



HeartlandBlue



## Health Plans for Individuals and Families

Effective Jan. 1, 2023

# THERE WITH YOU

Through births and broken bones, tests and treatments, trauma and triumphs, Blue Cross and Blue Shield of Nebraska (BCBSNE) is there with you. Since 1939, we have ensured access to the providers you trust, coverage for the care you need and support from a team right here in Nebraska.

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## Essential Health Benefits

Our health plans are available both on and off the federal government's Health Insurance Marketplace® (Marketplace). These plans comply with the Affordable Care Act requirements and include the following 10 Essential Health Benefits.

1. Outpatient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use disorder services
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Pediatric services, including dental and vision
10. Preventive and wellness services and chronic disease management

# 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 family.

## 1

### REVIEW NETWORKS

Understand the provider networks available in your area.

## 2

### COMPARE PLAN OPTIONS

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

## 3

### LEARN ABOUT PAYMENT OPTIONS

Advanced Premium Tax Credits and Cost-sharing reduction options may be available to you.

## 4

### EXPLORE MEMBER RESOURCES

Discount programs, telehealth, tools to help manage your expenses and more.



Whether you'd like assistance or prefer to do it on your own, applying for coverage is easy.

- Call one of our licensed sales reps at **844-665-1121**
- Visit **[NebraskaBlue.com/HeartlandBlue](https://NebraskaBlue.com/HeartlandBlue)**
- Apply through your insurance broker

No matter how you apply, you will be able to see if you qualify for premium assistance or extra savings.



This document is a brief overview of Nebraska HeartlandBlue 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 there are discrepancies between this document and the contract, the terms and conditions of the contract will govern. For more information regarding benefits, exclusions and limitations, and other provisions, refer to the contract.

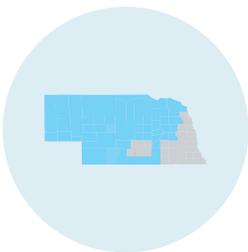
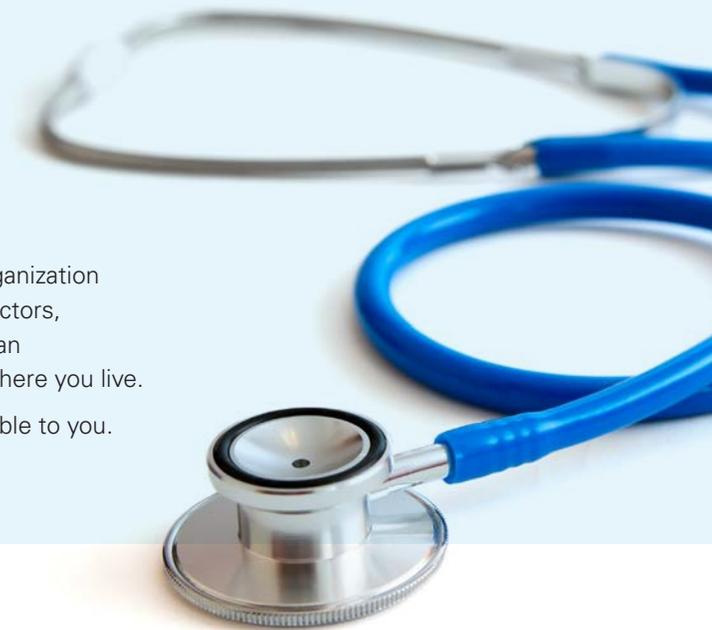


# REVIEW NETWORKS

## Exclusive Provider Organization

Nebraska HeartlandBlue plans are considered Exclusive Provider Organization (EPO) plans. This means that services are covered only if you use doctors, hospitals and other health care providers in your network (except in an emergency). The networks available to you will vary depending on where you live.

Review the network options below to see which networks are available to you.



### NEtwork BLUE HB

NEtwork BLUE HB is made up of 98% of Nebraska's doctors and non-governmental acute care hospitals.\*

NEtwork BLUE HB is available to members living in the following counties:

- Antelope
- Arthur
- Banner
- Blaine
- Boone
- Box Butte
- Boyd
- Brown
- Butler
- Cedar
- Chase
- Cherry
- Cheyenne
- Clay
- Colfax
- Cuming
- Custer
- Dakota
- Dawes
- Dawson
- Deuel
- Dixon
- Dundy
- Franklin
- Frontier
- Furnas
- Garden
- Garfield
- Gosper
- Grant
- Greeley
- Hamilton
- Harlan
- Hayes
- Hitchcock
- Holt
- Hooker
- Howard
- Keith
- Keya Paha
- Kimball
- Knox
- Lincoln
- Logan
- Loup
- Madison
- McPherson
- Merrick
- Morrill
- Nance
- Nuckolls
- Perkins
- Pierce
- Platte
- Polk
- Red Willow
- Rock
- Scotts Bluff
- Sheridan
- Sherman
- Sioux
- Stanton
- Thomas
- Valley
- Wayne
- Webster
- Wheeler

\*According to BCBSNE statistics, June 21, 2022.



### Premier Select BlueChoice HB

Our Premier Select BlueChoice HB network features Nebraska Methodist Hospital System and Nebraska Medicine. Key hospitals and health care providers in the Premier Select BlueChoice HB network include:

- Nebraska Methodist Hospital System
- Nebraska Medicine
- Children’s Hospital & Medical Center
- Boys Town National Research Hospital
- Bryan Health

Our Premier Select BlueChoice HB network is available to members living in the following counties:

- Burt
- Cass
- Dodge
- Douglas
- Fillmore
- Gage
- Jefferson
- Johnson
- Lancaster
- Nemaha
- Otoe
- Pawnee
- Richardson
- Saline
- Sarpy
- Saunders
- Seward
- Thayer
- Thurston
- Washington
- York

All other Nebraska providers are out of network.



### Blueprint Health HB

Our Blueprint Health HB network features CHI Health. Key hospitals and health care providers in the Blueprint Health HB network include:

- CHI Health System
- Children’s Hospital & Medical Center
- Boys Town National Research Hospital
- Nebraska Spine Hospital

Our Blueprint Health HB network is available to members living in the following counties:

- Adams
- Buffalo
- Burt
- Cass
- Dodge
- Douglas
- Fillmore
- Gage
- Hall
- Jefferson
- Johnson
- Kearney
- Lancaster
- Nemaha
- Otoe
- Pawnee
- Phelps
- Richardson
- Saline
- Sarpy
- Saunders
- Seward
- Thayer
- Thurston
- Washington
- York

All other Nebraska providers are out of network.



### Traveling outside of Nebraska?

Services received from health care providers outside the state of Nebraska are not covered except for emergency services. If you’re traveling outside of Nebraska, you still have access to your plan’s telehealth benefits.

BCBSNE offers telehealth services through Amwell, so you can access a nationwide network of U.S. board-certified physicians, available for live visits over the computer, tablet or phone, whenever you need them. Telehealth visits cost less than an emergency room, urgent care or even in-office doctor visits. See page 14 for more information.



#### To locate providers:

Members should visit **NebraskaBlue.com/Find-a-Doctor** or call the number on their member ID card.



## COMPARE PLAN OPTIONS

### Find the Plan that Fits Your Budget and Needs

Now that you know what network options are available, you'll want to choose the plan that fits your needs. All our plans meet the requirements mandated by the Affordable Care Act (ACA), which means they meet cost-sharing limits and cover all essential health benefits, including pediatric dental and vision.

