

# OPTIONS AT A GLANCE

For members of NMA Group Health Plan\*

For plans effective Jan. 1, 2026, and after



# HERE FOR YOU



People are your most important asset. Blue Cross and Blue Shield of Nebraska (BCBSNE) is here to help you create an environment where they thrive, knowing you genuinely care about their well-being. Since 1939, we have ensured access to the providers members trust, coverage for the care they need and support from a team that's based right here in Nebraska.

## Types of Enrollment

**Single Membership:** Covers the employee only.

**Employee and Spouse Membership:** Covers the employee and spouse.

**Employee and Child(ren) Membership:** Covers the employee and eligible dependent children to age 26, but does not provide coverage to a spouse.

**Family Membership:** Covers the employee and spouse, as well as eligible dependents to age 26.

## MEMBER BENEFITS

- ✓ Online tools to find doctors
- ✓ Compare health care costs
- ✓ Discount programs

# Let's get started

Finding a health insurance plan doesn't have to be complicated. Let us show you how. Follow these simple steps to find the best plan for you and your employees.



## UNDERSTAND HEALTH INSURANCE

Understand provider networks, service areas and coverage.



## COMPARE PLAN OPTIONS

Look closely at the plans to see which one is right for your group.



## EXPLORE MEMBER RESOURCES

Consider the discount program, telehealth option and tools to help manage expenses.

This document is a brief overview of health care coverage. It is not a contract. It is a general overview only. It does not provide all the details of the coverage, including benefits, limitations and contract exclusions. In the event of discrepancies between this document and the contract, the terms and conditions of the contract will govern. For more information regarding benefits, limitations, exclusions and other provisions, refer to the master group contract and/or certificate of coverage.

# UNDERSTAND HEALTH INSURANCE

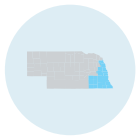
## Network Options

We understand the importance of having access to high-quality health care services. You may choose to offer any combination of these networks to meet the needs of your employees:



### **NEtwork BLUE**

NEtwork BLUE is our statewide network, made up of 98% of Nebraska's doctors and 99% non-governmental acute care hospitals.\*



### **Premier Select BlueChoice**

Premier Select BlueChoice is a regional network available in Omaha, Lincoln and surrounding communities in ZIP codes starting with 680, 681, 683, 684 and 685. All other Nebraska providers are out of network.

Some of the key hospitals and health care providers include:

- Boys Town National Research Hospital
- Bryan Health
- Children's Nebraska
- Methodist Hospital System
- Nebraska Medicine

Note: Members living outside the Premier Select BlueChoice service area are not able to choose that network option. Instead, they may select NEtwork BLUE



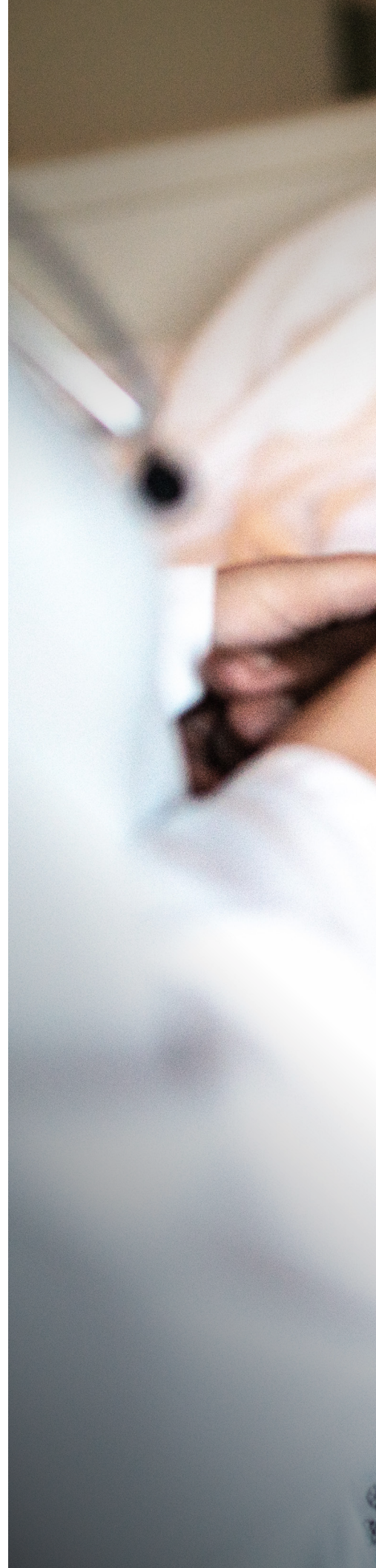
### **Blueprint Health**

Blueprint Health is a regional network available in Omaha, Lincoln and surrounding communities in ZIP codes starting with 680, 681, 683, 684 and 685, as well as Adams, Buffalo, Hall, Kearney and Phelps counties. All other Nebraska providers are out of network.

