



NOTICE

**Meeting of the Board of Directors of the
League Insurance Government Health Team (LIGHT)
by virtual conferencing
April 5, 2023, at 9:30 a.m. CT/8:30 a.m. MT**

PLEASE TAKE NOTICE that on **Wednesday, April 5, 2023, at 9:30 a.m. CT/8:30 a.m. MT**, the League Insurance Government Health Team (LIGHT) will hold a Meeting of the LIGHT Board of Directors by virtual conferencing.

An agenda of subjects known at this time is included with this notice, but the agenda shall be kept continually current and readily available for public inspection at the principal office of LIGHT during normal business hours at 1335 L Street, Lincoln, Nebraska.

The City of Blair Council Chambers at 218 S 16th Street, Blair, Nebraska, 68008, will be open for attendance by the public during the meeting. LIGHT Board Member Brenda Wheeler, or her designee, will inform the public about the location of the copy of the Open Meetings Act which is accessible to members of the public at the City of Blair Council Chambers. A notice of this meeting with the agenda and other materials are available at this location with a copy of the Open Meetings Act posted.

You may join the meeting by Zoom via Computer, Smart Device or Telephone <https://us06web.zoom.us/j/84680489210?pwd=Tm5SM0pxcHdyd1dKUm5CQjVsUjBpZz09> or via phone at 877-853-5257. The Meeting ID is 846 8048 9210 and the Passcode is 109634.

On March 23, 2023, notice of this meeting with the agenda and other materials were sent to all LIGHT members and the LIGHT Board of Directors. Notice of this meeting with the agenda and other materials are available for public inspection at 1335 L Street, in Lincoln, Nebraska and posted with the following links kept continually current: an electronic copy of the agenda, all documents being considered at the meeting, with a link to the current version of the Open Meetings Act are on the website of the League of Nebraska Municipalities – www.lonm.org/light/.



AGENDA

**Meeting of the Board of Directors of the
League Insurance Government Health Team (LIGHT)
by virtual conferencing
April 5, 2023, at 9:30 a.m. CT/8:30 a.m. MT**

In accordance with the Open Meetings Act, Chapter 84, Article 14 of the Reissue Revised Statutes of the State of Nebraska 1943, as amended, one copy of all reproducible written materials to be discussed is available to the public at the meeting and at the link below for examination and copying. The LIGHT Board of Directors may pass motions to go into closed session on agenda items pursuant to the requirements of the Open Meetings Act.

Join the meeting by Zoom via Computer, Smart Device or Telephone <https://us06web.zoom.us/j/84680489210?pwd=Vm5SM0pxcHdyd1dKUm5CQjVsUjBpZz09> or via phone at 877-853-5257. The Meeting ID is 846 8048 9210 and the Passcode is 109634.

Officials of LIGHT members and members of the public may comment on agenda items or listen to the Board of Directors Meeting; however, if the Board of Directors votes to hold a closed session pursuant to the Open Meetings Act, officials of LIGHT members and members of the public may not comment or listen during that time.

1. Call meeting to order:

- a.** 9:30 a.m. CT/8:30 a.m. MT – Plattsmouth Mayor Paul Lambert, Chair of the LIGHT Board, will call the meeting to order.
- b.** Roll call.
- c.** Indicate that on March 23, 2023, a notice of this meeting with the agenda and other materials were sent to all LIGHT members and the LIGHT Board of Directors. Notice of this meeting with the agenda and other materials were available for public inspection at 1335 L Street, in Lincoln, Nebraska, and also posted with the following link kept continually current: an electronic copy of the agenda and all documents being considered at the meeting, with a link to the current version of the Open Meetings Act are on the website of the League of Nebraska Municipalities – www.lonm.org/light/.
- d.** The City of Blair Council Chambers at 218 S 16th Street, Blair, Nebraska, 68008, will be open for attendance by the public during the meeting. LIGHT Board Member Brenda Wheeler, or her designee, will inform the public about the location of the copy of the Open Meetings Act which is accessible to members of the public

at the City of Blair Council Chambers. A notice of this meeting with the agenda and other materials are available at this location with a copy of the Open Meetings Act posted.

