



Group Open Enrollment



**BlueCross
BlueShield**
Nebraska

An independent licensee of the Blue Cross
and Blue Shield Association

Here For You

One in three Americans count on Blue Cross and Blue Shield.*

Whatever life brings, we're there with you – ensuring access to the providers you trust, coverage for the care you need and support from a team that's right here when you need us.

This packet provides you with some general information about the Blue Cross and Blue Shield of Nebraska health plan your employer is offering. If you have questions, please contact your Human Resources department.



Network Overview



Local Networks

With Blue Cross and Blue Shield of Nebraska (BCBSNE), you can have peace of mind knowing you have access to a quality provider network of hospitals, doctors and other health care providers. Read the network flier(s) enclosed with this packet to learn about the network(s) offered with your group health plan.



Nationwide Access

If you or any of your covered family members live or travel outside of Nebraska, you can obtain covered services at the in-network level through the BlueCard® program.

This program makes obtaining in-network care easy. All you have to do is use hospitals and doctors in the local Blue Cross and Blue Shield plan's BlueCard PPO network. When you do, you will also enjoy the discount and claim filing arrangements Blue Cross and Blue Shield plans across the country have negotiated with BlueCard network hospitals and doctors in their area.



Traveling Outside the U.S.

Blue Cross Blue Shield Global® Core enables Blue members traveling or living abroad to obtain medical assistance and inpatient, outpatient and professional services from a network of health care providers worldwide. The program also helps you and your covered family members find translators and make doctor appointments and hospitalization arrangements.

*Source 2020 Blue Cross and Blue Shield Association national statistics.



access
IN ALL
50
STATES
AND AROUND
THE
WORLD

To locate providers in Nebraska and nationwide:

Visit [NebraskaBlue.com/Find-A-Doctor](https://www.NebraskaBlue.com/Find-A-Doctor) and select your network

Or call BCBSNE's Member Services department at 844-201-0763

To locate providers outside the U.S.:

Visit [BCBSGlobalCore.com](https://www.BCBSGlobalCore.com)

Or call 800-810-2583

Total Care

When looking for a physician, we encourage you to consider Total Care providers who are recognized for helping their patients get high-quality care in the right place at the right times, keep costs down and achieve better health outcomes. Look for the Total Care mark when searching for providers at [NebraskaBlue.com/Find-A-Doctor](https://www.NebraskaBlue.com/Find-A-Doctor).

Blue Distinction[®] Center

If you or a family member will need a procedure or treatment at a medical facility, consider a Blue Distinction Center. These facilities have been awarded for expertise in delivering safe, effective and affordable specialty care.

To find a Blue Distinction Center, visit [BCBS.com/Blue-Distinction-Center/Facility](https://www.BCBS.com/Blue-Distinction-Center/Facility).




Prescription Drug Benefits

BCBSNE is committed to providing you with valuable information you can use to manage your prescription drug purchases.

Your prescription drug benefits are based on BCBSNE's preferred drug list. The copays/coinsurance you pay for a prescription drug depend on whether or not the drug is included in the preferred drug list and if the drug is generic or brand name.

Whenever appropriate, generic drugs will be used to fill your prescriptions. If you fill a prescription for a brand-name drug when a generic equivalent is available, you may be responsible for the difference in cost, plus the applicable copay/coinsurance amount.

80% Generics can save you 80% or more in costs*

	Generic Drugs Lowest Copay/Coinsurance
	Preferred Brand-Name Drugs Middle Copay/Coinsurance
	Non-Preferred Brand-Name Drugs Highest Copay/Coinsurance



COST SAVINGS:

You do not have to use preferred medications, but if you do, you will pay less out of pocket. To review the BCBSNE preferred drug list online, visit [NebraskaBlue.com/DrugList](https://www.NebraskaBlue.com/DrugList).



NATIONWIDE ACCESS:

To locate in-network pharmacies nationwide, login to your [myNebraskaBlue.com](https://www.myNebraskaBlue.com) account, visit [NebraskaBlue.com/MyPrime](https://www.NebraskaBlue.com/MyPrime) or call 877-800-0746.

*Statistic from BCBSNE customer data.

Retail Pharmacies

Our pharmacy networks include in-network retail pharmacies nationwide. You may have your prescriptions filled at any pharmacy you wish. However, you will pay less out of pocket when you use an in-network pharmacy. Please review your group's health plan documents to locate your plan's pharmacy network name.