ACA plans are grouped into different categories, often called "metallic levels." These categories indicate how costs (coinsurance) are split between you and your insurance plan. BCBSNE offers plans in the Bronze, Silver and Gold categories. All Nebraska HeartlandBlue plans are available on and off the Individual Market Exchange and are available in every county in Nebraska. All plans are also offered as child-only policies.

#### ➤ BRONZE PLANS

Bronze plans usually have the lowest monthly premiums, but the highest cost when you receive care.

#### ➤ SILVER PLANS

Silver plans typically fall in the middle: You pay moderate monthly premiums and moderate costs when you need care.

#### ➤ GOLD PLANS

Gold plans usually have higher monthly premiums but lower costs when you get care.

#### ➤ STANDARD PLANS

Standard plans offer a uniform cost-sharing structure across all metallic levels. This allows you to easily compare plans across carriers and shop for coverage. CMS guidelines require all participating carriers to offer standard plans among their 2023 plan offerings.

## Bronze Plans

|   | HSA Eligible 6000        | 0% Coinsurance 9100      | \$0 Primary Care Physician Office Visit 8100 | \$0 Mental Health Office Visit 7750 | Standard 0% Coinsurance 9100 | Standard Expanded 7500       |
|---|--------------------------|--------------------------|--|-------------------------------------|------------------------------|------------------------------|
|   | In-Network               | In-Network               | In-Network                                   | In-Network                          | In-Network                   | In-Network                   |
| <b>Deductible (Embedded*)</b>   |                          |                          |  |                                     |                              |                              |
| Individual  | \$6,000                  | \$9,100                  | \$8,100                                      | \$7,750                             | \$9,100                      | \$7,500                      |
| Family  | \$12,000                 | \$18,200                 | \$16,200                                     | \$15,500                            | \$18,200                     | \$15,000                     |
| <b>Coinsurance (Amount Member Pays)</b>   |                          |                          |  |                                     |                              |                              |
|   | 20%                      | 0%                       | 50%  | 50%                                 | 0%                           | 50%                          |
| <b>Out-of-Pocket Maximum (Embedded*, includes deductible, coinsurance and copays if applicable)</b> |                          |                          |  |                                     |                              |                              |
| Individual  | \$7,450                  | \$9,100                  | \$9,100                                      | \$9,100                             | \$9,100                      | \$9,000                      |
| Family  | \$14,900                 | \$18,200                 | \$18,200                                     | \$18,200                            | \$18,200                     | \$18,000                     |
| <b>Preventive Care</b>  |                          |                          |  |                                     |                              |                              |
| Preventive Care Services  | 0%                       | 0%                       | 0%   | 0%                                  | 0%                           | 0%                           |
| <b>Physician Office</b>   |                          |                          |  |                                     |                              |                              |
| Primary Care Physician Office Visit   | Deductible & Coinsurance | Deductible & Coinsurance | \$0  | \$50                                | Deductible & Coinsurance     | \$50                         |
| Specialist Office Visits  | Deductible & Coinsurance | Deductible & Coinsurance | Deductible & Coinsurance                     | Deductible & Coinsurance            | Deductible & Coinsurance     | \$100                        |
| Telehealth  | Deductible & Coinsurance | \$0                      | \$0  | \$0                                 | Deductible & Coinsurance     | \$50                         |
| OT, PT, Speech Therapy  | Deductible & Coinsurance | Deductible & Coinsurance | Deductible & Coinsurance                     | Deductible & Coinsurance            | Deductible & Coinsurance     | \$50                         |
| <b>Pregnancy and Maternity Services</b>   |                          |                          |  |                                     |                              |                              |
| Pre/Postnatal Care and Delivery   | Deductible & Coinsurance | Deductible & Coinsurance | Deductible & Coinsurance                     | Deductible & Coinsurance            | Deductible & Coinsurance     | Deductible & Coinsurance     |
| <b>Emergency Care</b>   |                          |                          |  |                                     |                              |                              |
| Urgent Care Facility Visit  | Deductible & Coinsurance | Deductible & Coinsurance | \$50   | \$50                                | Deductible & Coinsurance     | \$75                         |
| Emergency Care  | Deductible & Coinsurance | Deductible & Coinsurance | Deductible & Coinsurance                     | Deductible & Coinsurance            | Deductible & Coinsurance     | Deductible & Coinsurance     |
| Inpatient Hospital  | Deductible & Coinsurance | Deductible & Coinsurance | Deductible & Coinsurance                     | Deductible & Coinsurance            | Deductible & Coinsurance     | Deductible & Coinsurance     |
| Ambulance Services  | Deductible & Coinsurance | Deductible & Coinsurance | Deductible & Coinsurance                     | Deductible & Coinsurance            | Deductible & Coinsurance     | Deductible & Coinsurance     |
| <b>Mental Illness and/or Substance Dependence and Abuse Services</b>                                |                          |                          |  |                                     |                              |                              |
| Inpatient   | Deductible & Coinsurance | Deductible & Coinsurance | Deductible & Coinsurance                     | Deductible & Coinsurance            | Deductible & Coinsurance     | Deductible & Coinsurance     |
| Outpatient Office Visit   | Deductible & Coinsurance | Deductible & Coinsurance | Deductible & Coinsurance                     | \$0                                 | Deductible & Coinsurance     | \$50                         |
| <b>Pharmacy Benefits</b>  |                          |                          |  |                                     |                              |                              |
| Preferred Generic   | 20% after Deductible     | Deductible & Coinsurance | \$10   | \$10                                | Deductible & Coinsurance     | \$25                         |
| Non-Preferred Generic   | 30% after Deductible     | Deductible & Coinsurance | \$30   | \$30                                | N/A                          | N/A                          |
| Preferred Brand   | 50% after Deductible     | Deductible & Coinsurance | \$200  | \$200                               | Deductible & Coinsurance     | \$50 copay after deductible  |
| Non-Preferred Brand   | 55% after Deductible     | Deductible & Coinsurance | 55%  | 55%                                 | Deductible & Coinsurance     | \$100 copay after deductible |
| Preferred Specialty   | 60% after Deductible     | Deductible & Coinsurance | 60% after Deductible                         | 60% after Deductible                | Deductible & Coinsurance     | \$500 copay after deductible |
| Non-Preferred Specialty   | 70% after Deductible     | Deductible & Coinsurance | 70% after Deductible                         | 70% after Deductible                | N/A                          | N/A                          |

## Health Savings Account (HSA) Eligible Plans

The Bronze HSA Eligible 6000 plan is a qualified high-deductible health plan which means you can pair it with a health savings account (HSA) to save and pay for qualified health care expenses. An HSA is an alternative way to pay for your qualified health care expenses and save for future qualified health care expenses on a tax-free basis. Funds in an HSA roll over each year, and the interest earned on the assets in your account are tax free. There are limits to the amount that can be contributed to your HSA as well as what you can use your HSA funds for. These limits depend on a variety of factors, and they typically increase each year. Visit [IRS.gov](https://www.irs.gov) for more information.

\* See page 28 for embedded definition.