- e. Pledge of Allegiance to the Flag of the United States of America.
 - f. Public comment on any agenda item(s): Pursuant to the Open Meetings Act, the LIGHT Board Chair reserves the right to limit comments on agenda items. In accordance with the Open Meetings Act, there is no time limit on comments made by members of the LIGHT Board of Directors.
2. **Consider a motion to approve the minutes of the Feb. 28, 2023, Meeting of the LIGHT Board of Directors.**
See pages 4-7
 3. **Consider a motion to approve the 2023 renewal of the Blue Cross Blue Shield of Nebraska (BCBSNE) insurance policy for coverage through the LIGHT Member Health Plan for the plan year, July 1, 2023, through June 30, 2024.**
See pages 8-25
Dennis Maggart, President, McInnes Maggart Consulting Group
Sue Warner, Strategic Account Executive, Blue Cross Blue Shield of Nebraska
L. Lynn Rex, Ex-Officio, Non-Voting Board Member; Executive Director of the League of Nebraska Municipalities (LIGHT's Administrator)
 4. **Discuss the date for the next meeting of the LIGHT Board of Directors.**
 5. **Consider a motion to adjourn.**

MINUTES
Meeting of the Board of Directors of the
League Insurance Government Health Team (LIGHT)

Feb. 28, 2023, at 8:15 a.m. CT
Cornhusker Marriott Hotel – Hawthorne Room
333 S 13th Street, Lincoln

A Meeting of the Board of Directors of the League Insurance Government Health Team (LIGHT) was held Feb. 28, 2023, at 8:15 a.m. CT at the Cornhusker Marriott Hotel – Hawthorne Room at 333 S 13th Street, Lincoln, Nebraska.

(AGENDA ITEM #1) **Call to Order.** At 8:15 a.m. CT, Plattsmouth Mayor Paul Lambert, Chair of the LIGHT Board, called the meeting to order.

The roll call was read with the following voting Board Members present: **Paul Lambert**, Mayor, City of Plattsmouth; **Tom Goulette**, City Administrator/Utility Superintendent, City of West Point; **Joel Bergman**, Mayor, City of St. Paul; **Jessica Quady**, City Administrator, City of Ashland; **Brenda Wheeler**, Clerk, City of Blair. At the time of roll call, five voting Board Members were present. Ex-officio (non-voting) Board Member **L. Lynn Rex**, Executive Director of the League of Nebraska Municipalities, also was present; pursuant to the LIGHT Interlocal Agreement, the League of Nebraska Municipalities is the LIGHT Administrator.

Other participants included: **Cline Williams Wright Johnson & Oldfather, L.L.P.** – Michelle Sitorius; **McInnes Maggart Consulting Group, LLC** – Dennis Maggart; **BCBSNE** – Sue Warner and Christa Hofferber; and **League of Nebraska Municipalities** – Shirley Riley and Brenda Henning.

Chair Lambert indicated that on Feb. 22, 2023, a notice of this meeting with the agenda and other materials were sent to all LIGHT members and the LIGHT Board of Directors. Notice of this meeting with the agenda and other materials were available for public inspection at 1335 L Street, in Lincoln, Nebraska, and also posted with the following link kept continually current: an electronic copy of the agenda and all documents being considered at the meeting, with a link to the current version of the Open Meetings Act are on the website of the League of Nebraska Municipalities – www.lonm.org/light/.

Chair Lambert stated in accordance with Chapter 84, Article 14 of the Reissue Revised Statutes of the State of Nebraska 1943, as amended, one copy of all reproducible written materials to be discussed was available to the public at this meeting for examination. He also stated the LIGHT Board of Directors may pass motions to go into closed session on agenda items pursuant to the requirements of the Open Meetings Act.

Chair Lambert asked those present to join him in reciting the Pledge of Allegiance to the Flag of the United States of America.

Chair Lambert stated the following regarding public comment on any agenda item(s): Pursuant to the Open Meetings Act, the LIGHT Board Chair reserves the right to limit

comments on agenda items. In accordance with the Open Meetings Act, there is no time limit on comments made by members of the LIGHT Board of Directors.

(Agenda Item #2) **Consider a motion to approve the minutes of the Dec. 16, 2022, Meeting of the LIGHT Board of Directors by virtual conferencing.** Mayor Bergman moved, seconded by Goulette to approve the minutes of the Dec. 16, 2022, Meeting of the LIGHT Board of Directors. Chair Lambert asked if there was any discussion; there was none. Roll call vote. Ayes: Lambert, Goulette, Bergman, Quady and Wheeler. Nays: None. Abstentions: None. Absent: None. ***Motion carried: 5 ayes, 0 nays, 0 abstentions and 0 absent.***

(Agenda Item #3) **Update on new LIGHT members and other membership-related issues.** (Presented by Dennis Maggart) Wheeler moved, seconded by Goulette to accept the report from Dennis Maggart. Chair Lambert asked if there was any discussion; there was none. Roll call vote. Ayes: Lambert, Goulette, Bergman, Quady and Wheeler. Nays: None. Abstentions: None. Absent: None. ***Motion carried: 5 ayes, 0 nays, 0 abstentions and 0 absent.***

(Agenda Item #4) **Update regarding quotes for a short-term disability proposal as authorized on Dec. 16, 2022.** (Presented by Dennis Maggart) Action taken with Agenda Item #5 motion.

