



2019 Small Group Product Changes

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An Independent Licensee of the Blue Cross and Blue Shield Association



Agenda

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- 3 ACA & IRS Max/Mins
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1 Underwriting Guidelines Overview

BlueFreedom and PremierBlue

# Medical Options Allowed	Network Rules
Groups are allowed to select up to three medical options as well as any combination of our three network options, if applicable.	Groups must be headquartered within service area in order to offer a specific network to their employees

BluePride ACA Today

Dual Option Plan Combinations

	GOLD Limited Network	GOLD Full Network	SILVER Limited Network	SILVER Full Network	BRONZE Limited Network	BRONZE Full Network
GOLD Limited Network	✓	✓	✓	✓		
GOLD Full Network	✓	✓		✓		
SILVER Limited Network	✓		✓	✓	✓	✓
SILVER Full Network	✓	✓	✓	✓		✓
BRONZE Limited Network			✓		✓	✓
BRONZE Full Network			✓	✓	✓	✓

✓ Plans allowed to be paired

BluePride ACA Effective 10/1/18 and After

- Groups can select up to two **medical** options and any combination of our three networks, subject to metal level restrictions (for groups with 2-50 employees)
- Triple medical options are not allowed today and will continue to be not allowed
- No retros for groups who already renewed

Metal Level	Gold	Silver	Bronze
Gold			
Silver			
Bronze			



Not allowed

Allowed

BluePride ACA Eligibility

- BluePride ACA eligibility rules will stay the same, as listed in the current underwriting guidelines
- Example:

To be eligible for Small Group coverage, you must have 2 to 50 total employees. You must have at least two W-2 enrolled employees, neither of which can be a business owner, partner, or spouse.

2 2019 Changes

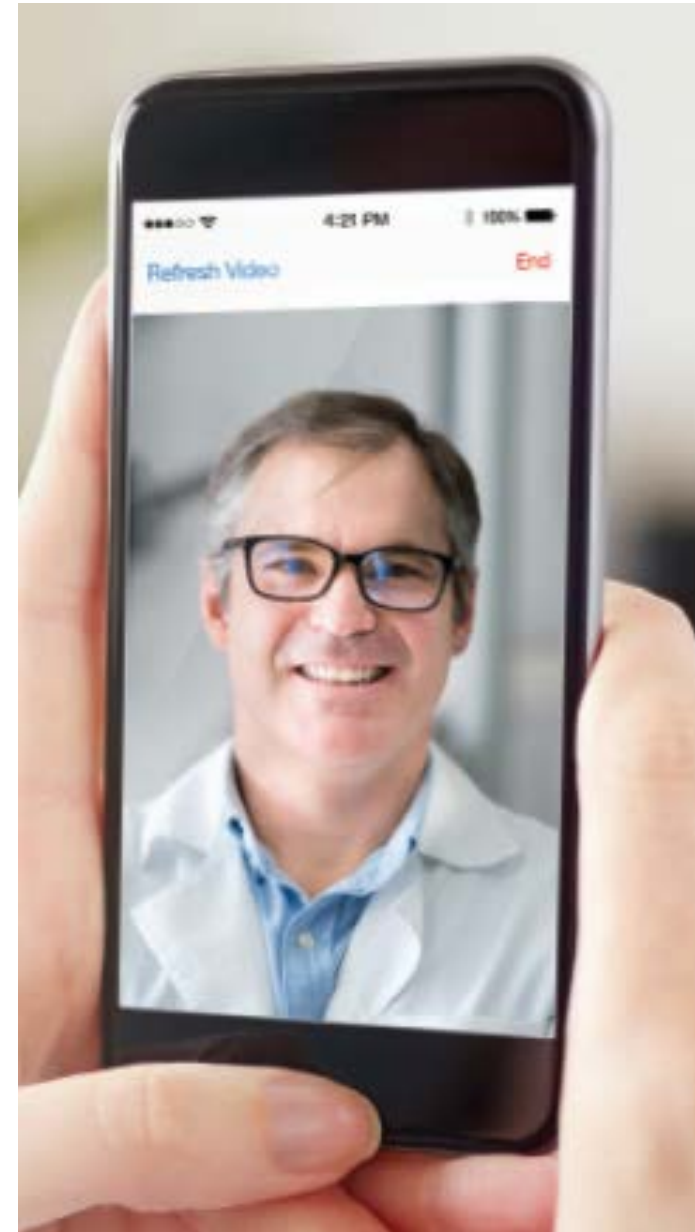
Applicable to all small group products
except BluePride preACA

AllClear

- Program is being discontinued at the end of 2018
- Not an Association mandate
- Low enrollment and high cost
 - Currently at 3,000 members enrolled
- We sent a communication during the second week in September to group leaders
- The communication to members will be sent out December 1st

Telehealth

- Fee increase from \$39 to \$49 for Amwell PCP visits (mainly applicable to QHDHPs)
 - Effective 1/1/19, not upon renewal in 2019
- Removed 'From a designated provider' from Telehealth sections on SOBs
 - Any contracted provider can provide Telehealth services



Benefit Changes

Added the following procedures as exclusions:

1. Iontophoresis: a technique of introducing ionic medicinal compounds into the body through the skin by applying a local electric current
2. Contrast Baths
3. Paraffin Baths: a treatment using warm oil-based wax to provide pain relief to hands, feet, sore joints and muscles

Other Changes

Mental Health Services

- Allowing schools as a valid place of service for Mental Health Services
- Applicable cost share: Deductible and Coinsurance
- Provider must be a licensed and contracted provider

Nebraska Centers of Excellence: 1/1/19

- If a member has an **inpatient total knee** or **hip replacement** at one of the centers, we will waive cost shares for inpatient **facility** fees only:
 - PPO – Deductible and Coinsurance
 - QHDHP – Coinsurance only as we cannot waive deductible for anything other than preventative services
- Participating Providers
 - Nebraska Orthopedic Hospital
 - Midwest Surgical Hospital
 - Lincoln Surgical Hospital
 - Kearney Regional Medical Center

Nebraska Centers of Excellence (Continued)

- Does not include facilities in the Blueprint Health network
 - These facilities would be considered out-of-network
 - Network Blue or Premier Select BlueChoice utilizers can use other providers with no penalty
- Not available out-of-state
- Will be listed in provider finder
- Optional for ASO
- Member would owe for professional fees

3 ACA & IRS Max/Mins

What's Changing for 2019

- IRS parameters for HSA-eligibility:

	Min Deductible QHDHP	Max Out of Pocket QHDHP	Max Contribution QHDHP
Individual	\$1,350	6,650 \$6,750	3,450 \$3,500
Family	\$2,700	13,300 \$13,500	6,850 \$7,000

- CMS parameters for ACA-compliance to avoid tax penalty:

	Max OOP PPO
Individual	7,350 \$7,900
Family	14,700 \$15,800

4 BluePride Pre-ACA

2019 PreACA Changes

- Eliminate preACA SelectBlue 3-tier plan options
- Map 3-tier groups to 2-tier preACA BluePride option
- No deductible or max OOP changes for 2019

5 BluePride ACA



Revamped 2019 BluePride ACA Product Portfolio

Actuarial Values (AVs)

- The AV Calculator represents an empirical estimate of the AV calculated in a manner that provides a close approximation to the actual average spending by a wide range of consumers in a standard.
- Plans must align to metal tiers defined by a target actuarial value (see chart below) of the % of costs covered by the health plan
- New parameters allow for more flexibility within each level...

