

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, www.NebraskaBlue.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see

All copayment and coinsurance costs shown in this chart are after your overall deductible has been met, if a deductible applies. Certain Common Medical Events, including prescription drugs, may require preauthorization. Failure to obtain preauthorization will result in denial of the claim.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Enhanced Tier (You will pay the least)	In-Network Provider	Out-of-Network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	15% <u>coinsurance</u>	30% <u>coinsurance</u>	45% <u>coinsurance</u>	<u>Preauthorization</u> may be required.
	<u>Specialist</u> visit	15% <u>coinsurance</u>	30% <u>coinsurance</u>	45% <u>coinsurance</u>	<u>Preauthorization</u> may be required.
	Preventive Services Under Age 2 – Services include periodic exams, office visits, radiology, x-rays, pathology and laboratory	No charge for federally mandated services.			You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for. <u>Preauthorization</u> may be required. Immunizations for Children up to Age 7–Plan Pays 100%
	Age 2 and Above - Services include physical exams, pap smears, hearing examinations, radiology, laboratory testing, cardiac stress tests	Plan Pays 100% up to \$250 per person per Calendar Year, then applicable Deductible and Coinsurance			
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	15% <u>coinsurance</u>	30% <u>coinsurance</u>	45% <u>coinsurance</u>	<u>Preauthorization</u> may be required.
	Imaging (CT/PET scans, MRIs)	15% <u>coinsurance</u>	30% <u>coinsurance</u>	45% <u>coinsurance</u>	<u>Preauthorization</u> may be required.
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.myempirxhealth.com	Generic drugs	0-30 days - \$9 copay 31-60 days - \$18 copay 61-90 days - \$27 copay		You must pay 100% of the prescription drug price and submit a claim form for reimbursement of any covered expense	Annual \$57.00 deductible per person for brand name drugs Specialty drugs must be obtained through the EmpiRx Health Specialty Pharmacy
	Preferred brand drugs	0-30 days - \$31 copay 31-60 days - \$62 copay 61-90 days - \$93 copay			
	Non-preferred brand drugs				

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Enhanced Tier (You will pay the least)	In-Network Provider	Out-of-Network Provider (You will pay the most)	
	Childbirth/delivery facility services	15% <u>coinsurance</u>	30% <u>coinsurance</u>	45% <u>coinsurance</u>	See pregnancy office visits limit. Preauthorization

agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or governmental group health plans, the Department of Health and Human Services, Center for Consumer Information and or www.cciio.cms.gov; or your employer's human resources department. Other coverage options may be available to coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit

agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide for a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Blue

Cross and Blue Shield of Nebraska at 1-844-201-0763 or visit www.NebraskaBlue.com, the Nebraska Department of Insurance at 1-877-564-7323 or www.doi.ne.gov, for group health coverage subject to ERISA, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, your employer's human resources or employee benefits department.

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or

About these Coverage Examples:

The <u>plan's</u> overall <u>deductible</u>	\$300
<u>Specialist</u> coinsurance	15%
Hospital (facility) <u>coinsurance</u>	15%
Other <u>coinsurance</u>	15%

This EXAMPLE event includes services like:

Specialist office visits (**prenatal care**)

Childbirth/Delivery Professional Services