NBA Voluntary Employees Beneficiary Association

PREFERRED PLAN DEDUCTIBLES

PREMIER BLUE	$500 DEDUCTIBLE	$1000 DEDUCTIBLE	$2000 DEDUCTIBLE	$4000 DEDUCTIBLE
BENEFIT TYPE	PREFERRED	PREFERRED	PREFERRED	PREFERRED
CALENDAR YEAR DEDUCTIBLE				
Individual	$500	$1000	$2000	$4000
Family (spouse and/or children) *deductible doubles when using non-preferred providers*	$1000	$2000	$4000	$8000
COINSURANCE (excludes deductible)	25%	25%	25%	25%
Individual maximum	$2000	$2000	$2000	$2000
Family maximum *coinsurance percent is 50%, and coinsurance maximum doubles when using non-preferred providers*	$4000	$4000	$4000	$4000
TOTAL OUT-OF-POCKET LIMIT				
Individual	$2500	$3000	$4000	$6000
Family (spouse and/or children)	$5000	$6000	$8000	$12,000
LIFETIME MAXIMUM	Unlimited	Unlimited	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)
- prescription drug (copays apply to total out-of-pocket limits)

Preventative (routine) care:

- 100% coverage for each covered person not subject to 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.*

01/2018