment in full for a covered prescription drug product pursuant to an agreement with the PBM.	Yes	Prescription Drug Benefits Definitions
Prescription Drug Benefits	Formulary	Clarification: Updated to include continually updated to the definition. A continually updated list of covered pharmaceutical products, which represents the current clinical judgment of physicians and other experts in the diagnosis and treatment of disease and preservation of health.	Yes	Prescription Drug Benefits Definitions
Prescription Drug Benefits	Narrow Therapeutic Index	Clarification: Adding definition. 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.	Yes	Prescription Drug Benefits Definitions
Coordination of Benefits	Order of Benefit Determination Rules	Clarification: Language updated to include retiree as a covered person.	No	

