



## **NOTICE**

**Meeting of the Board Of Directors of the  
League Insurance Government Health Team (LIGHT)  
Cornhusker Marriott Hotel – Arbor 1&2 Room  
333 S 13<sup>th</sup> Street, Lincoln**

PLEASE TAKE NOTICE that on **Wednesday, June 29, 2022, at 10:30 am CT**, the League Insurance Government Health Team (LIGHT) will hold a Meeting of the LIGHT Board of Directors at the Cornhusker Marriott Hotel – Arbor 1&2 Room at 333 S 13<sup>th</sup> Street, Lincoln, Nebraska.

An agenda of subjects known at this time is included with this notice, but the agenda shall be kept continually current and readily available for public inspection at the principal office of LIGHT during normal business hours at 1335 L Street, Lincoln, Nebraska.

On June 23, 2022, notice of this meeting with the agenda and other materials were sent to all LIGHT members and the LIGHT Board of Directors. Notice of this meeting with the agenda and other materials are available for public inspection at 1335 L Street, in Lincoln, Nebraska, and also posted on the website of the League of Nebraska Municipalities – [www.lonm.org/light/](http://www.lonm.org/light/).



## AGENDA

### Meeting of the Board Of Directors of the League Insurance Government Health Team (LIGHT) Cornhusker Marriott Hotel – Arbor 1&2 Room 333 S 13<sup>th</sup> Street, Lincoln

In accordance with the Open Meetings Act, Chapter 84, Article 14 of the Reissue Revised Statutes of the State of Nebraska 1943, as amended, one copy of all reproducible written materials to be discussed is available to the public at the meeting and at the link below for examination and copying. The LIGHT Board of Directors may pass motions to go into closed session on agenda items pursuant to the requirements of the Open Meetings Act.

*Officials of LIGHT members and members of the public may comment on agenda items or listen to the Board of Directors Meeting; however, if the Board of Directors votes to hold a closed session pursuant to the Open Meetings Act, officials of LIGHT members and members of the public may not comment or listen during that time.*

#### 1. Call meeting to order:

- a. 10:30 a.m. CT/9:30 a.m. MT – Lynn Rex, Executive Director of the League of Nebraska Municipalities, which is the LIGHT Administrator pursuant to the Interlocal Agreement, will call the meeting to order.
- b. Roll call.
- c. Indicate that on June 23, 2022, a notice of this meeting with the agenda and other materials were sent to all LIGHT members and the LIGHT Board of Directors. **Pursuant to Article V, Section 4. of the Bylaws of LIGHT:** *“The initial Board of Directors shall be composed of an elected or appointed official from five municipalities which executed the Interlocal Agreement prior to July 1, 2022, each of whom shall be approved as a Director by the respective governing body of the participating Member. These Directors will hold office until the commencement of the term for their successors who are elected at the 2023 annual Members’ meeting, unless their service is ended earlier because of death, resignation, or removal. Members of LIGHT will elect a new Board of Directors at the 2023 annual meeting....”* **Thanks to the following elected and appointed officials designated by their respective governing body to serve on the initial LIGHT Board of Directors: Joel Bergman, Mayor, City of St. Paul; Tom Goulette,**

**City Administrator/Utility Superintendent, City of West Point; Paul Lambert, Mayor, City of Plattsmouth; Jessica Quady, City Administrator, City of Ashland; and Brenda Wheeler, Clerk, City of Blair. Pursuant to Article V. Section 3.: “In addition, the Board of Directors shall include the Executive Director of the League as an ex-officio, non-voting member.**

Notice of this meeting with the agenda and other materials were available for public inspection at 1335 L Street, in Lincoln, Nebraska, and also posted with the following link kept continually current: an electronic copy of the agenda and all documents being considered at the meeting, with a link to the current version of the Open Meetings Act on the website of the League of Nebraska Municipalities – [www.lonm.org/light/](http://www.lonm.org/light/).

- d. Inform the public about the location of the Open Meetings Act which is accessible to members of the public and at [www.lonm.org/light/](http://www.lonm.org/light/) along with a copy of all reproducible written materials to be discussed at this meeting.
  - e. Pledge of Allegiance to the Flag of the United States of America.
  - f. Public comment on any agenda item(s): Pursuant to the Open Meetings Act, the LIGHT Board Chair reserves the right to limit comments on agenda items. In accordance with the Open Meetings Act, there is no time limit on comments made by members of the LIGHT Board of Directors.
2. **Consider a motion to elect a Chair of the LIGHT Board of Directors**
  3. **Consider a motion to elect a Vice Chair of the LIGHT Board of Directors**
  4. **Consider a motion to acknowledge the LIGHT Interlocal Agreement**  
*See pages 5-10*
  5. **Consider a motion to approve and adopt the Bylaws of LIGHT**  
*See pages 11-18*
  6. **Consider a motion to acknowledge the LIGHT Membership Agreement**  
*See pages 19-23*
  7. **Consider a motion to acknowledge the League of Nebraska Municipalities as the LIGHT Administrator and the League Executive Director as its designee**
  8. **Consider a motion to approve Michelle Sitorius of Cline Williams Wright Johnson & Oldfather, L.L.P. as the Legal Counsel for LIGHT and authorize the LIGHT Board Chair, LIGHT Board Vice Chair or LIGHT Administrator to execute related agreements**  
*See page 24*

9. Consider a motion to approve Thomas, Kunc & Black as the Auditing Firm for LIGHT
10. Consider a motion to direct the LIGHT Administrator to obtain directors' and officers' insurance and a fiduciary liability insurance policy for the LIGHT Board of Directors
11. Consider a motion to approve and ratify the *Declaration Regarding Single-Group Health Plan Status* submitted to the Nebraska Department of Insurance  
*See pages 25-31*
12. Consider a motion to approve and ratify the Blue Cross Blue Shield Nebraska (BCBSNE) benefit designs: *See page 32*
  - a. Preferred Provider Organization (PPO) Option 1 *See pages 33-39*
  - b. PPO Option 2 *See pages 40-46*
  - c. PPO Option 3 *See pages 47-53*
  - d. Qualified High Deductible Health Plan (QHDHP) Option 1 *See pages 54-60*
  - e. QHDHP Option 2 *See pages 61-67*
  - f. QHDHP Option 3 *See pages 68-74*
  - g. QHDHP Option 4 *See pages 75-81*
13. Consider a motion authorizing the LIGHT Board Chair, LIGHT Board Vice Chair or LIGHT Administrator to execute/countersign the following on behalf of the LIGHT Board of Directors:
  - a. Interlocal Agreement for each municipality joining LIGHT\*;
  - b. Membership Agreement for each municipality joining LIGHT\*; and
  - c. BCBSNE *Master Group Application* *See pages 82-89*
14. Discuss the date for the next meeting of the LIGHT Board of Directors
15. Consider a motion to adjourn

\* **Municipalities which passed the Resolution Approving the Interlocal Agreement and Membership Agreement as well as others in the process of doing so as of June 23, 2022:**

Ainsworth	Ceresco	Humphrey	Scribner
Alma	Edgar	Laurel	St. Paul
Ashland	Emerson	Madison	Wakefield
Auburn	Fairbury	Ord	Wayne
Bartley	Fairmont	Osceola	West Point
Bassett	Fort Calhoun	Plattsmouth	Wilber
Blair	Hershey	Rosalie	Wisner

**LEAGUE INSURANCE GOVERNMENT HEALTH TEAM  
INTERLOCAL AGREEMENT**

This Interlocal Agreement (the “Agreement”) is made and entered into by and among the undersigned municipalities of the State of Nebraska (each a “Member”) for formation of, and participation in, the League Insurance Government Health Team (“LIGHT”) and the LIGHT Member Health Plan (the “Plan”). Membership in the League Insurance Government Health Team shall make health insurance coverage available for the Members’ eligible employees and dependents who participate in the Plan. This Agreement is based upon certain understandings and in furtherance of certain purposes, as follows:

WHEREAS, the Interlocal Cooperation Act, Neb. Rev. Stat. §§ 13-801 et seq., (“ICA”) permits two or more public agencies to make and execute an agreement providing for joint and cooperative actions;

WHEREAS, if applicable, the Intergovernmental Risk Management Act, Neb. Rev. Stat. §§ 44-4301 et seq. (“IRMA”) permits two or more public agencies to make and execute an agreement providing joint and cooperative action to form, become members of, and operate a risk management pool for the purpose of providing to members risk management services and insurance coverages in the form of group self-insurance or standard insurance, including any combination of group self-insurance and standard insurance, to provide health, dental, accident, and life insurance member’s employees and officers;

WHEREAS, the Members have determined the need to join together to provide for group health insurance for the Members’ employees and their dependents;

WHEREAS, the Members have determined it is in the best interests of the Members’ employees to establish a group health plan in order to provide affordable health insurance to Members’ employees and their dependents; and

WHEREAS, the Members desire to make and to execute an agreement providing for joint and cooperative action for the purpose of providing health insurance coverage for Members’ employees and their dependents.

NOW THEREFORE, in consideration of the foregoing and the respective mutual promises contained herein, the undersigned parties agree as follows:

1. Definitions.

1.1. “**Administrator**” shall mean an individual, partnership, corporation, or unincorporated association engaged by the League Insurance Government Health Team for the purposes of carrying out the policies established by the League Insurance Government Health Team Board and to provide day-to-day management of the League Insurance Government Health Team. The League of Nebraska Municipalities shall be the Administrator of the Plan.

1.2. “**Board**” shall mean the Board of Directors of the League Insurance Government Health Team.

1.3. “**Bylaws**” shall mean the bylaws established and approved under this agreement governing the operation of the League Insurance Government Health Team.

1.4. “**Dental insurance**” shall mean a contractual arrangement to provide specified dental services, in consideration of a specified payment for an interval of time, regardless of whether the payment is made by the beneficiaries individually or by a third person for them, in such a manner that the total cost of such services is to be spread directly or indirectly among a group of persons.

1.5. “**Director**” shall mean the State of Nebraska Director of Insurance.

1.6. **“Health insurance”** shall mean any hospital, surgical, or medical expense-incurred policy or health maintenance organization contract. Health insurance does not include (a) accident-only, disability income, hospital confinement indemnity, dental, or credit insurance, (b) coverage issued as a supplement to liability insurance, (c) medicare or insurance provided as a supplement to medicare, (d) insurance arising from workers’ compensation provisions, (e) automobile medical payment insurance, (f) any other specific limited coverage, or (g) insurance under which benefits are payable with or without regard to fault and which is statutorily required to be contained in any liability insurance policy.

1.7. **“League”** shall mean the League of Nebraska Municipalities.

1.8. **“League Insurance Government Health Team”** or **“LIGHT”** shall mean the entity established and operated under this Agreement.

1.9. **“Member”** shall mean a Municipality (a) whose application for membership in the League Insurance Government Health Team has been approved by the League, and (b) that has lawfully entered into this Agreement and into the League Insurance Government Health Team membership agreement.

1.10. **“Municipality”** shall mean any city or village in the State of Nebraska that is a dues-paying member in good standing with the League.

1.11. **“Public agency”** shall mean any county, city, village, school district, public power district, rural fire district, or other political subdivision of the State of Nebraska, the State of Nebraska, the University of Nebraska, and any corporation whose primary function is to act as an instrumentality or agency of the State of Nebraska.

1.12. **“Risk management pool”** shall mean an association formed by two or more public agencies by an agreement, pursuant to IRMA if applicable, providing for joint and cooperative action in the use of their financial or administrative resources in order to accomplish any of the public and governmental purposes authorized by state or federal law.

1.13. **“Standard insurance”** shall mean any policy of insurance issued by a company licensed to transact insurance business in the State of Nebraska for any policy of insurance issued in accordance with the requirements for a lawful surplus lines insurance transaction.

2. Establishment of LIGHT. All Members who execute this Agreement hereby, pursuant to the applicable provisions of ICA, jointly and cooperatively establish the League Insurance Government Health Team as a separate entity, with all the rights, powers and privileges vested in and conferred such entity as set out in this Agreement and under the laws of the State of Nebraska. The League Insurance Government Health Team will provide health insurance coverage for its membership’s employees and their dependents in the form of standard insurance. The membership of the League Insurance Government Health Team consists of those Municipalities which have entered into this Agreement. The League Insurance Government Health Team shall have perpetual duration unless or until terminated or dissolved pursuant to the terms of this Agreement or its Bylaws, or in accordance with IRMA (as applicable) or ICA, or as otherwise required by law.

3. Purpose and Duration. The purpose of this Agreement is to establish and to operate a group health insurance plan through a standard insurance policy for the benefit of Members’ employees and their dependents. This Agreement shall be for an unlimited duration until formally terminated as provided herein.

4. Powers. In order to carry out this purpose, the League Insurance Government Health Team shall exercise and enjoy all the powers, privileges and authority exercised or capable of exercise by a joint entity under ICA, constituting a separate public body politic under the laws of the State of Nebraska, exercising public powers and acting on behalf of the public agencies which are parties to this Agreement as set out by law.

