

PremierBlue

Health Plans for Fully Insured and Self-funded
Employer Groups with 151+ Eligible Employees

Effective Jan. 1, 2024

Blue Cross and Blue Shield of Nebraska (BCBSNE) medical plans offer a combination of provider networks and benefits to meet the needs of employers while enhancing their ability to select cost-effective, quality health insurance for their employees.

Our network and benefit offerings are structured so it's easy for employers to choose the desired options for their plan. Groups select the options they want, to design a plan that meets the coverage needs and budgets of their business and employees.



Employers can achieve financial and time-saving advantages with the following:

- Choice of network options
- Enhanced coverage options
- Flexibility in benefit selection
- Improved clarity in benefit designs
- Increased employee engagement

Choice of Network Options

BCBSNE offers competitive and flexible network options for employer groups with 151 or more enrolled employees:

- Network BLUE – offered statewide
- Premier Select BlueChoice – offered regionally
- Blueprint Health – offered regionally

Flexibility and Choice in Plan Options

Our plan options offer significant advantages, including flexibility in deductibles, coinsurance, copays, out-of-pocket limits and pharmacy integration, allowing employers to design a plan tailored to their needs and budgets.

Clarity, Understanding and Engagement

With a plan from BCBSNE, employers can choose from clearly defined benefits and networks that their employees understand. With greater clarity, employers and employees become more engaged in decisions about their health insurance – and their own health care. It's a winning combination for all.

It's simple to design a health plan from BCBSNE.

1 Let's start with the plan design coverage options.

	9	10	11	13	15
Benefit Provisions:	Deductible/ Coinsurance	HSA-eligible	Office Service	Office Service	Office Service
Deductible	V	V	V	V	V
Coinsurance percentage	V	V	V	V	V
Out-of-pocket limit	V	V	V	V	V
Physician office primary care provider	Deductible and coinsurance	Deductible and coinsurance	Copay	Copay	Copay
Physician office specialist	Deductible and coinsurance	Deductible and coinsurance	Copay	Copay	Copay
Telehealth	Deductible and coinsurance	Deductible and coinsurance	Copay	Copay	Copay
Mental health services					
Inpatient services	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Emergency care services	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Copay and coinsurance	Copay and coinsurance
Mental health outpatient services					
Office services	Deductible and coinsurance	Deductible and coinsurance	Plan pays 100%	Plan pays 100%	Plan pays 100%
Behavioral telehealth services	Deductible and coinsurance	Deductible and coinsurance	Plan pays 100%	Plan pays 100%	Plan pays 100%
All other outpatient items and services	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Urgent care	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Copay	Copay
Emergency room care	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Copay then coinsurance	Copay then coinsurance
Manipulations (chiropractic and osteopathic)	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Copay
Independent lab					
Medical diagnosis	Deductible and coinsurance	Deductible and coinsurance	100%	100%	100%
Prevent diagnosis	100%	100%	100%	100%	100%

V = Variable

Note: Traditional PPO and HSA-eligible can have an embedded or aggregate deductible.

2 Pick the cost-share amount.

Cost shares are variable for deductibles, coinsurance percentages, copays and out-of-pocket limits. The in-network annual out-of-pocket limits cannot exceed the amount published in the Affordable Care Act (ACA) regulations. Cost shares must follow ACA maximum out-of-pocket amounts and IRS HSA minimum and maximum amounts. For plan designs to be eligible for an HSA, the minimum deductible and annual out-of-pocket limit cannot exceed the amounts as found in Internal Revenue Code 223.

3 Select a prescription drug plan option.

Rx Plan Option	Generic	Preferred	Non-preferred	Specialty Drugs
Rx Plan Options 1-4 are available with Health Plan Options 11, 13, 15				
1	\$10 Copay	\$30 Copay	\$50 Copay	\$100 Copay
2	\$10 Copay	\$35 Copay	\$70 Copay	Same as any other generic, preferred or non-preferred copay
3	\$15 Copay	\$45 Copay	\$80 Copay	\$150 Copay
4	25% with a \$10 min and \$25 max	25% with a \$30 min and \$60 max	50% with a \$60 min and \$90 max	25% with a \$90 min and \$150 max
Rx Plan Options 5 and 6 are available with Health Plan Option 10				
5	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
6	Deductible, then \$10 copay	Deductible, then \$35 copay	Deductible, then \$70 copay	Same as any other generic, preferred or non-preferred copay
All Rx Options are available with Health Plan Option 9				

In-network pharmacy benefits accumulate to the medical plan's in-network deductible and/or out-of-pocket limit, and out-of-network pharmacy benefits accumulate to the medical plan's out-of-network deductible and/or out-of-pocket limit.

