BlueCross BlueShield of Nebraska

An Independent Licensee of the Blue Cross and Blue Shield Association.

ValuePlan Health Plans

OUTLINE OF COVERAGE

HEALTH PLANS ***for Individuals & Families***

For coverage beginning January 1, 2010

BlueCross BlueShield of Nebraska

An Independent Licensee of the Blue Cross and Blue Shield Association.

HEALTH PLANS *for Individuals & Families*

You should read your contract carefully.

This outline of coverage provides you with an overview of the Blue Cross and Blue Shield of Nebraska ValuePlan coverage.

This is not your contract. Only the actual benefit provisions in your contract determine your benefits. The contract itself sets forth in detail the rights and obligations of both you and Blue Cross and Blue Shield of Nebraska. In the event that there are discrepancies with the information in this document, the terms and conditions of the contract will govern.

Therefore, it is important that you read your contract carefully.

For more complete information about your plan, including benefits, exclusions and limitations, please refer to the ValuePlan contract. All plans are medically underwritten.

These plans are underwritten and administered by Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross and Blue Shield Association.

ValuePlan Health Plans outlined here and detailed in the contract are designed to provide you with coverage for hospital, medical and surgical expenses incurred as the result of a covered illness or injury. Coverage is provided for daily hospital room and board, miscellaneous hospital services, surgical services, anesthesia services, in-hospital services and out-of-hospital care. Covered services are subject to deductible and coinsurance provisions, or other limitations set forth in the contract.

This coverage is available to you ("single" coverage), to you and your eligible dependent children ("single parent" coverage – does not include a spouse) or to you and your family ("family" coverage includes you, your spouse and any eligible dependent children).

Important Information: ValuePlan options do not provide benefits for maternity care or pregnancy services, or for inpatient treatment for mental illness or substance abuse.

Calendar Year Deductible

The deductible is the fixed dollar amount you pay for covered services each calendar year before benefits are available. There are individual and family deductibles.

Family Deductible

The family deductible is equal to two times the individual deductible, unless otherwise indicated on your Schedule of Benefits. Family members may combine their covered expenses to satisfy the required deductible amount. No one family member pays more than the individual deductible amount.

Three-Month Carry-Over Provision

If the current year deductible has not been met in full, covered charges applied toward your deductible from October through December may be carried over and applied toward the following year's deductible.

Copay amounts for office visits and prescription drugs do not apply toward the deductible.

Coinsurance and Your Calendar Year Coinsurance Maximum

After you have met your calendar year deductible, you are responsible for paying a certain percentage of covered charges (called "coinsurance") until you reach your coinsurance maximum. Once you reach your coinsurance maximum, you pay nothing for most covered services for the rest of the calendar year.*

* *The following do not apply toward the coinsurance maximum: Copay amounts for prescription drugs and/or office visits, and coinsurance amounts for outpatient mental illness/substance abuse treatment.*

Refer to the chart on pages 4 and 5 to determine the deductible and coinsurance responsibilities for your coverage.

Benefit Maximum

Total benefits are limited to a $10 million maximum per covered person.

Total benefits for each covered person for the treatment of outpatient mental illness and substance abuse are $10,000. Total benefits include benefits paidfor expenses incurred under Rx Nebraska Prescription Drug Program, as well as under prior contracts with us.

Allowable Charge

Payment is based on the allowable charge for a covered service. Generally, the allowable charge for services by PPO and participating providers will be the contracted amount. The allowable charge for services by noncontracting providers will generally be the lesser of the billed charge or the reasonable allowance for the service. You are responsible for the charges in excess of the contracted amount for services provided by a non-contracting provider.

NEtwork BLUE

ValuePlan is a NEtwork BLUE health benefit plan. Whatever option you choose, you have access to a large network of hospitals, doctors and other health care providers. Our NEtwork BLUE network is made up of 93% of the state's doctors and 100% of non-governmental acute care hospitals. You save money when you use in-network providers. In most cases, you pay less in deductible and coinsurance when you use in-network providers – plus, in-network providers have agreed to accept our benefit payment for covered services as payment in full (except for deductibles, copays, coinsurance and/or charges for noncovered services, which are your responsibility). NEtwork BLUE providers, under the terms of their contract with us, *can't* bill you for amounts over our benefit allowance. Out-of-network providers *can* bill you for amounts in excess of the amount payable under the contract.