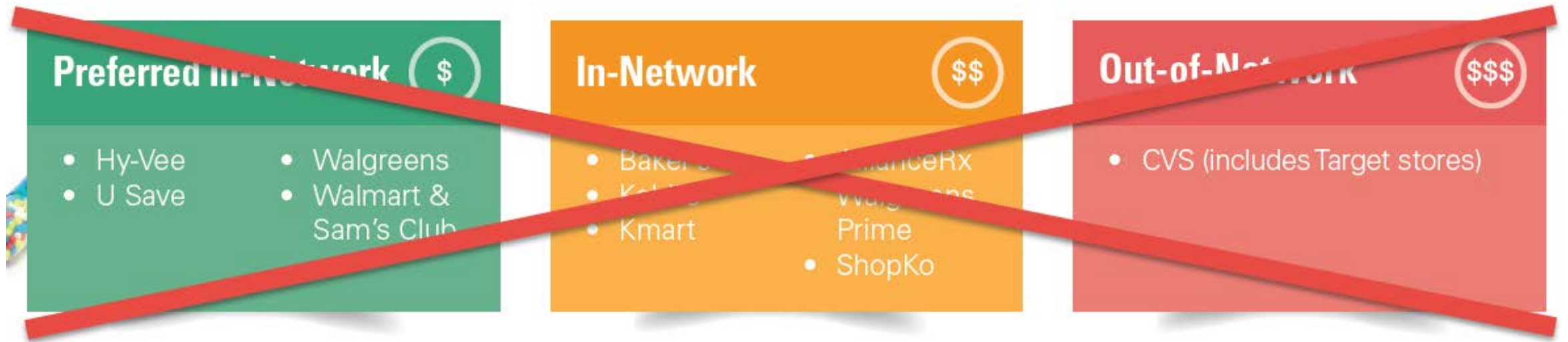
	Platinum	Gold	Silver	Bronze
2018 AVs	86 -88-92%	76 78-82%	66 -68-72%	56 -58-62% 65%

2019 Mental Health

- MIDA cost share change on PPO options:
 - Office Services copay on PPOs → Deductible & Coinsurance
 - Telehealth copay on PPOs → Deductible & Coinsurance

Mental Illness and/or Substance Dependence and Abuse covered services		In-network Provider	Out-of-network Provider
Inpatient Services		Deductible and Coinsurance	Deductible and Coinsurance
Outpatient Services			
• Office Services	Deductible & Coinsurance	\$25 Copay	Deductible and Coinsurance Not Covered
• Telehealth Services (by a Psychiatrist, Psychologist, or Licensed Clinical Social Worker)	Deductible & Coinsurance	\$10 Copay	

2019 Pharmacy Changes



2019 ACA Pharmacy Changes

- 1/1/19 and upon renewal:
 - PDL 62
 - Network J (2-tier)
- No more 3-tier Rx network
- Cost share changes
 - Copays on 1st 3-4 tiers on PPOs
 - D&C on HSAs

In-Network



- Walgreens
- Walmart/Sam's
- Hy-Vee
- Think
- Baker's
- U-Save
- Super Saver
- Shopko

Out-of-Network



- Costco
- CVS (includes Target stores)

ER Cost Share Change

- Deductible and Coinsurance will replace all ER copays on PPO options

Emergency Care		
Urgent Care Facility Services	\$60 Copay	Deductible & Coinsurance
Emergency Care Services	Deductible & Coinsurance	In-Network Deductible & Coinsurance
Ambulance Services	Deductible & Coinsurance	In-Network Deductible & Coinsurance
Mental Illness and/or Substance Dependence and Abuse Services		
Inpatient	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient	Deductible & Coinsurance	Deductible & Coinsurance
Office Services	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Care Services	Deductible & Coinsurance	In-Network Deductible & Coinsurance

Naming Convention

PPO

- BluePride GPA19 (BP Opt 101)
- BluePride GPB19 (BP Opt 104)
- BluePride SPB19 (BP Opt 201)
- BluePride SPA19 (BP Opt 202)
- SPC19 (NEW for 2019)
- BPA19 (NEW for 2019)

HSA

- BluePride GHA19 (BP Opt 105)
- BluePride GHB19 (BP Opt 106)
- BluePride SHB19 (BP Opt 204)
- BluePride SHA19 (BP Opt 203)
- BluePride BHA19 (BP Opt 304)

- 'G', 'S', or 'B' = Gold, Silver, or Bronze (respectively)
- 'P' or 'H' = PPO or HSA
- 'A', 'B' or 'C' = 'A' is lowest deductible 'B' is mid-range and 'C' is highest deductible
- '19' represents the year in which plans are available
- Network no longer part of plan option name

POP QUIZ

BPA19:

- In which metallic level does this plan fall?
- Is this plan a PPO or QHDHP?



BPA19

- B = Bronze
- P = PPO

2019 ACA Plan Design Changes

- Eliminating option 102 → mapping to GPA19
- Eliminating options 302, 307, 308 → mapping to BHA19
- New options → BPA19 and SPC19
- Cost share changes:
 - Deductibles, max OOP, ER, mental health office services and telehealth, pharmacy, some specialist copays

Gold Option 101 → GPA19

Option				
	Gold 101 (2018)		GPA19 (2019)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Single Deductible	\$500	\$1,000	\$1,000	\$2,000
Family Deductible	\$1,000	\$2,000	\$2,000	\$4,000
Embedded/Aggregate	Embedded	Embedded	Embedded	Embedded
Coins	30%	50%	30%	50%
Single OOPM	\$5,000	\$10,000	\$4,000	\$8,000
Family OOPM	\$10,000	\$20,000	\$8,000	\$16,000
PCP	\$30	Ded + Coins.	\$30	Ded + Coins.
PCP Telehealth	\$10	Not Covered	\$10	Not Covered
SPC	\$60	Ded + Coins.	\$60	Ded + Coins.
Mental Health Office Services	\$30	Ded + Coins.	Ded + Coins.	Ded + Coins.
Mental Health Telehealth	\$10	Not Covered	Ded + Coins.	Not Covered
Urgent Care	\$60	Ded + Coins.	\$60	Ded + Coins.
ER	\$150+Coinsurance		Ded + Coins.	
Rx:	Deductible Does Not Apply		Deductible Does Not Apply to Tiers 1-4	
Tier 1 Generic Preferred	\$10	IN + 25% Penalty	\$10	IN + 25% Penalty
Tier 2 Generic Non-Preferred	50% (min/max)	IN + 25% Penalty	\$30	IN + 25% Penalty
Tier 3 Brand Preferred	30% (min/max)	IN + 25% Penalty	\$50	IN + 25% Penalty
Tier 4 Brand Non-Preferred	50% (min/max)	IN + 25% Penalty	\$125	IN + 25% Penalty
Tier 5 Specialty Preferred	40%	IN + 25% Penalty	Ded + 40%	IN + 25% Penalty
Tier 6 Specialty Non-Preferred	50%	IN + 25% Penalty	Ded + 50%	IN + 25% Penalty

Gold Option 102 → Eliminate and map to GPA19 (below)

Option	Gold 101 (2018)				GPA19 (2019)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Single Deductible	\$500	\$1,000	\$1,000	\$2,000	\$1,000	\$2,000
Family Deductible	\$1,000	\$2,000	\$2,000	\$4,000	\$2,000	\$4,000
Embedded/Aggregate	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Coins	30%	50%	30%	50%	30%	50%
Single OOPM	\$5,000	\$10,000	\$4,000	\$8,000	\$4,000	\$8,000
Family OOPM	\$10,000	\$20,000	\$8,000	\$16,000	\$8,000	\$16,000
PCP	\$30	Ded + Coins.	\$30	Ded + Coins.	\$30	Ded + Coins.
PCP Telehealth	\$10	Not Covered	\$10	Not Covered	\$10	Not Covered
SPC	\$60	Ded + Coins.	\$60	Ded + Coins.	\$60	Ded + Coins.
Mental Health Office Services	\$30	Ded + Coins.	Ded + Coins.	Ded + Coins.	Ded + Coins.	Ded + Coins.
Mental Health Telehealth	\$10	Not Covered	Ded + Coins.	Not Covered	Ded + Coins.	Not Covered
Urgent Care	\$60	Ded + Coins.	\$60	Ded + Coins.	\$60	Ded + Coins.
ER	\$150+Coinsurance		Ded + Coins.			
Rx:	Deductible Does Not Apply		Deductible Does Not Apply to Tiers 1-4			
Tier 1 Generic Preferred	\$10	IN + 25% Penalty	\$10	IN + 25% Penalty	\$10	IN + 25% Penalty
Tier 2 Generic Non-Preferred	50% (min/max)	IN + 25% Penalty	\$30	IN + 25% Penalty	\$30	IN + 25% Penalty
Tier 3 Brand Preferred	30% (min/max)	IN + 25% Penalty	\$50	IN + 25% Penalty	\$50	IN + 25% Penalty
Tier 4 Brand Non-Preferred	50% (min/max)	IN + 25% Penalty	\$125	IN + 25% Penalty	\$125	IN + 25% Penalty
Tier 5 Specialty Preferred	40%	IN + 25% Penalty	Ded + 40%	IN + 25% Penalty	Ded + 40%	IN + 25% Penalty
Tier 6 Specialty Non-Preferred	50%	IN + 25% Penalty	Ded + 50%	IN + 25% Penalty	Ded + 50%	IN + 25% Penalty