(Agenda Item #5) **Update on a quote from Mutual of Omaha for a second option for: 1) the long-term disability plan; and 2) the dental plan as authorized on Dec. 16, 2022.** (Presented by Dennis Maggart) Wheeler moved, seconded by Quady to accept the updates from Dennis Maggart for Agenda Item #4 and Agenda Item #5. Chair Lambert asked if there was any discussion; there was none. Roll call vote. Ayes: Lambert, Goulette, Bergman, Quady and Wheeler. Nays: None. Abstentions: None. Absent: None. ***Motion carried: 5 ayes, 0 nays, 0 abstentions and 0 absent.***

(Agenda Item #6) **Discuss the date for the next meeting of the LIGHT Board of Directors.** There will be a meeting by Zoom at the end of March and an in-person meeting in April.

(Agenda Item #7) **Consider a motion to adjourn.** Goulette moved, seconded by Mayor Bergman to adjourn. Roll call vote. Ayes: Lambert, Goulette, Bergman, Quady and Wheeler. Nays: None. Abstentions: None. Absent: None. ***Motion carried: 5 ayes, 0 nays, 0 abstentions and 0 absent.*** The meeting was adjourned at 8:54 a.m. CT.

Approved on:

ATTEST:

Brenda Henning
Membership Services Assistant
League of Nebraska Municipalities

L. Lynn Rex

Ex-Officio, Non-Voting, LIGHT Board Member

Executive Director of the League of Nebraska Municipalities (*LIGHT Administrator*)

DRAFT



NOTICE

Meeting of the Board of Directors of the League Insurance Government Health Team (LIGHT)

Sept. 16, 2022, at 12:15 p.m. CT
Cornhusker Marriott Hotel – Room ABC
333 S 13th Street, Lincoln

PLEASE TAKE NOTICE that on **Friday, Sept. 16, 2022, at 12:15 p.m. CT**, the League Insurance Government Health Team (LIGHT) will hold a Meeting of the LIGHT Board of Directors at the Cornhusker Marriott Hotel – Room ABC at 333 S 13th Street, Lincoln, Nebraska.

An agenda of subjects known at this time is included with this notice, but the agenda shall be kept continually current and readily available for public inspection at the principal office of LIGHT during normal business hours at 1335 L Street, Lincoln, Nebraska. A notice of this meeting with the agenda and other materials are available at this location with a copy of the Open Meetings Act posted.

On Sept. 9, 2022, notice of this meeting with the agenda and other materials were sent to all LIGHT members and the LIGHT Board of Directors. Notice of this meeting with the agenda and other materials are available for public inspection at 1335 L Street, in Lincoln, Nebraska and posted with the following links kept continually current: an electronic copy of the agenda, all documents being considered at the meeting, with a link to the current version of the Open Meetings Act are on the website of the League of Nebraska Municipalities – www.lonm.org/light/.



Renewal

PROPOSAL

Table of Contents

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- ❖ **2023 Plan Comparisons**
- ❖ **2023 Minimum and Maximum Requirements**
- ❖ **MedsYourWay™ – Retail**
- ❖ **MedsYourWay™ – Amazon Pharmacy Home Delivery**
- ❖ **FlexAccess™**
- ❖ **Renewal Exhibit**