Some of the key hospitals and health care providers include:

- Boys Town National Research Hospital
- CHI Health System
- Children's Nebraska
- Nebraska Spine Hospital LLC

Note: Members living outside the Blueprint Health service area are not able to choose that network option. Instead, they may select NEtwork BLUE







### Nationwide Access

BCBSNE members have access to a national network called the BlueCard® Program. If Blue members live or travel outside of Nebraska, they may take their health care benefits with them. The BlueCard Program gives members access to doctors and hospitals almost everywhere within the United States. Members are covered whether they need care in urban or rural areas.

Outside of the United States, members have access to doctors and hospitals in nearly 200 countries and territories around the world through the Blue Cross Blue Shield Global® Core Program.

#### To locate providers:

Members should visit **NebraskaBlue.com/DoctorFinder**  
or call **844-201-0763**

# COMPARE PLANS

Select the plan that fits your needs and budget

With several options to choose from, you're sure to find one that meets your coverage and budget needs. The options differ in terms of the deductible, coinsurance and copay amounts they require, but all offer employees the much-needed protection they've come to expect from BCBSNE.

**Groups with 2-49 enrolled employees**

can select up to two medical plan options and any combination of the three networks.

**Groups with 50+ enrolled employees**

can select up to three medical plan options and any combination of the three networks.

**Aggregate amounts vs. Embedded amounts**

Aggregate deductible and out-of-pocket mean if a member has family coverage, family members may combine their covered expenses to satisfy the deductible or out-of-pocket limits. Once the family deductible has been met, BCBSNE will begin sharing the cost for covered expenses; 100% of the cost for covered expense when the family out-of-pocket limit has been met.

Embedded deductible and out-of-pocket mean if a member has family coverage, family members may combine their covered expenses to satisfy the required calendar year family deductible. However, no one family member contributes more than the individual deductible amount.