## Silver Plans

|   | \$0 Deductible 9100      | \$0 Primary Care Physician Office Visit 5000 | \$0 Mental Health Office Visit 6000 | Standard Copay 5800          |
|---|--------------------------|--|-------------------------------------|------------------------------|
|   | In-Network               | In-Network                                   | In-Network                          | In-Network                   |
| <b>Deductible (Embedded*)</b>   |                          |  |                                     |                              |
| Individual  | \$0                      | \$5,000                                      | \$6,000                             | \$5,800                      |
| Family  | \$0                      | \$10,000                                     | \$12,000                            | \$11,600                     |
| <b>Coinsurance (Amount Member Pays)</b>   |                          |  |                                     |                              |
|   | 60%                      | 50%  | 50%                                 | 40%                          |
| <b>Out-of-Pocket Maximum (Embedded*, includes deductible, coinsurance and copays if applicable)</b> |                          |  |                                     |                              |
| Individual  | \$9,100                  | \$8,950                                      | \$7,900                             | \$8,900                      |
| Family  | \$18,200                 | \$17,900                                     | \$15,800                            | \$17,800                     |
| <b>Preventive Care</b>  |                          |  |                                     |                              |
| Preventive Care Services  | 0%                       | 0%   | 0%                                  | 0%                           |
| <b>Physician Office</b>   |                          |  |                                     |                              |
| Primary Care Physician Office Visit   | Deductible & Coinsurance | \$0  | \$40                                | \$40                         |
| Specialist Office Visits  | Deductible & Coinsurance | Deductible & Coinsurance                     | Deductible & Coinsurance            | \$80                         |
| Telehealth  | \$0                      | \$0  | \$0                                 | \$40                         |
| OT, PT, Speech Therapy  | Deductible & Coinsurance | Deductible & Coinsurance                     | Deductible & Coinsurance            | \$40                         |
| <b>Pregnancy and Maternity Services</b>   |                          |  |                                     |                              |
| Pre/Postnatal Care and Delivery   | Deductible & Coinsurance | Deductible & Coinsurance                     | Deductible & Coinsurance            | Deductible & Coinsurance     |
| <b>Emergency Care</b>   |                          |  |                                     |                              |
| Urgent Care Facility Visit  | Deductible & Coinsurance | \$50   | \$50                                | \$60                         |
| Emergency Care  | Deductible & Coinsurance | Deductible & Coinsurance                     | Deductible & Coinsurance            | Deductible & Coinsurance     |
| Inpatient Hospital  | Deductible & Coinsurance | Deductible & Coinsurance                     | Deductible & Coinsurance            | Deductible & Coinsurance     |
| Ambulance Services  | Deductible & Coinsurance | Deductible & Coinsurance                     | Deductible & Coinsurance            | Deductible & Coinsurance     |
| <b>Mental Illness and/or Substance Dependence and Abuse Services</b>                                |                          |  |                                     |                              |
| Inpatient   | Deductible & Coinsurance | Deductible & Coinsurance                     | Deductible & Coinsurance            | Deductible & Coinsurance     |
| Outpatient Office Visit   | Deductible & Coinsurance | \$0  | \$0                                 | \$40                         |
| <b>Pharmacy Benefits</b>  |                          |  |                                     |                              |
| Preferred Generic   | Deductible & Coinsurance | \$5  | \$5                                 | \$20                         |
| Non-Preferred Generic   | Deductible & Coinsurance | \$20   | \$20                                | N/A                          |
| Preferred Brand   | Deductible & Coinsurance | \$150  | \$150                               | \$40                         |
| Non-Preferred Brand   | Deductible & Coinsurance | 55% after Deductible                         | 55% after Deductible                | \$80 copay after deductible  |
| Preferred Specialty   | Deductible & Coinsurance | 60% after Deductible                         | 60% after Deductible                | \$350 copay after deductible |
| Non-Preferred Specialty   | Deductible & Coinsurance | 70% after Deductible                         | 70% after Deductible                | N/A                          |

These plans are eligible for Cost-Sharing Reduction. See page 11 for details.

\* See page 28 for embedded definition.

## Gold Plans

|   | \$0 Primary Care<br>Physician Office<br>Visit 1500 | \$0 Deductible 9100      | Standard Copay<br>2000   |
|---|--|--------------------------|--------------------------|
|   | In-Network   | In-Network               | In-Network               |
| <b>Deductible (Embedded*)</b>   |  |                          |                          |
| Individual  | \$1,500  | \$0                      | \$2,000                  |
| Family  | \$3,000  | \$0                      | \$4,000                  |
| <b>Coinsurance (Amount Member Pays)</b>   |  |                          |                          |
|   | 30%  | 35%                      | 25%                      |
| <b>Out-of-Pocket Maximum (Embedded*, includes deductible, coinsurance and copays if applicable)</b> |  |                          |                          |
| Individual  | \$7,500  | \$9,100                  | \$8,700                  |
| Family  | \$15,000   | \$18,200                 | \$17,400                 |
| <b>Preventive Care</b>  |  |                          |                          |
| Preventive Care Services  | 0%   | 0%                       | 0%                       |
| <b>Physician Office</b>   |  |                          |                          |
| Primary Care Physician Office Visit   | \$0  | Deductible & Coinsurance | \$30                     |
| Specialist Office Visits  | Deductible & Coinsurance                           | Deductible & Coinsurance | \$60                     |
| Telehealth  | \$0  | \$0                      | \$30                     |
| OT, PT, Speech Therapy  | Deductible & Coinsurance                           | Deductible & Coinsurance | \$30                     |
| <b>Pregnancy and Maternity Services</b>   |  |                          |                          |
| Pre/Postnatal Care and Delivery   | Deductible & Coinsurance                           | Deductible & Coinsurance | Deductible & Coinsurance |
| <b>Emergency Care</b>   |  |                          |                          |
| Urgent Care Facility Visit  | \$50   | Deductible & Coinsurance | \$45                     |
| Emergency Care  | Deductible & Coinsurance                           | Deductible & Coinsurance | Deductible & Coinsurance |
| Inpatient Hospital  | Deductible & Coinsurance                           | Deductible & Coinsurance | Deductible & Coinsurance |
| Ambulance Services  | Deductible & Coinsurance                           | Deductible & Coinsurance | Deductible & Coinsurance |
| <b>Mental Illness and/or Substance Dependence and Abuse Services</b>                                |  |                          |                          |
| Inpatient   | Deductible & Coinsurance                           | Deductible & Coinsurance | Deductible & Coinsurance |
| Outpatient Office Visit   | \$0  | Deductible & Coinsurance | \$30                     |
| <b>Pharmacy Benefits</b>  |  |                          |                          |
| Preferred Generic   | \$3  | \$3                      | \$15                     |
| Non-Preferred Generic   | \$10   | \$10                     | N/A                      |
| Preferred Brand   | \$100  | \$100                    | \$30                     |
| Non-Preferred Brand   | 55% after deductible                               | 55% after deductible     | \$60                     |
| Preferred Specialty   | 60% after deductible                               | 60% after deductible     | \$250                    |
| Non-Preferred Specialty   | 70% after deductible                               | 70% after deductible     | N/A                      |

\* See page 28 for embedded definition.

## Prescription Drug Coverage

Prescription drug coverage is available to BCBSNE members through our Rx Nebraska Prescription Drug Program with our pharmacy benefit manager, Prime Therapeutics, LLC.