PremierBlue/BlueFreedom

PLAN COMPARISON

Large Group (51+ Eligible Employees) Master Group Contract

**For Fully Insured Groups
Effective Jan. 1, 2023**



Contract Modifications

Master Contract 96-067-I 01/2023

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, 2023. 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 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
PART III. Payment for Services	Out-of-network Provider Payment	<p>*Clarification: Modified language to better align with the Consolidated Appropriations Act (CAA) provisions for out-of-network providers. Added reference to “balance billing” and “post stabilization” services.</p> <p>Definition of Emergency Services moved to the Definition section of the contract.</p> <p>Added Emergency Services throughout the Contract where appropriate to support CAA surprise billing.</p>	Yes	Section 1, How The Network Works
PART III. Payment for Services	Continuity of Care	<p>*Clarification: Modified language to better align with the CAA provisions and continuity of care time periods. “Covered services will continue to apply to those Covered Services after the termination takes effect, for the earlier of 90 days or until the Covered Person is no longer a continuing care patient.”</p>	Yes	Section 1, How The Network Works
PART III. Payment for Services	Deductible (Brand Drug)	<p>*Clarification: Removed word “Brand.” Modified language to support future situations where generic drugs may use discount cards.</p>	Yes	Section 1, How The Network Works Note: No booklet updates are required as the current document does not address ‘brand’ vs generic drugs in this section.
PART III. Payment for Services	Qualified High Deductible Health Plans	<p>*Clarification: HSA (Health Savings Account) has been spelled out in the contract.</p>	Yes	Section 1, How The Network Works
PART III. Payment for Services	Member Incentive	<p>*Clarification: Added clarification to the member incentive provision. “Subscribers may be offered financial incentives for enrolling in or obtaining preventive care, maternity care, health assessments, disease management, evaluation and monitoring visits for certain chronic conditions to improve health conditions, and use of electronic communications, tools, etc.</p>	No	N/A
PART V. Benefits for Hospital and Other Institutional Facility Services Part IX. Benefits for Mental Illness and Substance Dependence or Abuse Service	Drugs Administered in an Outpatient Setting Emergency Care (MIDA Section)	<p>*Clarification: Emergency Care was replaced with Emergency Medical Condition or Emergency Services throughout this document as appropriate.</p>	Yes	Section 3, Benefit Description
PART XI. Benefits for Organ and Tissue Transplantation	Transplants (Bone Graft)	<p>*Clarification: Removed bone graft from the Organ and Tissue Transplant section of the contract as it does not fall into this type of benefit provision. It remains a covered service, with no change in benefit administration.</p>	Yes	Section 3, Benefit Description

Contract Section	Contract Provision	Rationale	Applies to COC	Section of COC
PART XIV. Exclusions and Limitations	Excluded Service Covered in ER situation	*Clarification: The CAA surprise billing act requires plans to cover excluded services when treatment is received through emergency services. Exclusion updated to reference "as required by law." Example: Injured while committing a felony.	Yes	Section 4, Exclusions - What's Not Covered
PART XIV. Exclusions and Limitations	Exclusion for Dietary/Nutritional Counseling for Eating Disorders	*Clarification: Modified language to clarify dietary counseling is only covered for ACA preventive services and/or eating disorders.	Yes	Section 4, Exclusions - What's Not Covered
PART XIV. Exclusions and Limitations	Exclusion for Foot Care	Benefit Enhancement: Required on the individual and small-group products to comply with the ACA rules (on and off the market/shop). In the NBPP for 2023, CMS indicates plans cannot discriminate on an Essential Health Benefit. We cannot limit coverage to only diabetes for routine foot care. Routine foot care will be covered when medically necessary on all product lines.	Yes	Section 4, Exclusions - What's Not Covered
PART XIV. Exclusions and Limitations	Exclusion for Gene Therapy	*Clarification: Removed exclusion as it is no longer necessary, all claims for genetic treatment and engineering are reviewed for medical necessity and whether or not the service is considered investigational. No change in how we currently administer benefits.	Yes	Section 4, Exclusions - What's Not Covered
PART XIV. Exclusions and Limitations	Exclusion for Act of War Benefit	*Clarification: Added exclusion to contract to support our current claims administration. Emergency Care would be covered through stabilization due (CAA) provision.	Yes	Section 4, Exclusions - What's Not Covered
PART XIV. Exclusions and Limitations	Exclusion for Travel and Lodging	*Clarification: Added "meals" to the exclusion for clarification purposes.	Yes	Section 4, Exclusions - What's Not Covered
PART XIV. Exclusions and Limitations	Exclusion for Over the Counter (OTC)	*Clarification: Added the OTC exclusion under the medical section to align with the Pharmacy exclusion. No change in how we currently administer benefits.	Yes	Section 4, Exclusions - What's Not Covered
PART XV. RX Nebraska Prescription Drug Program	Pharmacy Overview (Brand)	*Clarification: Removed word "Brand." Modified language to support future situations generic drugs may use discount cards.	No	Section 5, Prescription Drug Benefit Note: No booklet updates are required as the current document does not address 'brand' vs generic drugs in this section.