# Health Plan Options

	Option 1 PPO \$1,500		Option 2 PPO \$3,000		Option 3 PPO \$3,250	
	In network	Out of network	In network	Out of network	In network	Out of network
Deductible (Calendar Year)						
Individual	\$1,500	\$3,000	\$3,000	\$6,000	\$3,250	\$6,500
Family	\$3,000	\$6,000	\$6,000	\$12,000	\$6,500	\$13,000
Deductible and Out-of-pocket Basis						
	Embedded		Embedded		Embedded	
Coinsurance						
Covered person pays	30%	50%	50%	50%	50%	50%
Out-of-pocket Limit (Calendar Year)						
Individual	\$6,000	\$12,000	\$6,000	\$12,000	\$7,350	\$14,700
Family	\$12,000	\$24,000	\$12,000	\$24,000	\$14,700	\$29,400
Hospital Services						
Inpatient	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Outpatient	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Physician Office						
Primary care physician	\$30 copay	Deductible and Coinsurance	\$30 copay	Deductible and Coinsurance	\$40 Copay	Deductible and Coinsurance
Specialist	\$75 copay	Deductible and Coinsurance	\$75 copay	Deductible and Coinsurance	\$75 Copay	Deductible and Coinsurance
Other covered services and supplies provided in the physician's office	Applicable office visit copay	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance		Deductible and Coinsurance
Telehealth Services						
By a designated provider	\$10 copay	Not covered	\$10 copay	Not covered	\$15 copay	Not covered
Preventive Services						
Health Care Reform (HCR) required preventive services	Plan pays 100%	Deductible and Coinsurance	Plan pays 100%	Deductible and Coinsurance	Plan pays 100%	Deductible and Coinsurance
HCR required covered preventive services (outside of limits)	Plan pays 100%	Deductible and Coinsurance	Plan pays 100%	Deductible and Coinsurance	Plan pays 100%	Deductible and Coinsurance
Other covered preventive services not required by HCR	Plan pays 100%	Deductible and Coinsurance	Plan pays 100%	Deductible and Coinsurance	Plan pays 100%	Deductible and Coinsurance
Emergency Room and Urgent Care Facility						
Urgent care facility	\$75 copay	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	\$100 copay	Deductible and Coinsurance
Emergency care (services received in a hospital emergency room setting)	\$300 Copay then Deductible and Coinsurance	In-network level of benefits	\$300 Copay then Deductible and Coinsurance	In-network level of benefits	\$300 Copay then Deductible and Coinsurance	In-network level of benefits
Mental Illness and/or Substance Dependence and Abuse Services						
Inpatient	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Outpatient	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Office services	Plan pays 100%	Deductible and Coinsurance	Plan pays 100%	Deductible and Coinsurance	Plan pays 100%	Deductible and Coinsurance
Emergency care services	\$300 Copay then Deductible and Coinsurance	In-network level of benefits	\$300 Copay then Deductible and Coinsurance	In-network level of benefits	\$300 Copay then Deductible and Coinsurance	In-network level of benefits
Telehealth	Plan pays 100%	Not covered	Plan pays 100%	Not covered	Plan pays 100%	Not covered
Prescription Drugs (Retail, Per 30-Day Supply)						
Generic drugs	25% coinsurance \$10 min./\$25 max.	50% coinsurance	25% coinsurance \$10 min./\$25 max.	50% coinsurance	25% coinsurance \$10 min./\$25/max	50% coinsurance
Formulary brand-name drugs	30% coinsurance \$40 min./\$65 max.	50% coinsurance	30% coinsurance \$40 min./\$65 max.	50% coinsurance	30% coinsurance \$40 min./\$65 max.	50% coinsurance
Non-formulary brand-name drugs	50% consurance \$65 min./\$90 max.	50% coinsurance	50% coinsurance \$65 min./\$90 max.	50% coinsurance	50% consurance \$65 min./\$90 max.	50% coinsurance
Specialty drugs*	50% coinsurance \$0 minimum/ \$250 maximum	Not covered	50% coinsurance \$0 minimum/\$250 max.	Not covered	50% coinsurance \$0 minimum/ \$250 maximum	Not covered

\*Specialty drugs must be purchased through a designated specialty pharmacy after two fills.  
Note: 50% coinsurance applies to prescriptions filled at an out-of-network pharmacy.

## 8 COMPARE PLANS

	Option 4 PPO \$8000 with Copays		Option 5 PPO \$8000 without Copays	
	In network	Out of network	In network	Out of network
Deductible (Calendar Year)				
Individual	\$8,000	\$16,000	\$8,000	\$16,000
Family	\$16,000	\$32,000	\$16,000	\$32,000
Deductible and Out-of-pocket Basis				
	Embedded		Embedded	
Coinsurance				
Covered person pays	30%	50%	30%	50%
Out-of-pocket Limit (Calendar Year)				
Individual	\$10,150	\$20,300	\$10,150	\$20,300
Family	\$20,300	\$40,600	\$20,300	\$40,600
Hospital Services				
Inpatient	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Outpatient	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Physician Office				
Primary care physician	\$30	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Specialist	\$75	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Other covered services and supplies provided in the physician's office	Applicable office visit copay	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Telehealth Services				
By a designated provider	\$15 copay	Not Covered	Deductible and Coinsurance	Not Covered
Preventive Services				
Health Care Reform (HCR) required preventive services	Plan pays 100%	Deductible and Coinsurance	Plan pays 100%	Deductible and Coinsurance
HCR required covered preventive services (outside of limits)	Plan pays 100%	Deductible and Coinsurance	Plan pays 100%	Deductible and Coinsurance
Other covered preventive services not required by HCR	Plan pays 100%	Deductible and Coinsurance	Plan pays 100%	Deductible and Coinsurance
Emergency Room and Urgent Care Facility				
Urgent care facility	\$75 copay	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Emergency care (services received in a hospital emergency room setting)	\$300 Copay then Deductible and Coinsurance	In-network level of benefits	Deductible and Coinsurance	In-network level of benefits
Mental Illness and/or Substance Dependence and Abuse Services				
Inpatient	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Outpatient	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Office services	Plan pays 100%	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Emergency care services	\$300 Copay then Deductible and Coinsurance	In-network level of benefits	Deductible and Coinsurance	In-network level of benefits
Telehealth	Plan pays 100%	Not Covered	Deductible and Coinsurance	Not covered
Prescription Drugs (Retail, Per 30-Day Supply)				
Generic drugs	25% coinsurance \$10 min./\$25/max	50% coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Formulary brand-name drugs	30% coinsurance \$40 min./\$65 max.	50% coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Non-formulary brand-name drugs	50% consurance \$65 min./\$90 max.	50% coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Specialty drugs*	50% coinsurance \$0 minimum/ \$250 maximum	Not Covered	Deductible and Coinsurance	Not covered