Home Delivery

For ease, set up home delivery of your maintenance or long-term medications. Home delivery brings the highest quality, safety and service for filling prescriptions and offers many advantages including:

- Cost savings
- Convenient home delivery and ordering options
- Medications dispensed by registered pharmacists
- Outstanding customer service

Specialty Drug Benefits

Specialty medications are drugs used to treat serious or chronic medical conditions such as multiple sclerosis, hemophilia, hepatitis and rheumatoid arthritis. The BCBSNE specialty drug program provides a convenient, cost-effective way for you to order specialty medications for delivery directly to your home or physician's office.



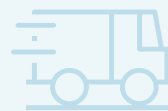
Learn more at
NebraskaBlue.com/Pharmacy



TIME SAVINGS:

If you use home delivery, you may order up to a 90-day supply of your maintenance medication at one time (if allowed by your prescription).

To learn more, go to
NebraskaBlue.com/Deliver.



CONVENIENT DELIVERY:

BCBSNE members may be required to purchase specialty drugs at a designated specialty pharmacy. Please review your group's health plan documents to learn more.

To learn more, visit
NebraskaBlue.com/SpecialtyDrugs.

Online Member Account

myNebraskaBlue.com

As a BCBSNE member, you can locate helpful information any time via **myNebraskaBlue.com**.

With myNebraskaBlue, you can:

- View current claims and claims history
- See deductible and out-of-pocket costs
- Find in-network doctors and hospitals
- Estimate costs before a visit or procedure
- Access pharmacy and prescription benefits information
- Select how you would like to receive Explanation of Benefits documents (EOB) – paper or electronic



SIGN UP FOR FREE

If you are a BCBSNE member, go to **myNebraskaBlue.com**. Select "Activate Now" and complete the easy steps.

You will need your member ID number found on the front of your BCBSNE ID card.

If you are not yet a member, you may view the tool as a guest by selecting "Guest" on the **myNebraskaBlue.com** home page.

All of these tools are under the Tools & Resources tab:

Find an In-network Doctor

Search for providers by name, specialty or location and find in-network, quality doctors and hospitals to meet your needs.

Estimate Costs

In the **What's it Cost** section, you can estimate medical costs before you receive care. Here you can find cost information for many common health care services and compare costs of doctors and hospitals.

Pharmacy Benefits

BCBSNE contracts with Prime Therapeutics to provide pharmacy benefits and resources, including a MyPrime account with interactive tools to help you manage your prescriptions. You can access MyPrime through the **Pharmacy Benefits** section of Tools and Resources.

With MyPrime, you can find:

- Prescription benefits
- Prescription history
- Coverage information for your medicines
- A pharmacy locator
- Prescription cost information
- A comparison of brand-name and generic drug costs
- Information about home delivery and specialty pharmacies





Save Time and Money with Telehealth

Telehealth, or virtual doctor visits, give you access to quick, affordable care from home or wherever you are. Get convenient access to care that fits your life, any time, day or night. The cost per visit is often less than the cost of an in-person doctor visit.

How does telehealth work?

Talk with your primary care physician or other doctors about the telehealth options they provide.

BCBSNE also offers telehealth access to certified, licensed and credentialed doctors through Amwell® — 24/7, on your computer, tablet or phone.*

Telehealth is a convenient way to talk with a doctor about common conditions, such as:

- Sinus infection
- Cold
- Flu
- Fever
- Rash
- Abdominal pain
- Pinkeye
- Ear infection
- Migraine
- Sore throat

Amwell also offers e-prescriptions to your pharmacy of choice, when appropriate.

Mental and behavioral health services also available

With telehealth behavioral health services, Amwell's licensed therapists can provide treatment for the following conditions:

- Anxiety
- Depression
- Attention deficit hyperactivity disorder (ADHD)
- Bereavement
- Panic attacks
- Obsessive-compulsive disorder (OCD)
- Trauma/post-traumatic stress disorder (PTSD)
- Stress
- And more

Therapists are available by appointment from 7 a.m. to 11 p.m. local time, seven days a week.

Teletherapy like this may also be an option with your local care providers. Talk with your doctor.

To learn more, visit [NebraskaBlue.com/Telehealth](https://www.NebraskaBlue.com/Telehealth).

*Telehealth coverage varies depending on your health plan. Check with your human resources representative about your group coverage through AmWell. Amwell is an independent company that provides telehealth services for Blue Cross and Blue Shield of Nebraska members. Cost per visit is subject to your plan's deductible or coinsurance amount.

Be Well with Blue

The lifestyle decisions we make regarding nutrition, weight, exercise, smoking, seatbelt use and more can directly impact your overall well-being and health care costs. BCBSNE offers resources to help you make positive lifestyle changes.

