

PremierBlue

Health Plans for Fully insured and Self-funded Employer Groups with 151+ Eligible Employees

Blue Cross and Blue Shield of Nebraska's (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.

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



The approach enables employers to experience the financial and time-saving advantages of the following value-adds:

- 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 with 151 or more enrolled employees:

- Network BLUE
- Premier Select BlueChoice
- Blueprint Health

Flexibility and Choice in Plan Options

Our plan options offer significant advantages, including flexibility in deductibles, coinsurance, copayments and out-of-pocket limits, allowing employers to design a plan tailored to employees' 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 a greater understanding, employers and employees become more engaged in decisions about their health insurance – and their own health care. 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	Qualified High Deductible Health Plan (QHDHP)	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
Allergy injection and serum	Deductible and coinsurance	Deductible and coinsurance	Copay	Copay	Copay
Mental illness 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 illness outpatient services					
Office services	Deductible and coinsurance	Deductible and coinsurance	Plan pays 100%	Plan pays 100%	Plan pays 100%
Behavioral telehealth services	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
All other outpatient items and services	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Telehealth	Deductible and coinsurance	Deductible and coinsurance	Copay	Copay	Copay
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 and coinsurance	Copay and 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	100%	100%	100%
Prevent diagnosis	100%	100%	100%	100%	100%

V = Variable

Note: Traditional PPO and QHDHPs can have an embedded or aggregate deductible.

2 Pick the cost share* amount.

Cost shares are variable for deductibles, coinsurance percentages, copayments and out-of-pocket limits. The in-network annual out-of-pocket limits cannot exceed the amount published in Affordable Care Act (ACA) regulations. In addition, for QHDHP to be eligible for a health savings account, the minimum deductible and annual out-of-pocket limit cannot exceed the amounts as found in Internal Revenue Code - Sec. 223.

3 Select a prescription drug plan option.

Rx Plan Option	Generic	Preferred	Non-preferred	Specialty Drugs
Rx Plan Options 1-4 are available to Medical 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 to Medical 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 to Medical Option 9				

The 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.

Retail Pharmacies

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/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 will be responsible for the difference in cost, plus the applicable copay/coinsurance amount.

All fully insured large group plans will use Pharmacy Network C (out-of-network benefits are available) and large group self-funded plans have a choice of A, C, J or G.

*Cost shares must follow ACA maximum out-of-pocket amounts and IRS HSA minimum and maximum requirements.



Home Delivery

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.

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 under the Pharmacy Benefits section at myNebraskaBlue.com/ToolsAndResources.



Specialty Pharmacy

For specialty drugs to be considered in network, those drugs must be purchased through a designated specialty pharmacy. Members can receive two fills at retail before they must use a designated specialty pharmacy. After the second fill, if a member uses retail or another mail order facility, benefits will be denied. In-network specialty pharmacies include Alliance Rx Walgreens Prime for fully insured groups as well as Think Whole Person Healthcare, Nebraska Medicine and OptionCare Pharmacy. ASO groups are limited to Alliance Rx Walgreens Prime only.

Prior Authorization

In an effort 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 prior authorized. For a list of products requiring prior authorization, visit NebraskaBlue.com/DrugList.

4 Choose up to three networks.

Network	Network Description
NEtwork BLUE Statewide network	<ul style="list-style-type: none"> Made up of 96% of Nebraska’s doctors and 99% of the state’s non-governmental acute care hospitals¹ Includes the national BlueCard network
Premier Select BlueChoice² Regional network	<ul style="list-style-type: none"> Supports eastern Nebraska groups headquartered in ZIP codes starting with 680, 681, 683, 684 and 685 Includes the national BlueCard network
Blueprint Health² Regional network	<ul style="list-style-type: none"> Supports eastern Nebraska groups headquartered in ZIP codes starting with 680, 681, 683, 684 and 685, as well as Adams, Buffalo, Hall, Kearney and Phelps counties Includes the national BlueCard network

¹ Source: BCBSNE statistics, June 19, 2020.

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
 - Copayment
 - Plan pays 100%
- Covers one eye exam, including refraction, once per calendar year

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

Infertility treatment

- Paid the same as any other illness, up to a maximum amount as determined by the employer
- Covers medical services and prescription drugs for pregnancy assistance treatments

Surgical treatment of obesity

- Paid 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

Important Information

Here are how the copayment variables work

Physician office copayment (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 copayment, while other services in the office will apply the deductible and coinsurance (see the box below)
- Allergy injection and serum (in the physician's office) – will apply to a \$10 copayment, then the plan pays 100%

Telehealth copayment will be a \$5, \$10 or \$15 copayment based on the PCP office copayment

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

Urgent care facility copayment applies on all services provided in the urgent care facility

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

- Facility services: copayment, then coinsurance (deductible waived)
- Professional services: coinsurance only, deductible waived
- Out-of-network services: covered at the in-network level of benefits (cost shares), subject to the out-of-network allowable amount

Here is what you need to know about the physician office copayment (using Medical Option 13 as an example)

Covered services include:

- Physician office visits, including the initial visit to diagnose pregnancy
- Consultations
- X-ray, laboratory and pathology services performed in the physician 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 testing

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

- Services provided by out-of-network providers
- Preventive services
- Maternity services after the initial office visit to diagnose the pregnancy
- 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
- Psychological evaluations, assessments and testing
- Outpatient services received at a place of service other than a physician's office



Here is what you need to know about preventive health care 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		
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> ACA-required covered preventive services (outside of limits) 	Plan pays 100%	Deductible and coinsurance
<ul style="list-style-type: none"> Other covered preventive services not required by ACA, such as: <ul style="list-style-type: none"> Laboratory tests as specified by us, including urinalysis, cholesterol LDL, complete blood count, general health panel, metabolic panel, prostate cancer screening (PSA) and hearing exams All other laboratory tests; radiology, cardiac stress tests; EKG; pulmonary function and other screenings and services 	Plan pays 100%	Deductible and coinsurance
	Same as an illness	Same as an illness
Immunizations		
<ul style="list-style-type: none"> Pediatric (up to age 7) 	Plan pays 100%	Coinsurance
<ul style="list-style-type: none"> Age 7 and older 	Plan pays 100%	Deductible and coinsurance
<ul style="list-style-type: none"> Related to an illness 	Same as any other illness	Same as any other illness



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