### Pharmacy Networks

You will pay less out of pocket on prescriptions filled with in-network pharmacies. You may also use our home delivery services. Nebraska HeartlandBlue plans use Network J.

### Pharmacy Network J

#### In-Network

- Walgreens
- Walmart/Sam's Clubs
- Hy-Vee
- Baker's
- U Save
- Super Saver

#### Out-of-Network

- Costco
- CVS
- Target

This is a partial list and is subject to change at any time without notice. For a complete list visit [NebraskaBlue.com/Pharmacy](https://www.nebraskablue.com/Pharmacy).

### Prescription Drug List

Each Nebraska HeartlandBlue plan includes a list of covered medications, also called a prescription drug list (PDL). The PDL for our **Standard** plans is PDL67. All other plans offer PDL66. To search the list or download a copy, visit [NebraskaBlue.com/DrugList](https://www.nebraskablue.com/DrugList).

### Retail Pharmacies

Take your prescription to an in-network pharmacy and show the pharmacist your member ID card; you 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, you will be responsible for the difference in cost, plus the applicable copay or coinsurance amount.

### Home Delivery

Home delivery is a convenient way to get your medicines delivered right to your door. You can fill your prescriptions online with Amazon Pharmacy and save time and money. Learn more at [NebraskaBlue.com/Pharmacy](https://www.nebraskablue.com/Pharmacy).



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.

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

Express Scripts Pharmacy is contracted to provide mail pharmacy services for Blue Cross and Blue Shield of Nebraska.

Express Scripts Pharmacy is a trademark of Express Scripts Strategic Development, Inc.



### Prescription Drug Tiers

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

Nebraska HeartlandBlue **Standard** plans offer four prescription drug tiers

#### TIER 1

##### GENERIC

Commonly prescribed generic drugs.

#### TIER 2

##### PREFERRED BRAND

Brand-name drugs that do not have a generic equivalent.

#### TIER 3

##### NON-PREFERRED BRAND

Higher-priced brand-name drugs. Often have a generic equivalent.

#### TIER 4

##### SPECIALTY

Drugs used to treat complex conditions like cancer. These drugs can be generic or brand name.

**All other** plans offer six prescription drug tiers

#### TIER 1

##### PREFERRED GENERIC

Commonly prescribed generic drugs.

#### TIER 2

##### NON-PREFERRED GENERIC

Higher-priced generic drugs that cost a little more than Tier 1.

#### TIER 3

##### PREFERRED BRAND

Brand-name drugs that do not have a generic equivalent.

#### TIER 4

##### NON-PREFERRED BRAND

Higher-priced brand-name drugs. Often have a generic equivalent.

#### TIER 5

##### PREFERRED SPECIALTY

Lower-cost specialty drugs. Used to treat complex conditions like cancer.

#### TIER 6

##### NON-PREFERRED SPECIALTY

The most expensive drugs on the drug list which can be generic or brand name.



LOWEST COST



HIGHEST COST







# 3



## PAYING FOR YOUR COVERAGE

Don't let premium costs keep you from giving your family the health coverage they deserve. Many individuals can qualify for an advanced premium tax credit to lower monthly premiums and even extra savings with cost-sharing reduction.

### **Advance Premium Tax Credits**

The Advanced Premium Tax Credit (APTC) is a credit that can be used to lower your monthly premium on plans purchased through the Marketplace. This tax credit is based on your estimated household income and will be calculated when you fill out your application for coverage.

### **Cost-Sharing Reduction**

In addition to APTC, you can also see if you qualify for a cost-sharing reduction (CSR), also called "extra savings." These extra savings allow you to save additional money on your out-of-pocket costs when receiving medical services.

Only plans in the Silver category are eligible for a CSR; the savings amount depends on your household income. These savings include:

- Lower deductibles
- Lower coinsurance and/or copays
- Lower out-of-pocket maximums

Additional benefits and protections are available for American Indians and Alaska natives.

→ To learn more, visit [Healthcare.gov](https://www.healthcare.gov).



# EXPLORE MEMBER RESOURCES

Take a peek at some of the resources available to BCBSNE members.

## Telehealth from Amwell® A fast, easy way to see a doctor

You may use any in-network provider that offers telehealth services. BCBSNE offers telehealth services through Amwell, the industry's leading telehealth solution. With telehealth services, you can access a nationwide network of U.S. board-certified physicians, available for live visits over a computer, tablet or phone, typically in less than 10 minutes. Amwell visits often cost less than an emergency room, urgent care or even in-office doctor visits.

### Behavioral Health Services

With telehealth behavioral health services, Amwell's licensed therapists are available by appointment from 7 a.m. to 11 p.m. local time, seven days per week to provide treatment for the following conditions:

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

### Medical Services

Telehealth through Amwell offers medical services to treat common conditions including:

- Sinus infection
- Cold
- Flu
- Fever
- Rash
- Abdominal pain
- Pinkeye
- Ear infection



You are not required to use Amwell for telehealth. You may use any in-network provider that offers telehealth services.

## Blue365®

Blue365 is just one more advantage of being a BCBSNE member. With this free program, you and your family can save money on health care products and services.

You'll see a full range of savings from top national and local retailers. Some discounts include:

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

There are no claims to file and no referrals or prior authorizations needed. After you've registered you can also sign up to receive weekly deals sent directly to your email.

Visit [NebraskaBlue.com/Blue365](https://NebraskaBlue.com/Blue365) to take advantage of these exclusive deals.





## myNebraskaBlue.com

It only takes a few minutes to gain access to a wealth of online tools that offer you more control over your health plan and personal wellness. After signing up at myNebraskaBlue.com, you will instantly be able to access details about your insurance plan and track your spending.

With myNebraskaBlue, members can:

- Access claims details and status
- Find an in-network doctor or facility
- Track your health care spending
- View deductible and out-of-pocket limits
- Access pharmacy benefits
- Manage your account by going paperless or ordering additional ID cards
- Update billing information

To learn more, visit **myNebraskaBlue.com**. You may view the tool as a guest by selecting “Guest” on the **myNebraskaBlue.com** home page.



## Care Management Programs

Included for free with your health plan, you have access to a team of health care professionals who can help maximize your benefits. They'll ensure you get the right care, at the right time, in the right place, no matter your goals.

- **Nurse-Supported Care:** Whether you need assistance with smoking cessation, managing chronic conditions or other challenges, we're here to help. With this program, you'll work with a nurse health coach who will offer personalized attention, customized to meet your individual wellness goals.
- **Diabetes Management:** Our nurse diabetes educators will create a plan to help you better manage your diabetes and related issues. This program includes a free glucose meter and is personalized to you and your family's specific needs.
- **Case Management:** Whether you were recently hospitalized, getting cancer treatment, or just need a little extra help with your health, our nurse care managers work one-on-one with you to get you the care you need.
- **Pregnancy Care:** Whether you have a high-risk or healthy pregnancy, our labor and delivery nurses can help answer your questions and provide education, encouragement and support throughout your pregnancy. As part of the program, you will have access to a pregnancy tracking app designed to guide you through the exciting time and offers assistance maintaining a healthy pregnancy. In the app, you can chat with a nurse, receive appointment reminders and track medications.

