

OPTIONS AT A GLANCE

For members of Pando Professional
Employer Organization (PEO) Group Health Plan

For plans effective Jan. 1, 2026, and after



HERE FOR YOU



People are your most important asset. Blue Cross and Blue Shield of Nebraska (BCBSNE) is here to help you create an environment where they thrive, knowing you genuinely care about their well-being. Since 1939, we have ensured access to the providers members trust, coverage for the care they need and support from a team that's based right here in Nebraska.

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

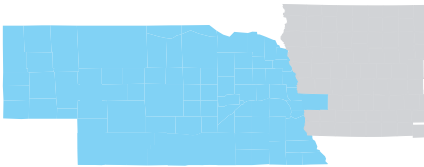
Consider the discount program, telehealth option and tools to help manage expenses.

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 of 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 master group contract and/or certificate of coverage.

UNDERSTAND HEALTH INSURANCE

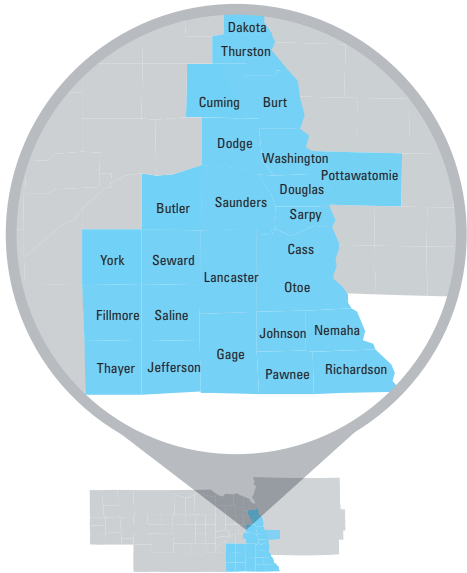
Network Options

We understand the importance of having access to high-quality health care services. You may choose to offer any combination of these networks to meet the needs of your employees:



NEtwork BLUE

NEtwork BLUE is our statewide network made up of 99% of Nebraska’s doctors and 98% of non-governmental acute care hospitals*. Coverage is further enhanced by the inclusion of Pottawattamie County in Iowa.



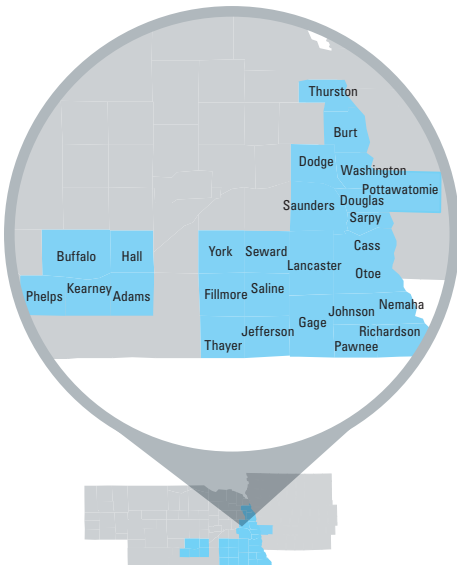
Premier Select BlueChoice

Premier Select BlueChoice is a regional network available in Omaha, Lincoln, Council Bluffs and surrounding communities in ZIP codes starting with 515 (Pottawattamie county only), 680, 681, 683, 684 and 685. All other Nebraska providers are out of network.

Some of the key hospitals and health care providers include:

- Boys Town National Research Hospital
- Bryan Health
- Children’s Nebraska
- Methodist Hospital System
- Nebraska Medicine

Note: Members living outside the Premier Select BlueChoice service area are not able to choose that network option. Instead, they may select NEtwork BLUE



Blueprint Health

Blueprint Health is a regional network available in Omaha, Lincoln, Council Bluffs and surrounding communities in ZIP codes starting with 515, (Pottawattamie county only), 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:

- Boys Town National Research Hospital
- CHI Health System
- Children’s Nebraska
- Nebraska Spine Hospital LLC

Note: Members living outside the Blueprint Health service area are not able to choose that network option. Instead, they may select NEtwork BLUE.

*Source: BCBSNE statistics, April 17, 2026.



access IN ALL
50 STATES
AND AROUND
THE
WORLD

Nationwide Access

Members of this plan 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:**

Members should visit **NebraskaBlue.com/DoctorFinder** or call **844-201-0763**



COMPARE PLANS

Select the plan that fits your needs and budget

With several 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.

Groups with two or more enrolled employees

can select up to two medical plan options and any combination of the three networks.

Aggregate amounts vs. Embedded amounts

Aggregate deductible means if a member has family coverage, the entire family deductible must be met before any benefits become available.

