

PremierBlue

Health plans for fully insured employer groups with
151+ eligible employees and 101+ enrolled employees

Effective Jan. 1, 2027

Blue Cross and Blue Shield of Nebraska (BCBSNE) medical plans offer a combination of provider networks and benefits to meet the needs of employers while enhancing their ability to select cost-effective, quality health insurance for their employees.

Our network and benefit offerings are structured so it's easy for employers to choose the desired options for their plan. Groups can choose the options they want to design a plan that meets the coverage needs and budgets of their business and employees.



Employers can achieve financial and time-saving advantages with the following:

- Choice of network options
- Enhanced coverage options
- Flexibility in benefit selection
- Improved clarity in benefit designs
- Increased employee engagement



Choice of network options

BCBSNE offers competitive and flexible network options for employer groups:

- NEtwork BLUE – offered statewide
- Premier Select BlueChoice – offered regionally
- Blueprint Health – offered regionally

Flexibility and choice in plan options

Our plan options offer significant advantages, including flexibility in deductibles, coinsurance, copays, out-of-pocket limits and pharmacy integration, allowing employers to design a plan tailored to their needs and budgets.

Clarity, understanding and engagement

With a plan from BCBSNE, employers can choose from clearly defined benefits and networks that their employees understand. With greater clarity, employers and employees become more engaged in decisions about their health insurance – and their own healthcare. It's a winning combination for all.

It's simple to design a health plan from BCBSNE.

1 Let's start with the plan design coverage options.

	9	10	11	13	15
Benefit Provisions:	Deductible/ Coinsurance	HSA-eligible	Office Service	Office Service	Office Service
Deductible	V	V	V	V	V
Coinsurance percentage	V	V	V	V	V
Out-of-pocket limit	V	V	V	V	V
Physician office primary care provider	Deductible and coinsurance	Deductible and coinsurance	Copay	Copay	Copay
Physician office specialist	Deductible and coinsurance	Deductible and coinsurance	Copay	Copay	Copay
Telehealth	Deductible and coinsurance	Deductible and coinsurance	Copay	Copay	Copay
Mental health services					
Inpatient services	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Emergency care services	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Copay and coinsurance	Copay and coinsurance
Mental health outpatient services					
Office services	Deductible and coinsurance	Deductible and coinsurance	Plan pays 100%	Plan pays 100%	Plan pays 100%
Telehealth services	Deductible and coinsurance	Deductible and coinsurance	Plan pays 100%	Plan pays 100%	Plan pays 100%
All other outpatient items and services	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Urgent care	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Copay	Copay
Emergency room care	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Copay then coinsurance	Copay then coinsurance
Manipulations (chiropractic and osteopathic)	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Copay
Independent lab					
Medical diagnosis	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Prevent diagnosis	100%	100%	100%	100%	100%

V = Variable

Note: Traditional PPO and HSA-eligible can have an embedded or aggregate deductible.

2 Pick the cost-share amount.

Cost shares are variable for deductibles, coinsurance percentages, copays and out-of-pocket limits. The in-network annual out-of-pocket limits cannot exceed the amount published in the Affordable Care Act (ACA) regulations. Cost shares must follow ACA maximum out-of-pocket amounts and IRS HSA minimum and maximum amounts. For plan designs to be eligible for an HSA, the minimum deductible and annual out-of-pocket limit cannot exceed the amounts as found in Internal Revenue Code 223.

3 Select a prescription drug plan option.

Rx Plan Option	Generic	Preferred	Non-Preferred	Specialty Drugs
Rx Plan Options 1-4 are available with Health Plan Options 11, 13, 15				
1	\$10 Copay	\$30 Copay	\$50 Copay	\$100 Copay
2	\$10 Copay	\$35 Copay	\$70 Copay	Same as any other generic, preferred or non-preferred copay
3	\$15 Copay	\$45 Copay	\$80 Copay	\$150 Copay
4	25% with a \$10 min and \$25 max	25% with a \$30 min and \$60 max	50% with a \$60 min and \$90 max	25% with a \$90 min and \$150 max
Rx Plan Options 5 and 6 are available with Health Plan Option 10				
5	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
6	Deductible, then \$10 copay	Deductible, then \$35 copay	Deductible, then \$70 copay	Same as any other generic, preferred or non-preferred copay
All Rx Options are available with Health Plan Option 9				

In-network pharmacy benefits accumulate to the medical plan's in-network deductible and/or out-of-pocket limit, and out-of-network pharmacy benefits accumulate to the medical plan's out-of-network deductible and/or out-of-pocket limit.