## Eligibility and Enrollment Guidelines

Application for coverage is limited to initial or annual enrollment through an Open Enrollment Period or a Special Enrollment Period as stated below. Upon acceptance by BCBSNE of an application and payment of applicable premiums, coverage shall commence as follows:

### Annual Enrollment

Coverage for you and your eligible dependent(s) begins the first day of the following month if the application is received on or before the 15th of the month. If received after the 15th of the month, coverage begins the first of the second month following BCBSNE's approval of the application. The effective date will be shown on the Schedule of Benefits.

### Special Enrollment

If you have not previously enrolled for coverage, you may be able to enroll during a Special Enrollment Period. A Special Enrollment Period of 60 days is available if you have a qualifying life event. Including, but not limited to:

- **Loss of health coverage**
  - Losing existing health coverage, including job-based, individual and student plans
  - Losing eligibility for Medicare, Medicaid or CHIP
  - Turning 26 and losing coverage through a parent's plan
- **Changes in household**
  - Getting married or divorced
  - Having a baby or adopting a child
  - Death in the family
- **Changes in residence**
  - Moving to a different ZIP code or county
  - A student moving to or from the place they attend school
  - A seasonal worker moving to or from the place they both live and work
  - Moving to or from a shelter or other transitional housing
- **Other qualifying events**
  - Changes in your income that affect the coverage you qualify for
  - Gaining membership in a federally recognized tribe or status as an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder
  - Becoming a U.S. citizen
  - Leaving incarceration (jail or prison)
  - AmeriCorps members starting or ending their service

## DEPENDENT COVERAGE

Coverage is available for dependents, including spouses and children up to age 26.

If you, as the policyholder are court-ordered to provide health coverage for stepchildren or other dependents who are not your natural-born or adopted children, a copy of the court order should be provided. Additionally, a signed dependency statement establishing the relationship between adult and child may be required in some cases.

### Newborn Children

Coverage may begin at birth for your newborn child for 31 days free of charge. To add your child please visit **MyNebraskaBlue.com** or call member services within 60 days of the date of birth. For single memberships, the coverage will change to a family membership as of the date of birth.

### Adopted Children

Coverage for an adopted child will be effective on the date the child is placed with you for adoption or the date a court order grants custody to you, whichever is earlier. You must enroll the child within 60 days of the placement/custody order.

### Grandchildren

Your grandchild(ren) are considered eligible dependents as long as they live with you (the subscriber) in a regular parent-child relationship and you provide financial support. The grandchild cannot receive any support or maintenance from the parent and you must be a court-appointed guardian. If the grandchild's parent is a covered dependent at the time of birth, you may add the grandchild for the first 31 days. After that, the grandchild must meet the above-referenced eligibility definition and provide documentation showing legal guardianship to continue the coverage.

### Legal Guardianships

Guardianships are handled on a case-by-case basis and are subject to management review. The subscriber must be a court-appointed legal guardian; this does not include a foster child.

### Other Caregiver Situations

Foster children, aged parents, brothers and sisters, etc., are not eligible even if they are eligible to be claimed for income tax purposes.

In all such cases, a signed dependency statement, a copy of the court order paperwork or a copy of the income tax return may be requested.

### Disabled Dependents and Extension of Dependent Coverage

After the age of 25, a covered child will still be considered eligible for coverage if he or she is physically or mentally disabled and is dependent on you (the subscriber) for support and maintenance. Legislative Bill 551 (LB551) and Michelle's Law may apply to extend coverage beyond the age of 26 to the age of 30. A premium increase from a dependents rate to the amount equivalent to a single member premium will apply upon approval.

Call the member services number on the back of your member ID card to get these forms or visit **NebraskaBlue.com/Forms**.

If a child is institutionalized because of a disability, and if the cost of his/her maintenance is provided by public welfare, the child does not qualify as a dependent under the health insurance policy.

### Child Only

Child-only coverage is available for children through the age of 19 as a single policy; child-only enrollment is only available during open enrollment or as a special enrollment period following effective date rules.

## OVERVIEW OF AFFORDABLE CARE ACT

### Essential Health Benefits

Individual health insurance policies sold beginning Jan. 1, 2014, must offer at least 10 essential health benefits. These essential health benefits, include:

1. Outpatient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use disorder services
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Pediatric services, including dental and vision
10. Preventive and wellness services and chronic disease management

### FREE-LOOK PROVISION

Once you have been accepted for coverage, we will issue a schedule of benefits (SOB), member ID cards and other fulfillment materials. You have 10 business days from the SOB mail date to contact us to cancel coverage and receive a full refund. This provision does not allow for changing an effective date. You may view your policy documents at **SBC.NebraskaBlue.com**.

## PAYMENT OPTIONS

You may choose to have your monthly premium automatically withdrawn from your bank account or be billed direct on a monthly billing cycle. You may update your payment options through your myNebraskaBlue online account.

A grace period for late premium payment is outlined in the policy contracts.

If there are insufficient funds in your bank account on the regularly scheduled withdrawal date, a second withdrawal attempt will be made one to two days later. If there are still insufficient funds, the following month's debit will represent two months' premium unless it is your first payment, then, your coverage will terminate and you will have to go through the reinstatement process if eligible.

## TERMINATIONS

In order to terminate a policy, a cancellation form must be submitted. Cancellation forms can be found on [NebraskaBlue.com/Forms](https://www.nebraskablue.com/forms).

Cancellation will be effective a) the last day of the month the form is received, OR b) the termination date noted on the form. Coverage cannot be terminated earlier than the date the form is received by BCBSNE. Dependents cannot be terminated earlier than the last day of the month the form is received.

The form must be signed by you (the member) for the cancellation to be effective. For a child-only policy, the member is the parent or guardian identified in BCBSNE's records. We will not cancel coverage if the form is signed by anyone other than the member.

### Retroactive Terminations and Refunds

We will allow termination dates prior to the date of notification only in the following situations:

- Divorce or death (proof of the date may be required), or
- You are a Medicare Supplement policy subscriber and receive late notification of Medicaid eligibility.

Refunds will be limited to 12 months in those situations that are not a result of our error (e.g., we were not notified of a divorce).

### Reformation or Rescission of Membership

If you or someone acting on your behalf commits an act of fraud or makes an intentional misrepresentation of material fact involving the application for coverage, or benefits payable under this coverage, we may make a premium adjustment or rescind the coverage.

The right of reformation applies to someone who is issued a contract at non-tobacco user rates when it is determined that the approval of such rate was based upon a material misrepresentation of the applicant's tobacco use. Documentation of tobacco use discovered in submitted claims will also be considered documented tobacco use and premiums will be adjusted accordingly. The tobacco surcharge is 10% starting at age 21.

The company limits its right of reformation or rescission to the first two years of coverage except for non-disclosed tobacco use or in cases where tobacco use starts or resumes.

A change in tobacco status can only be requested during Open Enrollment or during a Special Enrollment event.

## Benefits and Responsibilities

### General Information

Applications for coverage are subject to our approval.

### Rate Renewal

Premium rates will be reviewed during the renewal period and adjusted each year. BCBSNE policies are rated by age, geographical area and tobacco use. We will notify you at least 30 days in advance of any premium change.

### Types of Enrollment Available

**Single Membership:** Covers you only; this includes child-only policies.

**Family Membership:** Covers you and your eligible dependents. This may include your spouse and/or eligible dependent children to age 26.

