

## Summary of Contract Changes for Washington HMO 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 Plans	Cover Page	Added Blue Cross Blue Shield Association (BCBSA) disclaimer	Language Clarification
All HDHP Plans	Summary of Your Costs	Updated the Internal Revenue Service (IRS) High Deductible Health Plan (HDHP) minimum deductible information	IRS Guidelines
All Plans	Balance Billing Protections	Updated the OIC Balance Billing Protections website reference	Language Clarification
All Plans	Care Management	Added Levels of Care section to improve member understanding	Language Clarification
All Plans	Covered Services	Added Ambulatory Surgical Center benefit	Product Change
All Plans	Covered Services	Added Infertility/Assisted Reproductive Services benefit	Product Change
All Plans	Covered Services; Hearing Care	Revised hearing exam and hearing hardware limits to comply with EHB guidelines	Product Change

Impacted Plan	Booklet Sections Affected	Description of Change	Reason for Change
All Plans	Covered Services; Maternity	Added birthing center benefit	Product Change
All Plans	Covered Services; Maternity	Added donor human milk benefit to comply with EHB guidelines	Product Change
All Plans	Covered Services; Medical Foods	Clarified the specialized infant formulas exclusion to improve member understanding	Language Clarification
All Plans	Covered Services; Prescription Drugs	Revised prescription drug language to comply with state mandate	WA mandate
All Plans	Covered Services; Preventive Care	Revised screening tests and contraceptives language to comply with OIC guideline	OIC Objection
All Plans	Covered Services; Preventive Care	Clarified postnatal exams and tests are inclusive of routine maternity care	Language Clarification
All Plans	Covered Services; Professional Visits and Services	Added exclusion to include "Services used to improve your appearance, such as services to increase hair growth or alter the appearance of your skin"  Removed EEG biofeedback or neurofeedback services from exclusion	Language Clarification
All Plans	Covered Services; Vision Care	Clarified language to include smart glasses (such as augmented reality glasses) are excluded	Language Clarification
All Plans	Exclusions and Limitations	Clarified and added language clarification to improve member understanding	Language Clarification
All Plans	Complaints and Appeals	Clarified external review request language to improve member understanding	Language Clarification

Impacted Plan	Booklet Sections Affected	Description of Change	Reason for Change
All Plans	Definitions	Clarified and added language clarification to improve member understanding	Language Clarification
All Plans	Who is Eligible for Coverage?. When Coverage Begins?. When Will My Coverage End?	Clarified language to improve understanding and refer members to the Group for specified dates of eligibility and termination	Language Clarification
All Plans	Covered Services; Preventive Care	Added language for the expanded preventive care services for patient navigation screening and breast/colon cancer	OIC Objection