Gold Option 104 → GPB19

Option				
	Gold 104 (2018)		GPB19 (2019)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Single Deductible	\$1,500	\$3,000	\$2,350	\$4,700
Family Deductible	\$3,000	\$6,000	\$4,700	\$9,400
Embedded/Aggregate	Embedded	Embedded	Embedded	Embedded
Coins	30%	50%	30%	50%
Single OOPM	\$3,750	\$7,500	\$5,500	\$11,000
Family OOPM	\$7,500	\$15,000	\$11,000	\$22,000
PCP	\$30	Ded + Coins.	\$30	Ded + Coins.
PCP Telehealth	\$10	Not Covered	\$10	Not Covered
SPC	\$60	Ded + Coins.	\$60	Ded + Coins.
Mental Health Office Services	\$30	Ded + Coins.	Ded + Coins.	Ded + Coins.
Mental Health Telehealth	\$10	Not Covered	Ded + Coins.	Not Covered
Urgent Care	\$60	Ded + Coins.	\$60	Ded + Coins.
ER	\$150+Coinsurance		Ded + Coins.	
Rx:	Deductible Applies		Deductible Does Not Apply to Tiers 1-4	
Tier 1 Generic Preferred	\$10	IN + 25% Penalty	\$10	IN + 25% Penalty
Tier 2 Generic Non-Preferred	50% (min/max)	IN + 25% Penalty	\$30	IN + 25% Penalty
Tier 3 Brand Preferred	30% (min/max)	IN + 25% Penalty	\$50	IN + 25% Penalty
Tier 4 Brand Non-Preferred	50% (min/max)	IN + 25% Penalty	\$125	IN + 25% Penalty
Tier 5 Specialty Preferred	40%	IN + 25% Penalty	Ded + 40%	IN + 25% Penalty
Tier 6 Specialty Non-Preferred	50%	IN + 25% Penalty	Ded + 50%	IN + 25% Penalty

Gold Option 105 → GHA19

Option				
	Gold 105 HSA (2018)		GHA19 (2019)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Single Deductible	\$1,500	\$3,000	\$1,750	\$3,500
Family Deductible	\$3,000	\$6,000	\$3,500	\$7,000
Embedded/Aggregate	Aggregate	Aggregate	Aggregate	Aggregate
Coins	10%	40%	10%	40%
Single OOPM	\$2,000	\$4,000	\$3,375	\$6,750
Family OOPM	\$4,000	\$8,000	\$6,750	\$13,500
PCP	Ded + Coins.	Ded + Coins.	Ded + Coins.	Ded + Coins.
PCP Telehealth	Ded + Coins.	Not Covered	Ded + Coins.	Not Covered
SPC	Ded + Coins.	Ded + Coins.	Ded + Coins.	Ded + Coins.
Mental Health Office Services	Ded + Coins.	Ded + Coins.	Ded + Coins.	Ded + Coins.
Mental Health Telehealth	Ded + Coins.	Not Covered	Ded + Coins.	Not Covered
Urgent Care	Ded + Coins.	Ded + Coins.	Ded + Coins.	Ded + Coins.
ER	Ded + Coins.	Ded + Coins.	Ded + Coins.	Ded + Coins.
Rx:				
Tier 1 Generic Preferred	Ded + Coins.	IN + 25% Penalty	Ded + Coins.	IN + 25% Penalty
Tier 2 Generic Non-Preferred	Ded + Coins.	IN + 25% Penalty	Ded + Coins.	IN + 25% Penalty
Tier 3 Brand Preferred	Ded + Coins.	IN + 25% Penalty	Ded + Coins.	IN + 25% Penalty
Tier 4 Brand Non-Preferred	Ded + Coins.	IN + 25% Penalty	Ded + Coins.	IN + 25% Penalty
Tier 5 Specialty Preferred	Ded + Coins.	IN + 25% Penalty	Ded + Coins.	IN + 25% Penalty
Tier 6 Specialty Non-Preferred	Ded + Coins.	IN + 25% Penalty	Ded + Coins.	IN + 25% Penalty

Gold Option 106 → GHB19

Option				
	Gold 106 HSA (2018)		GHB19 (2019)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Single Deductible	\$2,100	\$4,200	\$2,700	\$5,400
Family Deductible	\$4,200	\$8,400	\$5,400	\$10,800
Embedded/Aggregate	Aggregate	Aggregate	Aggregate	Aggregate
Coins	0%	0%	0%	0%
Single OOPM	\$2,100	\$2,100	\$2,700	\$5,400
Family OOPM	\$4,200	\$4,200	\$5,400	\$10,800
PCP	Ded + Coins.	Ded + Coins.	Ded + Coins.	Ded + Coins.
PCP Telehealth	Ded + Coins.	Not Covered	Ded + Coins.	Not Covered
SPC	Ded + Coins.	Ded + Coins.	Ded + Coins.	Ded + Coins.
Mental Health Office Services	Ded + Coins.	Ded + Coins.	Ded + Coins.	Ded + Coins.
Mental Health Telehealth	Ded + Coins.	Not Covered	Ded + Coins.	Not Covered
Urgent Care	Ded + Coins.	Ded + Coins.	Ded + Coins.	Ded + Coins.
ER	Ded + Coins.	Ded + Coins.	Ded + Coins.	Ded + Coins.
Rx:				
Tier 1 Generic Preferred	Ded + Coins.	IN + 25% Penalty	Ded + Coins.	IN + 25% Penalty
Tier 2 Generic Non-Preferred	Ded + Coins.	IN + 25% Penalty	Ded + Coins.	IN + 25% Penalty
Tier 3 Brand Preferred	Ded + Coins.	IN + 25% Penalty	Ded + Coins.	IN + 25% Penalty
Tier 4 Brand Non-Preferred	Ded + Coins.	IN + 25% Penalty	Ded + Coins.	IN + 25% Penalty
Tier 5 Specialty Preferred	Ded + Coins.	IN + 25% Penalty	Ded + Coins.	IN + 25% Penalty
Tier 6 Specialty Non-Preferred	Ded + Coins.	IN + 25% Penalty	Ded + Coins.	IN + 25% Penalty

Silver Option 201 → SPB19

Option				
	Silver 201 (2018)		SPB19 (2019)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Single Deductible	\$3,000	\$6,000	\$3,500	\$7,000
Family Deductible	\$6,000	\$12,000	\$7,000	\$14,000
Embedded/Aggregate	Embedded	Embedded	Embedded	Embedded
Coins	30%	50%	30%	50%
Single OOPM	\$7,350	\$14,700	\$7,500	\$15,000
Family OOPM	\$14,700	\$29,400	\$15,000	\$30,000
PCP	\$50	Ded + Coins.	\$50	Ded + Coins.
PCP Telehealth	\$15	Not Covered	\$15	Not Covered
SPC	\$75	Ded + Coins.	\$75	Ded + Coins.
Mental Health Office Services	\$50	Ded + Coins.	Ded + Coins.	Ded + Coins.
Mental Health Telehealth	\$15	Not Covered	Ded + Coins.	Not Covered
Urgent Care	\$75	Ded + Coins.	\$75	Ded + Coins.
ER	Ded + Coins.	Ded + Coins.	Ded + Coins.	Ded + Coins.
Rx:	Deductible Does Not Apply		Deductible Does Not Apply to Tiers 1-4	
G. Preferred	\$10	IN + 25% Penalty	\$10	IN + 25% Penalty
G. Non-Preferred	50% (min/max)	IN + 25% Penalty	\$30	IN + 25% Penalty
B. Preferred	30% (min/max)	IN + 25% Penalty	\$50	IN + 25% Penalty
B. Non-Preferred	50% (min/max)	IN + 25% Penalty	\$125	IN + 25% Penalty
S. Preferred	40%	IN + 25% Penalty	Ded + 40%	IN + 25% Penalty
S. Non-Preferred	50%	IN + 25% Penalty	Ded + 50%	IN + 25% Penalty