Aggregate out-of-pocket limit 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%. Family members may combine their covered expenses to satisfy the family amounts.

Embedded deductible and out-of-pocket means if a member has family coverage, family members may combine their covered expenses to satisfy the required calendar year family deductible and out-of-pocket limit. However, no one family member contributes more than the individual deductible or out-of-pocket limit.



Health 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	\$2,500	\$5,000	\$3,000	\$6,000
Family	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000
Deductible Type	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Coinsurance (amount member pays)						
Hospital/medical/surgical/other	20%	40%	30%	50%	30%	50%
Total Out-of-Pocket						
Individual	\$2,000	\$4,000	\$5,500	\$11,000	\$6,000	\$12,000
Family	\$4,000	\$8,000	\$11,000	\$22,000	\$12,000	\$24,000
Type of out-of-pocket	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Preventative Care						
Preventive care services	0%	Deductible and coinsurance	0%	Deductible and coinsurance	0%	Deductible and coinsurance
Physician Office						
Primary care physician office	\$30 Copay	Deductible and coinsurance	\$30 Copay	Deductible and coinsurance	\$30 Copay	Deductible and coinsurance
Specialist physician office	\$45 copay	Deductible and coinsurance	\$50 copay	Deductible and coinsurance	\$50 copay	Deductible and 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 and coinsurance	\$75 Copay	Deductible and coinsurance
Emergency Care Services	\$250 copay and coinsurance	In-network Level of Benefits	\$250 copay and coinsurance	In-network Level of Benefits	\$250 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	Plan pays 100%	Deductible and coinsurance	Plan pays 100%	Deductible and coinsurance	Plan pays 100%	Deductible and coinsurance
Emergency Care Services	\$250 Copay and coinsurance	In-network Level of Benefits	\$250 Copay and coinsurance	In-network Level of Benefits	\$250 Copay and coinsurance	In-network Level of Benefits
Telehealth	Plan pays 100%	Not Covered	Plan pays 100%	Not Covered	Plan pays 100%	Not Covered
Prescription Drugs						
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: 50% coinsurance applies to prescriptions filled at an out-of-network pharmacy.

	PPO Option 4		HSA-Eligible Option 5		HSA-Eligible Option 6	
	In network	Out of network	In network	Out of network	In network	Out of network
Deductible						
Individual	\$5,000	\$10,000	\$2,500	\$5,000	\$3,500	\$7,000
Family	\$10,000	\$20,000	\$5,000	\$10,000	\$7,000	\$14,000
Deductible Type	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Coinsurance (amount member pays)						
Hospital/medical/surgical/other	0%	20%	0%	20%	20%	40%
Total Out-of-Pocket						
Individual	\$6,350	\$14,000	\$2,500	\$9,000	\$5,500	\$11,000
Family	\$12,700	\$28,000	\$5,000	\$18,000	\$11,000	\$22,000
Type of out-of-pocket	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Preventative Care						
Preventive care services	0%	Deductible and coinsurance	0%	Deductible and coinsurance	0%	Deductible and coinsurance
Physician Office						
Primary care physician office	\$35 Copay	Deductible and Coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Specialist physician office	\$50 copay	Deductible and Coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Telehealth	\$10 Copay	Not Covered	Deductible and coinsurance	Not Covered	Deductible and coinsurance	Not Covered
Emergency Care						
Urgent Care Facility Services	\$75 Copay	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Emergency Care Services	\$250 copay and coinsurance	In-network Level of Benefits	Deductible and coinsurance	In-network Level of Benefits	Deductible 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	Plan pays 100%	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Emergency Care Services	\$250 copay and coinsurance	In-network Level of Benefits	Deductible and coinsurance	In-network Level of Benefits	Deductible and coinsurance	In-network Level of Benefits
Telehealth	Plan pays 100%	Not Covered	Deductible and coinsurance	Not Covered	Deductible and coinsurance	Not Covered
Prescription Drugs						
Generic Drugs	\$10 Copay	50% Coinsurance	Deductible and coinsurance	Deductible and 50% Coinsurance	Deductible and coinsurance	Deductible and 50% Coinsurance
Preferred Brand-Name Drugs	\$30 Copay	50% Coinsurance	Deductible and coinsurance	Deductible and 50% Coinsurance	Deductible and coinsurance	Deductible and 50% Coinsurance
Non-Preferred Brand-Name Drugs	\$50 Copay	50% Coinsurance	Deductible and coinsurance	Deductible and 50% Coinsurance	Deductible and coinsurance	Deductible and 50% Coinsurance
Specialty Drugs	\$100 Copay	Not Covered	Deductible and coinsurance	Deductible and 50% Coinsurance	Deductible and coinsurance	Deductible and 50% Coinsurance

*Specialty drugs must be purchased through a designated specialty pharmacy after two fills.
 Note: 50% coinsurance applies to prescriptions filled at an out-of-network pharmacy.