If applicable, the League Insurance Government Health Team shall exercise and enjoy all the powers, privileges and authority exercised or capable of exercise by a pool created pursuant to IRMA, including, but not limited to, the power to issue bonds or other obligations on behalf of public agencies or to otherwise assist in the issuance by such public agencies of such obligations; provided, however, that nothing herein shall prevent any of the parties hereto from separately exercising any such powers, privileges or authority. The League Insurance Government Health Team shall specifically have the power to sue and be sued, make contracts and other instruments necessary or convenient to the exercise of its powers, hold and dispose of real and personal property, borrow money, contract debt, and pledge any assets in the name of the League Insurance Government Health Team.

5. Financial Plan. The League Insurance Government Health Team shall sponsor a fully-insured group health insurance plan through a standard insurance policy that provides coverage to Members' employees and the employees' dependents. The Board, on behalf of the League Insurance Government Health Team and its constituent Members, shall enter into a contract, or renew an existing contract, with a company licensed to transact insurance business in the State of Nebraska on an annual basis for health insurance. Each Member will be required to complete a subgroup application in order to participate in a League Insurance Government Health Team-sponsored plan. Each Member shall make payment of premiums and any fees for Plan coverage and/or any other fees approved by the Board to fund the operation of the League Insurance Government Health Team, pursuant to the terms and conditions of the (a) LIGHT membership agreement and (b) subgroup application, master group application, and/or master group contract or other relevant documentation required by the insurance company providing the policy for health insurance coverage for the Plan. The League Insurance Government Health Team shall ensure that the Plan receives documentation from the insurance company setting forth the types of coverage to be offered and applicable deductible levels. The Board will review annually the necessity of maintaining cash reserves, additional standard insurance, or excess insurance, taking into account the fully-insured nature of League Insurance Government Health Team-sponsored plan.

6. Plan of Management.

6.1. Board of Directors. The governing authority of the League Insurance Government Health Team shall be a Board of Directors consisting of a minimum of five and maximum of fifteen elected or appointed officials of Members. In addition, the Board shall include the Executive Director of the League as an ex-officio, non-voting member. The initial Board of Directors shall be composed of an elected or appointed official from five municipalities which executed the Interlocal Agreement prior to July 1, 2022, each of whom shall be approved as a Director by the respective governing body of the participating Member. The number and tenure of directors of the Board shall be as provided in the Bylaws; provided that, in no event shall the number of directors of the Board be less than the requisite number of directors needed to transact the business of the League Insurance Government Health Team.

6.2. Board of Directors Duties.

(a) The Board shall be responsible for entering into negotiations and negotiating with one or more insurance companies for the provision of health insurance coverage on behalf of the Members. The Board shall be responsible for entering into one or more agreements with insurance companies for the provision of health coverage.

(b) The Board shall be responsible for managing the property, business, and affairs of any League Insurance Government Health Team-sponsored plans, including the establishment and maintenance of a budget.

(c) The Board shall take all necessary precautions to safeguard the assets of the League Insurance Government Health Team and exercise fiduciary duties concerning those assets and the overall operations of the League Insurance Government Health Team.

(d) The Board shall make and enter into any and all contracts, leases, and agreements necessary or desirable for the administration and management services to carry out any of the powers granted or duties imposed under this Agreement or any applicable law or regulation.

(e) The Board shall establish the duties and responsibilities of the Administrator and any delegation of its duties to the Administrator.

(f) The Board shall select and contract, either directly or indirectly, with service providers, including but not limited to insurance brokerage firm(s), accounting firm(s), legal counsel, consultants, and other qualified service providers or advisors as deemed necessary by the Board to carry out the intent and purposes of the League Insurance Government Health Team.

(g) The Board may adopt bylaws pertaining to the exercise of its purpose and powers (the "Bylaws"). The Board may, from time to time, revise the Bylaws. The Board may also from time to time adopt policies, rules and procedures for the administration and operation of the League Insurance Government Health Team, by majority vote of the Board, so long as such policies, rules, and procedures are not inconsistent with this Agreement or the Bylaws. No provisions of the Bylaws, policies, rules or procedures shall be inconsistent with this Agreement, the ICA, or, if applicable, IRMA.

(h) The Board may exercise such other powers as are necessary for the proper operation of the League Insurance Government Health Team to carry out the terms of this Agreement and to comply with ICA, IRMA (if applicable), rules and regulations adopted under either ICA or IRMA (if applicable), and any other applicable State or Federal laws, rules or regulations, and the League Insurance Government Health Team Bylaws.

### 6.3. Membership Procedures.

(a) Application. A Municipality may apply to become a Member of the League Insurance Government Health Team by completing and submitting a League Insurance Government Health Team membership agreement. The applicant must also provide all information required by the insurance company providing the policy for health insurance coverage at the time of application, including any required subgroup application. If the applicant (i) meets the eligibility requirements as set out in the League Insurance Government Health Team membership agreement, (ii) enters into this Agreement and the League Insurance Government Health Team membership agreement by resolution passed by its governing body, and (iii) provides all documentation and forms to the insurance company providing the policy for health insurance coverage at the time of application, the applicant will become a Member upon the League's approval of the Municipality's eligibility as set out in the League Insurance Government Health Team membership agreement and upon the execution of this Agreement by the Board.

(b) Voluntary Termination. A Member may voluntarily terminate its participation in the League Insurance Government Health Team by written notice of termination given to the League Insurance Government Health Team prior to the desired termination date and in compliance with the timeframe stipulated by the insurance company providing the policy for health insurance coverage at the time of termination. Members seeking to voluntarily terminate participation shall comply with all notice requirements contained in IRMA, if applicable.

(c) Involuntary Termination. A Member may be involuntarily terminated as a Member of the League Insurance Government Health Team if, after due notice and hearing, the Board (or relevant regulatory authority) determines that: (i) the Member has failed to pay any contribution or assessment to the League Insurance Government Health Team; (ii) the Member has failed to discharge any other obligation it owes to the League Insurance Government Health Team; or (iii) the Member has failed to comply with the laws of the state, rules of the Department of Insurance, or bylaws of the League Insurance Government Health Team.

(d) Effect of Termination. A former Member shall remain liable for any costs and obligations



incurred by the League Insurance Government Health Team while the Municipality was a Member, and for any contractual obligation the Municipality has entered into with the League Insurance Government Health Team on or before the date of termination. A former Member who has terminated participation in the League Insurance Government Health Team, or whose participation is involuntarily terminated pursuant to this Section 6.3, may apply for participation in the League Insurance Government Health Team after the lapse of 24 months following the date of cancellation.

6.4. Funds and Reserves by Exposure Area. The Board shall review appropriate actuarial analyses to identify appropriate funds and reserves by exposure area, as applicable. Each Member must make payment of its premiums and any fees for the League Insurance Government Health Team-sponsored coverage pursuant to the terms and conditions of the (a) LIGHT membership agreement, and (b) subgroup application, master group application, master group contract, or other relevant documentation required by the insurance company providing the policy for health insurance coverage for the Plan.

6.5. Claim Payment. All claims shall be paid pursuant to the standard insurance policy issued by a company licensed to transact insurance business in the State of Nebraska for health insurance and in accordance with any master group application, master group contract, and/or other relevant documentation issued by the insurance company providing the policy for health insurance coverage for the Plan and entered into by the League Insurance Government Health Team for the benefit of its membership.

6.6. No Private Benefit. No part of the net earnings or assets of the League Insurance Government Health Team shall inure to the benefit of any private person.

6.7. Distribution of Surplus at Dissolution. At the dissolution of the League Insurance Government Health Team's existence, any surplus funds over and above those necessary to pay or reserve against the expenses and liabilities of the League Insurance Government Health Team shall vest in and be distributed among the Members. Such distribution shall be allocated among Members in proportion to the contributions made by each Member.

6.8. Loss Control Program. To the extent applicable and necessary, the Board shall approve a system or program of controlling Member losses.

7. Dissolution. The League Insurance Government Health Team shall only be dissolved at such time as (a) the Board determines that the number of Members is too small to continue to provide coverage, (b) the Board is unable to secure a policy of insurance on behalf of the Members, or (c) in the event the League's Executive Board withdraws its support. The Board shall be responsible for all actions necessary to dissolve the League Insurance Government Health Team, in compliance with and as required by law. Upon the occurrence of an event of dissolution, to the extent required by law, the Board shall place the matter before the Members for a vote.

8. Banking Relationships. The League Insurance Government Health Team shall establish bank accounts necessary to carry out the terms and meet the operational needs of this Agreement. Controls shall be established and funds shall be invested so that the League Insurance Government Health Team is managed in a conservative and prudent manner.

9. Member Examinations and Audits. The League Insurance Government Health Team may examine and audit a Member's records at any time during the period this Agreement is in effect, and during any extensions hereof, and within three years after such Member is no longer a Member of the League Insurance Government Health Team, insofar as the records may relate to the subject matter of this Agreement.

10. Place of Business. The principal place of business for the League Insurance Government Health Team shall be 1335 L Street, Lincoln, Nebraska 68508 or at such other place as determined by the Administrator. Notice provided via United States Postal Service by a member to the League Insurance Government Health Team at this address shall be considered proper notice to the League Insurance Government Health Team and all participating

members of the League Insurance Government Health Team. The Administrator may employ necessary staff for the positions authorized by the Board; the Administrator also may purchase, lease, or rent real or personal property with the approval of the Board in order to carry out the business and purpose of the League Insurance Government Health Team.

11. Conformity with Law. In the event any term or provision of this Agreement is in conflict with the laws and statutes of the State of Nebraska as they now exist or are hereafter amended, this Agreement shall be automatically deemed amended to conform to such laws and statutes.

12. Fiscal Year. For the initial year in which the League Insurance Government Health Team is formed, the fiscal year shall begin on July 1, 2022 and end on September 30, 2022. Thereafter, the League Insurance Government Health Team's fiscal year shall begin on October 1 of each year and end on September 30 of the following year, unless determined otherwise by the Board.

13. Liability. No Member in the League Insurance Government Health Team shall, by reason of this Agreement, have any liability for claims brought by third parties against any other Member. The liability for any claim against a Member shall remain the sole and exclusive liability of the Member.

14. Termination of the Agreement. This Agreement shall terminate upon the occurrence of all of the following events: (a) the League Insurance Government Health Team has dissolved pursuant to Section 7; (b) all amounts owed by the Members have been paid in full; and (c) all amounts owed for claims and other expenses have been paid in full.

15. Execution in Counterpart. This Agreement may be executed in several counterparts, each of which shall be regarded as an original and all of which shall constitute one and the same document.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the dates set forth in the attached Resolutions and acknowledged below.

**MEMBER MUNICIPALITY**

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Name of Municipality: \_\_\_\_\_

Date: \_\_\_\_\_

**LEAGUE INSURANCE GOVERNMENT HEALTH TEAM**

Signature: \_\_\_\_\_  
Chairperson, League Insurance Government Health Team

Date: \_\_\_\_\_

**BYLAWS OF  
LEAGUE INSURANCE GOVERNMENT HEALTH TEAM**

In accordance with the Interlocal Cooperation Act, Neb. Rev. Stat. §§ 13-801 et seq. (“ICA”) and, if applicable, the Intergovernmental Risk Management Act, Neb. Rev. Stat. §§ 44-4301 et seq. (“IRMA”), certain Nebraska cities and villages have formed an interlocal entity pursuant to the League Insurance Government Health Team Interlocal Agreement (the “Interlocal Agreement”). Pursuant to the Interlocal Agreement and Nebraska law, the Directors hereby adopt the Bylaws of League Insurance Government Health Team (“LIGHT”), effective June 29, 2022, to provide as follows:

**Article I. Purpose**

The purpose or purposes for which LIGHT is organized is to enter into and maintain one or more welfare benefits plan insurance contracts, including a health insurance contract, for the benefit of employers who are members of the League of Nebraska Municipalities (the “League”) and the covered employees and beneficiaries of those employers.

**Article II. Offices**

The principal office of LIGHT will be designated by the LIGHT Administrator or its designee. The initial principal office will be located at 1335 L Street, Lincoln, NE 68508. LIGHT may have such other offices, within the State of Nebraska, as the LIGHT Administrator or its designee may determine.

**Article III. Members**

Section 1. Membership. In order to qualify for membership in LIGHT (a “Member”), a city or village of the State of Nebraska must: (a) be a dues-paying member of the League, (b) meet the requirements set forth in the Interlocal Agreement and the League Insurance Government Health Team Membership Agreement (the “Membership Agreement”), and (c) execute the Interlocal Agreement and Membership Agreement.

Section 2. Termination of Membership. A Member may voluntarily terminate its participation in LIGHT by giving written notice of termination to LIGHT prior to the desired termination date and in compliance with the timeframe stipulated by the insurance company providing the policy for health insurance coverage at the time of termination.

Membership may be involuntarily terminated if the Member: (a) has failed to pay any contribution or funds due to LIGHT, (b) has failed to discharge any other obligation it owes to LIGHT, or (c) has failed to comply with any laws of this state, any rules or regulations adopted and promulgated by the Nebraska Department of Insurance, or any bylaw of LIGHT. A Member will be given due notice of the reasons for the termination and a hearing before the LIGHT Board of Directors (or relevant regulatory authority) prior to the termination.

