



OPTIONS AT A GLANCE

For members of the Nebraska
Health Care Association



For plans effective Jan. 1, 2021

COUNT ON BLUE



For more than 80 years, Blue Cross and Blue Shield of Nebraska (BCBSNE) has been an important part of Nebraskans' lives. We insure or provide benefits administration to more than 480,000 people.* We're a Nebraska-based company, with our main office in Omaha and a satellite location in Lincoln.

Types of Enrollment

Single Membership: Covers the employee only.

Employee and Spouse Membership: Covers the employee and spouse.

Employee and Child(ren) Membership: Covers the employee and eligible dependent children to age 26, but does not provide coverage to a spouse.

Family Membership: Covers the employee and spouse, as well as eligible dependents to age 26.

MEMBER BENEFITS

- ✓ Online tools to find doctors
- ✓ Compare health care costs
- ✓ Discount programs

Let's get started

Finding a health insurance plan doesn't have to be complicated. Let us show you how. Follow these simple steps to find the best plan for you and your employees.



UNDERSTAND HEALTH INSURANCE

Understand provider networks, service areas and coverage.



COMPARE PLAN OPTIONS

Look closely at the plans to see which one is right for your group.



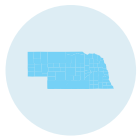
EXPLORE MEMBER RESOURCES

Discount program, telehealth and tools to help manage expenses.

This document is a brief overview of health care coverage. It is not a contract. It is a general overview only. It does not provide all the details of the coverage, including benefits, limitations and contract exclusions. In the event there are discrepancies between this document and the contract, the terms and conditions of the contract will govern. For more information regarding benefits, limitations, exclusions and other provisions, refer to the certificate of coverage.

UNDERSTAND HEALTH INSURANCE

Our Provider Networks



NEtwork BLUE

NEtwork BLUE is our statewide network, made up of 96% of Nebraska's doctors and 99% of the state's non-governmental acute care hospitals.*

*According to BCBSNE statistics, Sept.23, 2020.

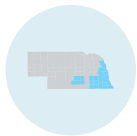


Premier Select BlueChoice

Our Premier Select BlueChoice network is a regional network available to groups headquartered in Omaha, Lincoln and surrounding communities in ZIP codes starting with 680, 681, 683, 684 and 685. All other Nebraska providers are out of network.

Some of the key hospitals and health care providers include:

- Methodist Hospital System
- Nebraska Medicine
- Bryan Health
- Boys Town National Research Hospital
- Children's Hospital & Medical Center



Blueprint Health

Our Blueprint Health network is a regional network available to groups headquartered in Omaha, Lincoln and surrounding communities in ZIP codes starting with 680, 681, 683, 684 and 685, as well as Adams, Buffalo, Hall, Kearney and Phelps counties. All other Nebraska providers are out of network.

Some of the key hospitals and health care providers include:

- CHI Health System
- Alegent Creighton Health Services
- Nebraska Spine Hospital LLC
- Boys Town National Research Hospital
- Children's Hospital & Medical Center





access IN ALL 50 STATES AND AROUND THE WORLD

Nationwide Access

BCBSNE members have access to a national network called the BlueCard® program. If Blue members live or travel outside of Nebraska, they may take their health care benefits with them. The BlueCard program gives members access to doctors and hospitals almost everywhere within the United States. Members are covered whether they need care in urban or rural areas.

Outside of the United States, members have access to doctors and hospitals in nearly 200 countries and territories around the world through the Blue Cross Blue Shield Global® Core program.

To locate providers in Nebraska and nationwide:

Members should visit
NebraskaBlue.com/Find-A-Doctor
or call **800-810-2583**.

Prescription Drug Coverage

Prescription Drug Coverage

Prescription drug coverage is available to BCBSNE members through our Rx Nebraska Prescription Drug Program with our pharmacy benefit manager, Prime Therapeutics, Inc.

