

## 2022 Washington Large Group Renewals

### Summary of Contract Changes

#### Washington Large Group Plans

Premera Blue Cross has made changes to medical plans for Washington groups that will 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. Self-Funded groups can opt out of changes listed below, except for federal mandates. **Not all the changes listed may apply to your plan or plans. Please take note of the bold subheadings on some of the changes below that show when the change applies. Check your benefit booklet if you need more details about your current coverage.**

#### EMPLOYER AGREEMENT

Sections Affected	Description of Change	Reason for Change
All Fully Insured Plans	<p>We updated the following language based on the Washington No Surprise Act.</p> <p>The Group shall comply fully with all applicable state, federal and local laws and regulations, including notice and disclosure requirements, in carrying out its responsibilities under the Contract. These include, but are not limited to, compliance with the Affordable Care Act (including any applicable requirements for distribution of any medical loss ratio rebates and actuarial value requirements), Internal Revenue Code, the Employee Retirement Income Security Act of 1974 (ERISA), the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), the Family and Medical Leave Act of 1993 (FMLA), the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA), laws and regulations governing the treatment and benefits of members covered by Medicare, <b>and The No Surprises Act, enacted as part of the Consolidated Appropriations Act, 2021</b></p>	WA state mandate

## STATE-MANDATED BENEFIT OFFERINGS FOR INSURED GROUPS

At each renewal, all health carriers must present the state-mandated chiropractic care benefit and temporomandibular joint disorders benefit offering to insured groups that do not include them in their plans currently. **If your plan's benefits don't match the descriptions shown in column 2, you don't have to do anything. But, if your current coverage does match the descriptions shown in column 2 below, then please tell us if you want to upgrade your current benefit.** If you want to upgrade, please contact your Account Manager. If you do not want to upgrade, please check the "No" box and add your initials. If you would like more information about this offering, please contact your Premera Blue Cross representative.

Benefit	If Your Current Coverage Is This:	You Can Upgrade Coverage To This:	No	Initials
Chiropractic Care	Combined with osteopathic manipulations up to a set number of visits per year	Covered on the same basis as other physician care (no visit limit)		
Temporomandibular Joint Disorders (TMJ)	Not covered	Covered on the same basis as other medical conditions.		

**PLEASE NOTE: Rates will be provided upon request.**

**MEDICAL BOOKLETS**

Booklet Sections Affected	Plan Affected	Description of Change	Reason for Change
<p><i>Summary of Your Costs</i> <i>Professional Visits and Services</i></p>	NGF	<p>For plans with a Virtual Care Benefit, we <b>removed</b> the following statement to align with benefit design for virtual care. This benefit is covered under the virtual care benefit and applies the virtual care cost shares.</p> <p><i>including real-time visits using online and telephonic methods with a provider who also maintains a physical location</i></p>	Benefit Change
<p><i>Summary of Your Costs</i> <i>Temporomandibular Joint Disorders (TMJ) Care</i></p>	ALL	<p>For plans with a <i>Temporomandibular Joint Disorders (TMJ) Care Benefit: In the Summary of Your Costs, we have updated the reference of “clinic visits” to add clarification this benefit covers.</i></p>	Clarification
<p><i>Summary of Your Costs</i> <i>Virtual Care</i></p>	NGF	<p>For plans with a Virtual Care Benefit, we <b>removed</b> the following statement to align with benefit design for virtual care.</p> <p><i>Access to care using virtual methods like secure chat, text, voice or video chat.</i></p> <p><i>Real-time visits via online or telephonic methods with your doctor or other provider are covered under other benefits of this plan.</i></p> <p>We <b>added</b> the following statement to align with benefit design for virtual care.</p> <p><i>Interactive audio and video technology or using store and forward technology in real-time communication between the member at the originating site and the provider for diagnoses, consultation, or treatment.</i></p>	Clarification
<p><i>Covered Services</i> <i>Acupuncture</i></p>	All	<p>For plans with an Acupuncture Benefit we have updated language to help describe benefit coverage.</p>	Clarification

