

# Blue Cross and Blue Shield of Nebraska

## Medical and Dental Frequently Asked Questions

### Eligibility

Who can/cannot be covered under your plan	Yes	No
<b>Dependent child under age 26</b>	✗	
<b>Dependent child nondisabled over 26</b>		✗
<b>Dependent child disabled over 26**</b> All disabled dependents who are currently approved will be grandfathered in. Any new disabled dependents will need to complete a form for underwriting review.	✗	
<b>Spouse</b>	✗	
<b>Spouse that also works for University Systems</b>	✗	
<b>Unmarried significant other</b>		✗

### Specific Benefits

<b>Are shingles shots covered?</b>	A shingles shot administered at your doctor's office is covered for age 50 and up and it would apply towards your preventative benefits.
<b>Does the 100% screening mammograms coverage include a 3-D mammogram?</b>	Coverage includes 2-D or 3-D mammograms.
<b>Where can we access what medical devices are preferred and covered?</b>	There is not a preferred list of supplies, be sure that the durable medical equipment supplier is in network, and the supplies are ordered by a physician.
<b>Are preventive vaccines covered?</b>	Preventive vaccines are covered under the PPO plan and are part of the per person preventive calendar year maximum, then deductible and coinsurance will apply. Preventive vaccines will be covered at 100% on the high-deductible health plan (HDHP).
<b>What if a second mammogram is ordered by my doctor?</b>	If this is billed as a medical mammogram, it would be subject to deductible and coinsurance.
<b>For mental health, are telehealth visits covered?</b>	Telehealth is covered for medical, mental health and substance use at the Tier 1 level of benefits (lower cost share for you).
<b>If I have an approved services in December 2023 that will continue into 2024, will I need to obtain a new preauthorization through Blue Cross and Blue Shield of Nebraska (BCBSNE)?</b>	We will receive all preauthorization files from UMR and those approved services will be automatically approved by BCBSNE. You will not need to preauthorize the same procedure that has already been approved going into 2024.
<b>Is fertility treatment covered?</b>	Treatment to promote fertility is available with a \$15,000 (medical and prescription drug combined) lifetime maximum. The \$15,000 maximum is a lifetime maximum with your employer (includes what has been used with previous insurance).
<b>Is a dermatology screening covered with the preventative benefits?</b>	Dermatology services are not considered preventative and will be applied toward the deductible and coinsurance.

## Coverage questions

<b>Are out-of-pocket maximums per family?</b>	Each plan has an individual out-of-pocket maximum and a family out-of-pocket maximum. A member of the family will not pay more than the individual out-of-pocket maximum. All member costs will apply to the family out-of-pocket maximum.
<b>Once the out-of-pocket maximum is reached, does that mean ALL costs are covered, including copays for prescriptions and doctor visits?</b>	Prescriptions will only apply to the out-of-pocket maximum on the HDHP plan, the PPO plans will not have the pharmacy cost shares applying to their out-of-pocket maximum.
<b>Are there copays?</b>	There are no co-pays on any of the medical plans
<b>Does the deductible apply to the out-of-pocket maximum?</b>	Yes, the deductible does apply to the out-of-pocket maximum.
<b>Are there situations where we need to get a preauthorization or does the doctor's office do that?</b>	If you're using an in-network Nebraska provider, they should complete the preauthorization request on your behalf. If your provider resides outside of Nebraska, we recommend calling Member Services at the number on the back of your member ID card and we can verify if a preauthorization is needed for your services. If a preauthorization is required and not approved prior to services, your claim will be denied, and the charges may be your responsibility.
<b>Will out-of-network provider costs go towards both my in-network and out-of-network deductible?</b>	Yes, in-network and out-of-network deductible and out-of-pocket amounts do cross-accumulate and go towards both. If an out-of-network provider is used, you will also be responsible for any amounts over what is allowed for the benefit. This is not applied to your deductible or out-of-pocket cost shares.

## Dental

<b>Is the calendar year maximum for each individual or the entire family?</b>	For dental, the calendar year maximum is for each Individual.
<b>Is there a waiting period for orthodontics?</b>	There is no waiting period for orthodontics.
<b>Is Invisalign covered under the maximums?</b>	Yes, this is part of the orthodontic benefit, subject to the \$2,000 total maximum available.
<b>Is the orthodontic benefit of \$2,000 per-person or per-plan? Meaning, if my child and I both need orthodontic care, do we each get \$2,000 or do we have to split the \$2,000?</b>	The orthodontic benefit maximum is \$2000 per person.
<b>Are dental payments made directly to the dentist or will I be required to pay for the service and file for reimbursement?</b>	Payment for services received by out-of-network dental providers is issued to the member via check.
<b>Will my orthodontic maximum start over when we switch to BCBSNE?</b>	No, any dollar amount used for orthodontic care with UMR will transfer to BCBSNE.



For more information, please visit [NebraskaBlue.com/UNSystem](https://NebraskaBlue.com/UNSystem) where you can review the Schedule of Benefit Summaries or call the **Member Services number** on the back of your member ID card.