Workplace Wellness

Our wellness and lifestyle program offers:

- Educational information
- Personal health assessment tools
- Monthly health challenges

To check out all the valuable health and wellness resources, visit **NebraskaBlue.com/Wellness**.



Blue365 is a national program that offers members health and wellness discounts and savings. Members can explore special offerings from leading national companies in these categories:

- Apparel and footwear
- Fitness
- Hearing and vision
- Home and family
- Nutrition
- Personal care
- Travel

Visit **NebraskaBlue.com/Blue365** to learn more.



Pregnancy Care Program

BCBSNE has developed a special pregnancy care program. Our mobile pregnancy app, developed by Wellframe, is designed to help you have a better pregnancy health experience. This program provides education, encouragement and the support you need throughout your pregnancy – all from the convenience of your smart phone or tablet.

To learn more, visit **NebraskaBlue.com/PregnancyCare**.



Participation in the Pregnancy Care Program does not affect your health plan coverage for maternity/pregnancy care or entitle you to benefits not otherwise payable under the BCBSNE plan. Wellframe is an independent company that provides mobile enabled care management services for Blue Cross and Blue Shield of Nebraska. Wellframe is responsible for its services.

Women's Preventive Health Benefits

The U.S. Department of Health and Human Services' (HHS) guidelines ensure women receive preventive health services at no additional cost to them.

The guidelines require health insurance plans to cover certain women's preventive services at 100%. In compliance with these guidelines, BCBSNE covers the following women's preventive services at no cost to you when using an in-network provider.

IN NETWORK COVERED AT 100%

- Well-woman visits
- Screening for gestational diabetes in pregnant women
- Counseling for sexually transmitted disease
- Screening for human papillomavirus (HPV)
- Screening and counseling for human immunodeficiency virus (HIV)
- Screening and counseling for interpersonal and domestic violence
- Breast pump kits as well as lactation support and counseling*
- Contraceptive methods and counseling, as well as contraceptive prescriptions for women**
- Screening for breast cancer
- Screening for cervical cancer
- Screening for osteoporosis
- Counseling for perinatal depression

*Breastfeeding Support and Counseling

This benefit includes comprehensive lactation support and counseling by a trained provider during pregnancy and/or in the postpartum period. The benefit also includes costs for renting breastfeeding equipment in conjunction with each birth.

For breast pump kits to be covered at little or no cost to you, the pump and/or supplies must be purchased or rented from an in-network provider (most commonly

provided by a durable medical equipment supplier). This includes the pump and supplies included in a starter kit. Replacements and additional supplies are not covered. BCBSNE will cover one breast pump per pregnancy. Provider reimbursement is based on the allowable billed amount for the covered services.

For lactation support and counseling to be considered a covered service, the services must be provided by a trained in-network provider with the designation of International Board Certified Lactation Consultant (IBCLC).

**Contraceptive Methods and Counseling

The HHS guidelines refer to Federal Drug Administration (FDA)-approved contraceptive methods for all women with reproductive capacity as prescribed.

If your plan covers contraceptive services and supplies, only FDA-approved contraceptive services and supplies are covered. This does include some over-the-counter (OTC) contraceptive methods. (For OTC products to be covered at no cost to you, a prescription must be obtained from a health care provider and purchased at the pharmacy counter instead of the retail store's upfront cashier.) It does not include educational brochures. Some covered services will be covered at no cost to you and some services will remain covered subject to a cost-share (typically your plan's deductible and coinsurance).

Services for male contraceptive methods, such as vasectomies, are paid based on your plan's benefits and are subject to a cost-share amount.

Certain contraceptive services are covered under the medical portion of your plan, and some contraceptive services are only covered under the pharmacy portion of your plan.

If you are not sure if your plan covers contraceptive methods and counseling for women, contact your human resources department or call our Member Services department at 844-201-0763.

This information is a general overview. For more information on both of these benefits, see the Benefits for Women's Services section of [NebraskaBlue.com/PreventiveCare](https://www.nebraskablue.com/) or your group's health plan documents.

For grandfathered health plans, not all health care reform-required preventive services are available without cost sharing. If your group plan is grandfathered, please check with your employer to confirm whether your plan offers women's preventive health benefits.

Certification (Preauthorization)

Important: Certification, as described below, must be completed prior to an inpatient admission. Benefits may be denied if the admission is not certified or does not meet the criteria for inpatient care. Benefits for services that are not medically necessary will be denied.