Pharmacy Networks

BCBSNE members will pay less out-of-pocket on prescriptions filled through in-network pharmacies. Members may also use AllianceRx Walgreens Prime mail delivery to order up to a 90-day supply of maintenance medications at one time (if allowed by the prescription).

Prime Therapeutics LLC is an independent company providing pharmacy benefit management services for Blue Cross and Blue Shield of Nebraska. Prime Therapeutics has an ownership interest in AllianceRx Walgreens Prime, a central pharmacy and home delivery company.

In-network \$

- Walgreens
- Baker's
- Kohll's
- Walmart
- U Save
- Hy-Vee
- Many local locations

Out-of-network \$\$

- CVS
- Target

For a complete list of pharmacies:

Visit [NebraskaBlue.com/Pharmacy](https://www.NebraskaBlue.com/Pharmacy).
The pharmacies above are a partial list and are subject to change at any time without notice.



Benefits for Prescription Drug Tiers (Formulary)

Prescription drugs are divided into the following four tiers. The cost for each 30-day supply of a covered prescription drug depends on the tier in which the medication is listed.



Retail Pharmacies

Members should take their prescription to a participating pharmacy and show the pharmacist their member ID card. The member will pay the applicable copay, deductible or coinsurance amount.

Whenever appropriate, generic drugs will be used to fill prescriptions. If a brand-name drug is preferred when a generic equivalent is available, the member will be responsible for the difference in cost, plus the applicable copay or coinsurance amount. The member will also be responsible for paying the deductible and 50% coinsurance if a prescription is filled at a non-participating pharmacy.

Mail Service

If BCBSNE members use AllianceRx Walgreens Prime, they may order a 90-day supply of maintenance medication by paying the applicable copay amount for each 30-day supply.

Preauthorization

As part of our efforts to address the serious issue of escalating costs and to continue to provide members with access to quality and cost-effective pharmacy care, we require benefits for certain prescription products to be preauthorized. Those products include gastrointestinal protection NSAIDs, proton pump inhibitors, diabetic test strips and testosterone preauthorization programs. For a list of additional products requiring preauthorization, visit [NebraskaBlue.com/DrugList](https://www.nebraskablue.com/DrugList).

Extended Supply Network Pharmacy Benefit

BCBSNE offers our Extended Supply Network (ESN) retail pharmacy benefit to all members. This benefit allows members to get a 90-day supply of prescription medications from a retail pharmacy (if allowed by their prescription).¹ Non-ESN retail pharmacies are limited to a 30-day supply.

Members with the following pharmacy plans must pay three copays at one time to purchase a 90-day supply of a preferred generic drug:

- PPO Option 1
- PPO Option 2
- PPO Option 3

Members covered by one of these pharmacy plans must pay the applicable deductible/coinsurance amounts:

- QHDHP Option 1
- QHDHP Option 2
- QHDHP Option 3
- QHDHP Option 4

Using the ESN retail pharmacy benefit for up to a 90-day supply of medications means fewer trips to the pharmacy, saving employees time.

Members may view a list of ESN retail pharmacies under the Pharmacy Benefits tab at [myNebraskaBlue.com/ToolsAndResources](https://www.nebraskablue.com/ToolsAndResources) or by calling our Member Services department at the number on the back of their member ID card.

¹ Excludes specialty drugs.





COMPARE PLANS

Select the plan that fits your budget and needs

With seven options to choose from, you're sure to find one that meets your coverage and budget needs. The options differ in terms of the deductible, coinsurance and copay amounts they require, but all offer employees the much-needed protection they've come to expect from BCBSNE.

Multiple Options

Groups with 2+ enrolled employees can select up to two medical plan options and any combination of the three networks.

Embedded Deductible and/or Out of Pocket

Embedded deductible and out of pocket means that family members may combine their covered expenses to satisfy the required calendar year deductible and out of pocket. However, no one family member contributes more than the individual deductible or out of pocket amount.