	HSA-Eligible Option 7	
	In network	Out of network
Deductible		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Deductible Type	Embedded	Embedded
Coinsurance (amount member pays)		
Hospital/medical/surgical/other	0%	20%
Total Out-of-Pocket		
Individual	\$5,000	\$14,000
Family	\$10,000	\$28,000
Type of out-of-pocket	Embedded	Embedded
Preventative Care		
Preventive care services	0%	Deductible and coinsurance
Physician Office		
Primary care physician office	Deductible and coinsurance	Deductible and Coinsurance
Specialist physician office	Deductible and coinsurance	Deductible and Coinsurance
Telehealth	Deductible and coinsurance	Not Covered
Emergency Care		
Urgent Care Facility Services	Deductible and coinsurance	Deductible and Coinsurance
Emergency Care Services	Deductible and coinsurance	In-network Level of Benefits
Ambulance Services	Deductible and coinsurance	In-network Level of Benefits
Mental Illness and/or Substance Dependence and Abuse Services		
Inpatient	Deductible and coinsurance	Deductible and coinsurance
Outpatient	Deductible and coinsurance	Deductible and coinsurance
Office Services	Deductible and coinsurance	Deductible and coinsurance
Emergency Care Services	Deductible and coinsurance	In-network Level of Benefits
Telehealth	Deductible and coinsurance	Not Covered
Prescription Drugs		
Generic Drugs	Deductible and coinsurance	Deductible and 50% Coinsurance
Preferred Brand-Name Drugs	Deductible and coinsurance	Deductible and 50% Coinsurance
Non-Preferred Brand-Name Drugs	Deductible and coinsurance	Deductible and 50% Coinsurance
Specialty Drugs	Deductible and coinsurance	Deductible and 50% Coinsurance

*Specialty drugs must be purchased through a designated specialty pharmacy after two fills.
 Note: 50% coinsurance applies to prescriptions filled at an out-of-network pharmacy.





PRESCRIPTION DRUG COVERAGE

Prescription drug coverage is available. Benefits are based on our preferred drug list. Whenever appropriate, generic drugs will be used to fill prescriptions.

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, if allowed by the prescription.

NetResults Performance (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. NetResults Performance will no longer cover Humira and Stelara. Instead, similar drugs (biosimilars) for Humira and Stelara will be included in the NetResults Performance plan. Some prescriptions may only be covered when filled under the medical benefit. Please review the drug list to determine coverage at NebraskaBlue.com/DrugList.

In-network \$

- Baker's
- Hy-Vee
- Kohl's
- U Save
- Walgreens
- Walmart
- Many other local pharmacy providers

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.



\$0 Member Cost Shares on Insulin

BCBNE provides insulin (on NetResults Performance) at no cost to members to help drive down diabetes-related health care cost and improve medication adherence. All plans for this group will cover generic and preferred brand-name insulin at 100%.

Prescription Drug Tiers

Prescription drugs are divided into 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.

Home Delivery

Home delivery is a convenient way for members to get their long-term medicines delivered right to their door. Members may fill their prescriptions online and save time and money. Learn more at [NebraskaBlue.com/Pharmacy](https://www.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. For a full 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 benefits 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; excluding specialty drugs). Non-ESN retail pharmacies are limited to a 30-day supply.

Members enrolled in one of these medical 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
- PPO Option 4

Members enrolled in one of these medical plans must pay the applicable deductible or coinsurance amounts for each 30-day supply:

- HSA-eligible Option 5
- HSA-eligible Option 6
- HSA-eligible Option 7

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 at [myNebraskaBlue.com](https://www.NebraskaBlue.com) or by calling our Member Services department at the number on the back of their member ID card.





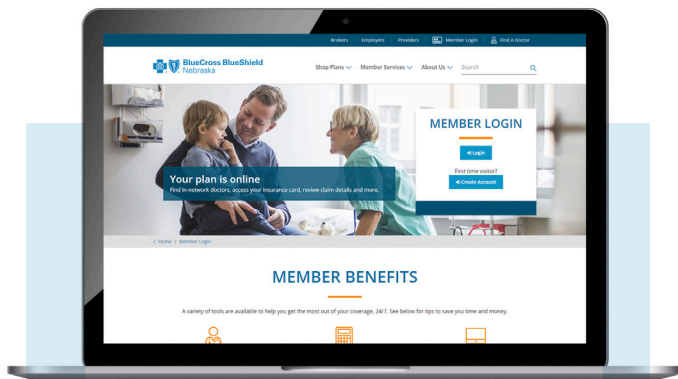
EXPLORE MEMBER RESOURCES

Online Member Account

BCBSNE members can locate helpful information at a time that's always convenient via **myNebraskaBlue.com** or the Nebraska Blue App.