BCBSNE has pharmacy solutions that offer greater savings opportunities and expanded pharmacy options for you and your members. These programs are aimed at helping groups proactively tackle rising pharmacy expenses, improve your employees' health and manage your bottom line.

Retail pharmacies

Members should take their prescriptions to an in-network pharmacy and show the pharmacist their BCBSNE member ID card. The member will pay the applicable copay, deductible or coinsurance amount.

Please note: 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 is responsible for the difference in cost, plus the applicable copay or coinsurance amount.

Fully-insured plans and ASO Block use Broad Network C, while other self-funded plans can choose from Open Network, Broad Network C or Limited Network.

Fully-insured plans use NetResults Performance, ASO Block plans can choose from BlueChoice Meds (PDL 10) or NetResults Select and other self-funded plans can choose from BlueChoice Meds (PDL 10), NetResults Select or NetResults Balanced.

MedsYourWay™ – Retail

MedsYourWay – Retail simplifies the brick-and-mortar shopping experience by automatically comparing plan-covered benefit prices to discount card prices at the pharmacy, without needing to present a separate discount card.

Members should take their prescription to an in-network pharmacy and show the pharmacist their BCBSNE

member ID card. The member will pay the applicable copay, deductible or coinsurance amount.

Amazon pharmacy for home delivery with MedsYourWay™ drug discount card pricing

Pharmacy home delivery services will be offered exclusively through Amazon Pharmacy which delivers a breakthrough, integrated home-delivery shopping experience. Members will be shown the lowest cost options, whether that is their copay/coinsurance or the MedsYourWay discount card price; depending on the pharmacy benefit plan, the cost of the medication may count towards the member's out-of-pocket maximum.

BCBSNE members may use home delivery services for their 90-day supply of maintenance medications. Members will be responsible for paying the applicable copay amount for each 30-day supply.

Extended supply network pharmacy benefit

The Extended Supply Network (ESN) pharmacy benefit allows members to get a 90-day supply of medications at one time (if allowed by their prescription).^{*} All fully insured large group plans have ESN; this is optional for self-funded groups.

Non-ESN retail pharmacies are limited to a 30-day supply. Members may view a list of ESN retail pharmacies online or by calling Member Services.

^{*}Except for specialty drugs.

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

MedsYourWay is a trademark of Prime Therapeutics. Savings may differ depending on current benefit design. Prime Therapeutics is contracted to provide pharmacy benefits to Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross Blue Shield Association.

Amazon Pharmacy does not dispense controlled substances. Amazon Pharmacy is an independent company that provides pharmacy home delivery services for Blue Cross and Blue Shield of Nebraska.

Specialty pharmacy

- **OptimizeRx** is an advanced medical pharmacy solution designed for medications administered by health care professionals. OptimizeRx enhances our existing pre-authorization, claims edits, site of service management and reimbursement strategies for high-cost oncology and specialty medications under medical benefits. This expert collaboration streamlines approvals, ensures high-quality care and reduces costs.
- **Advocate+ Pharmacy Match®** connects members to the most appropriate specialty pharmacy for complex, high-cost medications through a unique, conflict-free model that promotes real-time pharmacy competition. By matching each member to a high-quality pharmacy partner, the program helps reduce costs, improve the member experience and support better medication adherence—while providing a simpler, more predictable approach to specialty drug management. Advocacy+ Pharmacy Match is available to self-funded groups for an additional fee.

Preauthorization

As part of our efforts to address the serious issue of escalating costs and to continue to provide members access to quality and cost-effective pharmacy care, we require benefits for certain prescription products to be preauthorized. For a list of products requiring preauthorization, visit [NebraskaBlue.com/DrugList](https://www.nebraskablue.com/DrugList).