To locate NEtwork BLUE providers in Nebraska:
www.bcbsne.com

Or, call the Member Services number on the back of your I.D. card.

BlueCard Program: Your National PPO network

You have access to a national Blue Cross and Blue Shield PPO 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 PPO provider network. When you do, you enjoy the discount and claim filing agreements Blue Cross and Blue Shield Plans across the country have negotiated with the BlueCard doctors and hospitals in their area.

To locate BlueCard PPO providers nationwide:

www.bcbs.com
1 (800) 810-BLUE (2583)

Benefits

Inpatient Hospital Benefits

Benefits are available for (but not limited to) the following covered services:

- Semi-private room; cardiac and intensive care units; treatment rooms and equipment
- Anesthesia
- FDA-approved drugs, intravenous solutions and vaccines administered in the hospital
- Physical, occupational and speech therapy
- Radiology, pathology and radiation therapy
- Respiratory care
- Inpatient physical rehabilitation, subject to certain requirements*
- Up to 30 days per calendar year in a skilled nursing facility when ordered by a physician*

* **Benefits must be precertified**

Outpatient Hospital Benefits

Benefits for the covered services listed under "Inpatient Hospital Benefits" are also available (subject to certain limitations) when they are received in a hospital outpatient department, emergency room or ambulatory surgical facility. Benefits for outpatient cardiac and pulmonary rehabilitation are available, subject to medical criteria. **Outpatient cardiac and pulmonary rehabilitation programs must be preauthorized.**

Physician Benefits

Benefits are available for (but not limited to) the following covered services:

- Allergy tests and extracts
- Anesthesia
- Consultations
- Physician home, office and outpatient visits for diagnosis/treatment of an illness or injury
- Radiation therapy and chemotherapy
- Radiology and pathology, including tissue exams and interpretation of Pap smears
- Routine screening mammograms
- Surgery and surgical assistance (for specified procedures)

$30 Office Visit Exam Copay

(Available under Options 2 and 7 only)

When you go to a PPO doctor, you pay only a $30 copay for a diagnostic (non-routine) office visit exam charge. X-ray and lab charges and any tests ordered will be subject to the deductible and coinsurance. The $30 copay does not apply toward the calendar year coinsurance maximum or deductible.

Maternity and Newborn Coverage

Benefits for pregnancy and maternity services are not provided. However, benefits are payable for medically necessary hospital and physician-covered services for complications occurring prior to the end of pregnancy. This includes radiological, pathological or other diagnostic procedures. Complications are conditions that are distinct from the pregnancy but are caused or adversely affected by it. The need for a Cesarean section is not considered a complication of pregnancy.

Benefits for covered services will be payable at birth for a newborn infant who is an eligible dependent. Covered Services for a newborn infant include hospital services for room and board, screening tests and necessary medical or surgical treatment.

Newborn coverage will continue for a period of 31 days. To continue your newborn's coverage after this period of time, a separate application for coverage must be submitted. If you are covered under a single membership, you must request a change to family or single-parent membership within those 31 days and pay the additional premium.

