

HIGH-DEDUCTIBLE HEALTH PLAN

PREMIER BLUE	\$3,000 INDIVIDUAL/\$6,000 FAMILY DEDUCTIBLE	
BENEFIT TYPE	PREFERRED	NON-PREFERRED
CALENDAR YEAR DEDUCTIBLE		
Individual	\$3,000	\$6,000
Family (aggregate of employee, spouse and/or children) <i>If you have a family membership, the family aggregate deductible must be met before benefits are payable for any member of the family.</i>	\$6,000	\$12,000
COINSURANCE (excludes deductible)	0%	30%
Individual maximum	\$0	\$2000
Family maximum <i>coinsurance percent is 50%, and coinsurance maximum doubles when using non-preferred providers</i>	\$0	\$4000
TOTAL OUT-OF-POCKET LIMIT		
Individual	\$3,000	\$8,000
Family (spouse and/or children)	\$6,000	\$16,000
LIFETIME MAXIMUM	Unlimited	Unlimited

Deductible and coinsurance applies before covered benefits are paid for 100% for:

- office visits (with diagnosis)
- inpatient hospital
- outpatient hospital
- emergency services
- mental health/substance abuse
- maternity
- TMJ (no lifetime limit)

100% coverage for each covered person not subject to Deductible and Coinsurance for:

- preventative care

Prescription drugs:

ID cards must be presented for drugs and supplies purchased at RX Nebraska participating pharmacies. If the deductible is not met, employees pay for the pre-negotiated discounted drug at the time of purchase. The pharmacy electronically files the claim and benefits are applied to the deductible and/or coinsurance. Once the deductible is met, prescriptions are paid at 100% for the remainder of the calendar year. If ID cards are not provided or if an out-of-network provider is used, there will be a mandatory 25% penalty assessed. This penalty will not apply to the deductible or coinsurance.

For a complete list of covered services and additional care information, refer to **Preventative Care** under **Member Services** on the BCBSNE website at www.nebraskablue.com or the links provided on the NBA VEBA website www.nebankers.org.