Silver Option 202 → SPA19

Option				
	Silver 202 (2018)		SPA19 (2019)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Single Deductible	\$3,000	\$6,000	\$3,000	\$6,000
Family Deductible	\$6,000	\$12,000	\$6,000	\$12,000
Embedded/Aggregate	Embedded	Embedded	Embedded	Embedded
Coins	50%	50%	50%	50%
Single OOPM	\$6,600	\$13,200	\$7,900	\$15,800
Family OOPM	\$13,200	\$26,400	\$15,800	\$31,600
PCP	\$35	Ded + Coins.	\$50	Ded + Coins.
PCP Telehealth	\$10	Not Covered	\$15	Not Covered
SPC	\$70	Ded + Coins.	\$75	Ded + Coins.
Mental Health Office Services	\$35	Ded + Coins.	Ded + Coins.	Ded + Coins.
Mental Health Telehealth	\$10	Not Covered	Ded + Coins.	Not Covered
Urgent Care	\$70	Ded + Coins.	\$75	Ded + Coins.
ER	Ded + Coins.	Ded + Coins.	Ded + Coins.	Ded + Coins.
Rx:	Deductible Applies		Deductible Does Not Apply to Tiers 1-4	
G. Preferred	\$10	IN + 25% Penalty	\$10	IN + 25% Penalty
G. Non-Preferred	50% (min/max)	IN + 25% Penalty	\$30	IN + 25% Penalty
B. Preferred	30% (min/max)	IN + 25% Penalty	\$50	IN + 25% Penalty
B. Non-Preferred	50% (min/max)	IN + 25% Penalty	\$125	IN + 25% Penalty
S. Preferred	40%	IN + 25% Penalty	Ded + 40%	IN + 25% Penalty
S. Non-Preferred	50%	IN + 25% Penalty	Ded + 50%	IN + 25% Penalty

NEW!! SPC19 Silver PPO

Option	Silver (New)	
	SPC19	
	In-Network	Out-of-Network
Single Deductible	\$4,500	\$9,000
Family Deductible	\$9,000	\$18,000
Embedded/Aggregate	Embedded	Embedded
Coins	50%	50%
Single OOPM	\$6,500	\$13,000
Family OOPM	\$13,000	\$26,000
PCP	\$50	Ded + Coins.
PCP Telehealth	\$15	Not Covered
SPC	\$75	Ded + Coins.
Mental Health Office Services	Ded + Coins.	Ded + Coins.
Mental Health Telehealth	Ded + Coins.	Not Covered
Urgent Care	\$75	Ded + Coins.
ER	Ded + Coins.	Ded + Coins.
Rx:	Deductible Does Not Apply to Tiers 1-4	
G. Preferred	\$10	IN + 25% Penalty
G. Non-Preferred	\$30	IN + 25% Penalty
B. Preferred	\$50	IN + 25% Penalty
B. Non-Preferred	\$125	IN + 25% Penalty
S. Preferred	Ded + 40%	IN + 25% Penalty
S. Non-Preferred	Ded + 50%	IN + 25% Penalty

Silver Option 203 → SHA19

Option				
	Silver 203 HSA (2018)		SHA19 (2019)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Single Deductible	\$2,700	\$5,400	\$3,000	\$6,000
Family Deductible	\$5,400	\$10,800	\$6,000	\$12,000
Embedded/Aggregate	Embedded	Embedded	Embedded	Embedded
Coins	30%	50%	30%	50%
Single OOPM	\$4,500	\$9,000	\$6,000	\$12,000
Family OOPM	\$9,000	\$18,000	\$12,000	\$24,000
PCP	Ded + Coins.	Ded + Coins.	Ded + Coins.	Ded + Coins.
PCP Telehealth	Ded + Coins.	Not Covered	Ded + Coins.	Not Covered
SPC	Ded + Coins.	Ded + Coins.	Ded + Coins.	Ded + Coins.
Mental Health Office Services	Ded + Coins.	Ded + Coins.	Ded + Coins.	Ded + Coins.
Mental Health Telehealth	Ded + Coins.	Not Covered	Ded + Coins.	Not Covered
Urgent Care	Ded + Coins.	Ded + Coins.	Ded + Coins.	Ded + Coins.
ER	Ded + Coins.	Ded + Coins.	Ded + Coins.	Ded + Coins.
Rx:				
G. Preferred	Ded + Coins.	IN + 25% Penalty	Ded + Coins.	IN + 25% Penalty
G. Non-Preferred	Ded + Coins.	IN + 25% Penalty	Ded + Coins.	IN + 25% Penalty
B. Preferred	Ded + Coins.	IN + 25% Penalty	Ded + Coins.	IN + 25% Penalty
B. Non-Preferred	Ded + Coins.	IN + 25% Penalty	Ded + Coins.	IN + 25% Penalty
S. Preferred	Ded + Coins.	IN + 25% Penalty	Ded + Coins.	IN + 25% Penalty
S. Non-Preferred	Ded + Coins.	IN + 25% Penalty	Ded + Coins.	IN + 25% Penalty

Silver Option 204 → SHB19

Option				
	Silver 204 HSA (2018)		SHB19 (2019)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Single Deductible	\$4,000	\$8,000	\$5,000	\$10,000
Family Deductible	\$8,000	\$16,000	\$10,000	\$20,000
Embedded/Aggregate	Embedded	Embedded	Embedded	Embedded
Coins	0%	0%	0%	0%
Single OOPM	\$4,000	\$8,000	\$5,000	\$10,000
Family OOPM	\$8,000	\$16,000	\$10,000	\$20,000
PCP	Ded + Coins.	Ded + Coins.	Ded + Coins.	Ded + Coins.
PCP Telehealth	Ded + Coins.	Not Covered	Ded + Coins.	Not Covered
SPC	Ded + Coins.	Ded + Coins.	Ded + Coins.	Ded + Coins.
Mental Health Office Services	Ded + Coins.	Ded + Coins.	Ded + Coins.	Ded + Coins.
Mental Health Telehealth	Ded + Coins.	Not Covered	Ded + Coins.	Not Covered
Urgent Care	Ded + Coins.	Ded + Coins.	Ded + Coins.	Ded + Coins.
ER	Ded + Coins.	Ded + Coins.	Ded + Coins.	Ded + Coins.
Rx:				
G. Preferred	Ded + Coins.	IN + 25% Penalty	Ded + Coins.	IN + 25% Penalty
G. Non-Preferred	Ded + Coins.	IN + 25% Penalty	Ded + Coins.	IN + 25% Penalty
B. Preferred	Ded + Coins.	IN + 25% Penalty	Ded + Coins.	IN + 25% Penalty
B. Non-Preferred	Ded + Coins.	IN + 25% Penalty	Ded + Coins.	IN + 25% Penalty
S. Preferred	Ded + Coins.	IN + 25% Penalty	Ded + Coins.	IN + 25% Penalty
S. Non-Preferred	Ded + Coins.	IN + 25% Penalty	Ded + Coins.	IN + 25% Penalty

Bronze 302, 307, 308 → Eliminate and map to BHA19 (below)

Option				
	Bronze 304 (2018)		BHA19 (2019)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Single Deductible	\$5,500	\$11,000	\$6,000	\$12,000
Family Deductible	\$11,000	\$22,000	\$12,000	\$24,000
Embedded/Aggregate	Embedded	Embedded	Embedded	Embedded
Coins	50%	50%	50%	50%
Single OOPM	\$6,650	\$13,300	\$6,750	\$13,500
Family OOPM	\$13,300	\$26,600	\$13,500	\$27,000
PCP	Ded + Coins.	Ded + Coins.	Ded + Coins.	Ded + Coins.
PCP Telehealth	Ded + Coins.	Not Covered	Ded + Coins.	Not Covered
SPC	Ded + Coins.	Ded + Coins.	Ded + Coins.	Ded + Coins.
Mental Health Office Services	Ded + Coins.	Ded + Coins.	Ded + Coins.	Ded + Coins.
Mental Health Telehealth	Ded + Coins.	Not Covered	Ded + Coins.	Not Covered
Urgent Care	Ded + Coins.	Ded + Coins.	Ded + Coins.	Ded + Coins.
ER	Ded + Coins.	Ded + Coins.	Ded + Coins.	Ded + Coins.
Rx:				
G. Preferred	Ded + Coins.	IN + 25% Penalty	Ded + Coins.	IN + 25% Penalty
G. Non-Preferred	Ded + Coins.	IN + 25% Penalty	Ded + Coins.	IN + 25% Penalty
B. Preferred	Ded + Coins.	IN + 25% Penalty	Ded + Coins.	IN + 25% Penalty
B. Non-Preferred	Ded + Coins.	IN + 25% Penalty	Ded + Coins.	IN + 25% Penalty
S. Preferred	Ded + Coins.	IN + 25% Penalty	Ded + Coins.	IN + 25% Penalty
S. Non-Preferred	Ded + Coins.	IN + 25% Penalty	Ded + Coins.	IN + 25% Penalty