Physically and mentally disabled children may be eligible for continuous coverage after age 26 if application is made within 31 days of the child's 26<sup>th</sup> birthday.

**Child-Only Membership:** Covers a child through age 19 as a single policy; child-only enrollment is only available during open enrollment or as a special enrollment period following effective date rules.

### Inpatient Hospital Benefits (including long-term acute care)

Benefits are available for (but not limited to):

- Semi-private room; cardiac and intensive care units; treatment rooms and equipment
- Anesthesia
- FDA-approved drugs, intravenous solutions and vaccines administered in the hospital
- Physical, occupational and speech therapy
- Radiology, pathology and radiation therapy
- Respiratory care
- Inpatient physical rehabilitation, subject to certain requirements\*
- Up to 60 days per calendar year in a skilled nursing facility when ordered by a physician\*

\* Requires benefit certification.

### Outpatient Hospital Benefits

Benefits for the covered services listed under Inpatient Hospital Benefits are also available (subject to certain limitations) when received in a hospital outpatient department, emergency room or ambulatory surgical facility. Benefits for outpatient cardiac and pulmonary rehabilitation are available, subject to medical criteria.

### **Benefits for Physician's Services**

Benefits are available for (but not limited to):

- Allergy serums and injections of allergy extracts
- Anesthesia services
- Consultation services
- Tissue examinations
- Physician home and outpatient visits
- Radiation therapy and chemotherapy
- Radiology, pathology and other diagnostic services
- Surgery and surgical assistance  
(for specified procedures)
- FDA-approved drugs
- Inpatient hospital visits

### **Primary Care Physician and Specialist Office Services Copays**

When you go to a network primary care physician or specialist, you pay the policy's designated copay for office visit services. Only covered services and supplies obtained in the physician's office will be payable under the office services copay benefit. For office visits to out-of-network primary care physicians and specialists, benefits for covered services will be subject to the policy's applicable deductible and coinsurance amounts.

Covered services include:

- Physician office visits and consultations
- X-ray, lab and pathology services
- Supplies used to treat the patient during the office visit (excluding home medical equipment)
- Drugs administered during an office visit
- Hearing and vision exams (non-routine/preventive)
- Allergy testing and injections

For purposes of this coverage, a primary care physician is a physician who has a majority of his or her practice in the fields of internal or general medicine, obstetrics/gynecology, general pediatrics or family practice. All other types of physicians are considered specialists.

### **Benefits for Maternity and Newborn**

Maternity coverage is included in Nebraska HeartlandBlue and is available to you, as well as covered spouses and dependent daughters. If you are covered under a single membership, benefits are available for the newborn for 31 days from the date of birth. To continue the newborn's coverage beyond this time period, you must request a change to family membership within those 31 days and pay the additional premium.

Benefits are available for screening tests (including newborn/infant hearing) and physician services for routine exams of a newborn well infant while the baby is confined. All covered charges incurred by a newborn from birth will be subject to the baby's calendar year deductible.

Obstetrical benefits include prenatal and postnatal care.

### **Benefits for Mental Illness and Substance Dependence or Services**

Benefits will be provided for covered services for the treatment of mental illness and substance dependence and abuse. Covered services include inpatient and outpatient services, including but not limited to:

- Psychological therapy and/or substance dependence and abuse counseling by approved providers.
- Office visits.
- Specified outpatient programs.
- Emergency care services.

Certain exclusions/limitations may apply.

### **Benefits for Preventive Services**

Benefits will be provided for in-network preventive services as required by the Patient Protection and Affordable Care Act (PPACA) and will not be subject to cost-sharing requirements, such as copay, coinsurance or deductible. A listing of these services is available upon request.

In addition to those preventive services required by the ACA, benefits will be provided for other preventive services, including:

- Specific laboratory/pathology services.
- Hearing screenings and examinations.
- Prostate cancer screenings (PSA).

### **Benefits for Oral Surgery**

Benefits are available for (but not limited to) the following covered services:

- Removal of tumors and cysts
- Nonsurgical treatment of infections

- Treatment of jaw joint dislocation/fracture due to an accident. Services must occur within 12 months of an injury not related to eating, biting or chewing
- Services, supplies or appliances for dental treatment of natural healthy teeth required as the direct result of an accidental injury. Benefits for such services are limited, however, to covered services provided within 12 months of the date of injury. Benefits are not available for orthodontics or dental implants. Benefits shall not be provided for services when the injury occurs as the result of eating, biting or chewing.
- Medically necessary hospitalization and general anesthesia in order for the covered person to safely receive dental care, including covered persons who are under eight years of age.
- Diagnostic services and surgery related to temporomandibular jaw joint (TMJ).

### **Benefits for Organ and Tissue Transplantation**

Benefits are available for services associated with medically necessary organ and tissue transplantation, including (but not limited to) liver; heart; single and double lung; lobar lung; heart-lung; heart valve (heterograft); kidney; kidney-pancreas; pancreas; bone graft; cornea; parathyroid; small intestine; small intestine and liver; small intestine and multiple viscera.

Benefits are also available for bone marrow transplants, including, but not limited to, autologous and allogeneic stem cell transplants.

Transplant procedures require certification by BCBSNE and are subject to medical policy criteria.

**Benefits for Pediatric Dental Services**

Pediatric dental services are available to members under the age of 19. Covered members will receive in-network benefits whenever they use dentists in our dental network. This is a provider network of multiple Blue Cross and Blue Shield Plans that, when combined, offers members one of the largest PPO dental networks in the nation. It provides patients with lower out-of-pocket costs and broad access to participating dentists.

Find network providers in Nebraska and anywhere in the United States by visiting **NebraskaBlue.com**. Select "Find a Doctor." For a complete list of covered services and exclusions and limitations, please view the contract.

**Benefits for Pediatric Vision Services**

Coverage for pediatric vision services is available for covered persons up to age 19.

Pediatric vision exclusions:

- Laser vision correction
- Visual therapy
- Replacement of lost or stolen eyewear
- Non-prescription and deluxe eyeglasses (athletic, safety and sunglasses)
- Vision prosthetic devices and related services
- Purchase of insurance on eyewear
- Color contact lenses

Find network providers in Nebraska and anywhere in the United States by visiting **NebraskaBlue.com**. Select "Find a Doctor."

| Pediatric Dental Covered Services   | In Network                     | Out of Network |
|---|--------------------------------|----------------|
| <b>Type A Services</b><br>Preventive and diagnostic dentistry   | Deductible and Coinsurance     | Not Covered    |
| <b>Type B Services</b><br>Maintenance and simple restorative dentistry  | Deductible and Coinsurance     | Not Covered    |
| <b>Type C Services</b><br>Complex restorative dentistry   | Deductible and Coinsurance     | Not Covered    |
| <b>Type D Services</b><br>Orthodontic dentistry medical necessity required limited to metal braces only (after a 24-month waiting period) | Deductible and 70% Coinsurance | Not Covered    |

| Pediatric Vision Covered Services  | In Network                     | Out of Network |
|--|--------------------------------|----------------|
| <b>Vision Examination</b><br>(including refraction and dilation, up to one exam per calendar year)   | Deductible and Coinsurance     | Not Covered    |
| <b>Eyeglass Frames/Lenses or Contacts</b><br>(limited to one set of frames and eyeglass lenses per calendar year, or contact lenses per calendar year) | Deductible and 50% Coinsurance | Not Covered    |
| <b>Medically Necessary Contact Lenses*</b><br>(in lieu of eyeglasses, includes evaluation and fitting)   | Deductible and 50% Coinsurance | Not Covered    |

\* If use of medically necessary contact lenses will result in significantly better visual and/or improved binocular function. Refer to contract for list of specific diseases.  
NOTE: Contact lenses, including the evaluation and fitting requires Certification in excess of \$600.

