

Summary of Contract Changes for Washington Small Groups

Premera Blue Cross has made changes to medical and dental plans that are scheduled to take effect at your upcoming renewal. This summary lists the major changes and shows which changes are mandated by federal or state law or regulation. Not all the changes listed may apply to your plan or plans.

BOOKLETS

Impacted Plan	Impacted Benefit/Provisions	Description of Change	Reason for Change
<i>All Medical, Dental, and Vision Plans</i>	<i>Booklets</i>	The booklets were reformatted to enhance member experience.	Corporate decision
<i>All Medical, Dental, and Vision Plans</i>	<i>Exclusions</i>	Changed the exclusion of Illegal Acts and Terrorism to include Illegal Services	Clarify that illegal services are not covered per Legal
<i>All Medical Plans</i>	<i>App-Based Care</i>	Revised cost-share for Virtual General Visits to match office visit cost-shares.	Corporate decision
<i>All Medical Plans</i>	<i>Cellular Immunotherapy and Gene Therapy, Clinical Trials, Dental Injury and Facility Anesthesia, Diagnostic X-ray, Lab, and Imaging</i>	Added language to explain that the member may have additional costs for other services such as x-rays, lab, prescription drugs, and hospital facility charges, and to see those covered services for details	Updated to resolve objections from the OIC
<i>All Medical Plans</i>	<i>Centers of Excellence</i>	Removed provider names	Internal request
<i>All Medical Plans</i>	<i>COB</i>	Clarified language regarding how claims are paid by the secondary plan	Updated to resolve objections from the OIC
<i>All Medical and Dental Plans</i>	<i>Complaints & Appeals</i>	Clarified definition of a complaint and an appeal; clarified language regarding review time and communication for appeals on experimental or investigational denials	Updated to resolve objections from the OIC
<i>All Medical and Dental Plans</i>	<i>Complaints & Appeals</i>	Clarified IRO process, the forms the member will receive, and how the member will be notified of the IRO handling their appeal	Federal No Surprises Act

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<i>All Medical Plans</i>	<i>Continuity of Care</i>	Updated this entire section to comply with updated regulations	Federal No Surprises Act
<i>All Medical Plans</i>	<i>Contract Termination</i>	Removed “No rights are vested under this plan” provision	Updated to resolve objections from the OIC
<i>All Medical and Dental Plans</i>	<i>Definitions</i>	Added A.R.N.P. to the Doctor definition	Updated to resolve objections from the OIC
<i>All Medical Plans</i>	<i>Dental Care</i>	Changed header from Dental Care to Dental Injury and Facility Anesthesia	Internal request
<i>All Medical Plans</i>	<i>Diagnostic, X-ray, Lab, and Imaging, Exclusions & Limitations</i>	Removed the non-diagnostic testing exclusion and added language in the benefit to specify that testing is not covered for reasons not for the purpose of treatment; added language for biomarker testing service	Updated per Legal direction; updated to comply with ESHB 1689
<i>All Medical and Dental Plans</i>	<i>Eligibility & Enrollment</i>	Changed “ward” to “dependent”	Respectful language regulations
<i>All Medical Plans</i>	<i>Emergency Services</i>	Clarified language to specify that this benefit covers mental health conditions and substance use disorder in the definition of “emergency medical condition”	Updated to resolve objections from the OIC
<i>All Medical Plans</i>	<i>Exclusions and Limitations</i>	Updated the “Amounts over the Allowable Amount” language	Federal No Surprises Act
<i>All Medical and Dental Plans</i>	<i>Health Care Benefit Managers</i>	This is a new section added to satisfy new regulations around Health Care Benefit Managers	Added to be compliant with new regulations
<i>All Medical Plans</i>	<i>Home Medical Equipment (HME), Orthotics, Prosthetics and Supplies</i>	Removed limit for foot orthotics and therapeutic shoes	Corporate decision
	<i>Mastectomy and Breast Reconstruction</i>	Removed limit of mastectomy bras and a prosthesis	Removed to resolve objections from the OIC

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<i>All Medical and Dental Plans</i>	<i>Interpretation of Plan</i>	This section was removed	Removed to resolve objections from the OIC
<i>All Medical Plans (except Balance 1000 Basic Gold)</i>	<i>Medical Transportation – State-Restricted Care</i>	Added new benefits for travel and lodging for abortion and medically necessary gender affirming care services	Addressing the Supreme Court ruling in Roe v. Wade
<i>All Medical Plans</i>	<i>Mental Health</i>	Added language to clarify covered and accredited providers	Internal request based on updated credentialing criteria
<i>All Medical Plans</i>	<i>Multiple Benefits</i>	Replaced gendered language with gender neutral language	Updated to resolve objections from the OIC
<i>All Medical Plans</i>	<i>Multiple Benefits</i>	Changed all references of transgender to gender affirming care	Respectful language regulations
<i>All Medical and Dental Plans</i>	<i>Orthognathic Surgery</i>	Added exclusion language regarding conditions	Internal request
<i>All Medical and Dental Plans</i>	<i>Other Plan Information</i>	Added language that provides information on how to request an ID card	Updated to resolve objections from the OIC
<i>All Medical Plans</i>	<i>Pharmacy</i>	Clarified information regarding the formulary, drug list, and how coverage decisions are made; clarified coverage information regarding male birth control to specify prescription drugs are included; clarified language regarding prescription synchronization/coordination; Clarified language regarding when a member pays a penalty when opting not to purchase the generic	Updated to resolve objections from the OIC
<i>All Medical Plans</i>	<i>Prescription Drugs</i>	Updated Insulin Cap for 30-day supply from \$100 to \$35	New state mandate

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<i>All Medical Plans</i>	<i>Preventive Services</i>	Clarified that the plan will cover up to 12-month supply of birth control pills and added language to include benefits for Pre-exposure (PrEP) for members at high-risk for HIV infection; clarified colon cancer screening to state that the benefit is for high-risk individuals at any age and any individuals 45 years or older and that colonoscopies as follow-up to a positive non-invasive stool-based screening tests are covered; clarified to include coverage for male contraceptives	Updated preventive guidelines
<i>All Medical Plans</i>	<i>Temporomandibular Joint Disorder</i>	Updated to include "Medical Services" definition	Updated to resolve objections from the OIC
<i>All Medical Plans</i>	<i>Virtual Care</i>	Added "Virtual Care" definition for originating site to this section and other clarifying information regarding this benefit	Updated to resolve objections from the OIC
<i>All Medical Plans</i>	<i>Wellness-based programs</i>	Removed this section	These programs were discontinued
<i>All Dental Plans</i>	<i>Network Providers</i>	Added clarification that these plans utilize the Dental Choice network providers	Updated to resolve objections from the OIC

EMPLOYER AGREEMENT

Agreement Sections Affected	Description of Change	Reason for Change
<i>Compliance with the Law</i>	Added reference of Federal No Surprises Act	Federal No Surprises Act
<i>Domestic Partnership</i>	Removed language related to the Affidavit of Domestic Partnership which is no longer filed	Removed to resolve objections from the OIC
<i>Subscription Charges</i>	Removed per employee rating/premium option	Policy update