**Article IV. Members’ Meetings**

Section 1. Annual Meetings. The annual meeting of LIGHT’s Members shall be held in conjunction with the annual meeting of the League, at such time and place as shall be determined by the LIGHT Chairperson, or at such other time or place as shall be determined by the LIGHT Chairperson for the purpose of transacting any and all business authorized to be transacted by the Members. Members may participate in the annual meeting of the members to the extent permitted by Nebraska law or permitted by the Open Meetings Act, Neb. Rev. Stat. §§ 84-1407 et seq. (the “Open Meetings Act”). The first annual meeting of LIGHT’s Members shall be in 2023.

Section 2. Special Meetings. Special meetings of the Members shall be held whenever called by the LIGHT Administrator or its designee, upon written request by the Chairperson, Vice Chairperson, or a majority of the Board of Directors.

Section 3. Notice of All Meetings. Notice of all meetings shall be given by the LIGHT Administrator or its designee in a manner that is consistent with the Open Meetings Act.

Section 4. Quorum. The Members with a Voting Member present at a duly-called Members' meeting constitute a quorum for action on a matter, even if the number of Voting Members present is less than a majority of the total number of Members. However, voting at an annual or other Members' meeting shall be limited to matters described in the meeting notice.

Section 5. Majority Vote. Unless these Bylaws specify a required voting percentage on a certain matter, all other matters shall be decided by a majority of the eligible votes cast at any meeting.

Section 6. Designation of Voting Member. Each Member who is eligible to execute the Interlocal Agreement and who has executed the Interlocal Agreement will be a Voting Member. An officer, manager, director, member, official, or employee of the Voting Member may act as the Voting Member's representative at the meeting (the "Representative"). Any such Representative entitled to cast the vote for the Voting Member shall be designated by a resolution or motion of the respective governing body of the Voting Member, which shall authorize its Representative to cast votes for the Voting Member. Such designation shall be valid until revoked or until superseded by a subsequent resolution or motion of the governing body of the Voting Member.

Section 7. Votes. Votes must be cast by the designated Representative of the Voting Member and may not be cast by proxy.

Section 8. Record Date. If no record date is set by the Board of Directors, the date on which the notice of the Members' meeting is mailed shall be deemed the record date for the determination of Voting Members entitled to vote. Cities or villages becoming Members after the record date shall not be entitled to notice or to vote.

## **Article V. Board of Directors**

Section 1. Eligibility and Authority. All powers of LIGHT will be exercised by or under the authority of, and the affairs of LIGHT will be managed under the direction of, its Board of Directors.

Section 2. Delegation of Authority to LIGHT Administrator. The Board of Directors shall establish the duties and responsibilities of the LIGHT Administrator and any delegation of the Board of Directors' duties to the LIGHT Administrator or its designee, including signing certain contracts.

Section 3. Number and Qualification. The business and affairs of LIGHT will be managed by a quorum of the Board of Directors. The Board of Directors shall consist of at least five (5) directors but no more than fifteen (15) directors. All Directors must be an elected or appointed official of a Member, and approved as a candidate for and a member of the Board of Directors by the governing body of the participating Member. Although the number and qualifications of the Directors may be changed from time to time by amendment to these Bylaws, no change will affect the incumbent Directors during the terms for which they were elected. The number of Directors and the duration of their terms may be changed by the Members by a majority of the votes cast at a Members' meeting. In addition, the Board of Directors shall include the Executive Director of the League as an ex-officio, non-voting member.

Section 4. Election of Directors. The initial Board of Directors shall be composed of an elected or appointed official from five municipalities which executed the Interlocal Agreement prior to July 1, 2022, each of whom shall be approved as a Director by the respective governing body of the participating Member. These Directors will hold office until the commencement of the term for their successors who are elected at the 2023 annual Members' meeting, unless their service is ended earlier because of death, resignation, or removal. Members of LIGHT will elect a new Board of Directors at the 2023 annual meeting. Except for the initial directors, the election of Directors shall be conducted in the following manner:

(a) Except as provided to the contrary in these Bylaws, election of Directors shall be held on an annual basis at the annual Members' meeting. Nominations for Board of Directors positions may be submitted by either the Nominating Committee or by petition of ten percent (10%) of the Members. Nominations must be submitted to the LIGHT Administrator or its designee at least 30 days prior to the respective annual Members' meeting.

(b) Election shall be by a majority of the votes cast at the annual Members' meeting. Each Member shall be entitled to cast his/her vote for as many nominees as there are positions to be filled.

(c) Vacancies in the Board of Directors occurring between annual elections shall be filled by the remaining Directors upon the recommendation of the LIGHT Administrator or its designee.

Section 5. Term of Directors. The initial Directors shall serve an initial, partial term until December 31, 2022, and shall begin a new term on January 1, 2023. Thereafter, Directors will serve for a term of three (3) years, with expirations staggered to result in approximately one-third of the Directors' terms expiring each year, if possible. Terms of office shall commence on January 1st of the first year of the term and conclude on December 31st of the last year of the term. No Director shall be elected for more than two (2) consecutive full terms and thereafter shall not be eligible for re-election for a period of one (1) three-year interval.

Section 6. Removal of Directors. Removal of a Director by the Board of Directors may occur if the Board of Directors finds that: (a)(i) the Director engaged in fraudulent or dishonest conduct, or (ii) the Director engaged in a gross abuse of authority or discretion in relation to LIGHT, and (b) removal of the Director is in the best interest of LIGHT.

Section 7. Resignation of Directors. Any Director may resign anytime by delivering written notice of such resignation to the Board of Directors, the Chairperson, or the LIGHT Administrator or its designee. Such resignation is effective when delivered, unless the notice specifies a future effective date. If a resignation is made effective at a future date, the Board of Directors may fill the pending vacancy, upon a recommendation of the LIGHT Administrator or its designee, before the effective date if the Board of Directors provides that the successor does not take office until the effective date. Any successor Director so approved by the Board of Directors will hold office for the balance of the term of the Director he or she replaced.

Section 8. Board of Directors Meetings. Meetings of the Board of Directors will be held pursuant to the Open Meetings Act. When possible, such meetings shall be held in conjunction with meetings convened by the League for League members. Such meetings of the Board of Directors may be called by the Chairperson, LIGHT Administrator or its designee, or fifty percent (50%) of the Directors then in office.

Section 9. Emergency Meetings. When it is necessary to hold an emergency meeting, the nature of the emergency shall be stated in the minutes and any formal action taken in such meeting shall pertain only to the emergency. Such meetings shall be held in accordance with the Open Meetings Act.

Section 10. Notice of Meetings. Except for emergency meetings, notice of meetings of the Board of Directors will be given in accordance with the Open Meetings Act and, if possible, be preceded by at least two (2) days' notice to each Director. Such notice shall be given in writing by one or more of the following methods: (a) mailed prepaid, by United States mail to such Director's mailing address as it appears in the records of LIGHT, (b) hand delivered, or (c) provided by e-mail or similar electronic delivery.

Section 11. Chair. At all meetings of the Board of Directors, the Chairperson shall serve as the Chair of the meeting, or in his or her absence or inability, the Vice Chairperson, or, in both their absence and inability, a presiding officer chosen by those Directors present will preside.

Section 12. Quorum. At all meetings of the Board of Directors, a majority of the Directors will be necessary and sufficient to constitute a quorum and for the transaction of business. The affirmative vote of a majority of Directors is the act of the Board of Directors, except as may be otherwise specifically provided by statute or by the Interlocal Agreement or by these Bylaws.

Section 13. Compensation. Directors will not receive any stated compensation for their services as Directors, except the Board of Directors may reimburse Directors for direct expenses that: (a) are incurred in (i) attending meetings of the Board of Directors that are not held in conjunction with a League meeting, or (ii) performing other authorized services as a Director; and (b) are not reimbursed to him or her by any other public agency.

Section 14. Loans to Officers and Directors. LIGHT will not lend money to nor guarantee the obligation of any Director or officer of LIGHT.

## **Article VI. Committees of the Board of Directors**

Section 1. Executive Committee. The Board of Directors may, by motion passed by a majority of the total number of Directors, designate three or more members of the Board of Directors to constitute an Executive Committee, which to the extent permitted by law, shall have and may exercise such powers of the Board of Directors in the management of the business and affairs of LIGHT, as shall be delegated to them.

Section 2. Nominating Committee. The Nominating Committee will solicit, evaluate, and bring forth the names of elected or appointed officials of Members to fill positions on the Board of Directors. The Nominating Committee will consist of not less than three members of the Board of Directors. In addition, the Nominating Committee shall include the Executive Director of the League as an ex-officio, non-voting member.

Section 3. Other Committees. Other committees not having and exercising the authority of the Board of Directors in the management of LIGHT may be designated by the Chairperson and approved by the Board of Directors.

Section 4. Chairperson. One member of each committee will be appointed chairperson by the Board of Directors.

Section 5. Rules. Each committee may adopt rules for its own governance consistent with these Bylaws or with rules adopted by the Board of Directors which are consistent with the Open Meetings Act.

## **Article VII. Powers and Duties of the Board of Directors**

Section 1. Powers and Duties of the Board of Directors. All of the powers and duties of LIGHT existing under Nebraska law shall be exercised exclusively by the Board of Directors, its agents, contractors or employees, subject only to approval by Members who are entitled to vote when such vote is specifically required.

Section 2. Welfare Benefits Plan Contracts. LIGHT will negotiate and enter into and maintain one or more welfare benefits plan insurance contracts, including a health insurance contract, for the provision of welfare benefits for Members and their covered employees and beneficiaries. LIGHT has the sole right to amend or to terminate these contracts.

Section 3. Fees. The Board of Directors may make and collect fees from Members to defray the costs and expenses of LIGHT. The Board of Directors may allocate or apportion to particular Members such costs and expenses as may be appropriate; and to make fees consistent with such allocation or apportionment.

Section 4. Disbursements. The Board of Directors shall use the proceeds of such fees in the exercise of its powers and duties.

Section 5. Employees. The Board of Directors shall have the authority to determine the number of personnel positions and to employ or to contract for such personnel on a regular or intermittent basis, full or part time, as the Board of Directors deems necessary in the fulfillment of the responsibilities set forth herein. The Board of Directors shall have the authority to fix compensation for such employees or contractors. The Board of Directors shall also have the authority to terminate or replace such employees or contractors, when, in the judgment of the Board of Directors, such action is warranted. The Board of Directors may delegate such authority relating to hiring, terminating, or replacing such employees or contractors to the LIGHT Administrator or its designee.

## **Article VIII. Officers**

Section 1. Number and Qualification. The officers of LIGHT will include a Chairperson, a Vice Chairperson, and such other officers as may be elected in accordance with the provisions of this Article. The Board of Directors may elect or appoint such other officers as it deems desirable, such officers to have the authority, and to perform the duties prescribed, from time to time, by the Board of Directors. Any two (2) or more offices may be held by the same person. The Chairperson and Vice Chairperson will also serve on the Board of Directors. In no event shall the Executive Director of the League be eligible to serve as the Chairperson, Vice Chairperson, or as any other officer of LIGHT.

Section 2. Election and Term of Office. The officers of LIGHT will be elected annually for a one-year term by the Board of Directors at a meeting of the Board of Directors. New officers may be created and filled at any meeting of the Board of Directors. Each officer will hold office until his or her successor has been duly elected.

Section 3. Resignation of Officers. An officer may resign at any time by delivering written notice to the Chairperson or the LIGHT Administrator or its designee. Such resignation is effective when the notice is delivered unless the notice specifies a future effective date. If a resignation is made effective at a future date and LIGHT accepts the future effective date, the Board of Directors may fill the pending vacancy, upon a recommendation of the LIGHT Administrator or its designee, before the effective date if the Board of Directors provides that the successor does not take office until the effective date. Any successor officer so approved by the Board of Directors will hold office for the balance of the term of the officer he or she replaced.

Section 4. Vacancies. A vacancy in any office because of death, resignation, removal, disqualification, or otherwise may be filled by the Board of Directors, upon a recommendation of the LIGHT Administrator or its designee, for the unexpired portion of the term.

Section 5. Chairperson. The Chairperson will be the principal executive officer of LIGHT and will in general supervise and control all of the business and affairs of LIGHT. He or she will preside at all meetings of the Board of Directors. He or she may sign, with any other proper officer of LIGHT authorized by the Board of Directors, any deeds, mortgages, bonds, contracts, or other instruments which the Board of Directors has authorized to be executed, except in cases where the signing and execution thereof are expressly delegated by the Board of Directors or by these Bylaws or by statute to some other officer or agent of LIGHT or the LIGHT Administrator; and in general he or she will perform all duties incident to the office of Chairperson and such other duties as may be prescribed by the Board of Directors from time to time.

Section 6. Vice Chairperson. In the absence of the Chairperson or in the event of his or her death, inability or refusal to act, the Vice Chairperson will perform the duties of the Chairperson, and when so acting, will have all the powers of and be subject to all the restrictions upon the Chairperson. The Vice Chairperson will perform such other duties as from time to time may be assigned by the Chairperson or by the Board of Directors.

Section 7. Removal of Officers. Any officer elected or appointed by the Board of Directors may be removed by the Board of Directors whenever in its judgment the best interests of LIGHT would be served thereby.

#### **Article IX. Meetings by Virtual Conferencing**

To the fullest extent permitted by law, members of the Board of Directors may participate in any meeting of the Board of Directors by means of virtual conferencing. Virtual conferencing means conducting or participating in a meeting electronically or telephonically with interaction among participants as required by law. Participation by such means will be subject to the Open Meetings Act.