\*Specialty drugs must be purchased through a designated specialty pharmacy after two fills.

\*\* Check CMS creditability status

Note: 50% coinsurance applies to prescriptions filled at an out-of-network pharmacy.



	Option 1 HSA Eligible \$2,000		Option 2 HSA Eligible \$3,400		Option 3 HSA Eligible \$5,500	
	In network	Out of network	In network	Out of network	In network	Out of network
Deductible (Calendar Year)						
Individual	\$2,000	\$4,000	3,400	6,800	5,500	11,000
Family	\$4,000	\$8,000	6,800	13,600	11,000	22,000
Deductible and Out-of-pocket Basis						
	Aggergate		Embedded		Embedded	
Coinsurance						
Covered person pays	20%	50%	30%	50%	30%	50%
Out-of-pocket Limit (Calendar Year)						
Individual	\$4,000	\$12,500	5,550	13,600	6,500	15,500
Family	\$8,000	\$25,000	11,100	27,200	13,000	31,000
Hospital Services						
Inpatient	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Outpatient	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Physician Office						
Primary care physician	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Specialist	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Other covered services and supplies provided in the physician's office	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Telehealth Services						
By a designated provider	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Preventive Services						
Health Care Reform (HCR) required preventive services	Plan pays 100%	Deductible and Coinsurance	Plan Pays 100%	Deductible and Coinsurance	Plan Pays 100%	Deductible and Coinsurance
HCR required covered preventive services (outside of limits)	Plan pays 100%	Deductible and Coinsurance	Plan Pays 100%	Deductible and Coinsurance	Plan Pays 100%	Deductible and Coinsurance
Other covered preventive services not required by HCR	Plan pays 100%	Deductible and Coinsurance	Plan Pays 100%	Deductible and Coinsurance	Plan Pays 100%	Deductible and Coinsurance
Emergency Room and Urgent Care Facility						
Urgent care facility	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Emergency care (services received in a hospital emergency room setting)	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Mental Illness and/or Substance Dependence and Abuse Services						
Inpatient	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Outpatient	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Office services	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Emergency care services	Deductible and Coinsurance	In-network level of benefits	Deductible and Coinsurance	In-network level of benefits	Deductible and Coinsurance	In-network level of benefits
Telehealth	Deductible and Coinsurance	Not covered	Deductible and Coinsurance	Not Covered	Deductible and Coinsurance	Not Covered
Prescription Drugs (Retail, Per 30-Day Supply)						
Generic drugs	Deductible and Coinsurance	Deductible and 50% Coinsurance	Deductible and Coinsurance	Deductible and 50% Coinsurance	Deductible and Coinsurance	Deductible and 50% Coinsurance
Formulary brand-name drugs	Deductible and Coinsurance	Deductible and 50% Coinsurance	Deductible and Coinsurance	Deductible and 50% Coinsurance	Deductible and Coinsurance	Deductible and 50% Coinsurance
Non-formulary brand-name drugs	Deductible and Coinsurance	Deductible and 50% Coinsurance	Deductible and Coinsurance	Deductible and 50% Coinsurance	Deductible and Coinsurance	Deductible and 50% Coinsurance
Specialty drugs*	Deductible and Coinsurance	Not covered	Deductible and Coinsurance	Not Covered	Deductible and Coinsurance	Not Covered

\*Specialty drugs must be purchased through a designated specialty pharmacy after two fills.

Note: 50% coinsurance applies to prescriptions filled at an out-of-network pharmacy.

# PRESCRIPTION DRUG COVERAGE

Prescription drug coverage is available. Benefits are based on our preferred drug list. Whenever appropriate, generic drugs will be used to fill prescriptions.