Contract Section	Contract Provision	Rationale	Applies to COC	Section of COC
PART XV. RX Nebraska Prescription Drug Program	Benefit Administration	*Clarification: Enhanced language to clarify the “lessor of” logic. The Covered Person is responsible for payment of the lesser of the Deductible, Copayment and/or Coinsurance; the Contracted Amount; and the usual retail price for the item.	Yes	Section 5, Prescription Drug Benefit
PART XV. RX Nebraska Prescription Drug Program	Benefit Administration	Benefit Enhancement: Drug Copayment Program definition was added to clarify the impact to member out-of-pocket maximums.	Yes	Section 5, Prescription Drug Benefit
PART XV. RX Nebraska Prescription Drug Program - Exclusion and Limitations	Exclusion for Over the Counter (OTC)	*Clarification: Modified language to clarify how we handle OTC claims. Prescription drugs, or medications, supplies, devices, and tests that are determined by us to be non-covered, as permitted by state and federal laws, including the ACA.	Yes	Section 5, Prescription Drug Benefit
Part XXIII. Definitions	Adverse Benefit Determination	*Clarification: Modified language to clarify CAA for surprise billing.	Yes	Section 12, Definitions
Part XXIII. Definitions	Ambulance Services	*Clarification: Added a definition for ambulance services	Yes	Section 12, Definitions
Part XXIII. Definitions	Emergency Care/ Services	*Clarification: Removed the definition of emergency care and replaced it with emergency services.	Yes	Section 12, Definitions

Note: Grammatical edits are not reflected

*No change to how we currently administer benefits.

2023 Schedule of Benefit Summary Enhancements

SOBS Section	Medical Provision			Rationale																		
<p>Payment for Services</p>	<p>Open Paragraph on SOBS</p> <p>Covered Services are reimbursed based on the Allowable Charge. Blue Cross and Blue Shield of Nebraska In-network Providers have agreed to accept the benefit payment as payment in full, not including Deductible, Coinsurance and/or Copayment amounts and any charges for non-covered services, which are the Covered Person's responsibility. That means In-network providers, under the terms of their contract with Blue Cross and Blue Shield, can't bill for amounts over the Contracted Amount. In some situations, Out-of-network Providers can bill for amounts over the Out-of-network Allowance.</p>			<p>Modified language to better align with the Consolidated Appropriations Act (CAA) provisions for out-of-network providers.</p>																		
<p>Covered Services - Illness or Injury (Allergy Injections & Serums)</p>	<table border="1"> <thead> <tr> <th data-bbox="358 562 646 604">Physician Office</th> <th data-bbox="646 562 932 604">In-Network Provider</th> <th data-bbox="932 562 1256 604">Out-Of-Network Provider</th> </tr> </thead> <tbody> <tr> <td data-bbox="358 604 646 678"> <ul style="list-style-type: none"> Primary Care Physician Office Visit </td> <td data-bbox="646 604 932 678">Copay</td> <td data-bbox="932 604 1256 678">Deductible and Coinsurance</td> </tr> <tr> <td data-bbox="358 678 646 751"> <ul style="list-style-type: none"> Specialist Physician Office Visit </td> <td data-bbox="646 678 932 751">Copay</td> <td data-bbox="932 678 1256 751">Deductible and Coinsurance</td> </tr> <tr> <td data-bbox="358 751 646 957"> <ul style="list-style-type: none"> Other Covered Services and supplies provided in the Physician's Office (with or without an office visit billed) </td> <td data-bbox="646 751 932 957">Applicable office visit copay</td> <td data-bbox="932 751 1256 957">Deductible and Coinsurance</td> </tr> <tr> <td data-bbox="358 957 646 1094"> <p>Allergy Injections and Serum (only one copay applies per day per provider)</p> </td> <td data-bbox="646 957 932 1094">\$10 Copay</td> <td data-bbox="932 957 1256 1094">Deductible and Coinsurance</td> </tr> <tr> <td data-bbox="358 1094 646 1167"> <p>Other Injections</p> </td> <td data-bbox="646 1094 932 1167">Deductible and Coinsurance</td> <td data-bbox="932 1094 1256 1167">Deductible and Coinsurance</td> </tr> </tbody> </table> <p>Primary Care Physician is a physician who has a majority of his or her practice in internal or general medicine, obstetrics/gynecology, general pediatrics or family practice. A physician assistant is covered in the same manner as a Primary Care Physician.</p> <p>Specialist Physician is a physician who is not a Primary Care Physician.</p> <p>Office Visit Benefits for Primary Care and Specialist Physician Office Visit include office visits (including the initial visit to diagnose pregnancy) and consultations.</p> <p>Other Covered Services not part of the Physician Office Benefit (Refer to the appropriate category for benefit information) include: Allergy Injections & Serum; Other Injections; Advanced Diagnostic Imaging (CT, MRI, MRA, MRS, PET & SPECT scans and other Nuclear Medicine); Pregnancy Services; Preventive Services; Radiation Therapy & Chemotherapy; Surgery & Anesthesia; Therapy & Manipulations; Durable Medical Equipment; Sleep Studies; Biofeedback; Psychological Evaluations, Assessments, and Testing.</p>			Physician Office	In-Network Provider	Out-Of-Network Provider	<ul style="list-style-type: none"> Primary Care Physician Office Visit 	Copay	Deductible and Coinsurance	<ul style="list-style-type: none"> Specialist Physician Office Visit 	Copay	Deductible and Coinsurance	<ul style="list-style-type: none"> Other Covered Services and supplies provided in the Physician's Office (with or without an office visit billed) 	Applicable office visit copay	Deductible and Coinsurance	<p>Allergy Injections and Serum (only one copay applies per day per provider)</p>	\$10 Copay	Deductible and Coinsurance	<p>Other Injections</p>	Deductible and Coinsurance	Deductible and Coinsurance	<p>Benefit change for PremierBlue and ASO Block Pricing.</p>
Physician Office	In-Network Provider	Out-Of-Network Provider																				
<ul style="list-style-type: none"> Primary Care Physician Office Visit 	Copay	Deductible and Coinsurance																				
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<ul style="list-style-type: none"> Other Covered Services and supplies provided in the Physician's Office (with or without an office visit billed) 	Applicable office visit copay	Deductible and Coinsurance																				
<p>Allergy Injections and Serum (only one copay applies per day per provider)</p>	\$10 Copay	Deductible and Coinsurance																				
<p>Other Injections</p>	Deductible and Coinsurance	Deductible and Coinsurance																				