NEW!! BPA19 Bronze PPO

Option	Bronze (New)	
	BPA19	
	In-Network	Out-of-Network
Single Deductible	\$7,000	\$14,000
Family Deductible	\$14,000	\$28,000
Embedded/Aggregate	Embedded	Embedded
Coins	50%	50%
Single OOPM	\$7,900	\$15,800
Family OOPM	\$15,800	\$31,600
PCP	\$75	Ded + Coins.
PCP Telehealth	\$15	Not Covered
SPC	Ded + Coins.	Ded + Coins.
Mental Health Office Services	Ded + Coins.	Ded + Coins.
Mental Health Telehealth	Ded + Coins.	Not Covered
Urgent Care	Ded + Coins.	Ded + Coins.
ER	Ded + Coins.	Ded + Coins.
Rx:	Deductible Does Not Apply to Tiers 1-3	
G. Preferred	\$10	IN + 25% Penalty
G. Non-Preferred	\$30	IN + 25% Penalty
B. Preferred	\$75	IN + 25% Penalty
B. Non-Preferred	Ded + Coins.	IN + 25% Penalty
S. Preferred	Ded + Coins.	IN + 25% Penalty
S. Non-Preferred	Ded + Coins.	IN + 25% Penalty

MGA

- Will update to reflect Identity Theft Monitoring and Protection Services are not available
- Added all 2019 plan options

6 BlueFreedom

2019 BlueFreedom

- MIDA cost share change on PPO options:
 - Office Services copay on PPOs → Deductible & Coinsurance
 - Telehealth copay on PPOs → Deductible & Coinsurance

Mental Illness and/or Substance Dependence and Abuse covered services	In-network Provider	Out-of-network Provider
Inpatient Services	Deductible and Coinsurance	Deductible and Coinsurance
Outpatient Services <ul style="list-style-type: none">• Office Services• Telehealth Services (by a	<div>Deductible & Coinsurance</div> <div>\$25 Copay</div> <div>Deductible & Coinsurance</div> <div>\$10 Copay</div>	Deductible and Coinsurance Not Covered

- No pharmacy or cost share changes for 2019

MGA

- Will update to reflect Identity Theft Monitoring and Protection Services are not available

7 Level Funding



For those who are not aware, here is the latest exciting update....



Newest Product: BlueFlex!



An Independent Licensee of the Blue Cross and Blue Shield Association

Fully Insured (BlueFreedom, PremierBlue)

- Does not have to comply with ACA guidelines
- Underwriting allows:
 - lower premiums for lower risk groups
 - higher premiums for higher risk groups.
- The insurance carrier accepts the risk of claims coming in higher than expected.

Community Rated Fully Insured (BluePride ACA)

- Community average rate that only varies by age and rating area.
- ACA plan designs are generally richer due to ACA mandated Essential Health Benefits, which can yield higher rates.
- The insurance carrier accepts the risk of claims coming in higher than expected.

Traditional Self-Funding / ASO

- More flexible plan designs are possible
- Risk is underwritten
- The group accepts the risk of claims coming in higher than expected
- Group can choose the level of stop loss they would like to purchase (stop loss is optional in this case)
- High cost claimants can be 'lasered out'

Level Funding (BlueFlex)

- 8 preset plan designs for 5-50 eligible
- Stop loss is pre-packaged and not optional
- Groups are underwritten
- At the end of the year, If the group persists and if claims come in lower than expected, there is a gain-share split with the group (BCBSNE receives 50% and group receives 50%)
- Partnership with ISU
- 1/1/19 effective dates; quoting begins 11/1
- Built on fully insured chassis (BlueFreedom plan designs and business rules)
- Created to meet market demands

Naming Convention

PPO

- BlueFlex FPA19 (BF Opt 18)
- BlueFlex FPB19 (BF Opt 31)
- BlueFlex FPC19 (BF Opt 42)
- BlueFlex FPD19 (NEW!)

HSA

- BlueFlex FHA19 (BF Opt 54)
- BlueFlex FHB19 (BF Opt 55)
- BlueFlex FHC19 (BF Opt 58)
- BlueFlex FHD19 (NEW!)

- 'F' = BlueFlex
- 'P' = PPO and 'H' = QHDHP
- 'A', 'B', 'C' or 'D' = 'A' is lowest deductible 'D' is highest deductible
- The last 2 digits are '19' for 2019 effective dates

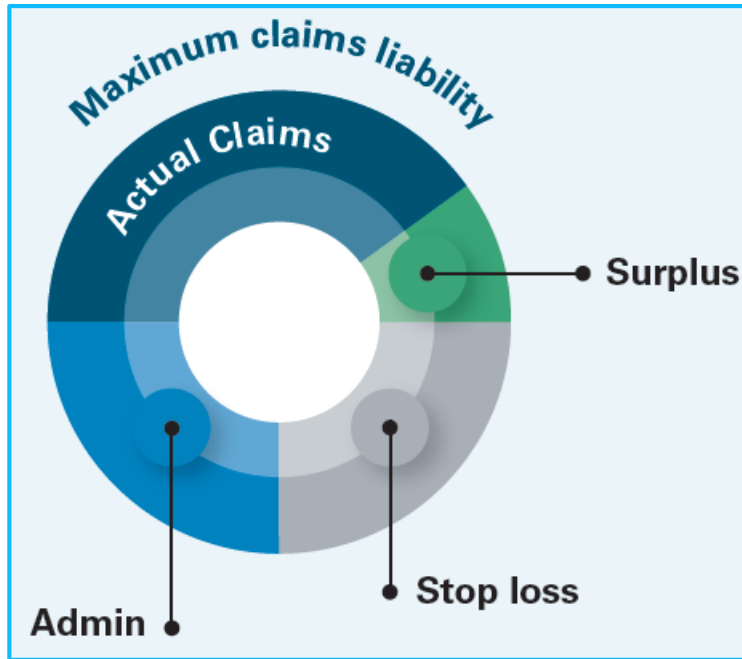
BlueFlex 2019 Plan Designs

1/1/2019						
PPO	Deductible	Coinsurance	Max OOP	PCP	Specialist	Rx
BlueFlex FPA19 (BF Opt 18)	1000	20	2000	30	45	10/30/50/100
BlueFlex FPB19 (BF Opt 31)	2000	20	4000	25	50	10/30/50/100
BlueFlex FPC19 (BF Opt 42)	3000	30	6000	30	50	10/30/50/100
BlueFlex FPD19 (New)	7900	0	7900	D	D	D
QHDHP	Deductible	Coinsurance	Max OOP	PCP	Specialist	Rx
BlueFlex FHA19 (BF Opt 54)	2500	20	3675	D/C	D/C	D/C
BlueFlex FHB19 (BF Opt 55)	3000	0	3000	D	D	D
BlueFlex FHC19 (BF Opt 58)	3500	20	5500	D/C	D/C	D/C
BlueFlex FHD19 (New)	6750	0	6750	D	D	D

Why BlueFlex?

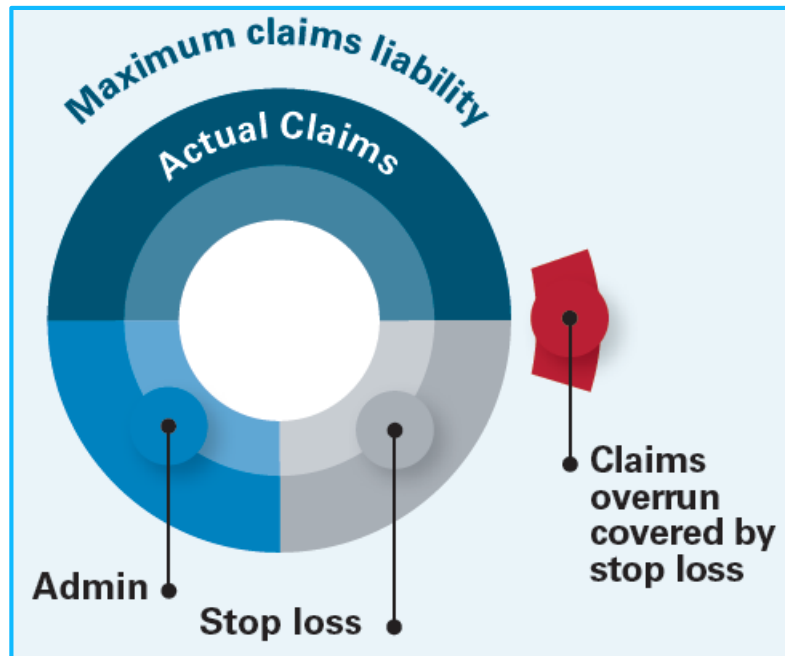
- Potentially lower rates for healthier companies, compared to small group ACA plans
- Simplified pharmacy structure
- 24 month run-out on stop loss (12/36 contract)
- PCORI fees built into the payment and reporting provided to group (IRS reporting is responsibility of group)
- No lasering at renewal

