BlueCross BlueShield Nebraska

OPTIONS AT A GLANCE

For members of the
Nebraska Dental Association

For plans effective July 1, 2021, and after

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.[1] 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

[1] BCBSNE data, March 31, 2020.

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

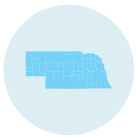
Discount program, telehealth and tools to help manage expenses.

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

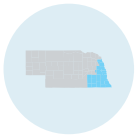
Our Provider Networks

We understand the importance of having access to high-quality health care services. Your groups can choose any combination of the following 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.[1]

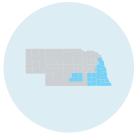


Premier Select BlueChoice

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:

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

[1] Source: BCBSNE statistics, June 28, 2021.

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 nationwide:

Visit **NebraskaBlue.com/Find-A-Doctor** or call **844-201-0763**

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.

Group Size

Groups with 2-49 enrolled employees can select up to two medical options and any combination of the three networks.

Groups with 50+ enrolled employees can select up to three medical options and any combination of the three networks.

Aggregate vs. Embedded

Aggregate deductible means that if a member has family coverage, the entire family deductible must be met prior to any benefits becoming available.

Aggregate out-of-pocket means that after the family deductible is met, the entire family out-of-pocket limit must be met before coverage begins to pay at 100%.

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.

Traditional Preferred Provider Organization (PPO) Copay 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	$1,000	$2,000	$2,000	$4,000	$3,000	$6,000
Family	$2,000	$4,000	$4,000	$8,000	$6,000	$12,000
Type of deductible	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Coinsurance (amount member pays)						
Hospital/medical/surgical/other	20%	40%	20%	40%	30%	50%
Out of Pocket Limit (includes deductible, coinsurance and copays)						
Individual	$2,000	$4,000	$4,000	$8,000	$6,000	$12,000
Family	$4,000	$8,000	$8,000	$16,000	$12,000	$24,000
Type of out-of-pocket limit	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Preventive Care						
Preventive care services	0%	Deductible & coinsurance	0%	Deductible & coinsurance	0%	Deductible & coinsurance
Physician Office						
Primary care physician office	$30 copay	Deductible & coinsurance	$25 copay	Deductible & coinsurance	$30 copay	Deductible & coinsurance
Specialist physician office	$45 copay	Deductible & coinsurance	$50 copay	Deductible & coinsurance	$50 copay	Deductible & coinsurance
Telehealth	$10 copay	Not covered	$10 copay	Not covered	$10 copay	Not covered
Emergency Care						
Urgent care facility services	$60 copay	Deductible and coinsurance	$75 copay	Deductible & coinsurance	$75 copay	Deductible & coinsurance
Emergency care services	Deductible & coinsurance	In-network level of benefits	Deductible & coinsurance	In-network level of benefits	Deductible & coinsurance	In-network level of benefits
Ambulance services	Deductible & coinsurance	In-network level of benefits	Deductible & coinsurance	In-network level of benefits	Deductible & coinsurance	In-network level of benefits
Mental Illness and/or Substance Dependence and Abuse Services						
Inpatient	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Outpatient	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Office services	100%	Deductible & coinsurance	100%	Deductible & coinsurance	100%	Deductible & coinsurance
Emergency care services	Deductible & coinsurance	In-network level of benefits	Deductible & coinsurance	In-network level of benefits	Deductible & coinsurance	In-network level of benefits
Telehealth	Deductible & coinsurance	Not covered	Deductible & coinsurance	Not covered	Deductible & coinsurance	Not covered
Pharmacy (Retail and mail order – per 30-day supply)						
Generic drugs	$10 copay	50% Coinsurance	$10 copay	50% Coinsurance	$10 copay	50% Coinsurance
Preferred brand-name drugs	$30 copay	50% Coinsurance	$30 copay	50% Coinsurance	$30 copay	50% Coinsurance
Non-preferred brand-name drugs	$50 copay	50% Coinsurance	$50 copay	50% Coinsurance	$50 copay	50% Coinsurance
Specialty drugs*	$100 copay	Not covered	$100 copay	Not covered	$100 copay	Not covered

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

NOTE: A 90-day supply is available at an Extended Supply Network pharmacy subject to three copays.