BCBSNE has pharmacy solutions that offer greater savings opportunities and expanded pharmacy options for you and your members. These programs are aimed at helping groups proactively tackle rising pharmacy expenses, improve your employees' health and manage your bottom line.

Retail Pharmacies

Members should take their prescriptions to an in-network pharmacy and show the pharmacist their BCBSNE member ID card. The member will pay the applicable copay, deductible or coinsurance amount.

Please note: 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 is responsible for the difference in cost, plus the applicable copay or coinsurance amount.

Fully insured plans and ASO Block use Pharmacy Network C, while other self-funded plans can choose from A, C, or J.

Fully insured plans use PDL 40, ASO Block plans can choose from PDL 10 or 20, and other self-funded plans can choose from PDL 10, 20, or 30.

MedsYourWay™ – Retail

MedsYourWay - Retail simplifies the brick-and-mortar shopping experience by automatically comparing plan-covered benefit prices to discount card prices at the pharmacy, without needing to present a separate discount card.

Members should take their prescription to an in-network pharmacy and show the pharmacist their BCBSNE

member ID card. The member will pay the applicable copay, deductible or coinsurance amount.

Amazon Pharmacy for Home Delivery with MedsYourWay™ Drug Discount Card Pricing

Pharmacy home delivery services will be offered exclusively through Amazon Pharmacy which delivers a breakthrough, integrated home-delivery shopping experience. Members will be shown the lowest cost options, whether that is their copay/coinsurance or the MedsYourWay discount card price; depending on the pharmacy benefit plan, the cost of the medication may count towards the member's out-of-pocket maximum.

BCBSNE members may use home delivery services for their 90-day supply of maintenance medications. Members will be responsible for paying the applicable copay amount for each 30-day supply.

Extended Supply Network Pharmacy Benefit

The Extended Supply Network (ESN) pharmacy benefit allows members to get a 90-day supply of medications at one time (if allowed by their prescription).* All fully insured large group plans have ESN; this is optional for self-funded groups.

Non-ESN retail pharmacies are limited to a 30-day supply. Members may view a list of ESN retail pharmacies online or by calling Member Services.

*Except for specialty drugs.

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

MedsYourWay is a trademark of Prime Therapeutics. Savings may differ depending on current benefit design. Prime Therapeutics is contracted to provide pharmacy benefits to Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross Blue Shield Association.

Amazon Pharmacy does not dispense controlled substances. Amazon Pharmacy is an independent company that provides pharmacy home delivery services for Blue Cross and Blue Shield of Nebraska.



Specialty Pharmacy

For specialty drugs to be considered in-network, those drugs must be purchased through a designated specialty pharmacy. For a list of designated pharmacies, visit [NebraskaBlue.com/Pharmacy](https://www.nebraskablue.com/Pharmacy).

Preauthorization

As part of our efforts to address the serious issue of escalating costs and to continue to provide members access to quality and cost-effective pharmacy care, we require benefits for certain prescription products to be preauthorized. For a list of products requiring preauthorization, visit [NebraskaBlue.com/DrugList](https://www.nebraskablue.com/DrugList).

Accumulator Adjustment

This program is optional for self-funded groups with HSA-eligible plan designs. This allows employer groups to automatically exclude manufacturer copay assistance funds (coupons) provided to members from accumulator balances (deductible/coinsurance and out-of-pocket maximum) after adjudication for specialty medications filled at Accredo.

FlexAccess™ – A Specialty Copay Solution

FlexAccess is available for traditional PPO health plans (not available for HSA-eligible plan designs). FlexAccess delivers a member-centric experience with greater savings opportunities and expanded pharmacy options. This program opens the door to reducing costs for specialty and HIV medications beyond the traditional, one-specialty pharmacy option. By leveraging more pharmacies and HIV treatments, we expand the savings by maximizing pharmaceutical assistance programs and reducing the cost burden of specialty and HIV medications for our members. This is optional for self-funded groups.