<i>Covered Services</i> <i>Allergy Testing and Treatment</i>	All	For plans with an Allergy Testing and Treatment Benefit we have updated language to help describe benefit coverage.	Clarification
<i>Covered Services</i> <i>Ambulance</i>	All	For plans with an Ambulance Benefit we have updated language to help describe benefit coverage.	Clarification
<i>Covered Services</i> <i>Blood Products and Services</i>	All	For plans with a Blood Products and Services Benefit we have updated language to help describe the benefit coverage	Clarification
<i>Covered Services</i> <i>Cellular Immunotherapy And Gene Therapy</i>	All	For plans with a Cellular and Immunotherapy and Gene Therapy Benefit we have updated language to help describe the benefit coverage	Clarification
<i>Covered Services</i> <i>Chemotherapy and Radiation Therapy</i>	All	For plans with a Chemotherapy and Radiation Therapy Benefit we have updated language to help describe the benefit coverage	Clarification
<i>Covered Services</i> <i>Diagnostic Lab, X-ray, and Imaging</i>	ALL	We have <b>added</b> language to help describe the Diagnostic Lab, X-ray, and Imaging benefit.  <b><i>Diagnostic Lab, X-ray, and Imaging</i></b>  <i>This Benefit does not cover testing required for employment, schooling, screening, or public health reasons that is not for the purpose of treatment.</i>	Legal Update
<i>Covered Services</i> <i>Home Health Care</i>	All	For plans with a Home Health Care Benefit we have updated language to help describe the benefit coverage	Clarification
<i>Covered Services</i> <i>Mastectomy and Breast Reconstruction</i>	All	For plans with a Mastectomy and Breast Reconstruction Benefit we have updated language to help describe the benefit coverage	Clarification

<p><i>Covered Services</i> <i>Mental Health Care</i></p>	<p>NGF</p>	<p>For plans with a Mental Health Care Benefit, we have updated language to help describe the benefit coverage.</p> <p>We have added the following statement to align with benefit design for virtual care.</p> <p><i>interactive audio and video technology or using store and forward technology in real-time communication between the member at the originating site and the provider for diagnoses, consultation, or treatment.</i></p>	<p>Clarification</p>
<p><i>Covered Services</i> <i>Office and Clinic Visits</i></p>	<p>All</p>	<p>For plans with an Office and Clinic Visits Benefit we have updated language to help describe the benefit coverage</p>	<p>Clarification</p>
<p><i>Covered Services</i> <i>Preventive Care</i></p>	<p>NGF</p>	<p>For plans with a Preventive Care Benefit, we have <b>updated</b> the age limit for Colorectal Cancer Screening to align with the new USPSTF guidelines.</p> <p><i>The USPSTF recommends screening for Colorectal Cancer in adults at the age of 45 years old.</i></p>	<p>USPSTF Guidelines</p>
<p><i>Covered Services</i> <i>Professional Visits and Services</i></p>	<p>NGF</p>	<p>For plans with a Virtual Care Benefit, we <b>removed</b> the following statement to align with benefit design for virtual care. This benefit is covered under the virtual care benefit and applies the virtual care cost shares.</p> <p><i>including real-time visits using online and telephonic methods with a provider who also maintains a physical location</i></p>	<p>Benefit Change</p>
<p><i>Covered Services</i> <i>Substance Use Disorder</i></p>	<p>NGF</p>	<p>For plans with a Virtual Care Benefit, we <b>added</b> the following statement to align with benefit design for virtual care.</p> <p><i>interactive audio and video technology or using store and forward technology in real-time communication between the member at the originating site and the provider for diagnoses, consultation, or treatment. Please see Virtual Care benefit.</i></p>	<p>Clarification</p>