#### **Article X. Indemnification**

Any person who was or is a party or is threatened to be made a party to any threatened, pending, or completed action, suit, or proceeding, whether civil, criminal, administrative, or investigative, other than an action by or in the right of LIGHT, by reason of the fact that he or she is or was a Director, officer, employee, or agent of LIGHT, or is or was serving at LIGHT's request as Director, officer, employee, or agent of another corporation, partnership, joint venture, trust, or other enterprise, will be and hereby is indemnified, against all expenses, including attorneys' fees, judgments, fines, and amounts paid in settlement, actually and reasonably incurred by him or her in connection with such action, suit, or proceeding if:

- (1) He or she acted in good faith, and
- (2) He or she reasonably believed: (a) in the case of conduct in his or her official capacity with LIGHT, that his or her conduct was in LIGHT's best interests; and (b) in all other cases, that his or her conduct was at least not opposed to LIGHT's best interests.
- (3) In the case of any criminal proceeding, he or she had no reasonable cause to believe his or her conduct was unlawful.



The termination of any action, suit, or proceeding by judgment, order, settlement, conviction, or a plea of *nolo contendere* or its equivalent, will not, of itself, create a presumption that the person did not meet the standard of conduct described in this Article. However, no indemnification will be made in respect to any claim, issue, or matter by or in the right of LIGHT in which such person is adjudged liable to LIGHT or in connection with any other proceeding charging improper personal benefit to such person, whether or not involving action in his or her official capacity, in which such person is adjudged liable on the basis that personal benefit was improperly received by such person.

To the extent that a Director, officer, employee, or agent of LIGHT has been successful on the merits, or otherwise, in defense of any action, suit, or proceeding referred to in this Article, or in defense of any claim, issue, or matter therein, he or she will be indemnified against all expenses, including attorneys' fees, actually and reasonably incurred by him or her in connection therewith.

The indemnifications provided in these Bylaws for Directors, officers, employees, and agents are directly created and accorded without the need of any affirmative act on the part of the Directors, officers, employees, or agents, and, subject to the conditions and limitations of this Article, such indemnification rights may be asserted and proceeded upon by any Director, officer, employee, or agent whenever the need arises.

LIGHT may, and in the case of a Director or officer, shall, pay expenses incurred in defending a civil or criminal action, suit, or proceeding in advance of the final disposition of such action, suit, or proceeding upon (1) a determination by the Board of Directors that the Director, officer, employee, or agent met the standard of conduct described in this Article; (2) a written undertaking by such person to repay such amount; and (3) a determination that the facts then known to those making the determination would not preclude indemnification under any applicable statute.

To the extent permitted by law, LIGHT may have the power to purchase and maintain insurance on behalf of any person who is or was a Director, officer, employee, or agent of LIGHT against any liability asserted against him or her and incurred in such a capacity or arising out of his or her status as such, whether or not LIGHT would have the power to indemnify him or her against such liability.

The indemnification of officers, employees, and agents will occur without further action of the Board of Directors. Indemnification of a Director will occur after a determination that indemnification is permissible under this Article X by a majority vote of a quorum of the Board of Directors consisting of Directors not at the time parties to the proceeding.

Indemnification will not be deemed exclusive of any other rights to which those indemnified may be entitled under any bylaw, agreement, vote of disinterested Directors, or otherwise, both as to action in his or her official capacity and as to action in another capacity while holding such office, and will continue as to a person who has ceased to be a Director, officer, employee, or agent, and will inure to the benefit of the heirs, executors, and administrators of such person.

## **Article XI. Contracts, Checks, Deposits, and Funds**

Section 1. Contracts. The Board of Directors may authorize any officer or officers, agent or agents of LIGHT, or the LIGHT Administrator or its designee, in addition to the officers so authorized by these Bylaws, to enter into any contract or execute and deliver any instrument in the name of and on behalf of LIGHT, and such authority may be general or confined to specific instances.

Section 2. Checks, Drafts, and Orders for the Payment of Money. All checks, drafts, or orders for the payment of money, notes, or other evidences of indebtedness issued in the name of LIGHT, will be signed by such officer or officers, agent or agents of LIGHT, or the LIGHT Administrator or its designee,

and in such manner as will from time to time be determined by resolution of the Board of Directors. In the absence of such determination by the Board of Directors, such instruments will be signed by the Chairperson and countersigned by the Vice Chairperson of LIGHT.

Section 3. Deposits. All funds of LIGHT will be deposited from time to time to the credit of LIGHT in such banks, trust companies, or other depositories as the Board of Directors may select.

Section 4. Gifts. The Board of Directors may accept on behalf of LIGHT any contribution, gift, bequest, or devise for the general purpose or for any special purpose of LIGHT.

#### **Article XII. Conflicts of Interest**

Every member of the Board of Directors, elected or appointed officials or employees, contractors, or agents representing LIGHT shall be requested annually to complete and sign a conflict of interest questionnaire that meets the requirements of the Nebraska Department of Insurance or other applicable regulatory entity.

#### **Article XIII. Dissolution**

All Members of LIGHT will be deemed expressly to have consented and agreed that upon such dissolution or winding up of the affairs of LIGHT, after all debts have been satisfied, any remaining assets of LIGHT will be distributed, transferred, conveyed, delivered, and paid over to its Members in the manner determined under the Interlocal Agreement.

#### **Article XIV. Records**

LIGHT will keep correct and complete records of account and will also keep minutes of the meetings of its Board of Directors, Members' meetings, and other minutes as required by law or these Bylaws. All records of LIGHT may be inspected by any Director, or his agent or attorney, for any proper purpose at any reasonable time.

#### **Article XV. Fiscal Year**

For the initial year in which LIGHT is formed, the fiscal year shall begin on July 1, 2022 and end on September 30, 2022. Thereafter, the fiscal year of LIGHT shall begin on October 1 and end on September 30.

#### **Article XVI. Defined Terms**

Terms contained herein shall have the same meaning as in the Interlocal Agreement, unless defined otherwise.

#### **Article XVII. Amendments to Bylaws**

The Board of Directors shall have the power to amend the Bylaws of LIGHT unless the amendment relates to the number of Directors, the composition of the Board of Directors, the term of office of the Directors, or the method or way in which Directors are elected or selected.

Dated: June 29, 2022

By: \_\_\_\_\_,  
Chairperson

## LEAGUE INSURANCE GOVERNMENT HEALTH TEAM MEMBERSHIP AGREEMENT

This Agreement is entered into by and between the League Insurance Government Health Team (“LIGHT”) and \_\_\_\_\_ (the “Member”), a Nebraska employer, for participation in LIGHT and the LIGHT Member Health Plan (the “Plan”), for coverage effective July 1, 2022. Membership in LIGHT shall make health insurance coverage available for the Member’s eligible employees and dependents who participate under the Plan. In consideration of mutual promises, the undersigned parties agree as follows:

Section 1. Membership. The undersigned employer hereby agrees to become a member of LIGHT (a “Member”) upon and subject to the terms and conditions of the League Insurance Government Health Team Interlocal Agreement (the “Interlocal Agreement”), Bylaws of LIGHT, and this Agreement for and during the term of this Agreement.

In order to qualify for membership, the undersigned employer represents that it meets all of the following qualifications:

- (i) Is a city or village in the State of Nebraska;
- (ii) Constitutes an employer as defined under ERISA § 3(5);
- (iii) Employs in the State of Nebraska at least one common law employee;
- (iv) Is a dues-paying member in good standing with the League of Nebraska Municipalities; and
- (v) Elects to participate in the Plan and executes a Plan subgroup application, which is incorporated by this reference.

Section 2. Agreement with Respect to Formation and Existence of LIGHT. The Member acknowledges and agrees that LIGHT is an entity that has been formed by constituent members, and as such, is and shall have such powers as are set forth its Interlocal Agreement and Bylaws.

Section 3. Member Obligations. For and during the Term of this Agreement, the Member agrees as follows:

- (i) To maintain its status as a qualified Member under the provisions of Section 1 of this Agreement and to notify the LIGHT Board of Directors as soon as the Member has knowledge that it no longer meets the qualifications under Section 1 of this Agreement;
- (ii) To comply with the Interlocal Agreement and Bylaws of LIGHT as the same now exist or may from time to time hereinafter be amended;
- (iii) To maintain a membership in good standing with the League of Nebraska Municipalities;
- (iv) To comply with all administrative requirements and procedures of the Plan, including, but not limited to, continuation coverage under state or federal law;
- (v) To notify the insurer timely and accurately within thirty (30) days of any change to the name; address; eligibility for coverage, including, but not limited to, any changes to the eligibility of a Member’s employee who fails to satisfy the “actively-at-work” requirement or minimum weekly working hours

requirement;<sup>1</sup> or other change to enrollment of the Member, the Member's employee, or the Member's employee's dependent;

(vi) To provide any and all data, documents, and information, including enrollment and eligibility information, which LIGHT, its agents, or its consultants may from time to time require in order for LIGHT to administer the Plan;

(vii) To cooperate with LIGHT in all matters related to LIGHT's administration of the Plan including, but not limited to, cooperating with any and all Plan audits by LIGHT or the insurer, and completing any and all certifications received by the Member from LIGHT or the insurer for the purpose of verifying a Member's eligibility, a Member's employee's eligibility, or a Member's employee's dependent's eligibility to participate in the Plan;

(viii) To comply with the terms and conditions of the Plan as the same may from time to time be amended and modified;

(ix) To make payment of premiums and any fees for Plan coverage or operational expenses pursuant to the terms and conditions determined by the insurer for the Plan;

(x) To make payment of any fees approved by the Board to fund the operation of LIGHT;

(xi) To distribute Plan documentation in the manner specified by law, LIGHT, and/or the insurer, as applicable, to Member's employees and dependents. The Member agrees to indemnify LIGHT, the Plan, the insurer and their employees, agents, directors, officers and assigns (collectively, the "Indemnitees") and to hold each of them harmless from any and all liabilities, claims, penalties, tax assessments or other obligations which may arise, directly or indirectly, from the Member's failure to comply with its obligations as set forth in this Section 3(xi);

(xii) To annually sign a subgroup application furnished by the Plan verifying compliance with Plan requirements;

(xiii) To authorize LIGHT to act as the Plan Sponsor for the Plan; and

(xiv) To authorize the League of Nebraska Municipalities to act as the Plan Administrator for the Plan.

Section 4. Services Provided by LIGHT. For and during the Term of this Agreement, LIGHT, acting as the agent for and on behalf of its Members, hereby agrees as follows:

(i) To enter into negotiations with one or more insurance companies for the provision of health, dental, or other insurance coverage;

(ii) To enter into one or more agreements with an insurer for the provision of health, dental, or other insurance coverage and to provide the Member with a copy of each said agreement and all amendments thereto as soon as is reasonably possible following their complete execution; and

(iii) To manage the property, business, and affairs of the Plan, including the administration of the Plan.

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<sup>1</sup> The "actively at work" requirement shall be met under the following three circumstances: (1) the employee is actively performing the customary duties, responsibilities, and obligations of the role which the employee is employed to perform; (2) the employee is on leave under the Family and Medical Leave Act (FMLA), whether paid or unpaid; and/or (3) the employee is on an approved paid leave. The minimum weekly working hours requirement is waived for all periods in which the employee is on FMLA leave, but shall apply in all other circumstances, including periods of approved paid leave. Where an employee is on approved paid leave, to meet the minimum weekly working hours requirement, the employee must have available and use paid leave equal to or in excess of such requirement.

Section 5. Term and Termination

Section 5.1 Term. Subject to any Renewal Term(s) and unless sooner terminated as provided below, this Agreement shall be for a term commencing on July 1, 2022, and continuing thereafter until June 30, 2023 (the “Initial Term”). This Agreement shall renew automatically for subsequent one year terms (the “Renewal Term(s)”) unless and until (i) a new Agreement is required by LIGHT, (ii) this Agreement is terminated as provided herein, or (iii) notice of non-renewal is provided in accordance with Section 5.2 of this Agreement. The Initial Term and any Renewal Term(s) shall be referred to collectively herein as the “Term” or the “Terms.”

Section 5.2 Notice of Non-Renewal. Notwithstanding anything herein to the contrary, the Member may preclude the automatic renewal described in Section 5.1 of this Agreement by providing written notice to LIGHT at least thirty (30) days prior to the commencement of the Renewal Term.

Section 5.3 Termination. This Agreement may be terminated during its Term as follows:

(i) Voluntary Termination. At any time by mutual written consent of each of the parties, and in compliance with any timeframe stipulated by the insurance company providing the policy for health insurance coverage at the time of termination.

(ii) Involuntary Termination. After due notice and hearing, at any time upon the affirmative vote of a majority of LIGHT’s Board of Directors in the event the Member fails to pay any contribution or assessment to LIGHT, fails to meet the qualifications of Section 1 of this Agreement, fails to comply with the Member obligations of Section 3 of this Agreement, or fails to comply with the laws of the state, rules of the Nebraska Department of Insurance, or bylaws or Interlocal Agreement of LIGHT.

Section 5.4 Effect of Termination or Expiration on Plan Participation. Participation in the Plan will cease on the date this Agreement terminates or expires. The Member shall remain liable for any costs and obligations incurred by LIGHT while a Member, and for any contractual obligation the Member has entered into with LIGHT on or before the date of termination.