2023 Schedule of Benefit Summary Enhancements

SOBS Section	Medical Provision			Rationale
Preventive Services	Colorectal Cancer Screenings (starting age 45) Colonoscopy Screening <ul style="list-style-type: none"> Diagnostic or Preventive Screening (one every five years) Screenings outside the age or frequency limit 	In-Network Provider Plan Pays 100% Same as any other illness	Out-Of-Network Provider Deductible and Coinsurance Deductible and Coinsurance	ACA Preventive benefit update, added to SOBS to clarify how the benefit is administered. Applicable to all group and individual business that cover standard ACA Preventive Services.
	Sigmoidoscopy/ Proctoscopy Screening <ul style="list-style-type: none"> Preventive Screening (one every five years) Screenings outside the age or frequency limit 	Plan Pays 100% Same as any other illness	Deductible and Coinsurance Deductible and Coinsurance	
	Barium enema, Fecal occult blood tests, FIT DNA, CT of the Colon and other tests as determined under ACA Preventive Services. <ul style="list-style-type: none"> Preventive Screenings Diagnostic Screenings 	Plan Pays 100% Same as any other illness	Deductible and Coinsurance Deductible and Coinsurance	
	NOTE: Related Services will pay in same manner as the Colorectal Cancer Screening when performed on the same date of service.			
Other Covered Services – Illness or Injury	Ambulance (to the nearest facility for appropriate care) <ul style="list-style-type: none"> Ground Ambulance Air Ambulance 	In-Network Provider Deductible and Coinsurance Deductible and Coinsurance	Out-Of-Network Provider In-network level benefits In-network level benefits Deductible and Coinsurance (In-network level of benefits if due to an emergency)	Modified language to better align with the Consolidated Appropriations Act (CAA) provisions for out-of-network providers.

2023 Schedule of Benefit Summary Enhancements

SOBS Section	Medical Provision		Rationale	
Other Covered Services – Illness or Injury	Drugs Administered in an Outpatient Setting (such as home, physician office and other outpatient settings)	In-Network Provider	Out-Of-Network Provider	Modified language to add clarity on how BCBSNE administers the Drugs in an Outpatient Setting provision. No changes in how we currently administer benefits. This provision refers to the Outpatient Drug Exclusion List Only.
	NOTE: Some Benefit for specific prescription drugs and covered services administered in an outpatient setting, other than a hospital emergency room, are not payable under medical. These drugs are only payable under the Prescription Drug Plan category . A list of these drugs and covered services is available on the website www.NebraskaBlue.com or by contacting the Member Services Department.)	Same as any other illness Not Covered	Same as any other illness Not Covered	
SOBS Section	Provision	Modified Language		Rationale
Specialty drugs	Specialty drugs - Rx - 2 Grace Fills (specialty drugs must be purchased through a designated specialty pharmacy after two fills)	In-Network Provider \$ Copay	Out-Of-Network Provider Not Covered	Benefit change for group and individual business, moving forward members will use a designated specialty pharmacy upon the first fill.