<p><i>Covered Services</i></p> <p><i>Transgender Services</i></p>	<p>NGF</p>	<p>For plans with a transgender benefit, we <b>updated</b> the language to help describe the transgender benefit.</p> <p><i>Benefits for medically necessary transgender services are subject to the same cost-shares that you would pay for inpatient or outpatient treatment for other covered medical conditions, for all ages. To find the amounts you are responsible for, please see the Summary of Your Costs earlier in this booklet.</i></p> <p><i>Benefits are provided for all transgender surgical services which of the medical policy, including facility and anesthesia charges related to the surgery. Our medical policies are available from Customer Service, or at <a href="http://www.premera.com">www.premera.com</a>.</i></p> <p><i>Benefits for gynecological, urologic and genital surgery for covered medical and surgical conditions, other than as part of transgender surgery, are covered under the surgical benefits applicable to those conditions.</i></p> <p><i>Please Note: Coverage of prescription drugs, and mental health treatment associated with gender reassignment surgery, are eligible under the general plan provisions for prescription drugs and behavioral health, subject to the applicable plan limitations and exclusions.</i></p>	<p>Clarification</p>
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<p><i>Covered Services</i></p> <p><i>Virtual Care</i></p>	<p>NGF</p>	<p>For plans with a Virtual Care Benefit, we <b>removed</b> the following statement to align with benefit design for virtual care.</p> <ul style="list-style-type: none"> <li>• <i>technology to provide ease, convenience, and faster access to medical care. Providers covered under this benefit offer their services exclusively by methods like secure chat, text, voice or audio messaging, and video chat. They do not maintain a physical location that you can visit. This benefit does not cover real-time visits using online and telephonic methods between you and your doctor or other provider who also maintains a physical location. These visits are covered under the Professional Visits And Services benefit and other benefits of this plan.</i></li> </ul> <p>We <b>added</b> the following statement to align with benefit design for virtual care.</p> <p>interactive audio and video technology or using store and forward technology in real-time communication between the member at the originating site and the provider for diagnoses, consultation, or treatment. Services must meet the following requirements:</p> <ul style="list-style-type: none"> <li>• Covered service under this plan</li> <li>• Originating site: Hospital, Rural health clinic, federally qualified health center, physician’s or other health care provider office, community mental health center, skilled nursing facility, home, or renal dialysis center, except an independent renal dialysis center</li> <li>• If the service is provided through store and forward technology, there must be an associated office visit between the member and the referring provider.</li> <li>• Is Medically Necessary</li> </ul>	<p>Clarification</p>
<p><i>Exclusions</i></p>	<p>All</p>	<p>We have updated the definition of Exclusion to help describe the services limited or not covered by the plan</p>	<p>Clarification</p>
<p><i>Exclusions</i></p> <p><i>Amounts over the Allowed Amount</i></p>	<p>All</p>	<p>We have updated the language to help describe the exclusions for Amounts Over the Allowed Amount.</p>	<p>Clarification</p>

<i>Exclusions Assisted Reproduction</i>	All	We have updated the language to help describe the exclusions for Assisted Reproduction.	Clarification
<i>Exclusions Benefits from Other Sources</i>	All	We have updated the language to help describe the exclusions for Benefits from Other Sources.	Clarification
<i>Exclusions Charges or Records or Reports</i>	All	We have updated the language to help describe the exclusions for Charges or Records or Reports	Clarification
<i>Exclusions Comfort or Convenience</i>	All	We have updated the language to help describe the exclusions for Comfort or Convenience.	Clarification
<i>Exclusions Complications</i>	All	We have updated the language to help describe the exclusions for Complications.	Clarification
<i>Exclusions Cosmetic Services</i>	All	We have updated the language to help describe the exclusions for Cosmetic Services.	Clarification
<i>Exclusions Counseling, Education or Training</i>	All	We have updated the language to help describe the exclusions for Counseling, Education or Training.	Clarification
<i>Exclusions Court-Ordered Services</i>	All	We have updated the language to help describe the exclusions for Court-Ordered Services.	Clarification
<i>Exclusions Custodial Care</i>	All	We have updated the language to help describe the exclusions for Custodial Care.	Clarification
<i>Exclusions Dental Care</i>	All	We have updated the language to help describe the exclusions for Dental Care.	Clarification
<i>Exclusions Donor Breast Milk</i>	All	We have updated the language to help describe the exclusions for Donor Breast Milk.	Clarification
<i>Exclusions Environmental Therapy</i>	All	We have updated the language to help describe the exclusions for Environmental Therapy.	Clarification
<i>Exclusions Experimental and Investigative Services</i>	All	We have updated the language to help describe the exclusions for Experimental and Investigative Services.	Clarification