Benefits must be certified for all inpatient hospital or facility admissions. This enables BCBSNE to determine if services are appropriate under the terms of the health plan and coordinate discharge planning and case management services with the patient's providers. If the patient is admitted to an in-network hospital/facility in Nebraska, certification will be requested by the hospital/facility.

If the patient is hospitalized in an out-of-network hospital/facility in Nebraska or is admitted to an inpatient facility in another state, you, the physician or the facility must request certification from BCBSNE.

For certification of benefits for an inpatient admission, call: 402-390-1870 or 800-247-1103.

Certification or preauthorization is required for the list below as well as other specialized services, as described in your plan's benefit documents. Not all plans include out-of-network coverage. Please refer your health plan documents or call Member Services.

For more information, view our preauthorization information at [NebraskaBlue.com/Preauth](https://www.nebraskablue.com/Preauth).

BENEFITS MUST BE CERTIFIED FOR THE FOLLOWING CARE:

- All inpatient hospital admissions
 - Inpatient physical rehabilitation
 - Long-term acute care
 - Skilled nursing facility care
 - Organ and tissue transplants
 - Hospice care
 - Skilled nursing care in the home
 - Subsequent purchases of durable medical equipment or DME identified on the certification/preauthorization list
 - Certain prescription drugs as defined by BCBSNE
 - Services subject to surgical, radiology or other preauthorization programs, as defined by BCBSNE
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Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependent's other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

If you are declining coverage for yourself or your dependents because of coverage under Medicaid or a State Child Health Insurance Program (SCHIP), you may be able to enroll yourself or your dependents in this plan if that coverage terminates due to a loss of eligibility. You must request enrollment in the plan no later than 60 days after the termination of coverage.

Additionally, if you decline coverage and you or your dependents become eligible for premium assistance for this group health plan under Medicaid or SCHIP, you or your dependents may be able to enroll in the plan at that time. You must request enrollment no later than 60 days after the date you are determined to be eligible for the premium assistance.

To request special enrollment or obtain more information, contact your employer or BCBSNE's Member Services department at 844-201-0763.

Frequently Asked Questions

How can I find out if my doctor is in network?

Locating network hospitals, doctors and other health care providers is easy. To access our online provider directory, simply visit **NebraskaBlue.com/Find-A-Doctor**. For more information about BCBSNE in-network providers, see the network information provided in this packet. Some plans include out-of-network coverage and some only offer out-of-network services for emergencies. Please review your specific health plan documents for more information.

Does the coverage offered by my employer require me to select a primary care physician or obtain referrals for specialty care?

You are not required to select a primary care physician, but we recommend you do to enhance the coordination and effectiveness of your care. And, you may go to any specialist without a referral. However, we suggest obtaining services from in-network providers to receive the highest level of benefits available under your plan.

How are preventive services covered?

When a network provider is used, preventive services required by the Affordable Care Act (ACA) are paid at 100% of the allowable charge (deductible and coinsurance are waived)*, unless otherwise stated in your group's health plan documents. Benefits are available for (but not limited to) the following covered services:

- Office visits and periodic exams to determine physical development
- Mammograms and Pap smears
- Immunizations (including pediatric**)
- Colorectal cancer screenings and related services

To learn more, visit **NebraskaBlue.com/PreventiveCare**.

One of my children attends college in another state. Will they be covered under this plan? What benefits are available?

Your eligible dependent children attending school in another state are covered under your plan just as they would be at home. Benefits for covered services are paid at the in-network level if they use the doctors, hospitals and other health care providers in the local Blue Cross and Blue Shield plan's BlueCard® program.

What is the BlueCard® program?

All BCBSNE members have access to a national provider network called the BlueCard program.

To access your benefits wherever you are, all you have to do is use hospitals and doctors in the local Blue Cross and Blue Shield plan's broad Preferred Provider Organization (PPO) network. When you do, you enjoy the discount and claim filing agreements Blue Cross and Blue Shield plans across the country have negotiated with doctors and hospital in their area.

To locate providers in the BlueCard program, visit the Blue National Doctor and Hospital Finder at **BCBS.com/Find-A-Doctor**, or go to **NebraskaBlue.com/Find-A-Doctor**.

Outside of the U.S., Blue Cross and Blue Shield members have access to doctors and hospitals around the world through the Blue Cross Blue Shield Global Core® Program.

*Services received out of network are subject to the plan's applicable deductible and coinsurance, unless otherwise stated in your group's health plan documents. Not all plans include out-of-network coverage.

**Deductible is waived for out-of-network pediatric immunizations for members under age 7, unless otherwise stated in your group's health plan documents.