

Schedule of Benefits Summary

Payment for Services	In-network Provider	Out-of-network Provider
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.		
In-network Provider: Network BLUE		
Deductible (the amount the Covered Person pays each Calendar Year for Covered Services before the Coinsurance is payable) <ul style="list-style-type: none"> Covered Person Pays 	\$0	\$2,000
Coinsurance (the percentage amount the Covered Person must pay for most Covered Services after the Deductible has been met) <ul style="list-style-type: none"> Covered Person Pays 	0%	50%

Medical Services	In-network Provider	Out-of-network Provider
Contraceptive Services 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.	Plan Pays 100% of the Allowable Charge	Deductible and Coinsurance

Prescription Drugs	In-network Provider	Out-of-network Provider
Contraceptives	Plan Pays 100%	50% Coinsurance
You can find a list of covered contraceptives on www.NebraskaBlue.com . Or you may contact Member Services at the phone number on the back of your I.D. card. The Pharmacy Network is Network C		