FlexAccess™ – PPO specialty copay solution

FlexAccess for PPO plans delivers a member-centric experience with greater savings opportunities and expanded pharmacy options. This program opens the door to reducing costs for specialty and HIV medications beyond the traditional, one-specialty pharmacy option. By leveraging more pharmacies and HIV treatments, we expand the savings by maximizing pharmaceutical assistance programs and reducing the cost burden of specialty and HIV medications for our members. This is optional for self-funded groups.

OptimizeRx and Advocate+ Pharmacy Match are provided by Prime Therapeutics for Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross Blue Shield Association.

Accredo, a trademark of Express Scripts Strategic Development, Inc., is a specialty pharmacy contracted to provide services for Blue Cross and Blue Shield of Nebraska. Express Scripts® Pharmacy, a trademark of Express Scripts Strategic Development, Inc., is contracted to provide mail pharmacy services for Blue Cross and Blue Shield of Nebraska.

FlexAccess is a trademark of Prime Therapeutics. Savings may differ depending on current benefit design. Prime Therapeutics is contracted to provide pharmacy benefits to Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross Blue Shield Association.

Virta is an independent company that provides diabetes management solutions for Blue Cross and Blue Shield of Nebraska.

FlexAccess™ – QHDHP specialty copay solution

BCBSNE is introducing a specialty drug copay solution for qualified high-deductible health plan (QHDHP) pharmacy coverage. Specifically, for employees enrolled in QHDHPs, FlexAccess™ - QHDHP offers alternatives beyond the central-fill pharmacy, ensuring convenient access to medications. Utilizing actual coupon amounts or manufacturer assistance, this program results in accurate reporting and up to 50% more savings compared to legacy accumulator adjustment programs. Employer groups benefit from increased prescription flexibility, simplified employee outreach and improved claims visibility.

Diabetes management and reversal solutions

BCBSNE offers two diabetes solutions, which are included on a fully-insured groups and optional for self-funded groups on an opt-in basis:

The Virta type 2 diabetes and prediabetes reversal programs use a ketogenic nutrition method and specially designed equipment at no cost to members.

For members with type 1 or type 2 diabetes, insulin on the preferred drug list will be available at no cost. Self-funded groups will be responsible for the members' cost share.





4 Choose up to three networks.

Network	Network Description
Network BLUE Statewide network	- Made up of 98% of Nebraska's non-governmental hospitals and 99% for physicians¹ including: - Primary and specialty care providers - Heart, cancer and trauma centers - Children's care - Behavioral healthcare - Includes our national BlueCard® network
Premier Select BlueChoice² Regional network	- Supports eastern Nebraska groups headquartered in ZIP codes starting with 515 (Pottawattamie county only), 680, 681, 683, 684 and 685 - Key hospitals and healthcare providers include: - Methodist Hospital System - Nebraska Medicine - Bryan Health - Boys Town National Research Hospital - Children's Nebraska - Includes our national BlueCard network
Blueprint Health² Regional network	- Supports eastern Nebraska groups headquartered 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 - Key hospitals and healthcare providers include: - CHI Health - Creighton University System - Nebraska Spine Hospital LLC - Boys Town National Research Hospital - Children's Nebraska - Includes our national BlueCard network

¹ Source: BCBSNE statistics, Apr 17, 2026.

² Members living outside the Premier Select BlueChoice or Blueprint Health service areas are not able to choose those networks. They would be offered Network BLUE.

5

Determine if any optional endorsements are right for your plan.