## Pharmacy Networks

BCBSNE members will pay less out-of-pocket on prescriptions filled through in-network pharmacies. Members may also sign up for home delivery and order up to a 90-day supply of maintenance medications, if allowed by the prescription.

### In-network



- Baker's
- Hy-Vee
- Kohl's
- U Save
- Walgreens
- Walmart
- Many other local pharmacy providers

### Out-of-network



- CVS/Target

**For a complete list of pharmacies:**

Visit **NebraskaBlue.com/Pharmacy**.

The pharmacies listed above are a partial list and are subject to change at any time without notice.



## \$0 Member Cost Shares on Insulin

BCBSNE provides insulin on NetResults Performance at no cost to members to help drive down diabetes-related health care cost and improve medication adherence. All plans for this group will cover generic and preferred brand-name insulin at 100%.

## Prescription Drug Tiers

Prescription drugs are divided into four tiers. The cost for each 30-day supply of a covered prescription drug depends on the tier in which the medication is listed.





### Retail Pharmacies

Members should take their prescription to a participating pharmacy and show the pharmacist their member ID card. The member will pay the applicable copay, deductible or coinsurance amount.

Whenever appropriate, generic drugs will be used to fill prescriptions. If a brand-name drug is preferred when a generic equivalent is available, the member will be responsible for the difference in cost, plus the applicable copay or coinsurance amount. The member will also be responsible for paying the deductible and 50% coinsurance if a prescription is filled at a non-participating pharmacy.

### Home Delivery

Home delivery is a convenient way for members to get their long-term medicines delivered right to their door. Members may fill their prescriptions online and save time and money. Learn more at **NebraskaBlue.com/Pharmacy**.

### Preauthorization

As part of our efforts to address the serious issue of escalating costs and to continue to provide members with access to quality and cost-effective pharmacy care, we require benefits for certain prescription products to be preauthorized. Those products include gastrointestinal protection NSAIDs, proton pump inhibitors, diabetic test strips and testosterone PA. For a full list of additional products requiring preauthorization, visit **NebraskaBlue.com/DrugList**.

### Extended Supply Network Pharmacy Benefit

BCBSNE offers our Extended Supply Network (ESN) retail pharmacy benefits to all members. This benefit allows members to get a 90-day supply of prescription medications from a retail pharmacy (if allowed by their prescription; excluding specialty drugs). Non-ESN retail pharmacies are limited to a 30-day supply.

Members enrolled in one of these medical plans must pay three copays at one time to purchase a 90-day supply of a preferred generic drug:

- PPO Option 1
- PPO Option 2
- PPO Option 7
- Value Plan Option 6

Members enrolled in one of these medical plans must pay the applicable deductible or coinsurance amounts for each 30-day supply:

- QHDHP Option 3
- QHDHP Option 4
- QHDHP Option 5

Using the ESN retail pharmacy benefit for up to a 90-day supply of medications means fewer trips to the pharmacy, saving employees time.

Members may view a list of ESN retail pharmacies under Pharmacy Benefits at **myNebraskaBlue.com** or by calling our Member Services department at the number on the back of their member ID card.



# DENTAL PLAN OPTION



	Dental Option 5		Dental Option 13	
	In network	Out of network	In network	Out of network
Deductible (calendar year) Applies to Coverage B and C Services				
Individual	\$50	\$100	\$50	\$100
Family	\$100	\$200	\$100	\$200
Out-of-pocket limit (calendar year)			Applies to Coverage A,B and C Services	
Per covered person	\$2,000	\$2,000	\$2,000	\$2,000
Out-of-pocket limit (Lifetime)			Applies to coverage D	
Per covered person	Not covered	Not covered	\$1,500	\$1,500
Covered Services				
Coverage A- Preventive and diagnostic	0%	40%	0%	40%
Coverage B- Maintenance, simple restorative oral surgery,	20%	50%	20%	50%
Coverage C – Complex restorative dentistry	50%	50%	50%	50%
Coverage D – Orthodontic dentistry	Not covered	Not covered	50%	50%