Section 6. Indemnification. The Member hereby agrees to indemnify and hold LIGHT and its officers, directors, employees, agents, and representatives harmless from any and all liabilities, losses, damages, penalties, fines, costs, or expenses (including without limitation court costs and reasonable attorneys’ fees) to the extent the same are incurred in connection with any demand, suit, audit, investigation, or other proceeding and arise out of or relate in whole or in part to: (i) any act or omission of the Member or any of its board members, officers, employees, agents, or representatives which occurs in the course of the Member’s performance of this Agreement; or (ii) failure by the Member to observe or perform any obligation, undertaking, or agreement required to be observed or performed by the Member pursuant hereto. The Member hereby further agrees to indemnify and hold the Plan, LIGHT, and LIGHT’s officers, directors, employees, agents, and representatives harmless from any and all liabilities, losses, damages, penalties, fines, costs, or expenses (including without limitation court costs and reasonable attorneys’ fees) to the extent the same are incurred in connection with any demand, suit, audit, investigation, or other proceeding, and arise out of, or relate in whole or in part to, or that occur as a result of the Member’s failure to comply with applicable law with respect to the Plan.

Section 7. Budgeting and Finance. The Board of Directors of LIGHT will establish a budget covering the operations of LIGHT each year, on an annual basis. LIGHT intends to obtain the funding for its budget through member fees. The Member acknowledges and agrees that LIGHT may collect such fees to cover its operational expenses in the amount, at the time, and in the manner determined by LIGHT’s Board of Directors. To facilitate planning, the estimated amount of funds required annually from each Member will be set by the Board and reflected on Exhibit “A” attached hereto and incorporated by this reference. To the extent the costs and expenses of operating LIGHT are not otherwise paid or provided by these sources, said costs and expenses will be financed by the Members and, unless otherwise agreed in writing, will be prorated based on the ratio of the

Member's number of participating employees receiving coverage under the Plan for the immediately preceding calendar year to the aggregate number of total participating employees receiving coverage under the Plan for such year.

Section 8. Amendment. This Agreement may be modified only by a written amendment duly executed by both the Member and LIGHT. No alteration or variation of the terms and conditions of the Agreement shall be valid or binding unless made in writing and signed by both the Member and LIGHT. Every amendment shall specify the date on which its provisions shall be effective.

Section 9. Assignment. Neither the Member nor LIGHT may assign or transfer any of its or their interest, rights, or duties under this Agreement to any person, firm, or entity without prior written consent of the other party to this Agreement, which consent may be granted or withheld by the other party in its sole discretion. In the absence of such written consent, any such assignment or attempted assignment shall be invalid and shall constitute a breach of this Agreement.

Section 10. Governing Law. This Agreement shall be subject to, governed by, and construed according to the laws of the State of Nebraska.

Section 11. Entire Agreement. This written Agreement represents the entire agreement of the parties with respect to the subject matter hereof, and any prior or contemporaneous representations, promises, or statements by the parties that are not expressly incorporated herein or therein shall not serve to vary, contradict, augment, modify, or supplement the terms set forth in this Agreement.

Section 12. Survival. All rights, remedies, obligations, and all covenants and agreements set forth in this Agreement which by their terms require or contemplate performance which is to extend or occur after the expiration or termination of the Agreement shall survive the termination or expiration of the Agreement and shall remain in effect and be enforceable as between the parties hereto in accordance with the terms.

Section 13. Counterparts. This Agreement may be executed in two (2) counterparts, each of which shall constitute an original, and all shall constitute one and the same instrument.

IN WITNESS WHEREOF, the undersigned have signed this Agreement fully intending the same to be binding upon themselves and their respective trustees, receivers, successors and permitted assigns.

**Employer Member**

**League Insurance Government Health Team**

\_\_\_\_\_  
Name of Employer

By: \_\_\_\_\_  
Signature

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

EXHIBIT "A"  
Member Fees

Pursuant to Section 7 of this Agreement, Member fees for the Plan Year beginning July 1, 2022 will be zero dollar (\$0.00) per month for each employee covered under the Plan. LIGHT will notify the Members of the amount of the Member fees determined by the Board prior to each subsequent Plan Year.



## MICHELLE L. SITORIUS

msitorius@clinewilliams.com  
(402) 474-6900

### PRACTICE AREAS

- **Employee Benefits and Deferred Compensation**
- **Labor and Employment**

#### Practice Emphasis:

Michelle concentrates her practice on employee benefits counseling. She counsels a variety of clients, including for-profit, nonprofit, governmental, and church organizations on qualified and non-qualified plans and welfare benefits arrangements. Michelle advises clients in relation to defined benefit and defined contribution pension and profit sharing plans, employee stock ownership plans, section 401(k), 403(b) and 457 plans, section 125 cafeteria plans, and deferred compensation plans subject to Internal Revenue Code Section 409A. She also advises clients on self-insured, fully-insured, and funded and unfunded welfare benefit arrangements. She assists clients with plan design and administration, fiduciary duties, disclosure requirements, and correction procedures. Michelle has experience amending and restating plans, terminating plans, applying for determination letters, and preparing submissions to voluntary correction programs. She works with clients in dealing with the U.S. Department of Labor and Internal Revenue Service. She also consults with clients concerning compliance with the Affordable Care Act, COBRA continuation coverage requirements, and HIPAA portability requirements as well as other health insurance issues.

#### Admitted to Practice:

Nebraska  
United States District Court for the District of Nebraska  
United States Court of Appeals for the Eighth Circuit

#### Education:

University of Nebraska, J.D., with distinction  
McGill University, Montreal, Quebec, M.A.  
University of Nebraska, B.A., with high distinction

#### Other Experience/Achievements:

President, Board of Directors, Voices of Hope, 2015-present  
Member, Board of Directors, Food Bank of Lincoln, 2020-present  
Leadership Lincoln Class XXVII  
Articles Editor, Nebraska Law Review, 2007-2008



## **Declaration Regarding Single-Group Health Plan Status**

**League Insurance Government Health Team (LIGHT)** makes this declaration to demonstrate that it constitutes a group or association of employers acting for employers in sponsoring the LIGHT Member Health Plan (the “Plan”) as a single group health plan. LIGHT requests and intends that Blue Cross Blue Shield of Nebraska (“BCBSNE”) rely upon this declaration for the purpose of facilitating BCBSNE’s issuance of a group health insurance contract for employers executing subgroup applications for group health insurance under the Plan. LIGHT seeks to set out facts supporting classification of the Plan as a plan for “large group” under the Patient Protection and Affordable Care Act (“ACA”), related regulations, and sub-regulatory guidance based on the total number of employees covered by the Plan. The facts presented in this Declaration are based on information provided by multiple individuals and sources.

**Formation of LIGHT.** LIGHT is a Nebraska interlocal entity, established by Nebraska municipal employers which are members of the League of Nebraska Municipalities (the “League”). Membership in LIGHT is limited to Nebraska municipalities which are dues-paying members in good standing with the League. Each such employer must satisfy the requirements for participation as established in the League Insurance Government Health Team Interlocal Agreement (the “Interlocal Agreement”) and described in the League Insurance Government Health Team Membership Agreement (the “Membership Agreement”). In addition, participating employers must agree to be bound by the terms and conditions of the Membership Agreement. Employees of participating employers who meet the Plan’s eligibility requirements may be enrolled and receive Plan benefits.

**Purpose of Formation & Preexisting Relationships.** LIGHT was established as a collaborative venture under the Interlocal Cooperation Act, Neb. Rev. Stat. §§ 13-801 et seq., available to certain qualified employers. All LIGHT participating employers are engaged in the same industry – providing municipal governance and services to municipalities in the State of Nebraska. Participating employers must be members of the League. Recognizing the value of collaboration in the area of the health insurance benefits for its members, the League supported and facilitated the establishment of LIGHT and the Plan, and promotes participation in the Plan.

The League is a nonprofit service association established in 1909 to serve as the voice for Nebraska municipalities at the Nebraska Legislature. The League advocates for and represents its membership on numerous matters reflected in the legislative program developed by its members. The League also sponsors educational seminars for its membership, addressing issues such as changes in federal, state, and local laws, and also provides access to training workshops, conferences, and programs. The League’s members also cooperate in relation to sharing and developing innovative ideas and strategies other municipalities have developed for addressing common concerns and challenges. League members work together to coordinate lobbying, public relations, leadership development, and to manage collaborative services as well. Through membership in the League, the employers who comprise and control LIGHT have developed a history of organized cooperation on numerous matters unrelated to the provision of welfare benefits.

**Powers, Rights, and Privileges of Employer Members.** Under the Bylaws of LIGHT, participating employers control and direct the activities of LIGHT through their representation on the Board of Directors for LIGHT (the “Board”). The Bylaws provide that LIGHT members elect the Board. Each employer member has one vote for each Board seat. Under the Bylaws of LIGHT, an elected or appointed official of a participating employer may be nominated as a Board Director by the LIGHT Nominating Committee or by petition of 10% of the participating employers. Participating employers elect the Board Directors for a three-year term. Each Director continues to serve until his or her removal, resignation, death, incapacity, or until the Director’s employer ceases to be a LIGHT participating member or a participating employer in the Plan. Under the Bylaws and pursuant to the terms of the Interlocal Agreement, the Board has the ability to amend or to terminate the Plan.

LIGHT negotiates with providers of health insurance on behalf of participating employers. Benefit design is predetermined based on LIGHT's negotiations. LIGHT enters into a contract(s) for health insurance coverage on behalf of its employer members. Employers enter into subgroup applications whereby they elect to participate in the Plan. Employers select from the coverage options provided pursuant to LIGHT's negotiations.

**Solicitation of Participating Employers.** Only entities that meet the qualifications of a participating employer are eligible to become members in LIGHT and to participate in the Plan. Solicitations for membership in LIGHT and the Plan are limited to employers who meet the requirements as set out in the Interlocal Agreement and the Membership Agreement. Both the League and LIGHT, which actively promote LIGHT and the Plan, focus their advertising and promotion efforts on those entities that meet the qualifications of a participating employer.

**Entitlement to Participation & Actual Participation.** Membership in LIGHT is limited to municipal employers in the State of Nebraska that meet certain qualifications as provided in the Interlocal Agreement and the Membership Agreement. Each employer must qualify as an employer under ERISA § 3(5) and employ at least one common law employee in the State of Nebraska. Each employer must also be a municipality in good standing with the League. In addition, employers must execute the Interlocal Agreement and the Membership Agreement. In order to be considered a participating employer, the employer must elect to participate in the Plan and must execute the Plan's subgroup application.

**Control & Direction of Plan.** Participating employers control and direct LIGHT and the activities of the Plan through their representation on the LIGHT Board. The Board controls and manages LIGHT. In addition, the Board is the primary fiduciary and is responsible for the overall administration of the Plan. The Board controls and manages the property, business, and affairs of the Plan, including negotiating and entering into contracts with service providers, such as insurance companies and claims processors. The Board discusses and votes on, and has final decision-making authority, on the administration of the Plan. They are responsible for adopting Plan provisions and amendments, and determining the level of benefits. The Directors also have the authority to amend or terminate the Plan.

**Conclusion & Representations.** For the reasons set forth above, LIGHT qualifies as a *bona fide* group or association of employers under ERISA § 3(5) pursuant to the factors established by the United States Department of Labor ("DOL"). LIGHT's participating employers share a common interest in providing governance and services to Nebraska municipalities. These employers maintain a substantial history of organized cooperation on municipal matters outside of the provision of welfare benefits through membership in the League. In addition, participating employers, by virtue of their authority to nominate and to elect LIGHT's Board, exert control and direct the activities and operations of the Plan.

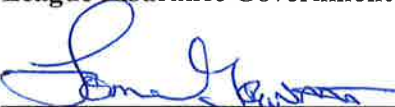
LIGHT further represents and warrants that it is represented by its own attorney, and it is not relying upon any statements or advice from BCBSNE.

LIGHT acknowledges that BCBSNE is relying upon the representations and warranties made in this Declaration and upon its own knowledge of LIGHT. If LIGHT's circumstances change and this Declaration is no longer correct, it is LIGHT's responsibility to timely notify BCBSNE in writing.

[Signature page follows.]

Dated this 8<sup>th</sup> day of June, 2022.

**League Insurance Government Health Team**

By:   
\_\_\_\_\_  
Tom Goulette, Director  
LIGHT Board of Directors

## Brenda Henning

---

**From:** Michelle L. Sitorius <msitorius@clinewilliams.com>  
**Sent:** Thursday, June 09, 2022 12:35 PM  
**To:** Arp, Laura L.  
**Cc:** L. Lynn Rex; Daniel Wasson; Cameron Arch (cameron.arch@nebraskablue.com)  
**Subject:** RE: LIGHT Declaration

**CAUTION:** This email originated from outside of the organization.

Dear Laura,

Thank you so much for your very prompt response. We appreciate your time and consideration of the matter.