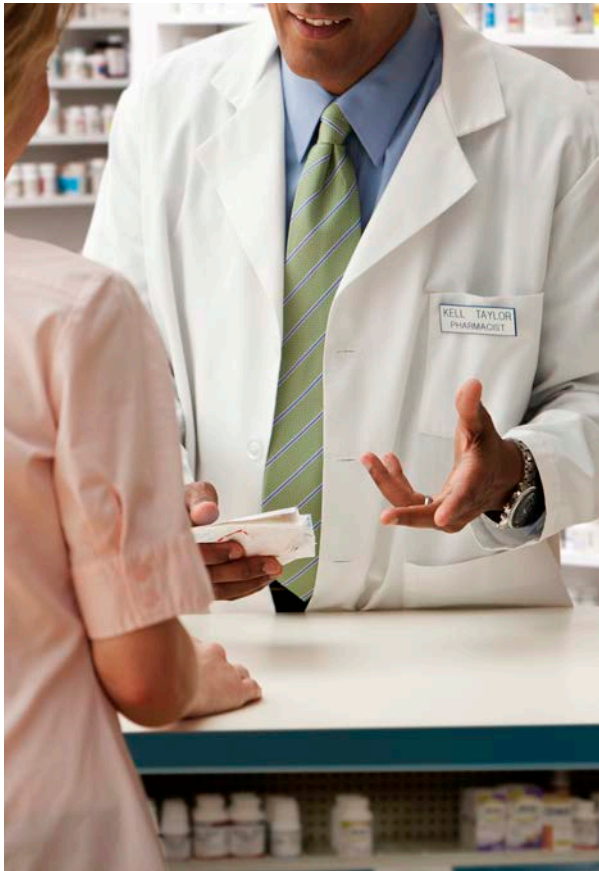
No changes to the specialty pharmacy benefit are required or recommended. Our specialty pharmacy network benefits will not change, and we are not opening up the specialty network or recommending any network changes with this program.

Diabetes Management and Reversal Solutions

BCBSNE offers two diabetes solutions, which are included on all fully insured groups and optional for self-funded groups on an opt-in basis:

The Virta type 2 diabetes reversal program uses a ketogenic nutrition method and specially designed equipment at no cost to members.

For members with type 1 or type 2 diabetes, insulin on the preferred drug list will be available at no cost. Self-funded groups will be responsible for the members' cost share.



Option Care is an independent company offering prescription drug benefits on behalf of Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross and Blue Shield Association.

Accredo, a trademark of Express Scripts Strategic Development, Inc., is a specialty pharmacy contracted to provide services for Blue Cross and Blue Shield of Nebraska. Express Scripts® Pharmacy, a trademark of Express Scripts Strategic Development, Inc., is contracted to provide mail pharmacy services for Blue Cross and Blue Shield of Nebraska.

FlexAccess is a trademark of Prime Therapeutics. Savings may differ depending on current benefit design. Prime Therapeutics is contracted to provide pharmacy benefits to Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross Blue Shield Association.

Virta is an independent company that provides diabetes management solutions for Blue Cross and Blue Shield of Nebraska.

4 Choose up to three networks.

Network	Network Description
Network BLUE Statewide network	<ul style="list-style-type: none"> Made up of 98% of Nebraska's doctors and non-governmental acute care hospitals¹ including: <ul style="list-style-type: none"> Primary and specialty care providers Heart, cancer and trauma centers Children's care Behavioral health care Includes our national BlueCard® network
Premier Select BlueChoice² Regional network	<ul style="list-style-type: none"> Supports eastern Nebraska groups headquartered in ZIP codes starting with 680, 681, 683, 684 and 685 Key hospitals and health care providers include: <ul style="list-style-type: none"> Methodist Hospital System Nebraska Medicine Bryan Health Boys Town National Research Hospital Children's Hospital & Medical Center Includes our national BlueCard network
Blueprint Health² Regional network	<ul style="list-style-type: none"> Supports eastern Nebraska groups headquartered in ZIP codes starting with 680, 681, 683, 684 and 685, as well as Adams, Buffalo, Hall, Kearney and Phelps counties Key hospitals and health care providers include: <ul style="list-style-type: none"> CHI Health Creighton University System Nebraska Spine Hospital LLC Boys Town National Research Hospital Children's Hospital & Medical Center Includes our national BlueCard network

1 Source: BCBSNE statistics, June 2, 2023.

2 Members living outside the Premier Select BlueChoice or Blueprint Health service areas are not able to choose those networks. They would be offered Network BLUE.