With your on-line account, 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

Members can set up their on-line account via the Nebraska Blue app or through **myNebraskaBlue.com**.

They will need to enter their member ID number found on the front of their BCBSNE ID card.

Members can also access these helpful resources:

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

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 in the Pharmacy Benefits section.

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

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





Telehealth saves time and money

Telehealth, or virtual doctor visits, gives members access to quick, affordable care from home or wherever they are. They get convenient access to care that fits their life at any time, day or night. The cost per visit is often less than the cost of an in-person doctor visit.

BCBSNE offers telehealth access to certified, licensed and credentialed doctors 24/7, on a computer, tablet or phone.*

Telehealth is a convenient way to talk with a doctor about common conditions, such as:

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

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

Mental and behavioral health services also available

With telehealth behavioral health services, 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
- And more

Therapists are available by appointment seven days a week.

Teletherapy like this may also be an option with local health care providers. Members should talk with their doctor.

To learn more, visit [NebraskaBlue.com/Telehealth](https://www.nebraskablue.com/telehealth).

*Telehealth coverage varies depending on the health plan offered. Members should check with their human resources representative about their group coverage. Cost per visit is subject to the plan's deductible or coinsurance amount.



BCBSNE believes in helping members receive affordable, high-quality care. That's why we established the Preferred Centers program. Preferred Centers meet or exceed our high quality of care and cost standards.

BCBSNE will waive the deductible and coinsurance amounts* for the facility charges for the following surgeries performed at one of the Preferred Centers listed below:

- Dorsal and lumbar fusion (except for curvature of the back)
- Cervical spinal fusion and other back/neck procedures
- Total hip replacement
- Total knee replacement

Facilities for spine surgeries, and total knee and hip replacements:

- Kearney Regional Medical Center
- Lincoln Surgical Hospital
- Midwest Surgical Hospital
- OrthoNebraska Hospital

Facility for spine surgeries:

- Nebraska Spine Hospital

Requirements

To have the deductible and coinsurance amounts waived, the surgery and health plan must meet the following requirements:

- ➔ [Preferred Center must be in-network](#)
- ➔ [Surgery must be performed at one of our Preferred Centers](#)

*HSA-eligible QHDHPs will have the coinsurance waived only.

Members should talk with their doctor about having their procedure done at one of the Preferred Centers. To find out more about the program, visit

NebraskaBlue.com/Preferred.



Virtual Physical Therapy

Hinge Health[®] provides one solution to effectively manage joint and muscle pain at no additional cost to you.

Program includes:

- A personalized program you can do anywhere, anytime
- Exercises designed by a licensed physical therapist to target and relieve your pain
- One-on-one support from a dedicated physical therapist and health coach