### **Benefits for Home Skilled Nursing Care, Home Health Aide, Hospice Services and Respiratory Care**

The following covered services require benefit preauthorization. Limitations and exclusions apply.

**Skilled nursing care:** Benefits are available for medically necessary physician-ordered care by a registered or licensed practical nurse for up to eight hours per day.

**Home health aide:** When services are related to active medical treatment, benefits include personal services such as bathing, feeding and performing necessary household duties for a homebound patient.

**Hospice services:** Benefits include Medicare-certified hospice services for a terminally ill patient, including home health aide and hospice nursing services, respite care, medical social worker visits, crisis care and bereavement counseling.

**Respiratory care:** Benefits are available for respiratory care services in the home, including airway maintenance, chest physiotherapy, delivery of medications, oxygen therapy, obtaining laboratory samples and pulmonary function testing.

### **Other Covered Services**

(Please note: Limitations and exclusions apply.)

- Ambulance Services
- Diabetes outpatient self-management training and patient management from an approved provider
- Physical, occupational or speech therapy services, chiropractic or osteopathic physiotherapy
- Habilitative Services: Combined limit of 45 sessions per calendar year
- Rehabilitative Services: Combined limit of 45 sessions per calendar year
- Chiropractic or osteopathic manipulative treatments or adjustments (combined limit of 20 sessions per calendar year)

- Rental/initial purchase (whichever costs less) of medically necessary home medical equipment ordered by a doctor; limited benefits are available for the repair, maintenance and adjustment of purchased covered medical equipment
- Services in accordance with the Women's Health and Cancer Rights Act, which requires that insurance companies that provide medical and surgical benefits for mastectomies also provide benefits for breast reconstruction, prostheses and treatment for physical complications

Refer to the contract for a complete listing.

### **Exclusions and Limitations**

This document contains only a partial list of the limitations and exclusions that apply to Nebraska HeartlandBlue health policies. For a complete listing, please refer to the contract.

No benefits are available for the following except for covered services provided as part of the preventive services benefit.

Services not covered by this contract:

- External and surgically implantable devices to improve hearing, including audient bone conductors, and hearing aids and their fitting
- Eye exercises or visual training
- Routine eye exam for members age 19 or older
- Eyeglasses or contact lenses for members age 19 and older
- Infertility treatment and related services, including artificial insemination, embryo transfer procedures, drug and/or hormonal therapy, reversal of voluntary sterilization, ultrasounds, lab work and other testing done in conjunction with fertility treatment
- Massage therapy
- Treatment for weight reduction/obesity, including surgical procedures

- Nutrition care, supplies, supplements or other nutritional substances, including Neocate, Vivonex and other over-the-counter infant formulas and supplements
- Radial keratotomy or any other procedures/alterations of the refractive character of the cornea to correct myopia, hyperopia and/or astigmatism
- Services we consider to be investigative, not medically necessary, experimental, cosmetic or obsolete
- Services, drugs, medical supplies, devices or equipment that are not cost effective compared to established alternatives or that are provided for the convenience or personal use of the patient
- Services provided before the coverage effective date or after termination
- Services for illness or injury sustained while performing military service
- Services for injury/illness arising out of or in the course of employment
- Charges for services which are not within the provider's scope of practice
- Charges in excess of our contracted amount
- Charges made separately for services, supplies and materials we consider to be included within the total charge payable

### **Certification Requirements**

The purpose of certification is to determine whether a service or admission meets the medical necessity criteria of the policy.

All inpatient hospital admissions must be certified by BCBSNE. This enables us to coordinate discharge planning, case management and disease management services with the patient's providers. If the patient is hospitalized in a contracting (in-network) hospital in Nebraska, notification will be provided by the hospital.

If the patient is hospitalized in an out-of-network hospital in Nebraska or is admitted to an inpatient facility in another state, BCBSNE must be notified by the patient or their provider.

Certification is also required for the following care, regardless of where the care is received, in or out of network:

- Inpatient physical rehabilitation
- Long-term acute care
- Skilled nursing facility care
- Skilled nursing in the home
- Organ and tissue transplants
- Certain prescription drugs

This is not a complete list. Please refer to the contract for additional information.

You are responsible for making sure that certification occurs; however, a hospital or provider may initiate the certification. When possible, certification should be completed prior to receiving the services. Benefits for services that are not certified or that are not medically necessary will be denied, the member will be responsible for the charges.

For certification of benefits for an inpatient admission, call 800-247-1103 or 402-390-1870.



## Glossary

### **Agent/Broker**

A person or business who can help you determine your health care coverage needs and apply for coverage. They're also licensed and regulated by states and typically get payments, or commissions, from health insurers for enrolling a consumer into an issuer's plans. Some brokers may only be able to sell plans from specific health insurers.

### **Allowable Amount/Charge**

An amount we use to calculate our payment of covered services. This amount will be based on the contracted amount for in-network providers or the out-of-network allowance and is the maximum amount that an in-network provider can charge for a covered service.

### **Bronze Health Plan**

One of four plan categories (also known as "metal levels") in the Marketplace. Bronze plans usually have the lowest monthly premiums but the highest costs when you get care.

### **Coinsurance**

The percentage of the bill you pay for covered services after your deductible has been met.

### **Copay**

A fixed amount you pay when you get a covered health service. For example, a doctor's office visit.

**Cost Share (sharing)**

The share of costs covered by your health insurance plan that you pay out of pocket. This term generally includes deductibles, coinsurance, copays or similar charges, but it doesn't include premiums, balance billing amounts for out-of-network providers or the cost of noncovered services.

**Cost Sharing Reduction (CSR)**

A discount that lowers the amount you have to pay for deductibles, copays and coinsurance. In the Marketplace, cost-sharing reductions are often called "extra savings." If you qualify, you must enroll in a plan in the Silver category to get the extra savings.

When you fill out a Marketplace application, you'll find out if you qualify for premium tax credits and extra savings. You can use a premium tax credit for a plan in any metal category. But if you are eligible for extra savings, too, you'll get those savings only if you pick a Silver plan.

If you qualify for cost-sharing reductions, you also have a lower out-of-pocket maximum — the total amount you'd have to pay for covered medical services per year. When you reach your out-of-pocket maximum, your insurance plan covers 100% of all covered services.

If you're a member of a federally recognized tribe or an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder, you may qualify for additional cost-sharing reductions.

**Deductible**

The fixed dollar amount you pay for covered health services each plan/policy year before your insurance begins to pay.

**Embedded**

If you have an embedded deductible and out-of-pocket maximum your family members may combine their covered expenses to satisfy the required family deductible or out-of-pocket maximum; however, no one family member contributes more than their individual deductible or out-of-pocket maximum amount to satisfy the family deductible or out-of-pocket maximum.

**Emergency Care Services**

Any covered services received in a hospital emergency room setting.