PPO Plan Options

	PPO Option 1		PPO Option 2		PPO Option 3	
	In network	Out of network	In network	Out of network	In network	Out of network
Deductible						
Individual	\$2,000	\$4,000	\$2,500	\$5,000	\$4,000	\$8,000
Family	\$4,000	\$8,000	\$5,000	\$10,000	\$8,000	\$16,000
Type of deductible	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Coinsurance (amount member pays)						
Hospital/medical/surgical/other	20%	40%	30%	60%	20%	40%
Out-of-pocket Limit (includes deductible, coinsurance and copays)						
Individual	\$4,000	\$8,000	\$5,000	\$10,000	\$6,500	\$13,000
Family	\$8,000	\$16,000	\$10,000	\$20,000	\$13,000	\$26,000
Type of out-of-pocket limit	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Preventive Care						
Preventive care services	0%	Deductible and coinsurance	0%	Deductible and coinsurance	0%	Deductible and coinsurance
Physician Office						
Primary care physician office	\$25 copay	Deductible and coinsurance	\$30 copay	Deductible and coinsurance	\$30 copay	Deductible and coinsurance
Specialist physician office	\$50 copay	Deductible and coinsurance	\$50 copay	Deductible and coinsurance	\$50 copay	Deductible and coinsurance
Allergy injections and serum	\$10 copay	Deductible and coinsurance	\$10 copay	Deductible and coinsurance	\$10 copay	Deductible and coinsurance
Telehealth	\$10 copay	Not covered	\$10 copay	Not covered	\$10 copay	Not covered
Emergency Care						
Urgent care facility services	\$75 copay	Deductible and Coinsurance	\$75 copay	Deductible and coinsurance	\$75 copay	Deductible and coinsurance
Emergency care services	\$150 copay and coinsurance	In-network level of benefits	\$200 copay and coinsurance	In-network level of benefits	\$200 copay and coinsurance	In-network level of benefits
Ambulance services	Deductible and coinsurance	In-network level of benefits	Deductible and coinsurance	In-network level of benefits	Deductible and coinsurance	In-network level of benefits
Mental Illness and/or Substance Dependence and Abuse Services						
Inpatient	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Outpatient	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Office services	0%	Deductible and coinsurance	0%	Deductible and coinsurance	0%	Deductible and coinsurance
Emergency care services	\$150 copay and coinsurance	In-network level of benefits	\$200 copay and coinsurance	In-network level of benefits	\$200 copay and coinsurance	In-network level of benefits
Telehealth	Deductible and coinsurance	Not covered	Deductible and coinsurance	Not covered	Deductible and coinsurance	Not covered
Pharmacy						
Generic drugs (including non-preferred contraceptives)	\$10 copay	50% coinsurance	\$15 copay	50% coinsurance	\$15 copay	50% coinsurance
Preferred brand-name drugs	\$30 copay	50% coinsurance	\$45 copay	50% coinsurance	\$45 copay	50% coinsurance
Non-preferred brand-name drugs	\$50 copay	50% coinsurance	\$80 copay	50% coinsurance	\$80 copay	50% coinsurance
Specialty drugs*	\$100 copay	Not covered	\$150 copay	Not covered	\$150 copay	Not covered

* Specialty drugs must be purchased through a designated specialty pharmacy after two fills.