Lower than expected claims



- At the end of the contract, if the actual claims are lower than the maximum claim liability, a refund is issued from the surplus
- 50% to group
- Four-month post contract payout
- The group must renew on a BlueFlex plan with active coverage at time of payout
- 110% aggregate corridor

Higher than expected claims



- At the end of the contract, if the total paid claims are more than the expected amount, stop loss coverage will cover the claims
- Stop Loss Info:
 - 24 month run-out protection (12/36 contract)
 - 110% aggregate corridor
 - Specific Deductibles:
 - Group Size 5-25, \$25,000
 - Group Size 26-50, \$35,000

Our Networks

OUR NETWORKS

We understand the importance of having access to high quality health care services. With BlueFlex, your groups can choose any combination of the following networks:



Network: Network BLUE

Network BLUE is our statewide network, made up of 95% of Nebraska's doctors and 100% of the state's non-governmental acute care hospitals.*

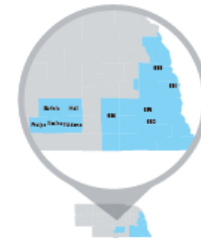


Network: Premier Select BlueChoice

Our Premier Select BlueChoice network is a regional two-tier network available to groups headquartered in Omaha, Lincoln and surrounding communities (680, 681, 683, 684 and 685 ZIP codes). 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
- Boystown National Research Hospital
- Children's Hospital and Medical Center



Network: Blueprint Health

Our Blueprint Health network is a regional two-tier network available to groups headquartered in Omaha, Lincoln and surrounding communities in ZIP codes 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
- Boystown National Research Hospital
- Children's Hospital and Medical Center

→ For a complete list of hospitals and providers, visit:
www.nebraskablue.com/networks



Out-of-State Networks

BCBSNE members have access to a national network called the BlueCardSM Program. 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.

*According to Blue Cross and Blue Shield of Nebraska statistics.

Pharmacy



Pharmacy

Network C, PDL 10

With BlueFlex, employers have access to a much simpler prescription plan than with the traditional ACA product.

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

PPO Options FPA18, FPB18 & FPC18

	In-Network		Out-of-Network	
Pharmacy Benefits ¹				
Generic drugs	\$10 Copay	Walgreens Baker's Kohl's ShopKo U Save Kmart	\$10 Copay + 25% penalty*	CVS
Preferred brand name drugs	\$30 Copay		\$30 Copay + 25% penalty*	
Non preferred brand name drugs	\$50 Copay		\$50 Copay + 25% penalty*	
Specialty drugs ²	\$100 Copay		Not Covered	

For a complete listing of in-network pharmacies, visit: nebraskablue.com/resources/pharmacy-tools/find-a-pharmacy

Pharmacy

Extended Supply Network Pharmacy Benefit

BCBSNE offers our Extended Supply Network (ESN) retail pharmacy benefit to all BlueFlex members. This benefit allows members to get a 90-day supply of prescription medications from a retail pharmacy (if allowed by their prescription).[†] 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:

FPA18

FPB18

FPC18

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

FPD18

FHB18

FHD18

FHA18

FHC18

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 BCBSNE member ID card.

[†]Excludes specialty drugs.

Wellness Incentives

Discount on Fitbit Trackers and Devices

Fitness trackers and wearable devices can give employees the freedom to get fit their way. The Fitbit family of trackers and smartwatches can work seamlessly with any lifestyle, budget and goals. As BCBSNE members, employees can enjoy an exclusive discount and **save 18%** on the entire line of Fitbit products, plus receive free shipping.

Wellness Incentives

► EMPLOYEES EARN UP TO \$125 IN REWARDS!

When employees complete their health assessment, they will earn a **\$25** Visa reward card. Once they have successfully completed an online wellness challenge, they will earn a **\$50** Visa reward card for the completion of each challenge.



How to access BlueHealth Advantage Premium

- The member can access the BlueHealth Advantage (BHA) Premium site two ways:
 - Log into their myBlue account and click on BlueHealth Advantage Premium (under Tools & Resources)
 - Go to www.nebraskablue.com/fitness

8 Plans



Groups with 5-9 enrolled

Select up to 2 medical options AND

Any combination of the 3 networks



Plans differ...

1. Deductible
2. Coinsurance
3. Copays



Groups with 10-50 enrolled

Select up to 3 medical options AND

Any combination of the 3 networks

FPD19

- \$7900 individual deductible max OOP
- 0% coinsurance
- Does NOT meet actuarial minimum value of 60%
- Groups with 5-50 employees not subject to penalties; 51+ ARE subject to penalty if group offers this plan as stand alone and employees would qualify for subsidy if obtain coverage on Marketplace.
- To avoid penalty, we suggest offering this plan in a dual option setting

BlueFlex Broker Reporting Portal

- Will be available for **brokers** to access group-level detail
- Monthly reports available for 1/1 effective dates and after
- Portal is for BlueFlex ONLY

Mental Health Cost Shares

- PPO options with mental health office visit copays:
 - Mental health office visit → D&C
 - Mental health telehealth → D&C
- Impacts 3 BlueFlex PPOs: FPA19, FPB19, and FPC19
- Primary care office visit and telehealth copays remain

Part 2

Guidelines

Applicable Rules

- Independent Contractors (1099s) and Retirees are not eligible
- Groups can only pay via ACH (no binder checks needed)
- The minimum employer participation requirement is:
 - 100% participation for groups with five eligible employees
 - 100% less one life participation for groups with six to nine eligible employees
 - 75% participation for groups with 10-50 eligible employees

Applicable Rules (cont.)

- Viable option for non-ERISA ASOs (non-ERISA ASOs do not have to follow 31 day rule for newborns or state continuation)
 - No state continuation for groups with 5-19 employees
 - COBRA allowed for 20-50 employees
 - Newborns added on date of birth, billed for the entire month (applicable to BlueFlex only, not BluePride or BlueFreedom)
- BlueFlex will cover disabled dependents
- Minimum of 50% contribution
- Added a list of Decline to Quote reasons to UW guidelines

Applicable Rules (cont)

- BluePride groups up for renewal will not receive a BlueFlex quote based on claims experience; they will need to go through the quoting process similar to new groups
- BlueFlex groups will utilize BluesEnroll
- No paper applications will be accepted; must apply via our new underwriting platform (this platform is different than GRX)

Part 3

Process Flow

Initial Quote

1

- Brokerage completes census
- Email census to blueflex@nebraskablue.com

2

- Back and forth to complete census if missing info
- Finalize census and complete quote

3

- BCBSNE will run initial quote based on completed census
- Initial quote emailed back to brokerage

Final Quote

1

- Brokerage receives initial quote and sends to group
- Group agrees with quote and moves forward with final quote

2

- Brokerage creates case in UW tool
- Brokerage will generate and send secure link to group leader for health applications

3

- Group leader sends secure link to employees
- Brokerage monitors employees' completion of enrollment data (each employee enters his or her own data via the secure link)
- Brokerage submits case in UW tool once all employees have completed the necessary information

4

- Sales will email brokerage once final quote is ready
- Brokerage reviews final quote with group; if group moves forward, group needs to complete and sign MGA (BAA (Business Associate Agreement), ASA (Administrative Services Agreement), final quote and stop loss contract need to be attached to MGA)

Initial Quote Template

- Will be housed on nebraskablue.com under 'Agents and Brokers' 11/1
- Email completed template to blueflex@nebraskablue.com

Initial/Final Quote



BlueFlex

Preliminary Quote / Final Quote

Prepared for: [Group Name]

Valid for Effective Date: [insert eff date]

Broker Name: [insert Broker Name]

Brokerage Name: [insert Brokerage Name]

Quote Expiration Date: [insert 30 days after run date]

Run Date: [insert today's date]

Quote Option FPB18

InNetwork

Deductible (Single/Family) \$2,000/\$4,000

Coinsurance 20%

Out-Of-Pocket (Single/Family) \$4,000/\$8,000

Pharmacy \$10; \$30; \$50; \$100

Physician Office Services \$25 Copay

Specialist Office Services \$50 Copay

Aggregate Corridor:

110%

Specific Stop Loss:

\$25,000

NetworkBlue

Rating Tier	Enrollmen	Admin Fee	itop Loss Premiur	Claims Funding	Total Cost
Employee		\$0.00	\$0.00	\$0.00	
Employee + Spouse		\$0.00	\$0.00	\$0.00	
Employee + Children		\$0.00	\$0.00	\$0.00	
Employee + Family		\$0.00	\$0.00	\$0.00	
Monthly	0	\$0.00	\$0.00	\$0.00	\$0.00
Annual	0	\$0.00	\$0.00	\$0.00	\$0.00

