

Let's do this. Know what's in your plan.



1 YOUR PREP GUIDE

Let's get started by quickly rounding up a few key pieces of info.

BENEFITS

- Start by finding your current benefits summary so you can compare and contrast different plans.

If you have insurance from another company, call the customer service number on your insurance card.

or your current benefits summary to reference.

DEDUCTIBLE

- Then find your current deductible in your benefits summary, including individual and family, to better see what you're currently paying and understand what your health care looked like this year.

\$ _____ Did you meet your deductible? → Y or N

HEALTH NEEDS

- Next, try to identify each individual family member's expected health needs in the next year by learning from this year.

- Estimate the number of times your family visited a doctor or urgent care clinic this year. Do you anticipate that it will be similar next year?

doctor _____ urgent care/walk-in clinic _____

- Are there any known "big" health expenses coming up next year? (Having a baby, a planned procedure, etc.?)

MEDICATIONS

- Lastly, list out the medications you're taking so you can get a sense of what you've been paying and how you might pay less next year.

medication	# of refills per year	\$ per refill	in network Y or N	total \$ per year

Leave "in network" blank for now. Fill in during Step 3. ↑

If you're a current Blue Cross and Blue Shield of Nebraska (BCBSNE) member, log in to your myNebraskaBlue.com account and click "My Benefits."

This info is available from the homepage of myNebraskaBlue.com for BCBSNE members.

Also consider any family need changes that happened this year.

2 YOUR DOCTOR GUIDE

Wondering if your doctor is in network?
Let's find the answer.

NETWORK

- First, if you know your plan network name or the names of the plans you're comparing, record them here for quick reference:

- Next, check to see whether your doctors and hospital will be in network in order to minimize your out-of-pocket costs.

doctor and hospital	in network Y or N	

DOCTOR / HOSPITAL



Go to NebraskaBlue.com/FindADoc and use the search tips below to see if your doctor is in network.

- Find your network in the first search box under Medical and Dental Plans.
- Enter a doctor's name or hospital name in the third search box: Start your search here.
- If your doctor shows up in search results, then they are in network.

- If your doctor and/or hospital is out of network, decide for yourself if you're willing to pay more money to see that doctor or if it makes financial sense to find a doctor that's in network.

new in-network
doctor and hospital

3 YOUR PHARMACY GUIDE

Not sure if your pharmacy is in network or if your drugs are covered? Let's find out.

PHARMACY

- Check to see if your pharmacy is **in network** to limit your medication costs. You can do that by visiting **NebraskaBlue.com/FindAPharmacy** or **calling your pharmacy**.

pharmacy	in network Y or N	

- If your pharmacy is **out of network**, decide for yourself if you're willing to pay the full cost at that pharmacy or if it makes financial sense to find a new one.

new in-network pharmacy _____

If you're a BCBSNE member, log in to **myNebraskaBlue.com** to see if your pharmacy is in network.



Otherwise, go to **NebraskaBlue.com/FindAPharmacy**.

Go to **NebraskaBlue.com/FindAPrescription**.

MEDICATION

- See if your drugs are covered with your new health plan by visiting **NebraskaBlue.com/FindAPrescription**.

medication	# of refills per year	\$ per unit	in network Y or N		total \$ per year

> If your drugs aren't covered, you could ask your doctor for a different type of drug to lower costs or see if a generic version of the same drug is covered.

4 YOUR SPEND GUIDE

Want to visualize out-of-pocket costs for different plans? Let's run the numbers.

OUT-OF-POCKET CALCULATION

- Calculate maximum spend for in-network services for each plan that you're comparing. This will indicate how much you could potentially pay in total if you have a catastrophe.

A monthly premium _____ x 12 = _____
 + deductible & out-of-pocket max _____
 The highest amount you could potentially pay for in-network services. → _____

B monthly premium _____ x 12 = _____
 + deductible & out-of-pocket max _____
 The highest amount you could potentially pay for in-network services. → _____

C monthly premium _____ x 12 = _____
 + deductible & out-of-pocket max _____
 The highest amount you could potentially pay for in-network services. → _____

- Weigh your options based on what each plan **COULD** cost out of pocket. This will help you decide if you want to control costs up front each month or over the long term.

Y or N → This year, will you pay more to make sure you have the most optimal coverage for your needs?

Y or N → Are you willing to choose a less-expensive option that better fits your current budget, even though it could cost you more if you have unexpected health events?



With this worksheet you can know what's in your plan and that it's the right plan for you.