

Schedule of Benefits Summary

Contraceptive Only

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 (BCBSNE) 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 Noncovered Services, which are the Covered Person's responsibility. That means In-network Providers, under the terms of their contract with BCBSNE, 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. Cost-sharing and reimbursement amounts for categories showing "Same as any other Illness" may vary based on where Services are rendered.		
In-network Provider: NNetwork Blue		
Deductible (the amount the Covered Person pays each Calendar Year for Covered Services before the Coinsurance is payable) Individual	\$0	\$2,000
Coinsurance (the percentage amount the Covered Person must pay for most Covered Services after the Deductible has been met) - Covered Person Pays - Plan Pays	0% 100%	50% 50%
Services may require Preauthorization. Failure to obtain Preauthorization will result in denial of benefits. For additional information regarding Preauthorization procedures please visit NebraskaBlue.com/PreAuth.		

Medical Services	In-network Provider	Out-of-network Provider
You can find a list of covered contraceptive Services on NebraskaBlue.com/PreventiveCare under Women's Services. Or you may contact Member Services at the Phone Number on the back of your ID Card.		
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
Contraceptive Drugs - Contraceptive Drugs and Methods in accordance with Federal Guidelines - All other Contraceptive Drugs and Methods	Plan Pays 100% Not Covered	50% Coinsurance Not Covered
For additional information please see Women's Services listed on NebraskaBlue.com/PreventiveCare		
This plan utilizes the Broad Network C and Prescription Drug List 10 (PDL10). You can find a list of covered contraceptives on NebraskaBlue.com/PreventiveCare under Women's Services, or you may contact Member Services at the phone number on the back of your I.D. card.		

For Additional Information about Contraceptive Only Coverage go to NebraskaBlue.com/ContraceptiveCoverage