Premier Select BlueChoice

Rating Tier	Enrollmen	Admin Fee	itop Loss Premiur	Claims Funding	Total Cost
Employee		\$0.00	\$0.00	\$0.00	
Employee + Spouse		\$0.00	\$0.00	\$0.00	
Employee + Children		\$0.00	\$0.00	\$0.00	
Employee + Family		\$0.00	\$0.00	\$0.00	
Monthly	0	\$0.00	\$0.00	\$0.00	\$0.00
Annual	0	\$0.00	\$0.00	\$0.00	\$0.00

Blueprint Health

Rating Tier	Enrollmen	Admin Fee	itop Loss Premiur	Claims Funding	Total Cost
Employee		\$0.00	\$0.00	\$0.00	
Employee + Spouse		\$0.00	\$0.00	\$0.00	
Employee + Children		\$0.00	\$0.00	\$0.00	
Employee + Family		\$0.00	\$0.00	\$0.00	
Monthly	0	\$0.00	\$0.00	\$0.00	\$0.00
Annual	0	\$0.00	\$0.00	\$0.00	\$0.00

Questions?

- This PowerPoint will be sent out to attendees shortly along with a recording of the presentation
- Open enrollment materials (BluePride ACA, BluePride preACA, BlueFreedom) will be available on nebraskablue.com during the second week of October (at the latest)
- BlueFlex materials will be available on nebraskablue.com 11/1 under the 'Agents and Brokers' section

Next....Nurture Health with Allison Dahl

8

Nurture Health

Allison Dahl

BlueFlex and Nurture Health

A new solution in health care

How Nurture Health Works for You

Nurture Health is a direct primary care solution to the rising cost of health care – a monthly membership fee secures unlimited primary care, 24/7 virtual care and an annual physical with biometric screening. With Nurture Health, your employees receive proactive one-on-one wellness and preventive care, all designed to complement your BlueFlex high-deductible plan.

No copays, no deductible, no claims.

Hassle-free benefits complement your BlueFlex high-deductible plan at a cost that's less than going to the urgent care a few times a year*. No insurance forms, no claim filing. A smart investment.

Monthly Membership

\$99/month	Individual – Adult (19+)
\$49/person	Individual – Child (ages 0-18)
\$299/family	Monthly family membership max

*Nurture membership includes care normally billed by a provider for office services that would apply to \$7,900 deductible.

	Nurture Health Membership	PPO Option FPD18	
		In-Network	Out-of-Network
Deductible			
Individual	N/A	\$7,900	\$15,800
Family		\$15,800	\$31,600
Type of Deductible		Embedded	Embedded
Coinsurance (amount member pays)			
Hospital/medical/surgical/other	N/A	0%	0%
Out-of-Pocket Limit (includes deductible, coinsurance and copays)			
Individual	N/A	\$7,900	\$15,800
Family		\$15,800	\$31,600
Type of out-of-pocket limit		Embedded	Embedded
Preventive Care			
Preventive Care Services	Included	0%	Deductible
• Annual Physical			
• Physical Assessment			
• Wellness Assessment and Health-Age			
• Annual Labs (CBC, BMP, Lipids, Glucose, Thyroid)			
• Ongoing Primary Care Services			
Physician Office			
Primary Care Physician Office	Included	Deductible	Deductible
• Preventive Care			
• Injury and Illness Care			
• Basic Behavioral Health			
• Pediatric Care			
Diagnostic / Labs	Negotiated low cash rates	Deductible	Deductible
Specialist Physician Office	Utilize insurance plan benefits	Deductible	Deductible
Telehealth	Included	Deductible	Not covered
• Telemedicine			
• Text, Video, Phone			
• 24/7 Access			
• Access to Nurture Health Team			
Emergency Care			
Urgent Care Facility Services	Utilize insurance plan benefits	Deductible	Deductible
Emergency Care Services	Utilize insurance plan benefits	Deductible	In-Network Deductible
Ambulance Services	Utilize insurance plan benefits	Deductible	In-Network Deductible
Mental Illness and/or Substance Dependence and Abuse Services			
Inpatient	Utilize insurance plan benefits	Deductible	Deductible
Outpatient	Utilize insurance plan benefits	Deductible	Deductible
Office Services	Utilize insurance plan benefits	Deductible	Deductible
Emergency Care Services	Utilize insurance plan benefits	Deductible	In-Network Deductible
Telehealth	Included	Deductible	Not covered
• Telemedicine			
• Text, Video, Phone			




NURTURE
HEALTH

Member Guide



SPOILER ALERT

This is not your typical medical office. But you will recognize the same high quality care you'd expect from trusted doctors.





A simplified experience.

Nurture Health is built for care. Imagine having one place where you could get primary care, urgent care, lab tests, X-rays, and counseling – all with a simple membership.

Membership Benefits



Primary care



Low cost pharmacy



Urgent care



Annual lab panel



Wellness care



Telehealth



How does it work?

Direct Primary Care (DPC) is an innovative approach to health care that *does not* involve insurance. Instead, it gives members unlimited access to personal and affordable primary care for a flat monthly rate.

If you need hospitalization or care outside of the clinic, Nurture Health memberships can easily pair with an existing insurance plan – typically a High Deductible Health Plan (HDHP). Our mission is to provide our members and their families with an experience unlike those you’d find at many traditional health care providers.

Pay less. Stay healthy. Be happy.

Memberships Include:



Unlimited doctor visits for preventive care, injury and illness care, and basic behavioral health.



Annual physical and labs including: complete blood count, basic metabolic panel, lipid panel, glucose, and thyroid function.



In-house pediatric care. Immunizations and X-rays at a low cost.



Access to after-hours care via text, phone or video chat.



Access to a network of specialty physicians like cardiologists, gastroenterologists, etc.



Access to leading-edge technology to monitor your own health.



You also have access to services from our partner providers that include:

- + Pharmacy program
- + Radiology
- + Physical therapy
- + Behavioral health
- + Dentistry
- + Nutrition counseling



**BELIEVE IT –
HEALTH BENEFITS
FOR JUST \$99
PER MONTH**



What does it cost?

\$99/person

Standard adult memberships (19+)

\$49/person

Child memberships (ages 0-18)

\$299/family

Family membership maximum

Custom

Custom pricing available for businesses

The membership cost is per month.

Pricing for additional services is available.





What to expect.

1

JOIN

Choose your membership and enroll

2

MEET

Meet your physician and care team

3

PLAN

Start to develop a personalized wellness plan

4

ACCESS

Get access to technology to help manage your health

5

ENJOY

Enjoy the benefits of better health—without hassles or insurance

**FINALLY,
A COST-
EFFECTIVE
SOLUTION**



Benefits for your business.

You don't need to choose between your employees and your bottom line anymore. Nurture Health is the health benefits solution designed to meet you where you are.

No Surprises

What's on the price sheet is exactly what you pay.

No Hassles

Provide employee wellness benefits without a complex claims process.

Easy Sign-Up

Easily submit enrollment and payment information online.

Pay Less

A low monthly fee is often cheaper than a single traditional copay.

Stay Healthy

Employees are healthy, absent less and more productive.

Be Happy

Having quality health benefits helps retain talent and reduce turnover.



Contact

402.999.4900
hello@nurturehealthclinic.com
nurturehealthclinic.com

Hours

Monday – Friday:
8:00 a.m. to 5:00 p.m.

Saturday & Sunday:
Telehealth services available

Location

Inside Think Whole Person Healthcare
7100 W. Center Road, 2nd Floor
Omaha, NE 68106





**Welcome to
hassle-free
health care.**



Member Pricing Guide

SEE IT. BELIEVE IT.

A new way to experience health care. Nurture Health is open access – patients and physicians can build a relationship to achieve better health. This is care at its best.



What does it cost per month?

- \$99/person Standard adult memberships (19+)
- \$49/person Child memberships (ages 0-18)
- \$299/family Family membership maximum
- Custom Custom pricing available for businesses

Memberships Include:



Unlimited doctor visits for preventive care, injury and illness care, and basic behavioral health.



Annual physical and labs including: complete blood count, basic metabolic panel, lipid panel, glucose, and thyroid function.



Access to a network of specialty physicians like cardiologists and gastroenterologists.



In-house pediatric care. Immunizations and X-rays at a low cost.