Value

PLAN CHOICE		Option 1		Option 2		Option 3		Opti
		IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK
Deductible (Calendar year)	SINGLE	$750	$1,500	$1,000	$2,000	$1,250	$2,500	$1,500
	FAMILY	$1,500	$3,000	$2,000	$4,000	$2,500	$5,000	$3,000
Coinsurance max (Calendar year)	SINGLE	$1,500	$4,000	$2,000	$5,000	$2,000	$5,000	$2,500
	FAMILY	$3,000	$8,000	$4,000	$10,000	$4,000	$10,000	$5,000
Total out-of-pocket (Calendar year, includes deductible)	SINGLE	$2,250	$5,500	$3,000	$7,000	$3,250	$7,500	$4,000
	FAMILY	$4,500	$11,000	$6,000	$14,000	$6,500	$15,000	$8,000
Coinsurance percentage for most covered services		20%	40%	20%	40%	20%	40%	20%
Diagnostic office visit copay		N/A	N/A	$30*	N/A	N/A	N/A	N/A
Maternity care/ pregnancy services								
Inpatient mental illness/ substance abuse treatment								
Outpatient mental illness/ substance abuse treatment		30%	60%	30%	60%	30%	60%	30%
Prescription drug coverage		$8 generic | 30% ($35 minimum/$60 maximum) formulary						
Mental illness/substance abuse contract benefit maximum								
Total contract benefit maximum								

* On Options 2 and 7, when you use a PPO doctor, you pay only a $30 copay for a diagnostic (non-routine) office visit exam charge. The copay does not apply toward the calendar maximum.

This coverage does not provide benefits for the following types of care: Inpatient treatment of mental illness and/or substance abuse treatment; maternity care and pregnancy services.

Plans

on 4	Option 5		Option 6		Option 7		Option 8		Option 9	
OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
$3,000	$2,000	$4,000	$2,500	$5,000	$3,000	$6,000	$3,500	$7,000	$5,000	$10,000
$6,000	$4,000	$8,000	$5,000	$10,000	$6,000	$12,000	$7,000	$14,000	$10,000	$20,000
$6,000	$2,500	$6,000	$2,500	$6,000	$2,500	$6,000	$2,500	$6,000	$2,500	$6,000
$12,000	$5,000	$12,000	$5,000	$12,000	$5,000	$12,000	$5,000	$12,000	$5,000	$12,000
$9,000	$4,500	$10,000	$5,000	$11,000	$5,500	$12,000	$6,000	$13,000	$7,500	$16,000
$18,000	$9,000	$20,000	$10,000	$22,000	$11,000	$24,000	$12,000	$26,000	$15,000	$32,000
40%	20%	40%	20%	40%	20%	40%	20%	40%	20%	40%
N/A	N/A	N/A	N/A	N/A	$30*	N/A	N/A	N/A	N/A	N/A
NO COVERAGE										
NO COVERAGE										
60%	30%	60%	30%	60%	30%	60%	30%	60%	30%	60%
y brand name | 50% ($60 minimum/$100 maximum) non-formulary brand name									Subject to deductible and coinsurance	
$10,000 per covered person										
$10 million per covered person										

Outpatient Mental Illness and Substance Abuse Treatment

Benefits will be provided for outpatient treatment of mental illness and substance abuse up to a $10,000 contract maximum. Coinsurance for mental illness and substance abuse services does not apply toward the coinsurance maximum. Benefits for covered treatment are subject to a 30-visit maximum per calendar year.

Oral Surgery

Benefits are available for (but not limited to) the following covered services:

- Bone grafts to the jaw
- Evaluation and treatment of impacted teeth
- Removal of tumors and cysts
- Treatment of natural teeth due to an accident which occurs within 12 months of an injury not related to eating, biting or chewing

Diagnosis, surgery, treatment and services related to TMJ (temporomandibular jaw joint) as a direct result of accidental injury are covered. Please refer to your contract for any additional exceptions.

Organ and Tissue Transplant

Benefits are available for services associated with medically necessary organ and tissue transplant, including (but not limited to) liver, heart, lung, heart-lung, small intestine, kidney, pancreas, pancreas-kidney and cornea. Limited benefits are also available for allogeneic/autologous bone marrow transplants for the specific conditions listed in the contract.

Transplant procedures must be preauthorized by Blue Cross and Blue Shield of Nebraska.

Skilled Nursing Care, Home Health Aide and Hospice Services

The following covered services require benefit preauthorization. Limitations and exclusions apply.

Skilled nursing care: Benefits are available for medically necessary physician-ordered care by a registered or licensed practical nurse for up to eight hours per day.