Qualified High Deductible Health Plan (QHDHP) Options

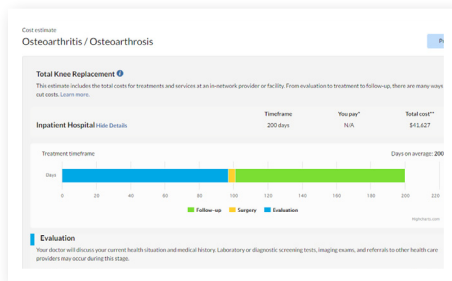
	QHDHP Option 1		QHDHP Option 2		QHDHP Option 3		QHDHP Option 4	
	In network	Out of network	In network	Out of network	In network	Out of network	In network	Out of network
Deductible								
Individual	\$2,800	\$5,600	\$3,500	\$7,000	\$3,500	\$7,000	\$6,350	\$12,700
Family	\$5,600	\$11,200	\$7,000	\$14,000	\$7,000	\$14,000	\$12,700	\$25,400
Type of deductible	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Coinsurance (amount member pays)								
Hospital/medical/surgical/other	20%	40%	0%	20%	30%	60%	0%	40%
Out-of-pocket Limit (includes deductible and coinsurance)								
Individual	\$4,000	\$8,000	\$3,500	\$14,000	\$5,000	\$10,000	\$6,350	\$16,000
Family	\$8,000	\$16,000	\$7,000	\$28,000	\$10,000	\$20,000	\$12,700	\$32,000
Type of out-of-pocket limit	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Preventive Care								
Preventive care services	0%	Deductible and coinsurance	0%	Deductible and coinsurance	0%	Deductible and coinsurance	0%	Deductible
Physician Office								
Primary care physician office	Deductible and coinsurance	Deductible and coinsurance	Deductible	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible	Deductible
Specialist physician office	Deductible and coinsurance	Deductible and coinsurance	Deductible	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible	Deductible
Allergy injection and serum	Deductible and coinsurance	Deductible and coinsurance	Deductible	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible	Deductible
Telehealth	Deductible and coinsurance	Not covered	Deductible	Not covered	Deductible and coinsurance	Not covered	Deductible	Not covered
Emergency Care								
Urgent care facility services	Deductible and coinsurance	Deductible and coinsurance	Deductible	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible	Deductible
Emergency care services	Deductible and coinsurance	In-network level of benefits	Deductible	In-network level of benefits	Deductible and coinsurance	In-network level of benefits	Deductible	In-network level of benefits
Ambulance services	Deductible and coinsurance	In-network level of benefits	Deductible	In-network level of benefits	Deductible and coinsurance	In-network level of benefits	Deductible	In-network level of benefits
Mental Illness and/or Substance Dependence and Abuse Services								
Inpatient	Deductible and coinsurance	Deductible and coinsurance	Deductible	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible	Deductible
Outpatient	Deductible and coinsurance	Deductible and coinsurance	Deductible	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible	Deductible
Office services	Deductible and coinsurance	Deductible and coinsurance	Deductible	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible	Deductible
Emergency care services	Deductible and coinsurance	In-network level of benefits	Deductible	In-network level of benefits	Deductible and coinsurance	In-network level of benefits	Deductible	In-network level of benefits
Telehealth	Deductible and coinsurance	Not covered	Deductible	Not covered	Deductible and coinsurance	Not covered	Deductible	Not covered
Pharmacy								
Generic drugs (including non-preferred contraceptives)	Deductible and coinsurance	Deductible and 50% coinsurance	Deductible and coinsurance	Deductible and 50% coinsurance	Deductible, then \$10 copay	Deductible and 50% coinsurance	Deductible and coinsurance	Deductible and 50% coinsurance
Preferred brand-name drugs	Deductible and coinsurance	Deductible and 50% coinsurance	Deductible and coinsurance	Deductible and 50% coinsurance	Deductible, then \$35 copay	Deductible and 50% coinsurance	Deductible and coinsurance	Deductible and 50% coinsurance
Non-preferred brand-name drugs	Deductible and coinsurance	Deductible and 50% coinsurance	Deductible and coinsurance	Deductible and 50% coinsurance	Deductible, then \$70 copay	Deductible and 50% coinsurance	Deductible and coinsurance	Deductible and 50% coinsurance
Specialty drugs*	Deductible and coinsurance	Not covered	Deductible and coinsurance	Not covered	Same as any other generic, preferred or non-preferred copay	Not covered	Deductible and coinsurance	Not covered

* Specialty drugs must be purchased through a designated specialty pharmacy after two fills.