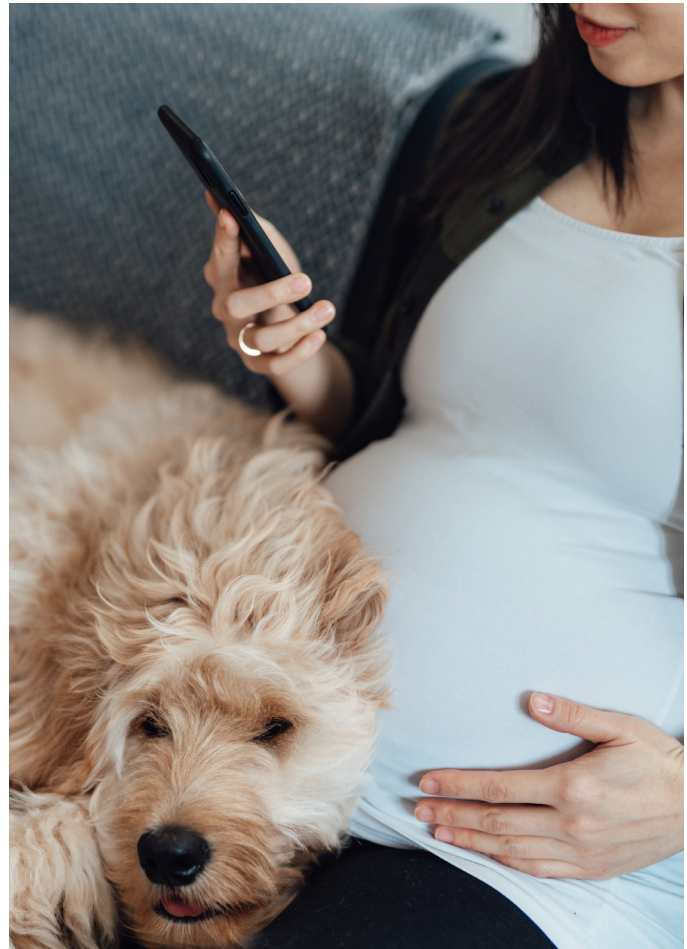


Pregnancy and Newborn Support

ProgenyHealth's® Maternity Care Management program supports members from pregnancy through postpartum with personalized, whole-person care. Members are paired with a dedicated maternity case manager who provides education, emotional support, and care coordination between provider visits.

Support is available for both low and high-risk pregnancies and continues after delivery, including postpartum screening, breastfeeding support, and newborn care guidance. Members also have access to a maternity mobile app for pregnancy tracking, educational resources, and direct communication with their care team.

To learn more, download the **ProgenyHealth** mobile app.



Blue365 is a national program that offers members health and wellness discounts and savings. Members can explore special offerings from leading national companies in these categories:

- Apparel and footwear
- Fitness
- Hearing and vision
- Home and family
- Nutrition
- Personal care
- Travel

Visit **NebraskaBlue.com/Blue365** to learn more.

Participation in the Pregnancy Care Management Program does not affect members' plan coverage for maternity/pregnancy care, or entitle members to benefits not otherwise payable under the BCBSNE plan. Wellframe is an independent company that provides mobile-enabled care management services for BCBSNE. Wellframe is responsible for its services.

*Economic Costs of Diabetes in the U.S. in 2022, American Diabetes Association

The Blue365 program is brought to you by the Blue Cross Blue Shield Association.

Virta is an independent company that provides diabetes management solutions for BCBSNE. Virta is responsible for its services.

ProgenyHealth is an independent company that provides NICU and maternity services to Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross Blue Shield Association.

Hinge Health is an independent company providing musculoskeletal services for Blue Cross and Blue Shield of Nebraska.

Wellness Benefits

As a BCBSNE member, you have access to Vitality®, a **FREE** wellness program. Vitality is a comprehensive, interactive and personalized wellness program that makes it easy for you to make healthy choices. You will be rewarded for a wide variety of healthy activities – online education, physical activity, preventive activities and more. Here's how the program works:

- Plan and complete health activities you enjoy
- Earn Vitality Points® and Vitality Bucks to increase your Vitality
- Get the rewards you deserve

Redeem your hard-earned Vitality Bucks for gift cards from brands like Adidas, Callaway Golf, Athleta, Lululemon, Nike, Under Armor and more!

What's a Vitality Buck?

For every Vitality Point you earn, you also receive a Vitality Buck which can be redeemed for exciting rewards like gift cards, fitness devices and more!

You make choices everyday. Vitality makes it easier to choose the healthy ones.

Get started today! Visit [NebraskaBlue.com/HealthRewards](https://www.NebraskaBlue.com/HealthRewards) to learn more.



Due to IRS regulations, all rewards will count as taxable income. Vitality Health is an independent company providing workplace wellness services for Blue Cross and Blue Shield of Nebraska.

Prediabetes and Diabetes Management and Reversal Solutions

On average, people with diabetes have 2.6 times higher than expected health care costs and account for billions of dollars in reduced productivity and increased absenteeism.*

We have innovative, strategic offerings to manage or reverse prediabetes and diabetes. These integrated solutions are proven to improve health outcomes and reduce health care costs. Members can:

- Lose weight and increase activity
- Lower glucose and HbA1c levels
- Reduce or eliminate the need for diabetes medications



- Virta prediabetes and diabetes reversal program
- Nurse-supported prediabetes and diabetes programs
- \$0 cost share on preferred insulin

To learn more, visit [NebraskaBlue.com/Diabetes](https://www.NebraskaBlue.com/Diabetes).

RESOURCES

BCBSNE Member Services department

Phone: **844-201-0763**

Website: **NebraskaBlue.com/Contact**

Locate providers nationwide

Phone: **844-201-0763**

Website: **NebraskaBlue.com/DoctorFinder**

Website: **NebraskaBlue.com/Pharmacy**

Locate plan documents

Website: **NebraskaBlue.com/Pando**

GET STARTED

Contact:

**Amy Knobbe, Co-Founder/Managing Partner
Pando PEO**

P: 402-319-0639

amy.knobbe@pandopeo.com

Include the following:

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