Home health aide: When services are related to active medical treatment, benefits include personal services such as bathing, feeding and performing necessary household cleaning duties for a homebound patient.

Hospice services: Benefits include Medicare-certified hospice services for a terminally ill patient, including home health aide and hospice nursing services, respite care, medical social worker visits, crisis care and bereavement counseling. Limited benefits for inpatient hospice care are also available.

Other Covered Services

(Please note: Limitations and exclusions apply.)

- Ambulance service
- Diabetes outpatient self-management training and patient management from an approved provider. Diabetes education benefits are subject to a maximum of $500 in a two-year period
- Outpatient occupational therapy, physical therapy, speech therapy, cognitive training, chiropractic/osteopathic physiotherapy and spinal manipulations and adjustments, up to a combined maximum of 60 sessions per calendar year
- Rental/initial purchase (whichever costs less) of medically necessary home medical equipment ordered by a doctor. Limited benefits are available for the repair, maintenance and adjustment of purchased covered medical equipment
- Routine immunizations. Benefits for pediatric immunizations (through age 6) are not subject to calendar year deductible, but are subject to applicable coinsurance
- Services in accordance with the Women's Health and Cancer Rights Act, which requires that insurance companies that provide medical and surgical benefits for mastectomies also provide benefits for breast reconstruction, prostheses and treatment for physical complications

Prescription Drug Coverage

Prescription drug coverage is available to Blue Cross and Blue Shield of Nebraska members under ValuePlan coverage through our Rx Nebraska Prescription Drug Program.

For ValuePlan Options 1 – 8

Benefits are based on Blue Cross and Blue Shield of Nebraska's drug formulary, which is divided into three tiers. The copay amounts you pay for each 30-day supply of your covered prescription drug depends on the tier in which your medication is listed.

Tier	Drugs	Cost
Tier 1	**Generic drugs**	**$8 copay**
Tier 2	**Formulary brand-name drugs**	**30% ($35 min., $60 max.)**
Tier 3	**Non-formulary drugs**	**50% ($60 min., $100 max.)**

To review the drug formulary, go to **www.bcbsne.com** and click on the "Members" tab and select "Pharmacy" (from the list on the left hand side) and then "Drug Formulary."

Prescription drug copay amounts do not apply toward your coinsurance maximum. Benefits paidfor expenses incurred under Rx Nebraska Drug Program included on the computation of the Total Benefits payable under this contract.

For ValuePlan Option 9

Eligible prescriptions are payable under the medical contract and are subject to your plan's deductible. Once your deductible has been met, you will pay the appropriate coinsurance for your prescription drug coverage.

Retail Pharmacies

Take your prescription to a participating Rx Nebraska pharmacy and show the pharmacist your Blue Cross and Blue Shield of Nebraska I.D. card.

Please note: Whenever appropriate, generic drugs will be used to fill your prescriptions. If you prefer a brand name drug, even when a generic is appropriate, you will be responsible for the difference in cost plus the applicable copay or coinsurance amount.

To locate participating Rx Nebraska pharmacies nationwide, call toll-free **1 (877) 800-0746.**

If you have to file an Rx Nebraska claim form (for example, if you have the prescription filled at a non-participating pharmacy, or if you don't present your card at a participating pharmacy), you will be reimbursed the reasonable allowance for the drug less the applicable copayment or coinsurance amount, a 25% penalty and the deductible (if applicable). ***For plan options 1-8: The copayment and penalty amounts do not apply toward the deductible or coinsurance maximum.***

Mail Service

If you use the PrimeMail® Mail Service Program, you may order a 90-day supply of your maintenance medication at one time by paying the applicable copay or coinsurance amount for each 30-day supply.

ValuePlan coverage includes preauthorization programs for COX-2 drugs and Proton Pump Inhibitors. These programs help Blue Cross and Blue Shield of Nebraska members manage the monetary costs involved with the use of these drugs. ***Please refer to your contract for more information about these programs.***

Limitations and Exclusions

This document contains only a partial list of the limitations and exclusions that apply to ValuePlan health plan coverage. For a complete listing, please refer to your policy.

