

THIS IS AN AMENDMENT TO YOUR GROUP HEALTH PLAN

BLUE CROSS AND BLUE SHIELD OF NEBRASKA

By: 
Steven H. Grandfield, President
and Chief Executive Officer

Your Group Health Plan has been amended to allow the following exception for Emergency Services provided at an Out-of-network health care facility in Nebraska.

Exception

Emergency Services provided at an Out-of-network health care facility in Nebraska, limited to a general acute hospital, satellite emergency department, or Ambulatory Surgical Facility, or by an individual Out-of-network health care professional in Nebraska, will be considered as having been provided by an In-network Provider, and the Covered Person will not be responsible for amounts over the Allowable Charge, as required by law. Emergency Services means health care Services Medically Necessary to screen and stabilize a Covered Person in connection with an Emergency Medical Condition. Benefits for Inpatient care will continue to be paid subject to the In-network cost-sharing level, as long as the Services are for an Emergency Medical Condition.

In addition, benefits for Covered Services received by Covered Persons in a facility other than a general acute hospital, satellite emergency department, or Ambulatory Surgical Facility for initial, short-term (48 hours or less) Outpatient care or from an Out-of-network Provider for an Emergency Medical Condition and/or accidental injury, will be subject to the In-network Deductible, Coinsurance, and/or Copayment. Providers may bill the Covered Person for charges over the Allowable Charge payable under this Plan. This provision applies to both Nebraska and out-of-state health care providers.

For non-emergency Services, if a Covered Person receives Services at an In-network health care facility in Nebraska or another state but the Physician or other provider is Out-of-network, benefits for those Covered Services will be subject to the In-network Deductible, Coinsurance, and/or Copayment. Providers may bill the Covered Person for charges over the Allowable Charge payable under this Plan.

For emergency or non-emergency Services received in other states, an Out-of-network health care facility or Out-of-network Provider may bill the Covered Person for charges over the Allowable Charge payable under this Plan.