**Essential Health Benefits (EHB)**

A set of 10 categories of services health insurance plans must cover under the Affordable Care Act. These include doctors' services, inpatient and outpatient hospital care, prescription drug coverage, pregnancy and childbirth, mental health services and more. Some plans cover more services.

**Exchange**

Another term for the Marketplace, a service available in every state that helps individuals, families and small businesses shop for and enroll in affordable health insurance. The Marketplace is accessible through websites, call centers and in-person assistance.

**Excluded or Noncovered Services**

Services that your health insurance plan doesn't cover.

**Exclusive Provider Organization (EPO)**

A plan where services are covered only if you use doctors, hospitals and other health care providers in the plan's network (except in an emergency or as otherwise required by law). Outside of an emergency, there are no benefits for services received from out-of-network providers.

**Gold Health Plan**

One of four health plan categories (or "metal levels") in the Marketplace. Gold plans usually have higher monthly premiums but lower costs when you get care.

**Grace Period**

A short period after your monthly health insurance payment is due. If you haven't made your payment, you may do so during the grace period and avoid losing your health coverage.

**Health Insurance Marketplace®**

A service, operated by the U.S. federal government, that helps people shop for and enroll in health insurance.

**Health Reimbursement Arrangement (HRA)**

Health Reimbursement Arrangements (HRA) are employer-funded accounts from which employees are reimbursed tax-free for qualified medical expenses up to a fixed dollar amount per year. Unused amounts may be rolled over to be used in subsequent years. The employer funds and owns the arrangement. Health Reimbursement Arrangements are sometimes called Health Reimbursement Accounts.

**Health Savings Account (HSA)**

A tax-advantaged savings account that can be funded by individuals whose only health care coverage is a high-deductible health plan (HDHP). An HSA is an alternative way to pay for qualified health care expenses and save for future qualified health care expenses on a tax-free basis. Expenses such as out-of-pocket costs for office visits, prescription drugs, dental expenses and laboratory tests may be paid from an HSA.

**In-network Providers**

A provider contracted by your insurance company to accept an agreed-upon payment for covered services.

**Open Enrollment Period (OEP)**

The window of time you can purchase or renew your health insurance

**Out-of-network Provider**

A term for providers that aren't contracting with your insurance plan. Your out-of-pocket costs will tend to be more expensive if you go to an out-of-network provider.

**Out-of-pocket Maximum**

Your expenses for medical care that aren't reimbursed by your plan, including deductibles, coinsurance and copays for covered services.

**Premium**

The amount you're charged each month for your health insurance plan.

**Prescription Drug List (PDL)/Formulary**

A list of drugs covered by your prescription drug plan. Coverage of these drugs is subject to your benefit plan's design, and the list is subject to change.

**Preventive Services**

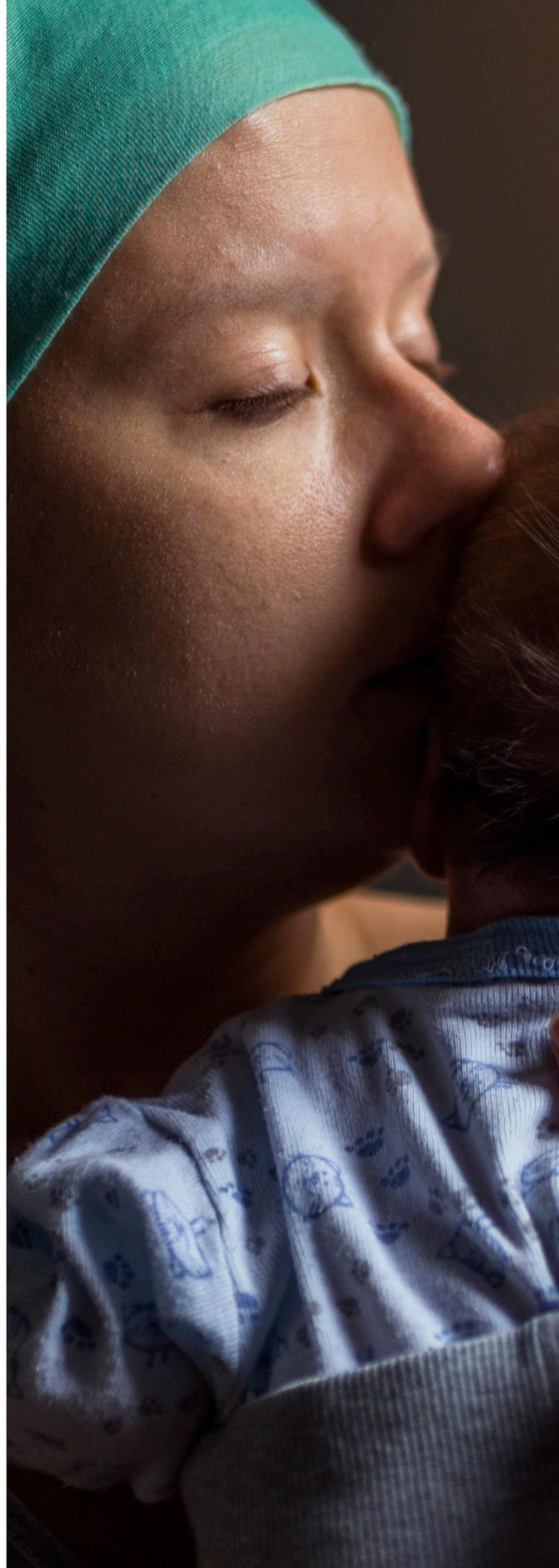
Routine health care that includes screenings and check-ups to prevent illness, disease or other health problems.

**Primary Care Physician (PCP)**

A physician who has a majority of his or her practice in the fields of internal or general medicine, obstetrics/gynecology, general pediatrics or family practice.

**Qualified High-Deductible Health Plan (HDHP)/ Health Savings Account (HSA)-eligible plan**

A health plan that is health savings account (HSA)-eligible has a higher deductible than non-eligible plans. The premium is typically lower, but you will pay more upfront for medical costs (deductible) before your insurance plan starts to share in the costs (coinsurance). These plans can be combined with an HSA, allowing you to save and pay for certain medical expenses tax free.



**Qualifying Life Event**

A change in your life situation that makes you eligible for a special enrollment period (SEP) to enroll for coverage outside the standard open enrollment period (OEP). Qualifying life events include, but are not limited to, loss of health coverage, changes in family/household or changes in residence.

**Silver Health Plan**

One of four categories of Marketplace plans (sometimes called “metal levels”). Silver plans fall about in the middle: You pay moderate monthly premiums and moderate costs when you need care.

**Special Enrollment Period**

The time outside of the open enrollment period (OEP) when you can enroll or make changes to your health plan if you have a qualifying life event (losing other health coverage, having a baby, getting married, moving, etc.).

**Specialist**

A physician who has a majority of his or her practice in fields other than internal or general medicine, obstetrics/gynecology, pediatrics or family practice.

**Telehealth**

A consultation with a health care provider in a remote setting (as opposed to an in-office, in-person visit), facilitated by video chat or phone. Many in-network providers offer their own telehealth options.

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### Ready to apply?

- Call one of our licensed sales reps at **844-665-1121**
- Visit **NebraskaBlue.com/HeartlandBlue**
- Apply through your insurance broker

No matter how you apply, you will be able to see if you qualify for premium assistance or extra savings.



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