No benefits are available for the following:

- Services determined to be not medically necessary
- Maternity/pregnancy services (except complications)
- Audiological exams (except newborn); hearing aids and their fittings
- Blood donor services
- Routine eye exams, refractions, eyeglasses, contact lenses, eye exercises or visual training
- Artificial insemination; in vitro fertilization, fertility treatment and monitoring
- Massage therapy by a massage therapist
- Nutrition care, supplies, supplements or other nutritional substances, including Neocate, Vivonex and other over-the-counter supplements
- Radial keratotomy or any other procedures/alterations of the refractive character of the cornea to correct myopia and/or astigmatism
- Services we consider to be investigative, experimental, cosmetic or obsolete
- Services, drugs, medical supplies, devices or equipment that are not cost effective compared with established alternatives or that are provided for the convenience or personal use of the patient
- Services provided before the coverage effective date or after termination
- Services for illness or injury sustained while performing military service
- Services for injury/illness arising out of or in the course of employment
- Charges for services which are not within the provider's scope of practice
- Charges in excess of the contracted amount
- Charges made separately for services, supplies and materials we consider to be included within the total charge payable
- Inpatient treatment of mental illness and and/or substance abuse
- Treatment for weight reduction/obesity, including surgical procedures
- Residential treatment programs

Inpatient Notification Requirements

The following are requirements you or your NEtwork BLUE provider must follow to receive the maximum benefits available under your contract.

Notification

Blue Cross and Blue Shield of Nebraska must be notified of all medical/surgical inpatient hospital admissions. This enables us to coordinate discharge planning, case management and disease management services with the patient's providers. If the patient is hospitalized in a contracting NEtwork BLUE hospital in Nebraska, notification will be provided by the hospital.

If the patient is hospitalized in a non-NEtwork BLUE hospital in Nebraska or is admitted to an inpatient facility in another state, Blue Cross and Blue Shield of Nebraska must be notified.

Certification

The purpose of precertification is to determine whether a service or admission discussed below meets the medical necessity criteria of your coverage. If you choose to have these services performed even though we are unable to certify the medical necessity of the services, you will be responsible for the charges.

Precertification is required for the following inpatient care, regardless of where the care is received, in or out of network:

- Physical rehabilitation
- Long-term acute care
- Skilled nursing facility care

When possible, certification/notification should be completed prior to the inpatient admission. If certification/notification does not take place when required, available benefits for covered services will be reduced by 25%. Benefits for services that are not medically necessary will be denied.

Certification/notification of benefits for an inpatient admission, call 1 (800) 247-1103 or 1 (402) 390-1870.

General Information

Applications are subject to our approval. Coverage is available to Nebraska residents only.

Premium rates will be reviewed and adjusted each year with a renewal date of January 1. Blue Cross and Blue Shield of Nebraska plans are age-rated.

Your rate for the entire year is based on your age as of the annual renewal date. We will notify you at least 30 days in advance of any premium change.

Waiting Periods for Pre-Existing Conditions and Congenital Abnormalities

No benefit payment will be made for covered services provided for a pre-existing condition or for a congenital abnormality until ValuePlan coverage has been in effect for at least 365 continuous days.

The waiting period does not apply to a child who is born or an adopted child placed with the adoptive parents, after the effective date of the contract, who is otherwise eligible for coverage.

Definition of a Pre-Existing Condition

An illness or injury, whether physical or mental, regardless of the cause of the condition, for which diagnosis, care or treatment was recommended or received within the 12-month period prior to the effective date of coverage.

A pre-existing condition is also defined as an illness or injury that exhibited signs or symptoms within 12 months prior to the effective date of coverage that would lead an ordinarily prudent person to seek medical advice, diagnosis or treatment.

Definition of Congenital Abnormality

A condition existing at birth which is outside the broad range of normal, such as cleft palate, birthmarks, webbed fingers or toes. Normal variations in size and shape of the organ, such as protruding ears, are not considered a congenital abnormality.