Best regards,  
Michelle

**CLINE WILLIAMS**

**MICHELLE L. SITORIUS**  
**CLINE WILLIAMS WRIGHT JOHNSON & OLDFATHER, L.L.P.**  
233 South 13th Street | 1900 US Bank Bldg. | Lincoln, NE 68508  
Direct: 402.479.7180 | Main: 402.474.6900 | [www.clinewilliams.com](http://www.clinewilliams.com)  
Lincoln | Omaha | Aurora | Fort Collins | Holyoke

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**From:** Arp, Laura L. <Laura.Arp@nebraska.gov>  
**Sent:** Thursday, June 9, 2022 12:30 PM  
**To:** Michelle L. Sitorius <msitorius@clinewilliams.com>  
**Cc:** L. Lynn Rex <LynnR@lonm.org>; Daniel Wasson <Daniel.Wasson@nebraskablue.com>; Cameron Arch (cameron.arch@nebraskablue.com) <cameron.arch@nebraskablue.com>  
**Subject:** RE: LIGHT Declaration

Michelle,

If you will forgive the informal nature of the response, this email can serve as documentation that the Department recognizes LIGHT as an AHP that can purchase insurance as a large group.

The Department also agrees with your interpretation of the Intergovernmental Risk Management Act. The statutory requirement to register and the subsequent reporting and payment duties do not apply to LIGHT because it is fully insured. If part of the risk was moved to self insurance in the future, the Intergovernmental Risk Management Act would require registration, annual reporting, and payment duties.

Thanks.

Laura

**Laura Arp, J.D., PIR, MCM**  
Life and Health Policy Administrator

**Nebraska Department of Insurance**  
1526 K Street, Suite 200  
PO Box 95087  
Lincoln, Nebraska 68509-5087

Direct Line: 402-471-4635  
Switchboard: 402-471-2201  
[Laura.Arp@nebraska.gov](mailto:Laura.Arp@nebraska.gov)

Confidentiality Disclaimer: [https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/email-disclaimer\\_0.pdf](https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/email-disclaimer_0.pdf)

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**From:** Michelle L. Sitorius <[msitorius@clinewilliams.com](mailto:msitorius@clinewilliams.com)>  
**Sent:** Thursday, June 9, 2022 12:09 PM  
**To:** Arp, Laura L. <[Laura.Arp@nebraska.gov](mailto:Laura.Arp@nebraska.gov)>  
**Cc:** L. Lynn Rex <[LynnR@lonm.org](mailto:LynnR@lonm.org)>; Daniel Wasson <[Daniel.Wasson@nebraskablue.com](mailto:Daniel.Wasson@nebraskablue.com)>; Cameron Arch  
([cameron.arch@nebraskablue.com](mailto:cameron.arch@nebraskablue.com)) <[cameron.arch@nebraskablue.com](mailto:cameron.arch@nebraskablue.com)>  
**Subject:** LIGHT Declaration

Dear Laura,

Please find attached a letter from Cline Williams requesting the NDOI to approve the League Insurance Government Health Team (LIGHT) as a bona fide association eligible to establish an AHP and purchase large group insurance as a single plan. In support of this request, we have also provided a Declaration for Single Health Plan Status attached hereto.

In addition, per our earlier conversations, we have made specific requests for NDOI confirmation tied to the Intergovernmental Risk Management Act.

As you know, we are aiming for a July 1, 2022 effective date for the coverage. The eligible cities and villages of Nebraska are working this month to approve their participation in LIGHT and complete the requisite paperwork.

Please let me know if you have questions on any of this information.

Best regards,  
Michelle

**CLINE WILLIAMS**

**MICHELLE L. SITORIUS**  
**CLINE WILLIAMS WRIGHT JOHNSON & OLDFATHER, L.L.P.**  
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Lincoln | Omaha | Aurora | Fort Collins | Holyoke

SCOTT D. KELLY  
MARK A. CHRISTENSEN  
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SUSAN K. SAPP  
KEVIN J. SCHNEIDER  
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TRENTEN P. BAUSCH  
MICHAEL C. PALLESEN  
RICHARD P. JEFFRIES  
TRACY A. OLDEMEYER  
TRENT R. SIDDEERS  
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JENNIE A. KUEHNER  
TRAVIS W. TETTENBORN

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June 9, 2022

BEAU B. BUMP  
SHANNON E. FALLON  
CRISTIN MCGARRY BERKHAUSEN  
KATIE A. JOSEPH  
LILY AMARE  
JOHN F. ZIMMER, V  
NATHAN D. CLARK  
PAUL B. DONAHUE  
ALISON JANECEK BORER  
SYDNEY M. HUSS  
BRITTNEY M. HOLLEY  
ELIZABETH A. STEVENSON  
ISAAH J. FROHLING  
CHRISTOPHER B. GREENE  
JESSICA K. ROBINSON  
STEPHEN E. GEHRING  
L. BRUCE WRIGHT  
ROBERT J. ROUTH  
DAVID R. BUNTAIN  
JOHN C. MILES  
THOMAS C. HUSTON  
DON R. JANSSEN  
GARY R. BATENHORST  
RICHARD A. SPELLMAN  
DAVID O. COLVER †  
DONALD F. BURT (INACTIVE)  
STEPHEN H. NELSEN (INACTIVE)  
TERRY R. WITTLER (INACTIVE)

†ATTORNEYS ADMITTED IN COLORADO ONLY

**VIA EMAIL**

Laura Arp, J.D., PIR, MCM  
Nebraska Department of Insurance  
1526 K Street, Suite 200  
PO Box 95087  
Lincoln, NE 68509-5087

Dear Laura:

The League of Nebraska Municipalities (the “League”) is submitting the attached Declaration for approval in order to establish an association health plan (an “AHP”) that qualifies as a large single-group health plan under federal law. The proposed AHP will operate under pre-AHP rule guidance and intends to offer health benefits to its members through the League Insurance Government Health Team (“LIGHT”). BCBSNE will issue a fully-insured group health plan to LIGHT pursuant to Neb. Rev. Stat. 44-760(5) and treat the plan as a large single group.

The League requests the Nebraska Department of Insurance (“NDOI”) to approve LIGHT as a bona fide association eligible to establish an AHP and purchase large group insurance as a single plan.

LIGHT is formed pursuant to the provisions of the Interlocal Cooperation Act, Neb. Rev. Stat. §§ 13-801 et seq. (“ICA”). Correspondingly, the League has attached the League Insurance Government Health Team Interlocal Agreement.

In addition, if the Intergovernmental Risk Management Act, Neb. Rev. Stat. §§ 44-4301 et seq. (“IRMA”) applies to the municipalities participating in LIGHT and the proposed AHP, the League requests confirmation from the NDOI of the following:

1. The NDOI agrees that LIGHT and its related AHP will not need to apply to the Director for a certificate of authority pursuant to Neb. Rev. Stat. § 44-4307, either currently or any subsequent year, so long as health insurance coverage under the AHP will provided through a BCBSNE fully-insured policy.
2. Similarly, the NDOI agrees that LIGHT and its related AHP shall not be required to make or to file an annual report of its affairs and operations during any calendar year pursuant to Neb. Rev. Stat. § 44-4310 so long as it continues to sponsor coverage through a fully-insured policy.

12910 PIERCE STREET  
SUITE 200  
OMAHA, NE 68144-1105  
(402) 397-1700

1207 M STREET  
P.O. BOX 510  
AURORA, NE 68818  
(402) 694-6314

215 MATHEWS STREET  
SUITE 300  
FORT COLLINS, CO 80524  
(970) 221-2637

131 W. EMERSON STREET  
HOLYOKE, CO 80734  
(970) 854-2264

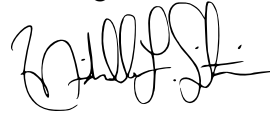
Laura Arp  
June 9, 2022  
Page 2

3. The NDOI agrees that the payment to the Director of Insurance as set out in Neb. Rev. Stat. § 44-4320 is inapplicable to LIGHT's proposed AHP, pursuant to NDOI Reg. Title 210, Chapter 85, Section 012.01(B), which states:

A pool which has a scheme of operations that includes the purchase of standard insurance subject to premium tax under NEB. REV. STAT. § 77-908 or § 44-5506 may deduct the cost of such insurance from the pool's contributions for the purpose of calculating the payment due to the Director of Insurance.

We appreciate your review and response to our requests above. Please let us know what questions you have.

Best regards,



Michelle L. Sitorius  
For the firm

Attachments

cc: L. Lynn Rex (via email); Daniel Wasson (via email); Cameron Arch (via email)



**LIGHT**  
GROUP MEDICAL BENEFIT COMPARISON  
EFFECTIVE DATE: JULY 1, 2022

CARRIER PLAN NAME PLAN TYPE	BCBS NE PPO OPTION 1 EMBEDDED NETWORK BLUE UNLIMITED		BCBS NE PPO OPTION 2 EMBEDDED NETWORK BLUE UNLIMITED		BCBS NE PPO OPTION 3 EMBEDDED NETWORK BLUE UNLIMITED		BCBS NE QHDHP OPTION 1 AGGREGATE NETWORK BLUE UNLIMITED		BCBS NE QHDHP OPTION 2 AGGREGATE NETWORK BLUE UNLIMITED		BCBS NE QHDHP OPTION 3 EMBEDDED NETWORK BLUE UNLIMITED		BCBS NE QHDHP OPTION 4 EMBEDDED NETWORK BLUE UNLIMITED	
	PPO	NON-PPO	PPO	NON-PPO	PPO	NON-PPO	PPO	NON-PPO	PPO	NON-PPO	PPO	NON-PPO	PPO	NON-PPO
LIFETIME MAXIMUM DEDUCTIBLE	\$1,000	\$2,000	\$2,000	\$4,000	\$3,000	\$6,000	\$2,500	\$5,000	\$3,000	\$6,000	\$3,500	\$7,000	\$6,750	\$13,500
FAMILY	\$2,000	\$4,000	\$4,000	\$8,000	\$6,000	\$12,000	\$5,000	\$10,000	\$6,000	\$12,000	\$7,000	\$14,000	\$13,500	\$27,000
COINSURANCE	80%	60%	80%	60%	70%	50%	80%	60%	100%	80%	80%	60%	100%	100%
OUT OF POCKET MAXIMUM	\$2,000	\$4,000	\$4,000	\$8,000	\$6,000	\$12,000	\$3,675	\$9,000	\$3,000	\$10,000	\$5,500	\$11,000	\$6,750	\$13,500
FAMILY	\$4,000	\$8,000	\$8,000	\$16,000	\$12,000	\$24,000	\$7,350	\$18,000	\$6,000	\$20,000	\$11,000	\$22,000	\$13,500	\$27,000
DR. OFFICE VISIT - PCP	\$30 COPAY	DED & CO	\$25 COPAY	DED & CO	\$30 COPAY	DED & CO	DED & CO	DED & CO	DED	DED & CO	DED & CO	DED & CO	DED	DED
DR. OFFICE VISIT - SPEC.	\$45 COPAY	DED & CO	\$50 COPAY	DED & CO	\$50 COPAY	DED & CO	DED & CO	DED & CO	DED	DED & CO	DED & CO	DED & CO	DED	DED
MATERNITY	SAME AS ILLNESS		SAME AS ILLNESS		SAME AS ILLNESS		SAME AS ILLNESS		SAME AS ILLNESS		SAME AS ILLNESS		SAME AS ILLNESS	
HOSPITAL COPY	DED & CO	DED & CO	DED & CO	DED & CO	DED & CO	DED & CO	DED & CO	DED & CO	DED	DED & CO	DED & CO	DED & CO	DED	DED
OUT PATIENT COPY	DED & CO	DED & CO	DED & CO	DED & CO	DED & CO	DED & CO	DED & CO	DED & CO	DED	DED & CO	DED & CO	DED & CO	DED	DED
URGENT CARE COPY	\$60 COPAY	DED & CO	\$75 COPAY	DED & CO	\$75 COPAY	DED & CO	DED & CO	DED & CO	DED	DED & CO	DED & CO	DED & CO	DED	DED
EMERGENCY ROOM COPY	DED & CO	DED & CO	DED & CO	DED & CO	DED & CO	DED & CO	DED & CO	DED & CO	DED	DED	DED & CO	DED & CO	DED	DED
PRESCRIPTION COPY	\$10 COPAY	DED & 50%	\$10 COPAY	DED & 50%	\$10 COPAY	DED & 50%	DED & CO	DED & 50%	DED	DED & 50%	DED & CO	DED & 50%	DED	DED & 50%
Generic	\$30 COPAY	DED & 50%	\$30 COPAY	DED & 50%	\$30 COPAY	DED & 50%	DED & CO	DED & 50%	DED	DED & 50%	DED & CO	DED & 50%	DED	DED & 50%
Formulary	\$50 COPAY	DED & 50%	\$50 COPAY	DED & 50%	\$50 COPAY	DED & 50%	DED & CO	DED & 50%	DED	DED & 50%	DED & CO	DED & 50%	DED	DED & 50%
Non-Formulary	\$100 COPAY	NOT COVERED	\$100 COPAY	NOT COVERED	\$100 COPAY	NOT COVERED	DED & CO	NOT COVERED	DED	NOT COVERED	DED & CO	NOT COVERED	DED	NOT COVERED
Specialty	\$100 COPAY	NOT COVERED	\$100 COPAY	NOT COVERED	\$100 COPAY	NOT COVERED	DED & CO	NOT COVERED	DED	NOT COVERED	DED & CO	NOT COVERED	DED	NOT COVERED
MAIL ORDER	3 x COPAY	3 x COPAY	3 x COPAY	3 x COPAY	3 x COPAY	3 x COPAY	3 x COPAY	3 x COPAY	3 x COPAY	3 x COPAY	3 x COPAY	3 x COPAY	3 x COPAY	3 x COPAY

Groups with 2-49 enrolled employees can select up to two medical plan options  
Groups with 50+ enrolled employees can select up to three medical plan options

For illustrative purposes only. Final rates based on enrollment, underwriting & effective date.