EXPLORE MEMBER RESOURCES

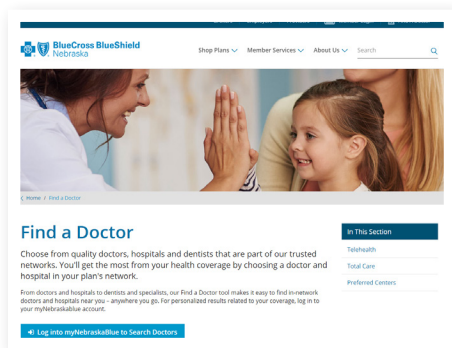
Helping members manage their health care

We have tools that can help members better manage their health expenses. With the rising cost of health care, we understand that consumers are looking for ways to save without jeopardizing quality of care.



Estimate Costs

Members can take control of their health care spending with our estimator tool. They can get estimated costs for hospital stays, MRIs, office visits, surgeries, vaccines, X-rays and more. Members can log in to **myNebraskaBlue.com** to access cost estimates and cost comparisons for a variety of treatments and services based on their coverage.



Find an In-network Doctor

With our find a doctor tool, members may find in-network doctors and facilities to get the most out of their coverage. They may also access provider reviews, submit reviews of providers and view information about provider accreditations and certifications.

Access the tool at **NebraskaBlue.com/Find-A-Doctor**.

Online Member Account

myNebraskaBlue.com

BCBSNE members can locate helpful information at a time that's always convenient via **myNebraskaBlue.com**.

With myNebraskaBlue, members can:

- View current claims and claims history
- See deductible and out-of-pocket costs
- Find in-network doctors and hospitals
- Estimate costs before a visit or procedure
- Access pharmacy and prescription benefits information
- Select how they'd like to receive Explanation of Benefits documents – paper or electronic



SIGN UP FOR FREE

Go to **myNebraskaBlue.com**. Select "Activate Now" and complete the easy steps.

Members will need their member ID number found on the front of their BCBSNE ID card.

Or view the tool as a guest by selecting "Guest" on the **myNebraskaBlue.com** home page.

All of these tools are under the Tools & Resources tab:

Find an In-network Doctor

Members can search for providers by name, specialty or location and find in-network, quality doctors and hospitals to meet their needs.

Estimate Costs

In the **What's it Cost** section, members can estimate medical costs before they receive care. Here members can find cost information for many common health care services and compare costs of doctors and hospitals.

Pharmacy Benefits

BCBSNE contracts with Prime Therapeutics to provide pharmacy benefits and resources, including a MyPrime account with interactive tools to help manage their prescriptions. Members can access MyPrime through the **Pharmacy Benefits** section of Tools and Resources.

With MyPrime, members can find:

- Prescription benefits
- Prescription history
- Coverage information for their medicines
- A pharmacy locator
- Prescription cost information
- A comparison of brand name and generic drug costs
- Information about the AllianceRx Walgreens Prime home delivery and specialty pharmacies



Blue365[®] Discount Program



We understand helping members live a healthy life means more than regular doctor visits—it's helping members find time for the things that matter most. Blue365 is a national program that gives members exclusive access to discounts and savings that make it easier and more affordable to make healthy choices.

Blue365 features savings on select products and services members can use to improve and maintain their health every day.

Explore the special offerings from leading national companies in the following categories:

- ▶ Fitness
- ▶ Healthy eating
- ▶ Personal care

Plus, when members join the Blue365 email list, they'll receive weekly deals on healthy products, along with discounts on health and fitness clubs, weight loss programs and much more. Learn more at NebraskaBlue.com/Blue365.



BlueHealth Advantage Worskite Wellness Program

Our wellness and lifestyle program offers:

- Educational information
- Personal health assessment tools
- Monthly health challenges

To check out all the valuable health and wellness resources, visit

NebraskaBlue.com/Wellness.



Telehealth: A Fast, Easy Way to See a Doctor

BCBSNE offers telehealth services through Amwell®, the industry's leading telehealth solution – serving more than 100 million people.

With telehealth services, you can offer employees access to a nationwide network of U.S. board-certified physicians, available for live visits over computer, tablet or phone, whenever employees need them.