Types of Enrollment

- **Single membership:** Provides coverage to you only.
- **Single parent membership:** Provides coverage to you and your eligible children, but not to a spouse.
- **Family membership:** Covers you, your spouse and any eligible dependent children.

Eligible dependent children are defined as: The member's unmarried dependent children through 18 years of age, or through 23 years of age if full-time students attending an accredited educational institution. Coverage will continue for a full-time student during a medically necessary leave of absence, not to exceed one year, provided Blue Cross and Blue Shield of Nebraska receives written confirmation from the dependent's treating physician. Physically and mentally handicapped children may be eligible for continuous coverage after age 18 if application is made within 31 days of the child's 19th birthday.

Physically and mentally handicapped children may be eligible for continuous coverage after age 18 if application is made within 31 days of the child's 19th birthday.

Discounts

Premium Discount

A reduced premium rate is available if you do not currently use tobacco products and have not used tobacco products for a minimum of 12 months.

Vision Care Discount

When participating providers are used, you and your family members will receive a 10% discount off the cost of routine vision exams and a 17.5% discount off the retail price of frames, lenses and contacts. To obtain the discount, show the participating provider your Blue Cross and Blue Shield of Nebraska I.D. card. **Note:** ***This is a discount program only; no claims are filed. Discount programs may be changed or terminated at any time without prior notification.***

Online Tools and Resources

Online Member Services

Our secure online member services portal is available 24 hours a day, seven days a week. When you register with online member services, you can check the status of a claim, view your Explanations of Benefits online, print or request I.D. cards, find a NEtwork BLUE hospital and use interactive tools to help manage your family's health care needs and costs – whenever and wherever it's convenient for you.

Once your coverage becomes effective, you will be able to register to start using online member services. Within one to two business days of your initial online registration, you will receive a letter from us containing the unique access code you'll need to log in and start using online member services. If you have any questions about registration, just call the online member services Help Line at **1 (877) 704-2583.**

To learn more about online member services and register:

www.bcbsne.com

Registered online member services users have access to three interactive online tools: Healthcare Advisor, Treatment Cost Advisor and Coverage Advisor.

Healthcare Advisor℠

You can learn what to expect when diagnosed with an illness or before having surgery as well as research different treatment options and which hospitals have met leading standards for patient safety.

Treatment Cost Advisor℠

Find cost information for many common medical conditions and health care services, get reliable cost estimates and locate in- and out-of-network cost comparisons with this tool.

Coverage Advisor℠

This online resource helps you make informed benefit plan decisions.

MyRxHealth

MyRxHealth, from Blue Cross and Blue Shield of Nebraska's pharmacy benefits manager, Prime Therapeutics, Inc., is loaded with valuable information and interactive tools that you can use to manage your family's prescription drug purchases.

At MyRxHealth, you can find benefit information and prescription drug information and resources.

To access the personalized information available via MyRxHealth, you must be a registered online member services user. Simply visit **www.bcbsne.com** and sign into our online member services portal. Select MyRxHealth and you will be automatically logged into the members-only area.

Questions about MyRxHealth or www.myrxhealth.com? Call 1 (877) RXHELP4 or 1 (877) 794-3574.

BlueHealth Advantage Website

The lifestyle decisions people make – regarding diet, weight, exercise, smoking, seatbelt use and more – directly impact their health care costs.

BlueHealth Advantage, our wellness and lifestyle management website, can help you make positive lifestyle changes. BlueHealth Advantage offers:

- Educational health and wellness information
- Lifestyle management guides
- Personal health assessment tools

Check out all the valuable health and wellness resources available to you:

www.BlueHealthAdvantageNE.com

Blue Cross and Blue Shield of Nebraska
7261 Mercy Road
P.O. Box 3248
Omaha, NE 68180-0001

Customer Service:
Please call the Member Services number
on the back of your I.D. card

This outline of coverage for ValuePlan provides a brief description of the important features of your contract.

This is not your contract. Only the actual benefit provisions in your contract determine your benefits. The contract itself sets forth in detail the rights and obligations of both you and Blue Cross and Blue Shield of Nebraska.

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