Fully insured and self-funded options:**Vision examinations (preventive)**

- Cost share amounts are variable for the employer to choose
 - Deductible, then coinsurance
 - Copay
 - Plan pays 100%
- Covers one eye exam, including refraction, once per calendar year

Infertility treatment

- Paid the same as any other illness, up to a maximum amount of \$20,000 for fully-insured groups. For self-funded groups, the maximum amount is determined by the employer
- Covers medical services and prescription drugs for pregnancy assistance treatments

Self-funded options:**Preventive services**

- Cost share amounts are variable for the employer to choose for preventive services not required by the ACA and when provided by an out-of-network provider

Nicotine dependence and addictions

- Paid same as substance abuse
- Covers classes for the treatment of nicotine dependence or addictions and alternative therapies, such as acupuncture

Surgical treatment of obesity

- Paid the same as any other illness, up to a maximum amount as determined by the employer
- Covers medically necessary surgical treatment of obesity and post-surgical follow-up care

Weight loss drug therapy program

- Covers certain injectable medications and related office visits, preauthorization is required
- Paid the same as any other illness or prescription drug

Second opinion program

- Virtual second medical opinion program powered by 2nd.MD
- This service is outside the health plan benefits. A member-based fee will be added to the monthly invoice

Virtual physical therapy program

- Provides personalized virtual physical therapy support through Hinge Health®

ProgenyHealth®

- Maternal care management and neonatal intensive care unit (NICU) utilization and care management
- This service is outside the health plan benefits and a member-based fee will be added to the monthly invoice.



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

2nd.MD is an independent company that provides virtual second medical opinion services for Blue Cross and Blue Shield of Nebraska.

2nd.MD is responsible for its services.

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

Important Information

Here's how the copay variables work

Physician office copay (applies each time services are rendered at the physician's office, even if an office visit is not billed)

- Primary care physician (PCP) and specialist physician – basic office services will be included in the physician office copay, while other services in the office will apply to the deductible and coinsurance (see the example to the right)

Telehealth (virtual visits with Telescope or primary care providers) copay will be \$5, \$10 or \$15 based on the PCP office copay

- If the copay is less than \$15, the telehealth copay is \$5
- If the copay is \$15 to less than \$40, the telehealth copay is \$10
- If the copay is \$40 or higher, the telehealth copay is \$15

Urgent care facility copay applies to all services provided in the urgent care facility

Emergency care copay (services received in a hospital emergency room setting)

- Facility services: copay, then coinsurance (deductible waived)
- Professional services: coinsurance only, deductible waived
- Out-of-network services: covered at the in-network level of benefits (cost shares)



Here is what you need to know about Physician Office Copay Services and Office Services for mental health and substance use disorders. (using Medical Option 13 as an example)

Covered services include:

- Physician office visits
- Consultations and medical checks
- Psychological therapy and/or substance use disorder counseling
- X-ray, laboratory and pathology services performed in the physician's office
- Supplies used to treat the patient during the office visit
- Drugs administered by the physician during the office visit
- Hearing examination, due to an illness
- Vision examination, due to an illness
- Allergy injection and serum testing

These services are not covered under the physician office visit services copay; payable under separate benefit provision:

- Services provided by out-of-network providers
- Preventive services, required by state and federal law
- Maternity services
- Injections
- Chemotherapy
- Radiation therapy
- Advanced diagnostic imaging
- Manipulations and adjustments
- Physical, occupational or speech therapy, including cognitive training, chiropractic or osteopathic physiotherapy
- Surgical procedures and/or anesthesia
- Sleep studies
- Durable medical equipment and prosthetics
- Biofeedback
- Sublingual allergy therapy
- Psychological evaluations, assessments and testing; or other outpatient services for the treatment of mental health and substance use disorders
- Outpatient services received at a place of service other than a physician's office, including Independent Laboratory
- Genetic Testing



What to know about preventive healthcare services

The ACA requires that certain preventive services performed by an in-network provider be covered at 100%.
Benefits for fully-insured plans are as follows:

Preventive Services	In-network Provider	Out-of-network Provider
Preventive Services		
• Affordable Care Act (ACA)-required preventive services (may be subject to limits that include, but are not limited to, age, gender and frequency)	Plan pays 100%	Deductible and coinsurance
• ACA-required covered preventive services (outside of limits)	Same as an illness	Deductible and coinsurance
• Other covered preventive services not required by ACA	Same as an illness	Deductible and coinsurance
Immunizations		
• Pediatric (up to age 7)	Plan pays 100%	Coinsurance
• Age 7 and older	Plan pays 100%	Deductible and coinsurance
• Related to an illness	Same as any other illness	Same as any other illness