And, the cost per visit is less than the cost of an in-person doctor office visit. (For QHDHPs, the cost per visit is subject to the plan's deductible/coinsurance amount.)

Telehealth lets members interact with a doctor at their convenience for common conditions, such as:

- Sinus infection
- Rash
- Migraine
- Cold
- Abdominal pain
- Sore throat
- Flu
- Pink eye
- Fever
- Ear infection

Amwell also offers e-prescriptions to the member's pharmacy of choice, when appropriate.

Behavioral health services also available

With telehealth behavioral health services, Amwell's licensed therapists can provide treatment for the following conditions:

- Anxiety
- Depression
- Attention deficit hyperactivity disorder (ADHD)
- Bereavement
- Panic attacks
- Obsessive-compulsive disorder (OCD)
- Trauma/Post-traumatic stress disorder (PTSD)
- Stress

Therapists are available by appointment from 7 a.m. to 11 p.m. local time, seven days per week.

To learn more, visit **NebraskaBlue.com/Telehealth.**

BENEFITS AND RESPONSIBILITIES

General Information

Applications for coverage are subject to our approval.

Premier Select BlueChoice is available only to groups that are headquartered in the Omaha/Lincoln and surrounding communities in ZIP codes starting with 680, 681, 683, 684 and 685.

Blueprint Health is available only to groups that are headquartered in the Omaha/Lincoln and surrounding communities in ZIP codes starting with 680, 681, 683, 684 and 685, as well as Adams, Buffalo, Hall, Kearney and Phelps counties.

Types of Enrollment Available

Single Membership: Covers the employee only.

Employee and Spouse Membership: Covers the employee and spouse.

Employee and Child(ren) Membership: Covers the employee and eligible dependent children to age 26, but does not provide coverage to a spouse.

Family Membership: Covers the employee and spouse, as well as eligible dependents to age 26.

Allowable Charge

Claim amounts are based on the allowable charge for a covered service. Generally, the allowable charge for services by in-network providers will be the contracted amount with BCBSNE. The allowable charge for services by non-contracting providers is the amount we determine for out-of-network. Members are responsible for the charges in excess of the allowable charge for services provided by a non-contracted provider.

Out-of-pocket Limit

(includes deductible, coinsurance and copayment amounts for medical and pharmacy services)

The policy has a yearly out-of-pocket limit, which is the total amount of cost-sharing members are required to pay toward the cost of their health care. After their annual out-of-pocket limit is reached, the member's plan pays covered services at 100% for the rest of the calendar year. In-network and out-of-network deductible and out-of-pocket limits are separate and do not cross accumulate. The out-of-pocket limit does not include charges for noncovered services, penalties or premium amounts.

Inpatient Hospital Benefits

(including long-term acute care)

Benefits are available for (but not limited to):

- Semi-private room; cardiac and intensive care units; treatment rooms and equipment
- Anesthesia
- FDA-approved drugs, intravenous solutions and vaccines administered in the hospital
- Physical, occupational and speech therapy
- Radiology, pathology and radiation therapy
- Respiratory care
- Inpatient physical rehabilitation, subject to certain requirements*
- Up to 60 days per calendar year in a skilled nursing facility when ordered by a physician*

*Requires benefit certification. For more information, see page 19.

Outpatient Hospital Benefits

Benefits for the covered services listed under "Inpatient Hospital Benefits" are also available (subject to certain limitations) when they are received in a hospital outpatient department, emergency room or ambulatory surgical facility. Benefits for outpatient cardiac and pulmonary rehabilitation are available, subject to medical criteria.

Outpatient pulmonary rehabilitation programs must be certified.

Benefits for Physician's Services

Benefits are available for (but not limited to):

- Allergy serums and injections of allergy extracts
- Anesthesia services
- Consultation services
- Tissue examinations
- Physician home and outpatient visits
- Radiation therapy and chemotherapy
- Radiology, pathology and other diagnostic services
- Surgery and surgical assistance (for specified procedures)
- FDA-approved drugs
- Inpatient hospital visits

Primary Care Physician and Specialist Office Services Copays

When a member goes to a network primary care physician or specialist, he or she pays the plan's designated copay for office visit services.* Only covered services and supplies obtained in the physician's office will be payable under the office services copay benefit. For office visits to out-of-network primary care physicians and specialists, benefits for covered services will be subject to the plan's applicable deductible and coinsurance amounts.

