

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

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)	
	Physician/surgeon fees	15% <u>coinsurance</u>	30% <u>coinsurance</u>	45% <u>coinsurance</u>	<u>Preauthorization</u> may be required.
If you need immediate medical attention	<u>Emergency room care</u>	15% <u>coinsurance</u>	30% <u>coinsurance</u>	Same cost shares as <u>In-network provider</u>	None
	<u>Emergency medical transportation</u>	15% <u>coinsurance</u>	30% <u>coinsurance</u>	Same cost shares as <u>In-network provider</u>	Limitations may apply to air ambulance.

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		Enhanced Tier (You will pay the least)	In-Network Provider	Out-of-Network Provider (You will pay the most)	
	Children's glasses	Lenses: Not covered Frames: Not covered Contacts: Not covered	Lenses: Not covered Frames: Not covered Contacts: Not covered	Lenses: Not covered Frames: Not covered Contacts: Not covered	No coverage for glasses.
	Children's dental check-up	<u>Preventive, Simple and Complex Restorative services:</u> Not covered Orthodontic Services: Not covered	<u>Preventive, Simple and Complex Restorative services:</u> Not covered Orthodontic Services: Not covered	<u>Preventive, Simple and Complex Restorative services:</u> Not covered Orthodontic Services: Not covered	No coverage for dental check-up.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

Acupuncture	Dental care (children)	Routine eye care (adults)
Bariatric surgery	Glasses (children)	Routine eye care (children)
Cosmetic surgery	Long-term care	Routine foot care
Dental care (adults)	Private-duty nursing	Weight loss programs

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: 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; for non-federal governmental group health plans, the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov; or your employer's human resources department. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or 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 other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:



----- *To see examples of how this plan might cover costs for a sample medical situation, see the next page.* -----

About these Coverage Examples:

The plan's overall <u>deductible</u>	\$300
<u>Specialist coinsurance</u>	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