The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) 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, <https://coc.NebraskaBlue.com/CQ78GI0Q>. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary at [www.ccio.cms.gov](http://www.ccio.cms.gov) or call 1-844-201-0763 to request a copy.

Important Questions	Answers	Why this Matters:
<p><b>What is the overall deductible?</b></p>	<p>Individual/Family                      In-Network: \$1,000/\$2,000                      Out-of-Network: \$2,000/\$4,000</p>	<p>Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, they have to meet their own individual deductible until the overall family deductible amount has been met.</p>
<p><b>Are there services covered before you meet your deductible?</b></p>	<p>Yes, preventive care, prescription drugs, and provider office services.</p>	<p>This plan covers some items and services even if you haven't yet met the annual deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>.</p>
<p><b>Are there other deductibles for specific services?</b></p>	<p>No.</p>	<p>You don't have to meet deductibles for specific services.</p>
<p><b>What is the out-of-pocket limit for this plan?</b></p>	<p>In-Network: \$2,000/\$4,000                      Out-of-Network: \$4,000/\$8,000</p>	<p>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.</p>
<p><b>What is not included in the out-of-pocket limit?</b></p>	<p>Premium, balance billed charges, penalties, denial for failure to obtain certification and services this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the out-of-pocket limit.</p>
<p><b>Will you pay less if you use a network provider?</b></p>	<p>Yes. See <a href="http://www.NebraskaBlue.com/find-a-doctor">www.NebraskaBlue.com/find-a-doctor</a> or call 1-844-201-0763 for a list of network providers.</p>	<p>This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (a balance bill). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.</p>
<p><b>Do you need a referral to see a specialist?</b></p>	<p>No.</p>	<p>You can see the specialist you choose without a referral.</p>

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
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.	Primary care visit to treat an injury or illness	\$30 <u>copay</u> /visit	40% <u>coinsurance</u>	Some office services may be subject to <u>deductible</u> and/or <u>coinsurance</u> .
	<u>Specialist</u> visit	\$45 <u>copay</u> /visit	40% <u>coinsurance</u>	Some office services may be subject to <u>deductible</u> and/or <u>coinsurance</u> .
	<u>Preventive care</u> / <u>screening</u> / <u>immunization</u>	No charge for federally mandated services.	40% <u>coinsurance</u> . For immunizations for children up to age 7, the <u>deductible</u> is waived.	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Prior certification</u> may be required. Failure to obtain <u>prior certification</u> when required will result in denial of the <u>claim</u> .
If you need drugs to treat your illness or condition	For all <u>prescription drugs</u> , out-of-pocket costs shown are per 30-day supply. If allowed by your prescription, up to a 90-day supply may be obtained at one time (except for <u>specialty drugs</u> ) by paying 3 <u>copay</u> amounts. Certain <u>prescription drugs</u> may require <u>prior certification</u> . Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> . Home delivery benefits are not available <u>out-of-network</u> . The following cost-shares apply only when obtaining drugs through a pharmacy.			
	Generic drugs	\$10/ <u>prescription</u> , <u>deductible</u> waived	50% <u>coinsurance</u> , <u>deductible</u> waived	None
	Preferred brand drugs	\$30/ <u>prescription</u> , <u>deductible</u> waived	50% <u>coinsurance</u> , <u>deductible</u> waived	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
More information about <u>prescription drug coverage is available at <a href="http://www.nebraskablue.com">www.nebraskablue.com</a></u>	Non-preferred brand drugs	\$50/prescription, <u>deductible</u> waived	50% <u>coinsurance</u> , <u>deductible</u> waived	None
	<u>Specialty drugs</u>	\$100/prescription, <u>deductible</u> waived	Not covered	Retail and home delivery: 30-day supply maximum. Designated pharmacy may apply.
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	<u>Emergency room care</u>	20% <u>coinsurance</u>	Same cost shares as <u>in-network provider</u>	None
<b>If you need immediate medical attention</b>	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	Same cost shares as <u>in-network provider</u>	Limitations may apply to air ambulance.
	<u>Urgent care</u>	\$60 <u>copay</u> /visit	40% <u>coinsurance</u>	<u>Copay</u> applies to <u>urgent care facilities</u> . Some <u>urgent care services</u> may be subject to the <u>deductible</u> and <u>coinsurance</u> .
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Prior certification</u> required. Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> .
	Physician/surgeon fee	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	Office Visit: No charge Other Outpatient Services: 20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Inpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Prior certification</u> required. Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you are pregnant	Office visits	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Copay</u> may apply for visit to determine pregnancy. <u>Cost sharing</u> does not apply to certain <u>preventive services</u> . Depending on the type of services, <u>copay</u> , <u>deductible</u> and <u>coinsurance</u> may apply. Maternity care may include tests and services described elsewhere in the SBC.
	Childbirth/delivery professional services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	See pregnancy office visits limit.
	Childbirth/delivery facility services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	See pregnancy office visits limit.
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Home health aide</u> : 60 days per calendar year. <u>Skilled nursing in the home</u> : Limited to 8 hours per day. <u>Prior certification</u> required. <u>Respiratory care</u> : 60 days per calendar year.
	<u>Rehabilitation services</u>	Outpatient therapy: 20% <u>coinsurance</u> Manipulations: 20% <u>coinsurance</u> Other services: 20% <u>coinsurance</u>	Outpatient therapy: 40% <u>coinsurance</u> Manipulations: 40% <u>coinsurance</u> Other services: 40% <u>coinsurance</u>	<u>Outpatient physical, occupational, speech, physiotherapy</u> : Combined 60 session limit per calendar year. <u>Manipulations and adjustments</u> : Combined 30 session limit per calendar year. <u>Outpatient cardiac rehabilitation</u> : Combined 18 session limit per diagnosis. <u>Outpatient pulmonary rehabilitation</u> : Combined 18 session limit per diagnosis for certain diagnoses and criteria. <u>Prior certification</u> required. <u>Inpatient physical rehabilitation</u> : <u>Prior certification</u> required. Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	<u>Habilitation services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	See the <u>Rehabilitation services</u> and <u>If you have a hospital stay</u> sections. Educational services are not covered.
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>In the home</u> : See the <u>Home health care</u> section. <u>Skilled nursing care</u> : Limited to 60 days per calendar year. <u>Prior certification</u> required. Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> .
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Rental or purchase, whichever is least costly. <u>Prior certification</u> may be required. Failure to obtain <u>prior certification</u> when required will result in denial of the <u>claim</u> .
	<u>Hospice services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Prior certification</u> required.
	<u>Children's eye exam</u>	Not covered	Not covered	Visual acuity tests are covered under the <u>preventive services benefit</u> . No coverage for eye exams.
If your child needs dental or eye care	Children's glasses	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	Not covered	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
- Bariatric surgery
- Cosmetic surgery
- Dental care (adults)
- Dental care (children)
- Glasses (children)

- Infertility treatment
- Routine eye care (adults)
- Long-term care
- Routine eye care (children)
- Private-duty nursing
- Routine foot care
- Weight loss programs

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- Chiropractic care
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————— To see examples of how this plan might cover costs for a sample medical situation, see the next page. —————

**About these Coverage Examples:**



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible **\$1,000**
- Specialist copay **\$45**
- Hospital (facility) coinsurance **20%**
- Other coinsurance **20%**

**This EXAMPLE event includes services like:**  
Specialist office visits (prenatal care)  
Childbirth/Delivery Professional Services  
Childbirth/Delivery Facility Services  
Diagnostic tests (ultrasounds and blood work)  
Specialist visit (anesthesia)

**Total Example Cost** **\$12,700**

**In this example, Peg would pay:**

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$1,000
<u>Copayments</u>	\$200
<u>Coinsurance</u>	\$900
<u>What isn't covered</u>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$2,160</b>

**Managing Joe's type 2 Diabetes**

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible **\$1,000**
- Specialist copay **\$45**
- Hospital (facility) coinsurance **20%**
- Other coinsurance **20%**

**This EXAMPLE event includes services like:**  
Primary care physician office visits (including disease education)  
Diagnostic tests (blood work)  
Prescription drugs  
Durable medical equipment (glucose meter)

**Total Example Cost** **\$5,600**

**In this example, Joe would pay:**

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$500
<u>Copayments</u>	\$700
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$70
<b>The total Joe would pay is</b>	<b>\$1,270</b>

**Mia's Simple Fracture**

(in-network emergency room visit and follow up care)

- The plan's overall deductible **\$1,000**
- Specialist copay **\$45**
- Hospital (facility) coinsurance **20%**
- Other coinsurance **20%**

**This EXAMPLE event includes services like:**  
Emergency room care (including medical supplies)  
Diagnostic test (x-ray)  
Durable medical equipment (crutches)  
Rehabilitation services (physical therapy)

**Total Example Cost** **\$2,800**

**In this example, Mia would pay:**

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$1,000
<u>Copayments</u>	\$100
<u>Coinsurance</u>	\$300
<u>What isn't covered</u>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,400</b>

The plan would be responsible for the other costs of the EXAMPLE covered services.



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) 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, <https://coc.NebraskaBlue.com/NEL4CLCW>. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary at [www.ccio.cms.gov](http://www.ccio.cms.gov) or call 1-844-201-0763 to request a copy.

Important Questions	Answers	Why this Matters:
<p>What is the overall deductible?</p>	<p>Individual/Family                      In-Network: \$2,000/\$4,000                      Out-of-Network: \$4,000/\$8,000</p>	<p>Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, they have to meet their own individual deductible until the overall family deductible amount has been met.</p>
<p>Are there services covered before you meet your deductible?</p>	<p>Yes, preventive care, prescription drugs, and provider office services.</p>	<p>This plan covers some items and services even if you haven't yet met the annual deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>.</p>
<p>Are there other deductibles for specific services?</p>	<p>No.</p>	<p>You don't have to meet deductibles for specific services.</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p>In-Network: \$4,000/\$8,000                      Out-of-Network: \$8,000/\$16,000</p>	<p>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.</p>
<p>What is not included in the out-of-pocket limit?</p>	<p>Premium, balance billed charges, penalties, denial for failure to obtain certification and services this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the out-of-pocket limit.</p>
<p>Will you pay less if you use a network provider?</p>	<p>Yes. See <a href="http://www.NebraskaBlue.com/find-a-doctor">www.NebraskaBlue.com/find-a-doctor</a> or call 1-844-201-0763 for a list of network providers.</p>	<p>This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (a balance bill). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.</p>
<p>Do you need a referral to see a specialist?</p>	<p>No.</p>	<p>You can see the specialist you choose without a referral.</p>



 All copayment and coinsurance costs shown in this chart are after your overall deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25 <u>copay</u> /visit	40% <u>coinsurance</u>	Some office services may be subject to <u>deductible</u> and/or <u>coinsurance</u> .
	Specialist visit	\$50 <u>copay</u> /visit	40% <u>coinsurance</u>	Some office services may be subject to <u>deductible</u> and/or <u>coinsurance</u> .
	Preventive care/screening/immunization	No charge for federally mandated services.	40% <u>coinsurance</u> . For immunizations for children up to age 7, the <u>deductible</u> is waived.	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Prior certification</u> may be required. Failure to obtain <u>prior certification</u> when required will result in denial of the <u>claim</u> .
If you need drugs to treat your illness or condition	For all <u>prescription drugs</u> , out-of-pocket costs shown are per 30-day supply. If allowed by your prescription, up to a 90-day supply may be obtained at one time (except for <u>specialty drugs</u> ) by paying 3 <u>copay</u> amounts. Certain <u>prescription drugs</u> may require <u>prior certification</u> . Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> . Home delivery benefits are not available <u>out-of-network</u> . The following cost-shares apply only when obtaining drugs through a pharmacy.			
	Generic drugs	\$10/ <u>prescription</u> , <u>deductible</u> waived	50% <u>coinsurance</u> , <u>deductible</u> waived	None
	Preferred brand drugs	\$30/ <u>prescription</u> , <u>deductible</u> waived	50% <u>coinsurance</u> , <u>deductible</u> waived	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
More information about <u>prescription drug coverage</u> is available at <a href="http://www.nebraskablue.com">www.nebraskablue.com</a>	Non-preferred brand drugs	\$50/prescription, <u>deductible</u> waived	50% <u>coinsurance</u> , <u>deductible</u> waived	None
<b>If you have outpatient surgery</b>	<u>Specialty drugs</u>	\$100/prescription, <u>deductible</u> waived	Not covered	Retail and home delivery: 30-day supply maximum. Designated pharmacy may apply.
	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
<b>If you need immediate medical attention</b>	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	<u>Emergency room care</u>	20% <u>coinsurance</u>	Same cost shares as <u>in-network provider</u>	None
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	Same cost shares as <u>in-network provider</u>	Limitations may apply to air ambulance.
	<u>Urgent care</u>	\$75 <u>copay</u> /visit	40% <u>coinsurance</u>	<u>Copay</u> applies to <u>urgent care</u> facilities. Some <u>urgent care</u> services may be subject to the <u>deductible</u> and <u>coinsurance</u> .
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Prior certification</u> required. Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> .
	Physician/surgeon fee	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	Office Visit: No charge Other Outpatient Services: 20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Inpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Prior certification</u> required. Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you are pregnant	Office visits	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Copay</u> may apply for visit to determine pregnancy. <u>Cost sharing</u> does not apply to certain <u>preventive services</u> . Depending on the type of services, <u>copay</u> , <u>deductible</u> and <u>coinsurance</u> may apply. Maternity care may include tests and services described elsewhere in the SBC.
	Childbirth/delivery professional services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	See pregnancy office visits limit.
	Childbirth/delivery facility services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	See pregnancy office visits limit.
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Home health aide</u> : 60 days per calendar year. <u>Skilled nursing in the home</u> : Limited to 8 hours per day. <u>Prior certification</u> required. <u>Respiratory care</u> : 60 days per calendar year.
	<u>Rehabilitation services</u>	Outpatient therapy: 20% <u>coinsurance</u> Manipulations: 20% <u>coinsurance</u> Other services: 20% <u>coinsurance</u>	Outpatient therapy: 40% <u>coinsurance</u> Manipulations: 40% <u>coinsurance</u> Other services: 40% <u>coinsurance</u>	<u>Outpatient physical, occupational, speech, physiotherapy</u> : Combined 60 session limit per calendar year. <u>Manipulations and adjustments</u> : Combined 30 session limit per calendar year. <u>Outpatient cardiac rehabilitation</u> : Combined 18 session limit per diagnosis. <u>Outpatient pulmonary rehabilitation</u> : Combined 18 session limit per diagnosis for certain diagnoses and criteria. <u>Prior certification</u> required. <u>Inpatient physical rehabilitation</u> : <u>Prior certification</u> required. Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	<u>Habilitation services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	See the <u>Rehabilitation services</u> and <u>If you have a hospital stay</u> sections. Educational services are not covered.
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>In the home</u> : See the <u>Home health care</u> section. <u>Skilled nursing care</u> : Limited to 60 days per calendar year. <u>Prior certification</u> required. Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> .
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	<u>Hospice services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Prior certification</u> required.
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**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.