Access to after-hours care via text, phone or video chat.



Access to leading-edge technology to monitor your own health.



Pharmacy Benefits

We know that the pharmacy is an important part of a person's health care benefits. Part of the reason Nurture Health wanted to be inside of the Think Healthcare space is because they are the largest pharmacy in the state of Nebraska and one of the most recognized, recently winning the "Best of Omaha".

Nurture Health members who use the Pharmacy at Think – and pay out of pocket – will be getting the most competitive pricing in Omaha.

Generic Medications

30-day supply \$4 or \$6

90-day supply \$10 or \$16

Members will be able to join the pharmacy program if they choose. Your medications could cost \$4.00 or \$6.00 for a 30-day supply and \$10 or \$16 for a 90-day supply. If you've signed up for an annual membership with Nurture Health, a \$10 pharmacy program enrollment fee is waived.

If your prescription is not listed on the generic list included in the program, or if there is not a generic equivalent, members can work with Think clinical pharmacy staff to find an alternative option.



Nurture Health memberships include enrollment into the pharmacy program.



Lab Pricing

Nurture Health members can take advantage of low cost labs and services. Biometric panels included at no charge with Annual Physical.

Annual Physical Labs

Complete Blood Count	Included
Basic and Comprehensive Metabolic Panel	Included
Hemoglobin A1c	Included
Lipid Profile	Included
Thyroid Function Test	Included

Pricing for Additional Lab Services

Finger Stick, Rapid Testing (Influenza, Strep, RSV) and Urinalysis	Included
Additional Physical Labs Including: Complete Blood Count, Metabolic Panel, Lipid Panel, Glucose, and Thyroid Function	\$5-10
Mono Screen, Pancreatic Enzyme Testing, Prostate Specific-Antigen (PSA), Renal Panel, Rheumatology Basic, Thyroid-Stimulating Hormone, Triglyceride, etc.	\$5-10
Blood Type Test, Testosterone, HIV Testing, Hepatitis C Antibody, West Nile, etc.	\$10-20
Vitamin D, Hepatitis Panel, Pap Smear, STD Testing, Wound Culture	\$20-50
Stool Culture, Skin Biopsy	\$50-100



Radiology Pricing

Members have access to low cost x-rays and diagnostic testing. Members can pay for services at a special membership cash rate, or use insurance coverage.

Radiology Service	Cash Rate	Retail
Diagnostic X-ray	\$45-50	\$250 - 400
Bone Density Scan (DEXA)	\$62	\$250 - 400
Ultrasound (non-vascular)	\$150-160	\$1,000-2,000
Ultrasound (vascular)	\$250-260	\$1,000-2,000
Mammogram (screening)	\$279	\$1,000-4,000
Mammogram (diagnostic)	\$329	\$2,500-3,500
CT Scan (without contrast)	\$235-250	\$1,000-5,000
CT Scan (with contrast)	\$375-399	\$1,000-5,000
MRI (without contrast)	\$425	\$1,000-5,000
MRI (with contrast)	\$750	\$1,000-5,000

Price range based on differences in local providers.





Dentistry Pricing

Members have access to Dentistry Services. Members can pay for services at a special membership cash rate, or use insurance coverage.

Dental Service	Cash Rate (Adult)	Cash Rate (Child)
Basic Cleaning	\$99	\$79
Bite-wing X-ray	Included w/ cleaning	Included w/ cleaning
Fluoride Treatments	\$25	Included w/ cleaning

Prices noted for Dr. Katy DiPrima, DDS at Think Wholeperson Healthcare. Additional services offered at 30% discount for Nurture Health members.



Pediatric Services

Pediatric members can obtain school physicals and well checks within the membership. Additional fees for administration of vaccine and immunizations.

Pediatric Physicals

Pediatric Well Checks and School Physicals	Included
Acute and Episodic Care	Included
Pediatric Immunizations and Vaccinations	\$19.82 per injection

Routine pediatric immunizations and vaccinations will be administered based on CDC recommendations for children from birth through 17 years. The member will be charged an administration fee for immunizations and/or vaccinations.



Contact

402.999.4900
hello@nurturehealthclinic.com
nurturehealthclinic.com

Hours

Monday – Friday:
8:00 a.m. to 5:00 p.m.
Saturday & Sunday:
Telehealth services available

Location

Inside Think Whole Person Healthcare
7100 W. Center Road, 2nd Floor
Omaha, NE 68106



BlueFlex and Nurture Health

A new solution in health care

How Nurture Health Works for You

Nurture Health is a direct primary care solution to the rising cost of health care – a monthly membership fee secures unlimited primary care, 24/7 virtual care and an annual physical with biometric screening. With Nurture Health, your employees receive proactive one-on-one wellness and preventive care, all designed to complement your BlueFlex high-deductible plan.

No copays, no deductible, no claims.

Hassle-free benefits complement your BlueFlex high-deductible plan at a cost that's less than going to the urgent care a few times a year*. No insurance forms, no claim filing. A smart investment.

Monthly Membership

\$99/month	Individual – Adult (19+)
\$49/person	Individual – Child (ages 0-18)
\$299/family	Monthly family membership max

*Nurture membership includes care normally billed by a provider for office services that would apply to \$7,900 deductible.

Nurture Healthcare LLC is a direct primary care company. It does not provide Blue Cross and Blue Shield of Nebraska products or services.

An independent licensee of the Blue Cross and Blue Shield Association.

	Nurture Health Membership	PPO Option FPD18				
		In-Network	Out-of-Network			
Deductible						
Individual	N/A	\$7,900	\$15,800			
Family		\$15,800	\$31,600			
Type of Deductible		Embedded	Embedded			
Coinsurance (amount member pays)						
Hospital/medical/surgical/other	N/A	0%	0%			
Out-of-Pocket Limit (includes deductible, coinsurance and copays)						
Individual	N/A	\$7,900	\$15,800			
Family		\$15,800	\$31,600			
Type of out-of-pocket limit		Embedded	Embedded			
Preventive Care						
Preventive Care Services	Included	0%	Deductible			
<ul style="list-style-type: none">• Annual Physical• Physical Assessment• Wellness Assessment and Health-Age• Annual Labs (CBC, BMP, Lipids, Glucose, Thyroid)• Ongoing Primary Care Services						
Physician Office						
Primary Care Physician Office				Included	Deductible	Deductible
<ul style="list-style-type: none">• Preventive Care• Injury and Illness Care• Basic Behavioral Health• Pediatric Care						
Diagnostic / Labs	Negotated low cash rates	Deductible	Deductible			
Specialist Physician Office	Utilize insurance plan benefits	Deductible	Deductible			
Telehealth	Included	Deductible	Not covered			
<ul style="list-style-type: none">• Telemedicine• Text, Video, Phone• 24/7 Access• Access to Nurture Health Team						
Emergency Care						
Urgent Care Facility Services				Utilize insurance plan benefits	Deductible	Deductible
Emergency Care Services	Utilize insurance plan benefits	Deductible	In-Network Deductible			
Ambulance Services	Utilize insurance plan benefits	Deductible	In-Network Deductible			
Mental Illness and/or Substance Dependence and Abuse Services						
Inpatient	Utilize insurance plan benefits	Deductible	Deductible			
Outpatient	Utilize insurance plan benefits	Deductible	Deductible			
Office Services	Utilize insurance plan benefits	Deductible	Deductible			
Emergency Care Services	Utilize insurance plan benefits	Deductible	In-Network Deductible			
Telehealth	Included	Deductible	Not covered			
<ul style="list-style-type: none">• Telemedicine• Text, Video, Phone• 24/7 Access• Access to Nurture Health Team						



Reduce Your Risk, Lower Your Premium



\$\$\$

Traditional ACA Plan

\$\$

Nurture
Health Plan +
BlueFlex

\$

BlueFlex Plan

- ▶ **No claims.** When your employees use Nurture Health with a level-funded group health plan, you do not incur claims. This translates into greater opportunity for a refund at the end of the year.
- ▶ **Decreased claims cost.** Increased primary care shows direct correlation to 40% reduction in specialty professional care and a 20% decrease in inpatient, outpatient and Rx claims.*
- ▶ **Reduce employee out-of-pocket costs.** No copays, no deductibles for Nurture Health. Members have exclusive cash rate discounts on in-house labs and X-rays.
- ▶ **Technology friendly.** Nurture members have 24/7 access to care via text, phone or video chat, included in monthly membership.



Location

Inside Think Whole Person Healthcare
7100 W. Center Road, 2nd Floor
Omaha, NE 68106