Strikethrough indicates deleted text.
Blue color text indicates new changes.

2023 Minimum and Maximum Requirements

Each year the IRS indexes the minimum deductibles and maximum out-of-pocket limits for qualified high-deductible health plans (QHDHP). In addition, under the Affordable Care Act (ACA), the U.S. Department of Health & Human Services indexes the maximum out-of-pocket limits each year. These numbers typically do not align with each other.



2023 QHDHPs

The individual and family minimum deductible, out-of-pocket maximum and contribution amounts have increased for 2023.

The minimum deductible for individuals increased by \$100 and the family deductible amount increased by \$200.

The individual out-of-pocket maximum increased by \$450 and the family out-of-pocket maximum increased by \$900.

The individual maximum contribution increased by \$200 and the family maximum contribution increased by \$450.

QHDHP Minimum and Maximums	2022	2023
Minimum Individual Deductible	\$ 1,400	\$ 1,500
Minimum Family Deductible	\$ 2,800	\$ 3,000
Maximum Individual Out of Pocket	\$ 7,050	\$ 7,500
Maximum Family Out of Pocket	\$14,100	\$15,000
Maximum Individual Contribution	\$ 3,650	\$ 3,850
Maximum Family Contribution	\$ 7,300	\$ 7,750

2023 ACA Maximum Out of Pocket

The ACA maximum out-of-pocket amount increased by \$400 for individuals and \$800 for families.

Maximum Out of Pocket	2022	2023
Maximum Individual Out of Pocket	\$ 8,700	\$ 9,100
Maximum Family Out of Pocket	\$17,400	\$18,200

Minimum Deductible and Maximum Out-of-Pocket Amounts

The following charts show how QHDHP and ACA limits apply based on the QHDHP or traditional PPO plan.

2023 Embedded	QHDHP	Traditional
Minimum Individual Deductible	\$ 3,000	Not Applicable
Minimum Family Deductible	\$ 3,000	
Maximum Individual Out of Pocket	\$ 7,500	\$ 9,100
Maximum Family Out of Pocket	\$15,000	\$18,200

2023 Aggregate	QHDHP	Traditional
Minimum Individual Deductible	\$ 1,500	Not Applicable
Minimum Family Deductible	\$ 3,000	
Maximum Individual Out of Pocket	\$ 7,500	\$ 9,100
Maximum Family Out of Pocket	\$ 9,100	\$ 9,100

2023 Grandfathered (Aggregate)	QHDHP	Traditional
Minimum Individual Deductible	\$ 1,500	Not Applicable
Minimum Family Deductible	\$ 3,000	
Maximum Individual Out of Pocket	\$ 7,500	Not Applicable
Maximum Family Out of Pocket	\$15,000	

The Employer Shared Responsibility regulation requires that an employer-sponsored plan provide Minimum Value. Minimum Value is met when a plan covers at least 60% of the total allowed cost of benefits that are expected to be incurred under the plan. Employers generally must use a Minimum Value calculator developed by the U.S. Department of Health & Human Services to determine if a plan with standard features provides Minimum Value. The Minimum Value calculator was developed in 2013 using a maximum of \$6,500 and has not been updated by the government since it was released to support indexing of annual minimum and maximum limits. This means we are not able to certify plans outside the Minimum Value calculator's data sets.

If you have any questions, please contact a member of your Blue Cross and Blue Shield of Nebraska account management team.

MedsYourWay™ at Retail Pharmacies

The lowest available drug prices for your members

Three out of four consumers use discount drug cards (DDCs) to save money on their prescription medicines.¹ With current discount programs, consumers search for the best discount card price available and present the right card at the pharmacy.

We help make the process easier with MedsYourWay, now available at retail pharmacies. MedsYourWay gives your members the best drug prices available — without needing a discount card.



OPPORTUNITIES TO SAVE UP TO

96% COVERED MEDICATIONS
processed through MedsYourWay

80% NON-COVERED GENERICS
and over-the-counter products²

→ Program details

- No action is required for groups to offer this benefit.
- Members get their medicines at the lowest price available without the hassle of using a discount card.
- All covered purchases apply to members' deductible.
- Members can use MyPrime.com to see the lowest price between their covered benefit price or discount card price before arriving at the pharmacy.
- Discount pricing is accepted at most retail pharmacies.