Covered services include:

- Physician office visits and consultations
- X-ray, lab and pathology services
- Supplies used to treat the patient during the office visit (excluding home medical equipment)
- Drugs administered during an office visit
- Hearing and vision exams (non-routine)
- Allergy testing and injections

For purposes of this coverage, a "primary care physician" is a physician who has a majority of his or her practice in the fields of internal or general medicine, obstetrics/gynecology, general pediatrics or family practice. All other types of physicians are considered specialists.

Benefits for Maternity and Newborn

Maternity coverage is available to employees, as well as covered spouses and dependent daughters. If the employee is covered under a single membership, benefits are available for the newborn for 31 days from the date of birth. To continue the newborn's coverage beyond this time period, the employee must request a change to family membership within those 31 days and pay the additional premium.

Benefits are available for screening tests (including newborn/infant hearing) and physician services for routine exams of a newborn well infant while the baby is confined. All covered charges incurred by a newborn from birth will be subject to the baby's calendar year deductible.

Obstetrical benefits include prenatal and postnatal care.

Benefits For Mental Illness and Substance Dependence or Services

Benefits will be provided for covered services for the treatment of mental illness and substance dependence and abuse. Covered services include inpatient and outpatient services, including but not limited to:

- Psychological therapy and/or substance dependence and abuse counseling by approved providers
- Office visits
- Specified outpatient programs
- Emergency care services

Certain exclusions/limitations may apply.

*The primary care physician/specialist office services copay benefit is not available under all options. Benefits for all covered services are subject to deductible and coinsurance amounts for plans that do not include the primary care physician/specialist office services copay.

Benefits for Preventive Services

Benefits will be provided for in-network preventive services as required by the Affordable Care Act (ACA) and will not be subject to cost-sharing requirements, such as copayment, coinsurance or deductible. A listing of these services is available upon request.

In addition to those preventive services required by the ACA, benefits will be provided for other preventive services, including:

- Specific laboratory/pathology services
- Hearing screenings and examinations
- Prostate cancer screenings (PSA)

Benefits for Oral Surgery

Benefits are available for (but not limited to) the following covered services:

- Removal of tumors and cysts
- Nonsurgical treatment of infections
- Treatment of jaw joint dislocation/fracture due to an accident. Services must occur within 12 months of an injury not related to eating, biting or chewing
- Services, supplies or appliances for dental treatment of natural healthy teeth required as the direct result of an accidental injury. Benefits for such services are limited, however, to covered services provided within 12 months of the date of injury. Benefits are not available for orthodontics or dental implants. Benefits shall not be provided for services when the injury occurs as the result of eating, biting or chewing.
- Medically necessary hospitalization and general anesthesia are required by law, for covered persons who are under eight years of age, or developmentally disabled to safely receive dental care
- Diagnostic services and surgery related to TMJ (temporomandibular jaw joint)

Benefits for Organ and Tissue Transplantation

Benefits are available for services associated with medically necessary organ and tissue transplantation, including (but not limited to) liver; heart; single and double lung; lobar lung; heart-lung; heart valve (heterograft); kidney; kidney-pancreas; pancreas; bone graft; cornea; parathyroid; small intestine; small intestine and liver; small intestine and multiple viscera.

Benefits are also available for bone marrow transplants, including, but not limited to, autologous and allogeneic stem cell transplants.

Transplant procedures require certification by BCBSNE and are subject to medical policy criteria.

Benefits for Home Skilled Nursing Care, Home Health Aide, Hospice Services and Respiratory Care

The following covered services require benefit preauthorization. Limitations and exclusions apply.

