PREMERA | BLUE CROSS
An Independent Licensee of the Blue Cross Blue Shield Association

Summary of Contract Changes for Washington Large Groups (Insured)

Premera Blue Cross has made changes to **medical 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.

For Insured plans: Subject to change, pending Regulator filing review.

This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which the program may be continued in force. This summary of contract changes is not a contract. For full coverage provisions, including a description of waiting periods, limitations and exclusions please contact your designated Premera account team.

MEDICAL BOOKLETS

Impacted Plan	Booklet Sections Affected	Description of Change	Reason for Change
All Plans	Throughout the booklet(s)	General updates including punctuation, formatting,, alignment across other lines of business	Standard Updates
All HDHP Plans	Quick Care Guide	Updated the Internal Revenue Service (IRS) High Deductible Health Plan (HDHP) minimum deductible information	IRS Guidelines
All Plans	Important Plan Information	Clarified allowed amount language regarding out of network claims repricing	Language Clarification
All Plans	How Providers Affect Your Costs	Revised language to clarify provisions for out-of-network or non-contracted providers	Language Clarification
All Plans	Prior Authorization	Clarified prior authorization language pertaining to drugs covered under the medical benefits	Language Clarification
All Plans	Personal Health Support Programs	Removed diabetes management program language due to its discontinuance	Product Change
All Plans	Covered Services	Renamed the following benefit categories: • Chemotherapy and Radiation Therapy to Anticancer Medication and Radiation Therapy	Language Clarification

Impacted Plan	Booklet Sections Affected	Description of Change	Reason for Change
		• Therapeutic Injections to Injectable Drug Therapies	
All Plans	Covered Services; Diagnostic X-ray, Lab, and Imaging	Clarified that diagnostic and supplemental breast exams are covered under Preventive Care	Language Clarification
All Plans	Covered Services; Dialysis	Revised dialysis language to improve member understanding	Language Clarification
All Plans	Covered Services; Hospice Care	Removed bereavement reference in the "What is excluded" section to improve member understanding	Language Clarification
All Plans	Covered Services; Infusion Therapy	Clarified benefit language to improve member understanding	Language Clarification
All Plans	Covered Services; Maternity	Clarified that routine prenatal and postnatal exams and tests are covered under Preventive Care	Language Clarification
All Plans	Covered Services; Mental Health Care	Clarified that planned hospital admissions require prior authorization	Language Clarification
All Plans	Covered Services; Neurodevelopmental (Habilitation) Therapy and Rehabilitation Therapy	Clarified benefit language to improve member experience and understanding	Language Clarification
All Plans, except HDHP Plans	Covered Services; Prescription Drugs	The Prescription Drugs benefit added new prescription drug tiers for the non-HDHP plans: • Value generic drugs tier for Retail and Mail-Order Pharmacy • Preferred and non-preferred specialty drugs tier for Specialty Pharmacy	Benefit Change
All Plans	Covered Services; Prescription Drugs	The Prescription Drugs benefit included the following to comply with WA state mandates: • Added coverage for HIV antiviral drugs	WA State Mandate

Impacted Plan	Booklet Sections Affected	Description of Change	Reason for Change
		• Clarified coverage for prescription hormone therapy	
All Plans	Covered Services; Prescription Drugs	The Prescription Drugs benefit included the following changes: • Added language for drug discount card program • Clarified refills language	Language Clarification
All Plans	Covered Services; Preventive Care	The Preventive Care benefit included the following changes: • Clarified preventive care services and its guidelines established by the government agencies and professional medical societies • Clarified hearing screenings benefit	Language Clarification
All Plans	Covered Services; Rehabilitation Therapy	Clarified benefit language to improve member experience and understanding	Language Clarification
All Plans	Definitions	Clarified "Experimental/Investigative Services" to improve member understanding	Language Clarification
All Medical Plans (Except Preferred Choice)	Covered Services: Weight Management (Bariatric Surgery)	Added optional weight management (bariatric surgery) benefit options, including updated lifetime maximum amounts as applicable.	Product Change
All Medical Plans	Covered Services: Prescription Drugs	Added optional weight loss drugs benefit options for prescription GLP-1 medications, including coverage options for overweight and obesity or for other covered medical conditions.	Product Change

EMPLOYER AGREEMENT (Insured)

Agreement Sections Affected	Description of Change	Reason for Change
Entire Contract	General grammar updates	Language Clarification