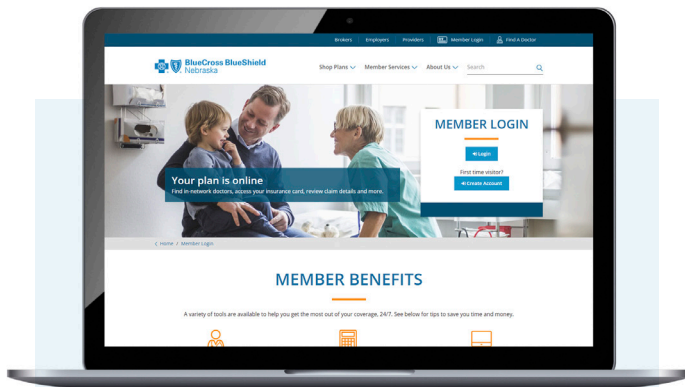
# EXPLORE MEMBER RESOURCES

## Online Member Account

BCBSNE members can locate helpful information at a time that's always convenient via **myNebraskaBlue.com** or the Nebraska Blue App.

With your on-line account, members can:

- View current claims and claims history
- See deductible and out-of-pocket costs
- Find in-network doctors and hospitals
- Estimate costs before a visit or procedure
- Access pharmacy and prescription benefits information
- Select how they'd like to receive Explanation of Benefits documents – paper or electronic



### SIGN UP

Members can set up their on-line account via the Nebraska Blue app or through **myNebraskaBlue.com**.

They will need to enter their member ID number found on the front of their BCBSNE ID card.

### Find an In-network Doctor

Members can search for providers by name, specialty or location and find in-network, quality doctors and hospitals to meet their needs.

### Estimate Costs

Members can estimate medical costs before they receive care. Here members can find cost information for many common health care services and compare costs of doctors and hospitals.

### Pharmacy Benefits

BCBSNE contracts with Prime Therapeutics to provide pharmacy benefits and resources, including a MyPrime account with interactive tools to help manage their prescriptions. Members can access MyPrime in the Pharmacy Benefits section.

#### With MyPrime, members can find:

- Prescription benefits
- Prescription history
- Coverage information for their medicines
- A pharmacy locator
- Prescription cost information
- A comparison of brand name and generic drug costs
- Information about home delivery and specialty pharmacies

Prime Therapeutics LLC is an independent company providing pharmacy benefit management services for Blue Cross and Blue Shield of Nebraska.



## Telehealth Saves Time and Money

Telehealth, or virtual doctor visits, gives members access to quick, affordable care from home or wherever they are. They get convenient access to care that fits their life at any time, day or night. The cost per visit is often less than the cost of an in-person doctor visit.

Telehealth is a convenient way to talk with a doctor about common conditions, such as:

- Sinus infection
- Cold
- Flu
- Fever
- Rash
- Abdominal pain
- Pinkeye
- Ear infection
- Migraine
- Sore throat

Telehealth also offers e-prescriptions to the member's pharmacy of choice, when appropriate.

### **Mental and behavioral health services also available**

With telehealth behavioral health services, licensed therapists can provide treatment for the following conditions:

- Anxiety
- Depression
- Attention deficit hyper-activity disorder (ADHD)
- Bereavement
- Panic attacks
- Obsessive-compulsive disorder (OCD)
- Trauma/post-traumatic stress disorder (PTSD)
- Stress
- And more

Therapists are available by appointment seven days a week.

Teletherapy like this may also be an option with local health care providers. Members should talk with their doctor.

To learn more, visit **[NebraskaBlue.com/Telehealth](https://NebraskaBlue.com/Telehealth)**.

\*Telehealth coverage varies depending on the health plan offered. Members should check with their human resources representative about their group coverage. Cost per visit is subject to the plan's deductible or coinsurance amount.





**Preferred  
Center**

BCBSNE believes in helping members receive affordable, high-quality care. That's why we established the Preferred Centers program. Preferred Centers meet or exceed our high quality of care and cost standards.

BCBSNE will waive the deductible and coinsurance amounts\* for the facility charges for the following surgeries performed at one of the Preferred Centers listed below:

- Dorsal and lumbar fusion (except for curvature of the back)
- Cervical spinal fusion and other back/neck procedures
- Total hip replacement
- Total knee replacement

**Facilities for spine surgeries, and total knee and hip replacements:**

- Kearney Regional Medical Center
- Lincoln Surgical Hospital
- Midwest Surgical Hospital
- OrthoNebraska Hospital

**Facility for spine surgeries:**

- Nebraska Spine Hospital

**Requirements**

To have the deductible and coinsurance amounts waived, the surgery and health plan must meet the following requirements:

- ➔ [Preferred Center must be in-network](#)
- ➔ [Surgery must be performed at one of our Preferred Centers](#)

\*HSA-eligible QHDHPs will have the coinsurance waived only.