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	$2,500	$5,000	$3,000	$6,000	$3,500	$7,000	$6,750	$13,500
Family	$5,000	$10,000	$6,000	$12,000	$7,000	$14,000	$13,500	$27,000
Type of deductible	Aggregate	Aggregate	Aggregate	Aggregate	Embedded	Embedded	Embedded	Embedded
Coinsurance (amount member pays)								
Hospital/medical/surgical/other	20%	40%	0%	20%	20%	40%	0%	0%
Out of pocket Limit (includes deductible and coinsurance)								
Individual	$3,675	$9,000	$3,000	$10,000	$5,500	$11,000	$6,750	$13,500
Family	$7,350	$18,000	$6,000	$20,000	$11,000	$22,000	$13,500	$27,000
Type of out-of-pocket limit	Aggregate	Aggregate	Aggregate	Aggregate	Embedded	Embedded	Embedded	Embedded
Preventive Care								
Preventive care services	0%	Deductible & coinsurance	0%	Deductible & coinsurance	0%	Deductible & coinsurance	0%	Deductible
Physician Office								
Primary care physician office	Deductible & coinsurance	Deductible & coinsurance	Deductible	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	Deductible	Deductible
Specialist physician office	Deductible & coinsurance	Deductible & coinsurance	Deductible	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	Deductible	Deductible
Telehealth	Deductible & coinsurance	Not covered	Deductible	Not covered	Deductible & coinsurance	Not covered	Deductible	Not covered
Emergency Care								
Urgent care facility services	Deductible & coinsurance	Deductible & coinsurance	Deductible	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	Deductible	Deductible
Emergency care services	Deductible & coinsurance	In-network level of benefits	Deductible	In-network level of benefits	Deductible & coinsurance	In-network level of benefits	Deductible	In-network level of benefits
Ambulance services	Deductible & coinsurance	In-network level of benefits	Deductible	In-network level of benefits	Deductible & coinsurance	In-network level of benefits	Deductible	In-network level of benefits
Mental Illness and/or Substance Dependence and Abuse Services								
Inpatient	Deductible & coinsurance	Deductible & coinsurance	Deductible	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	Deductible	Deductible
Outpatient	Deductible & coinsurance	Deductible & coinsurance	Deductible	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	Deductible	Deductible
Office services	Deductible & coinsurance	Deductible & coinsurance	Deductible	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	Deductible	Deductible
Emergency care services	Deductible & coinsurance	In-network level of benefits	Deductible	In-network level of benefits	Deductible & coinsurance	In-network level of benefits	Deductible	In-network level of benefits
Telehealth	Deductible & coinsurance	Not covered	Deductible	Not covered	Deductible & coinsurance	Not covered	Deductible	Not covered
Pharmacy (Retail and mail order – per 30-day supply)								
Generic drugs	Deductible & coinsurance	Deductible & 50% coinsurance	Deductible & coinsurance	Deductible & 50% coinsurance	Deductible & coinsurance	Deductible & 50% coinsurance	Deductible & coinsurance	Deductible & 50% coinsurance
Preferred brand-name drugs	Deductible & coinsurance	Deductible & 50% coinsurance	Deductible & coinsurance	Deductible & 50% coinsurance	Deductible & coinsurance	Deductible & 50% coinsurance	Deductible & coinsurance	Deductible & 50% coinsurance
Non-preferred brand-name drugs	Deductible & coinsurance	Deductible & 50% coinsurance	Deductible & coinsurance	Deductible & 50% coinsurance	Deductible & coinsurance	Deductible & 50% coinsurance	Deductible & coinsurance	Deductible & 50% coinsurance
Specialty drugs*	Deductible & coinsurance	Not covered	Deductible & coinsurance	Not covered	Deductible & coinsurance	Not covered	Deductible & coinsurance	Not covered

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

NOTE: A 90-day supply is available at an Extended Supply Network pharmacy subject to three copays.

PRESCRIPTION DRUG COVERAGE

Network C
Prescription Drug List (PDL) 40

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 sign up for home delivery and order up to a 90-day supply of maintenance medications.

Prime Therapeutics LLC is an independent company providing pharmacy benefit management services for Blue Cross and Blue Shield of Nebraska.

In-network $

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

Out-of-network $$

- CVS
- Target

For a complete list of pharmacies:

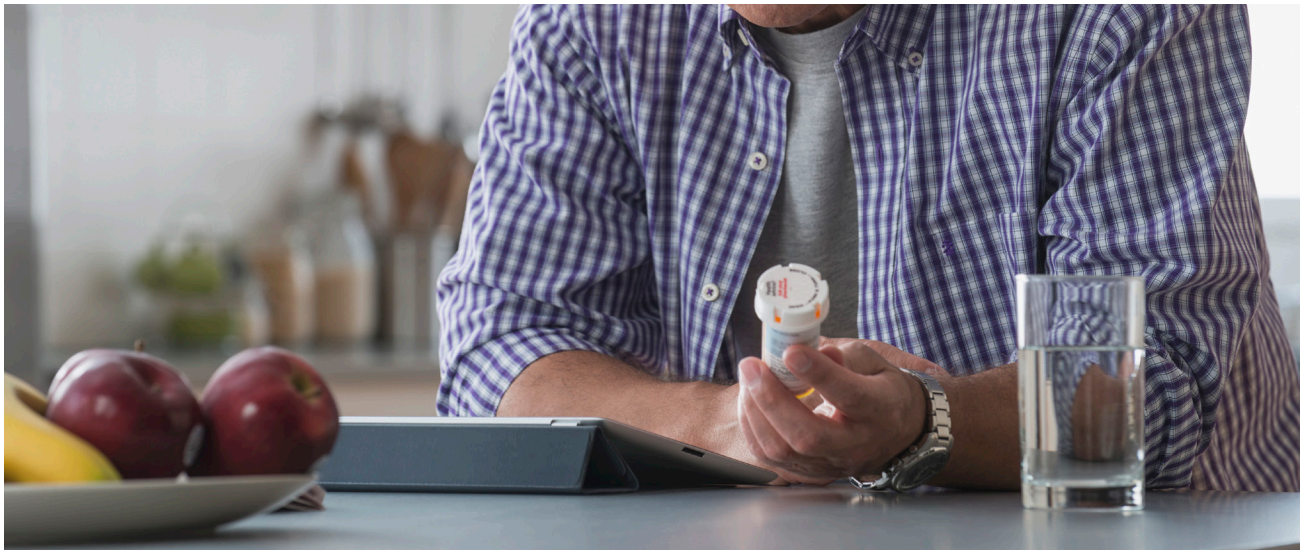
Visit **NebraskaBlue.com/Pharmacy**. The pharmacies listed above are a partial list and are subject to change at any time without notice.

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.

1 TIER	2 TIER	3 TIER	4 TIER
GENERIC DRUGS	PREFERRED BRAND	NON-PREFERRED BRAND	SPECIALTY DRUGS

$ LOWEST COST ⟵ ⟶ HIGHEST COST $$



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/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/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.

Home Delivery

Home delivery is a convenient way to get your long-term medicines delivered right to your door. Fill your prescriptions online and save. Get started at **NebraskaBlue.com/Pharmacy.**

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 PA programs. For a list of additional products requiring preauthorization, visit **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 plan amounts must pay three copays at one time to purchase a 90-day supply of a preferred generic drug:

PPO1 PPO2 PPO3

Members covered by one of these pharmacy plan amounts must pay the applicable deductible/coinsurance amounts for each 30-day supply:

HSA1 HSA2 HSA3 HSA4

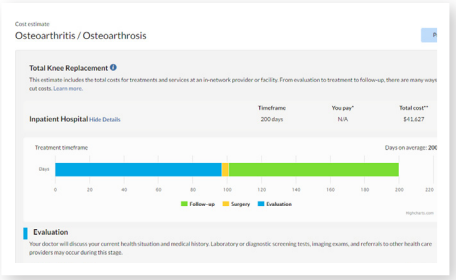
Using the ESN retail pharmacy benefit for up to a 90-day supply of medications means fewer trips to the pharmacy, saving our members time. Members may view a list of ESN retail pharmacies under the Pharmacy Benefits tab at **myNebraskaBlue.com/ToolsAndResources**, or by calling our Member Services Department at the number on the back of their member ID card.

1 Excludes specialty drugs.

EXPLORE MEMBER RESOURCES

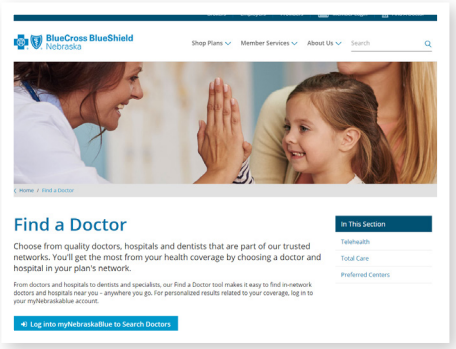
Helping members manage their health care

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**.

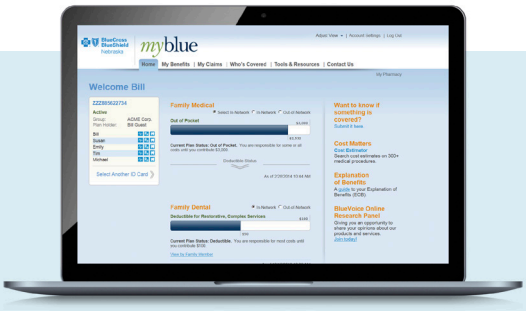
Online Member Account

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 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.**

NOTES

GET STARTED

Contact:

Lisa Daniels: Risk Advisor/Partner, North Risk Partners®
P: 402-592-7777 | F: 402-592-1924
NEDA@northriskpartners.com

Brandon Ruser: Account Manager – Employee Benefits, North Risk Partners®
P: 402-592-7777 | F: 402-592-1924
NEDA@northriskpartners.com

Include the following:

- Group or dental office name, address and phone number
- Total number of eligible employees

North Risk Partners® is an independent and authorized insurance producer for Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross and Blue Shield Association.

92-190-4 (06-28-21)

BlueCross BlueShield Nebraska