

# 2021 Contract Changes Summary



## *Non-BlueEdge<sup>SM</sup> with Select Formulary*

### *Changes effective at anniversary*

**Electronically Operated Appliances or Devices** added as covered services. Orthopedic, orthotic and prosthetic devices, appliances, including orthopedic braces, artificial eyes and auditory osseointegrated devices other than myoelectric/microprocessor-controlled prosthetic limbs.

**Residential Treatment Centers** added as Eligible Providers.

**Manufacturer Coupon** – Manufacturer rebates, discounts, coupons or other similar financial assistance program cannot be used to satisfy an Insured's out-of-pocket cost sharing responsibilities.

### *Prescription drug program*

**Formulary** – The list of preferred medication is subject to change periodically. Members can obtain the most accurate prescription drug coverage by selecting the BCBSKS Select Medication List at [bcbsks.com/drugs](http://bcbsks.com/drugs).

**Diabetic Supplies** – Lancet devices added to the list of diabetic supplies.