Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services BlueCross and BlueShield of Nebraska: University of Nebraska

Coverage Period: 1/1/2024 - 12/31/2024 Coverage for: Individual/Family | Plan Type: PPO

The Summary of Benefits and Coverage (SBC) document will help you choose a health <u>plan</u>. The SBC shows you how you and the <u>plan</u> would share the cost for covered health care services. NOTE: Information about the cost of this <u>plan</u> (called the <u>premium</u>) 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, <u>www.NebraskaBlue.com</u>. For general definitions of common terms, such as <u>allowed amount</u>, <u>balance billing</u>, <u>coinsurance</u>, copayment, deductible, provider, or other underlined terms see

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

Common Medical Event

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		What You Will Pay			
Common Medical Event	Services You May Need	Enhanced Tier (You will pay the least)	In-Network Provider	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
	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	Emergency room care	15% <u>coinsurance</u>	30% <u>coinsurance</u>	Same cost shares as <u>In-network</u> <u>provider</u>	None
	Emergency medical transportation	15% <u>coinsurance</u>	30% <u>coinsurance</u>	Same cost shares as In-network provider	Limitations may apply to air ambulance.

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			What You Will Pay		
Common Medical Event	Services You May Need	Enhanced Tier (You will pay the least)			Limitations, Exceptions, & Other Important Information

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		What You Will Pay			
Common Medical Event	Services You May Need	Enhanced Tier (You will pay the least)	In-Network Provider	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
	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	Preventive, Simple and Complex Restorative services: Not covered Orthodontic Services: Not covered	Preventive, Simple and Complex Restorative services: Not covered Orthodontic Services: Not covered	Preventive, Simple and Complex Restorative services: 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			

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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 <a href="https://www.dol.gov/ebsa/healthreform">www.dol.gov/ebsa/healthreform</a>; for non-federal governmental group health <a href="plans">plans</a>, the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or <a href="https://www.cciio.cms.gov">www.cciio.cms.gov</a>; or your employer's human resources department. Other coverage options may be available to you too, including buying individual insurance coverage through the <a href="https://energia.com/health/care.gov">Health Insurance Marketplace</a>. For more information about the <a href="https://energia.com/Marketplace">Marketplace</a>, visit <a href="https://www.Health/care.gov">www.Health/care.gov</a> or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your <u>plan</u> for a denial of a <u>claim</u>. This complaint is called a <u>grievance</u> or <u>appeal</u>. For more information about your rights, look at the explanation of benefits you will receive for that medical <u>claim</u>. Your <u>plan</u> documents also provide complete information to submit a <u>claim</u>, <u>appeal</u>, or a <u>grievance</u> for any reason to your <u>plan</u>. 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 <u>www.NebraskaBlue.com</u>, the Nebraska Department of Insurance at 1-877-564-7323 or <u>www.doi.ne.gov</u>, for group health coverage subject to ERISA, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or <u>www.doi.gov/ebsa/healthreform</u>, your employer's human resources or employee benefits department.

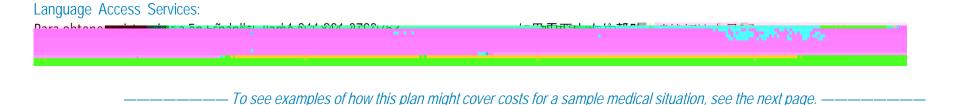
## Does this plan provide Minimum Essential Coverage? Yes.

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<u>Minimum Essential Coverage</u> generally includes <u>plans</u>, <u>health insurance</u> available through the <u>Marketplace</u> or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of <u>Minimum Essential Coverage</u>, you may not be eligible for the <u>premium tax credit</u>.

## 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.



## About these Coverage Examples:

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

This EXAMPLE event includes services like: <a href="Specialist">Specialist</a> office visits (*prenatal care*)
Childbirth/Delivery Professional Services