5 Determine if any optional endorsements are right for your plan.

Fully insured and self-funded options:

Vision examinations (preventive)

- Cost share amounts are variable for the employer to choose
 - Deductible, then coinsurance
 - Copay
 - Plan pays 100%
- Covers one eye exam, including refraction, once per calendar year

Infertility treatment

- Paid the same as any other illness, up to a maximum amount of \$20,000 for fully insured and ASO Block groups. For self-funded groups, the maximum amount is determined by the employer
- Covers medical services and prescription drugs for pregnancy assistance treatments

Self-funded options:

Preventive services

- Cost share amounts are variable for the employer to choose for preventive services not required by the ACA and when provided by an out-of-network provider

Nicotine dependence and addictions

- Paid same as substance abuse
- Covers classes for the treatment of nicotine dependence or addictions and alternative therapies, such as acupuncture

Surgical treatment of obesity

- Paid the same as any other illness, up to a maximum amount as determined by the employer
- Covers medically necessary surgical treatment of obesity and post-surgical follow-up care

Weight loss drug therapy program

- Covers certain injectable medications and related office visits, preauthorization is required
- Paid the same as any other illness or prescription drug

Second Opinion program

- Virtual second medical opinion program powered by 2nd.MD
- This service is outside the health plan benefits. A member-based fee will be added to the monthly invoice

2nd.MD is an independent company that provides virtual second medical opinion services for Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross Blue Shield Association. 2nd.MD is responsible for its services.

Important Information

Here's how the copay variables work

Physician office copay (applies each time services are rendered at the physician's office, even if an office visit is not billed)

- Primary care physician (PCP) and specialist physician – basic office services will be included in the physician office copay, while other services in the office will apply to the deductible and coinsurance (see the example to the right)

Telehealth (virtual visits with Amwell® or primary care providers) copay will be \$5, \$10 or \$15 based on the PCP office copay

- If the copay is less than \$15, the telehealth copay is \$5
- If the copay is \$15 to less than \$40, the telehealth copay is \$10
- If the copay is \$40 or higher, the telehealth copay is \$15

Urgent care facility copay applies to all services provided in the urgent care facility

Emergency care copay (services received in a hospital emergency room setting)

- Facility services: copay, then coinsurance (deductible waived)
- Professional services: coinsurance only, deductible waived
- Out-of-network services: covered at the in-network level of benefits (cost shares)

Here is what you need to know about Physician Office Copay Services and Office Services for mental health and substance use disorders. (using Medical Option 13 as an example)

Covered services include:

- Physician office visits, including the initial visit to diagnose pregnancy
- Consultations and medical checks
- Psychological therapy and/or substance use disorder counseling
- X-ray, laboratory and pathology services performed in the physician's office
- Supplies used to treat the patient during the office visit
- Drugs administered by the physician during the office visit
- Hearing examination, due to an illness
- Vision examination, due to an illness
- Allergy Injection and Serum testing

These services are not covered under the physician office visit services copay; payable under separate benefit provision:

- Services provided by out-of-network providers
- Preventive services
- Maternity services after the initial office visit to diagnose the pregnancy
- Injections
- Chemotherapy
- Radiation therapy
- Advanced diagnostic imaging
- Manipulations and adjustments
- Physical, occupational or speech therapy, including cognitive training, chiropractic or osteopathic physiotherapy
- Surgical procedures and/or anesthesia
- Sleep studies
- Durable medical equipment and prosthetics
- Biofeedback
- Sublingual allergy therapy
- Psychological evaluations, assessments and testing; or other outpatient services for the treatment of mental Health and substance use disorders
- Outpatient services received at a place of service other than a physician's office



What to know about preventive health care services

The ACA requires that certain preventive services performed by an in-network provider be covered at 100%.

Benefits for fully insured plans are as follows:

Preventive Services	In-network Provider	Out-of-network Provider
Preventive Services		
<ul style="list-style-type: none"> Affordable Care Act (ACA)-required preventive services (may be subject to limits that include, but are not limited to, age, gender and frequency) 	Plan pays 100%	Deductible and coinsurance
<ul style="list-style-type: none"> ACA-required covered preventive services (outside of limits) 	Plan pays 100%	Deductible and coinsurance
<ul style="list-style-type: none"> Other covered preventive services not required by ACA, such as: <ul style="list-style-type: none"> Laboratory tests as specified by BCBSNE, including urinalysis, cholesterol LDL, complete blood count, general health panel, metabolic panel, prostate cancer screening (PSA) and hearing exams 	Plan pays 100%	Deductible and coinsurance
<ul style="list-style-type: none"> All other laboratory tests; radiology, cardiac stress tests; EKG; pulmonary function and other screenings and services 	Same as an illness	Same as an illness
Immunizations		
<ul style="list-style-type: none"> Pediatric (up to age 7) 	Plan pays 100%	Coinsurance
<ul style="list-style-type: none"> Age 7 and older 	Plan pays 100%	Deductible and coinsurance
<ul style="list-style-type: none"> Related to an illness 	Same as any other illness	Same as any other illness



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