→ Here's how it works

MedsYourWay – integrates discount drug card pricing to complement your plan benefit. It automatically compares several discount drug card prices to the plan benefit price behind the scenes. Members pay the lowest price between their benefit price and the discount card price. And their covered purchases count toward their deductible.



➔ QUESTIONS?

To learn more about MedsYourWay contact a member of your account team.

¹ GoodRx, 2021.

² Milliman analysis against Prime's commercial client claims from October 2020 – March 2021 and DDC fee schedule as of 1Q2021.

MedsYourWay is a trademark of Prime Therapeutics. Prime Therapeutics is an independent company providing pharmacy benefit management services for Blue Cross and Blue Shield of Nebraska (BCBSNE), an independent licensee of the Blue Cross Blue Shield Association. 60-171 (05-12-22)

AMAZON PHARMACY FOR HOME DELIVERY

Starting Jan. 1, 2022, Amazon Pharmacy will be a new pharmacy home delivery option for you. With Amazon Pharmacy you can have your long-term medications delivered to your home with access to MedsYourWay™ discount card pricing.

You'll see the lowest price and, depending on your plan, pricing options for covered medicines may count toward your out-of-pocket maximum.

TO GET STARTED:



Log onto your member account at myNebraskaBlue.com



Select Pharmacy Benefits on the tools and resources tab



From the MyPrime home page, select Home Delivery and follow the prompts



Home delivery from a brand name you know and trust.

With Amazon Pharmacy, you will enjoy the following benefits and features:

- Mobile app or computer access to your account
- Shop the lowest price whether that's your insurance copay, coinsurance or MedsYourWay discount card pricing
- Track the progress of your prescription fulfillment and delivery
- Receive prescriptions in discreet, tamper-resistant packaging
- Free standard, five-day shipping (two-day for Amazon Prime members)
- Manage your medications and view your order history
- Works with your health insurance plan and doctors to get prescriptions filled so you don't have to
- Talk to a pharmacist 24/7/365



To set up your Amazon Pharmacy account, visit Amazon.com/NebraskaMYW or call 855-797-8857.

FlexAccess™ Specialty Copay Solution

FlexAccess delivers a member-centric experience with greater savings opportunity and expanded pharmacy options.

This solution will help reduce cost challenges in the specialty medication space by providing members access to a variety of manufacturer copay assistance programs (also known as coupons). FlexAccess provides savings opportunities, delivers more pharmacy options, a seamless enrollment process and a better member experience overall.



**OPPORTUNITIES
TO SAVE UP TO**

\$10 PMPM²

**COPAYS AS
LOW AS \$0**

→ Program details

- Member copays of \$0-\$25, which count toward accumulators¹
- More pharmacy options – specialty and retail (including HIV) – beyond just central fill
- Promotes an easy member enrollment with proactive outreach
- Automated savings opportunities – no coupon or separate card needed
- Savings outside of traditional specialty disease states, including HIV
- More flexibility and lower costs due to Prime’s channel independence

→ How FlexAccess Works

It’s completely automated, so members don’t need to search or bring coupons to the pharmacy. With Prime’s channel independent model, FlexAccess unlocks access to more savings for members on medications that are not available at designated specialty pharmacies.

Another great feature that sets FlexAccess apart from existing coupon products is that it covers HIV medications at retail. FlexAccess leverages Prime’s channel independence to offer low copays and give members access to more pharmacies, specialty and retail (including HIV).



➔ QUESTIONS?

To learn more about FlexAccess, contact a member of your account service team.

¹ If your state has an anti-accumulator law, Prime will work with you on an alternative design.

² Prime internal ASO book of business data 2021.

FlexAccess is a trademark of Prime Therapeutics. Savings may differ depending on current benefit design. Prime Therapeutics is contracted to provide pharmacy benefits to Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross Blue Shield Association.

Renewal Exhibit

Fully Insured Health Coverage

Renewal Proposal For League Insurance Government Health Team

Proposed Effective Date:

July 1, 2023





Fully Insured Rating Results for:

League Insurance Government Health Team

Group Number(s): 101002
Marketing Representative: Sue Warner
Experience Period: July 1, 2022 through February 28, 2023
Projection Period: July 1, 2023 through June 30, 2024
Date Prepared: March 15, 2023

Initial Contract Count (as of July 31, 2022)	284
Current Contract Count	621
Percentage Change in Rates	4.04%



An independent licensee of the Blue Cross and Blue Shield Association.