Members should talk with their doctor about having their procedure done at one of the Preferred Centers. To find out more about the program, visit **NebraskaBlue.com/Preferred**.



## Pregnancy Care Program

The Pregnancy Care program provides members with education, encouragement and support throughout their pregnancy. With this program, members have access to a pregnancy tracking app, developed by Wellframe, that guides them through this exciting time and offers assistance in maintaining a healthy pregnancy. With the app, members may chat with a nurse, receive appointment reminders and track medications.

To learn more, visit

**NebraskaBlue.com/PregnancyCare.**



Blue365 is a national program that offers members health and wellness discounts and savings. Members can explore special offerings from leading national companies in these categories:

- Apparel and footwear
- Fitness
- Hearing and vision
- Home and family
- Nutrition
- Personal care
- Travel

Visit **NebraskaBlue.com/Blue365** to learn more.



Participation in the Pregnancy Care Program does not affect members' plan coverage for maternity/pregnancy care, or entitle members to benefits not otherwise payable under the BCBSNE plan. Wellframe is an independent company that provides mobile-enabled care management services for BCBSNE. Wellframe is responsible for its services.

\*Economic Costs of Diabetes in the U.S. in 2017, American Diabetes Association

The Blue365 program is brought to you by the Blue Cross Blue Shield Association.

Virta is an independent company that provides diabetes management solutions for BCBSNE. Virta is responsible for its services.





## Prediabetes and Diabetes Management and Reversal Solutions

On average, people with diabetes have 2.3 times higher than expected health care costs and account for billions of dollars in reduced productivity and increased absenteeism.\*

We have innovative, strategic offerings to manage or reverse prediabetes and diabetes. These integrated solutions are proven to improve health outcomes and reduce health care costs. Members can:

- Lose weight and increase activity
- Lower glucose and HbA1c levels
- Reduce or eliminate the need for diabetes medications
- [Virta prediabetes and diabetes reversal program](#)
- [Nurse-supported prediabetes and diabetes programs](#)
- [\\$0 cost share on preferred insulin](#)

To learn more, visit [NebraskaBlue.com/Diabetes](https://NebraskaBlue.com/Diabetes).





## Wellness Benefits

As a BCBSNE member, you have access to Vitality®, a **FREE** wellness program. Vitality is a comprehensive, interactive and personalized wellness program that makes it easy for you to make healthy choices. You will be rewarded for a wide variety of healthy activities – online education, physical activity, preventive activities and more. Here's how the program works:

- Plan and complete health activities you enjoy
- Earn Vitality Points® and Vitality Bucks to increase your Vitality
- Get the rewards you deserve

Redeem your hard-earned Vitality Bucks for gift cards from brands like Adidas, Callaway Golf, Athleta, Lululemon, Nike, Under Armor and more!

### What's a Vitality Buck?

For every Vitality Point you earn, you also receive a Vitality Buck which can be redeemed for exciting rewards like gift cards, fitness devices and more!

**You make choices everyday. Vitality makes it easier to choose the healthy ones.**

Get started today! Visit **NebraskaBlue.com/HealthRewards** to learn more.





# RESOURCES

## **BCBSNE Member Services department**

Phone: **844-201-0763**

Website: **NebraskaBlue.com/Contact**

## **Locate providers nationwide**

Phone: **844-201-0763**

Website: **NebraskaBlue.com/DoctorFinder**

## **Locate pharmacies nationwide**

Phone: **844-201-0763**

Website: **NebraskaBlue.com/Pharmacy**

## **Locate plan documents**

Website: **NebraskaBlue.com/NMA**

# GET STARTED

## **Contact:**

**Scott Morris, Sr. Vice President**

**FNIC Group**

P: 402-861-7059

scott.morris@fnicgroup.com

## **Include the following:**

- Group or office name, address and phone number
- Total number of eligible employees

FNIC Group is an independent and authorized insurance producer for Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross Blue Shield Association

92-190-5-508 (08-26-25)

