

## Schedule of Benefits Summary

Payment for Services	In-network Provider	Out-of-network Provider
<p>Covered Services are reimbursed based on the Allowable Charge. Blue Cross and Blue Shield of Nebraska In-network Providers have agreed to accept the benefit payment as payment in full, not including Deductible, Coinsurance and/or Copayment amounts and any charges for non-covered services, which are the Covered Person's responsibility. That means In-network providers, under the terms of their contract with Blue Cross and Blue Shield, can't bill for amounts over the Contracted Amount. In some situations, Out-of-network Providers can bill for amounts over the Out-of-network Allowance.</p>		
<p><b>In-network Provider: NETwork BLUE</b></p>		
<p><b>Deductible</b> (the amount the Covered Person pays each Calendar Year for Covered Services before the Coinsurance is payable)</p> <ul style="list-style-type: none"> <li>Covered Person Pays</li> </ul>	<p>\$0</p>	<p>\$2,000</p>
<p><b>Coinsurance</b> (the percentage amount the Covered Person must pay for most Covered Services after the Deductible has been met)</p> <ul style="list-style-type: none"> <li>Covered Person Pays</li> </ul>	<p>0%</p>	<p>50%</p>
Medical Services	In-network Provider	Out-of-network Provider
<p><b>Contraceptive Services</b> Affordable Care Act (ACA) required Preventive contraceptive services including women's services included in the guidelines written by the Health Resources and Services Administration (HRSA) These include FDA approved [contraceptive methods, sterilization procedures, patient education and counseling for all women with reproductive capacity.</p>	<p>Plan Pays 100% of the Allowable Charge</p>	<p>Deductible and Coinsurance</p>
Prescription Drugs	In-network Provider	Out-of-network Provider
<p><b>Contraceptives</b></p>	<p>Not Covered</p>	<p>Not Covered</p>