<i>Exclusions Family Members or Volunteers</i>	All	We have updated the language to help describe the exclusions for Family Members or Volunteers.	Clarification
<i>Exclusions Government Facilities</i>	All	We have updated the language to help describe the exclusions for Government Facilities.	Clarification
<i>Exclusions Hair Loss</i>	All	We have updated the language to help describe the exclusions for Hair Loss.	Clarification
<i>Exclusions Hearing Hardware</i>	All	We have updated the language to help describe the exclusions for Hearing Hardware.	Clarification
<i>Exclusions Hospital Admission Limitation</i>	All	We have updated the language to help describe the exclusions for Hospital Admission Limitations.	Clarification
<i>Exclusions Illegal Acts and Terrorism</i>	All	We have updated the language to help describe the exclusions for Illegal Acts and Terrorism.	Clarification
<i>Exclusions Laser Therapy</i>	All	We have updated the language to help describe the exclusions for Laser Therapy.	Clarification
<i>Exclusions Military Service and Ware</i>	All	We have updated the language to help describe the exclusions for Military Service and Ware.	Clarification
<i>Exclusions Non-Covered Services</i>	All	We have updated the language to help describe the exclusions for Non-Covered Services.	Clarification
<i>Exclusions Non-Treatment Charges</i>	All	We have updated the language to help describe the exclusions for Non-Treatment Charges	Clarification
<i>Exclusions Non-Treatment Facilities, Institutions, or Programs</i>	All	We have updated the language to help describe the exclusions for Non-treatment Facilities, Institutions or Programs.	Clarification

<p><i>Exclusions</i></p> <p><i>Not Medically Necessary</i></p>	ALL	<p>We have <b>updated</b> the language to help describe the exclusions for Not Medically Necessary and moved it under a new exclusion called, Services or Supplies Not Medically Necessary</p> <p><b><i>Services or Supplies Not Medically Necessary</i></b></p> <p><i>Services or supplies that are not medically necessary even if they're court-ordered. This also includes places of service, such as inpatient hospital care.</i></p>	Clarification
<p><i>Exclusions</i></p> <p><i>Recreational, Camp and Activity Programs</i></p>	All	<p>We have <b>removed</b> wilderness from the exclusions under Recreational, Camp and Activity Programs. We have <b>added</b> outward-bound programs.</p>	Legal Update/Benefit Change
<p><i>Exclusions</i></p> <p><i>Vision Hardware</i></p>	All	<p>We have updated the language to help describe the exclusions for Vision Hardware.</p>	Clarification
<p><i>Exclusions</i></p> <p><i>Vision Therapy.</i></p>	All	<p>We have updated the language to help describe the exclusions for Vision Therapy.</p>	Clarification
<p><i>Exclusions</i></p> <p><i>Weight Loss</i></p>	All	<p>We have updated the language to help describe the exclusions for Weight Loss.</p>	Clarification
<p><i>Definitions</i></p> <p><i>Virtual Care</i></p>	NGF	<p>We have <b>added</b> a new definition to help describe the virtual care benefit.</p> <p><b><i>Virtual Care</i></b></p> <p><i>Healthcare services provided through the use of online technology, telephonic and secure messaging of member initiated care from a remote location (ex. home) with a provider that is diagnostic and treatment focused. The member is not located at a healthcare site.</i></p>	Clarification