- **Skilled nursing care:** Benefits are available for medically necessary physician-ordered care by a registered or licensed practical nurse for up to eight hours per day.
- **Home health aide:** When services are related to active medical treatment, benefits include personal services such as bathing, feeding and performing necessary household duties for a homebound patient.
- **Hospice services:** Benefits include Medicare-certified hospice services for a terminally ill patient, including home health aide and hospice nursing services, respite care, medical social worker visits, crisis care and bereavement counseling.
- **Respiratory care:** Benefits are available for respiratory care services in the home, including airway maintenance, chest physiotherapy, delivery of medications, oxygen therapy, obtaining laboratory samples and pulmonary function testing. (Maximum of 60 days per calendar year)

Other Covered Services

- Benefits are available for covered persons up to age 19 for hearing impairment. Coverage includes, but not limited to, the cost of dispensing, evaluating, fitting, programming, maintaining and repairing hearing aid devices.
- Diabetes outpatient self-management training and patient management from an approved provider
- Physical, occupational or speech therapy services, chiropractic or osteopathic physiotherapy (combined limit of 60 sessions per calendar year)
- Rental/initial purchase (whichever costs less) of medically necessary home medical equipment ordered by a doctor; limited benefits are available for the repair, maintenance and adjustment of purchased covered medical equipment
- Services in accordance with the Women's Health and Cancer Rights Act, which requires that insurance companies that provide medical and surgical benefits for mastectomies also provide benefits for breast reconstruction, prostheses and treatment for physical complications

Refer to the contract for a complete listing.

Exclusions and Limitations

This document contains only a partial list of the limitations and exclusions that apply to health plan coverage. For a complete listing, please refer to the contract.

No benefits are available for the following:

- Eyeglasses, contact lenses, eye exercises or visual training
- Blood, plasma, or services by or for blood donors
- Artificial insemination; invitro fertilization; fertility treatment, and related testing
- Massage therapy and/or services provided by a massage therapist
- Treatment for weight reduction/obesity, including surgical procedures
- Nutrition care, supplies, supplements or other nutritional substances, including Neocate, Vivonex and other over-the-counter infant formulas and supplements
- Radial keratotomy or any other procedures/alterations of the refractive character of the cornea to correct myopia, hyperopia and/or astigmatism
- Services we consider to be investigative, not medically necessary, experimental, cosmetic or obsolete
- Services, drugs, medical supplies, devices or equipment that are not cost effective compared to established alternatives or that are provided for the convenience or personal use of the patient
- Services provided before the coverage effective date or after termination
- Services for illness or injury sustained while performing military service
- Services for injury/illness arising out of or in the course of employment
- Charges for services which are not within the provider's scope of practice
- Charges in excess of our contracted amount
- Charges made separately for services, supplies and materials we consider to be included within the total charge payable
- Routine eye exams

Certification Requirements

The purpose of certification is to determine whether a service or admission meets the medical necessity criteria of the policy.

All inpatient hospital admissions must be certified by BCBSNE. This enables us to coordinate discharge planning, case management and disease management services with the patient's providers. If the patient is hospitalized in a contracting (in-network) hospital in Nebraska, notification will be provided by the hospital.

If the patient is hospitalized in a non-contract (out-of-network) hospital in Nebraska or is admitted to an inpatient facility in another state, BCBSNE must be notified by the patient or their provider.

Certification is also required for the following care, regardless of where the care is received, in or out of network:

- Inpatient physical rehabilitation
- Long-term acute care
- Skilled nursing facility care
- Skilled nursing in the home
- Organ and tissue transplants
- Certain prescription drugs

This is not a complete list. Please refer to the contract for additional information.

The covered person is responsible for making sure that certification occurs; however a hospital or provider may initiate the certification. When possible, certification should be completed prior to receiving the services. Benefits for services that are not certified or that are not medically necessary will be denied, the member will be responsible for the charges.

For certification of benefits for an inpatient admission, call 800-247-1103 or 402-390-1870.

GET STARTED

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