**Peg is Having a Baby**

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible **\$2,000**
- Specialist copay **\$50**
- Hospital (facility) coinsurance **20%**
- Other coinsurance **20%**

**This EXAMPLE event includes services like:**  
Specialist office visits (prenatal care)  
Childbirth/Delivery Professional Services  
Childbirth/Delivery Facility Services  
Diagnostic tests (ultrasounds and blood work)  
Specialist visit (anesthesia)

**Total Example Cost** **\$12,700**

**In this example, Peg would pay:**

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,000
<u>Copayments</u>	\$100
<u>Coinsurance</u>	\$1,800
<u>What isn't covered</u>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$3,960</b>

**Managing Joe's type 2 Diabetes**

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible **\$2,000**
- Specialist copay **\$50**
- Hospital (facility) coinsurance **20%**
- Other coinsurance **20%**

**This EXAMPLE event includes services like:**  
Primary care physician office visits (including disease education)  
Diagnostic tests (blood work)  
Prescription drugs  
Durable medical equipment (glucose meter)

**Total Example Cost** **\$5,600**

**In this example, Joe would pay:**

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$500
<u>Copayments</u>	\$600
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$70
<b>The total Joe would pay is</b>	<b>\$1,170</b>

**Mia's Simple Fracture**

(in-network emergency room visit and follow up care)

- The plan's overall deductible **\$2,000**
- Specialist copay **\$50**
- Hospital (facility) coinsurance **20%**
- Other coinsurance **20%**

**This EXAMPLE event includes services like:**  
Emergency room care (including medical supplies)  
Diagnostic test (x-ray)  
Durable medical equipment (crutches)  
Rehabilitation services (physical therapy)

**Total Example Cost** **\$2,800**

**In this example, Mia would pay:**

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,000
<u>Copayments</u>	\$100
<u>Coinsurance</u>	\$100
<u>What isn't covered</u>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,200</b>

The plan would be responsible for the other costs of the EXAMPLE covered services.



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) 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, <https://coc.NebraskaBlue.com/1DWWFFUKV>. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary at [www.ccio.cms.gov](http://www.ccio.cms.gov) or call 1-844-201-0763 to request a copy.

Important Questions	Answers	Why this Matters:
<p><b>What is the overall deductible?</b></p>	<p>Individual/Family                      In-Network: \$3,000/\$6,000                      Out-of-Network: \$6,000/\$12,000</p>	<p>Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, they have to meet their own individual deductible until the overall family deductible amount has been met.</p>
<p><b>Are there services covered before you meet your deductible?</b></p>	<p>Yes, preventive care, prescription drugs, and provider office services.</p>	<p>This plan covers some items and services even if you haven't yet met the annual deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>.</p>
<p><b>Are there other deductibles for specific services?</b></p>	<p>No.</p>	<p>You don't have to meet deductibles for specific services.</p>
<p><b>What is the out-of-pocket limit for this plan?</b></p>	<p>In-Network: \$6,000/\$12,000                      Out-of-Network: \$12,000/\$24,000</p>	<p>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.</p>
<p><b>What is not included in the out-of-pocket limit?</b></p>	<p>Premium, balance billed charges, penalties, denial for failure to obtain certification and services this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the out-of-pocket limit.</p>
<p><b>Will you pay less if you use a network provider?</b></p>	<p>Yes. See <a href="http://www.NebraskaBlue.com/find-a-doctor">www.NebraskaBlue.com/find-a-doctor</a> or call 1-844-201-0763 for a list of network providers.</p>	<p>This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (a balance bill). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.</p>
<p><b>Do you need a referral to see a specialist?</b></p>	<p>No.</p>	<p>You can see the specialist you choose without a referral.</p>



All copayment and coinsurance costs shown in this chart are after your overall deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 <u>copay</u> /visit	50% <u>coinsurance</u>	Some office services may be subject to <u>deductible</u> and/or <u>coinsurance</u> .
	Specialist visit	\$50 <u>copay</u> /visit	50% <u>coinsurance</u>	Some office services may be subject to <u>deductible</u> and/or <u>coinsurance</u> .
	Preventive care/screening/immunization	No charge for federally mandated services.	50% <u>coinsurance</u> . For immunizations for children up to age 7, the <u>deductible</u> is waived.	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	30% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	30% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Prior certification</u> may be required. Failure to obtain <u>prior certification</u> when required will result in denial of the <u>claim</u> .
If you need drugs to treat your illness or condition	For all <u>prescription drugs</u> , out-of-pocket costs shown are per 30-day supply. If allowed by your prescription, up to a 90-day supply may be obtained at one time (except for <u>specialty drugs</u> ) by paying 3 <u>copay</u> amounts. Certain <u>prescription drugs</u> may require <u>prior certification</u> . Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> . Home delivery benefits are not available <u>out-of-network</u> . The following cost-shares apply only when obtaining drugs through a pharmacy.			
	Generic drugs	\$10/ <u>prescription</u> , <u>deductible</u> waived	50% <u>coinsurance</u> , <u>deductible</u> waived	None
	Preferred brand drugs	\$30/ <u>prescription</u> , <u>deductible</u> waived	50% <u>coinsurance</u> , <u>deductible</u> waived	None



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
More information about <u>prescription drug coverage is available at <a href="http://www.nebraskablue.com">www.nebraskablue.com</a></u>	Non-preferred brand drugs	\$50/prescription, <u>deductible</u> waived	50% <u>coinsurance</u> , <u>deductible</u> waived	None
<b>If you have outpatient surgery</b>	<u>Specialty drugs</u>	\$100/prescription, <u>deductible</u> waived	Not covered	Retail and home delivery: 30-day supply maximum. Designated pharmacy may apply.
	Facility fee (e.g., ambulatory surgery center)	30% <u>coinsurance</u>	50% <u>coinsurance</u>	None
<b>If you need immediate medical attention</b>	Physician/surgeon fees	30% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	<u>Emergency room care</u>	30% <u>coinsurance</u>	Same cost shares as <u>in-network provider</u>	None
	<u>Emergency medical transportation</u>	30% <u>coinsurance</u>	Same cost shares as <u>in-network provider</u>	Limitations may apply to air ambulance.
	<u>Urgent care</u>	\$75 <u>copay/visit</u>	50% <u>coinsurance</u>	<u>Copay</u> applies to <u>urgent care facilities</u> . Some <u>urgent care services</u> may be subject to the <u>deductible</u> and <u>coinsurance</u> .
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	30% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Prior certification</u> required. Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> .
	Physician/surgeon fee	30% <u>coinsurance</u>	50% <u>coinsurance</u>	None
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	Office Visit: No charge Other Outpatient Services: 30% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Inpatient services	30% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Prior certification</u> required. Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you are pregnant	Office visits	30% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Copay</u> may apply for visit to determine pregnancy. <u>Cost sharing</u> does not apply to certain <u>preventive services</u> . Depending on the type of services, <u>copay</u> , <u>deductible</u> and <u>coinsurance</u> may apply. Maternity care may include tests and services described elsewhere in the SBC.
	Childbirth/delivery professional services	30% <u>coinsurance</u>	50% <u>coinsurance</u>	See pregnancy office visits limit.
	Childbirth/delivery facility services	30% <u>coinsurance</u>	50% <u>coinsurance</u>	See pregnancy office visits limit.
If you need help recovering or have other special health needs	<u>Home health care</u>	30% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Home health aide</u> : 60 days per calendar year. <u>Skilled nursing in the home</u> : Limited to 8 hours per day. <u>Prior certification</u> required. <u>Respiratory care</u> : 60 days per calendar year.
	<u>Rehabilitation services</u>	Outpatient therapy: 30% <u>coinsurance</u> Manipulations: 30% <u>coinsurance</u> Other services: 30% <u>coinsurance</u>	Outpatient therapy: 50% <u>coinsurance</u> Manipulations: 50% <u>coinsurance</u> Other services: 50% <u>coinsurance</u>	<u>Outpatient physical, occupational, speech, physiotherapy</u> : Combined 60 session limit per calendar year. <u>Manipulations and adjustments</u> : Combined 30 session limit per calendar year. <u>Outpatient cardiac rehabilitation</u> : Combined 18 session limit per diagnosis. <u>Outpatient pulmonary rehabilitation</u> : Combined 18 session limit per diagnosis for certain diagnoses and criteria. <u>Prior certification</u> required. <u>Inpatient physical rehabilitation</u> : <u>Prior certification</u> required. Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information	
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)		
	<u>Habilitation services</u>	30% <u>coinsurance</u>	50% <u>coinsurance</u>	See the <u>Rehabilitation services</u> and <u>If you have a hospital stay</u> sections. Educational services are not covered.	
	<u>Skilled nursing care</u>	30% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>In the home</u> : See the <u>Home health care</u> section. <u>Skilled nursing care</u> : Limited to 60 days per calendar year. <u>Prior certification</u> required. Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> .	
	<u>Durable medical equipment</u>	30% <u>coinsurance</u>	50% <u>coinsurance</u>	Rental or purchase, whichever is least costly. <u>Prior certification</u> may be required. Failure to obtain <u>prior certification</u> when required will result in denial of the <u>claim</u> .	
	<u>Hospice services</u>	30% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Prior certification</u> required.	
	If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	Visual acuity tests are covered under the <u>preventive services benefit</u> . No coverage for eye exams.
		Children's glasses	Lenses: Not covered	Lenses: Not covered	No coverage for glasses.
Frames: Not covered			Frames: Not covered		
Children's dental check-up	Not covered	Not covered	Not covered 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
- Bariatric surgery
- Cosmetic surgery
- Dental care (adults)
- Dental care (children)
- Glasses (children)

- Infertility treatment
- Long-term care
- Private-duty nursing

- Routine eye care (adults)
- Routine eye care (children)

- Routine foot care
- Weight loss programs

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- Chiropractic care
- Hearing aids
- Non-emergency care when traveling outside the US

**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: Blue Cross and Blue Shield of Nebraska at 1-844-201-0763 or visit [www.NebraskaBlue.com](http://www.NebraskaBlue.com); for group health coverage subject to ERISA, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform); for non-federal governmental group health plans, the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.ccio.cms.gov](http://www.ccio.cms.gov); or your employer's human resources department. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](http://www.HealthCare.gov). For more information about the [Marketplace](http://www.HealthCare.gov), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

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

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

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

**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](#).

**Language Access Services:**

Para obtener asistencia en Español, llame al 1-844-201-0763.

如果需要中文的帮助，请拨打这个号码 1-844-201-0763。

Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-844-201-0763.

Dinek'ehgo shika at'ohwol ninisingo, kwijijgo holne' 1-844-201-0763.

————— To see examples of how this plan might cover costs for a sample medical situation, see the next page. —————

**About these Coverage Examples:**



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible **\$3,000**
- Specialist copay **\$50**
- Hospital (facility) coinsurance **30%**
- Other coinsurance **30%**

**This EXAMPLE event includes services like:**  
Specialist office visits (prenatal care)  
Childbirth/Delivery Professional Services  
Childbirth/Delivery Facility Services  
Diagnostic tests (ultrasounds and blood work)  
Specialist visit (anesthesia)

**Total Example Cost** **\$12,700**

**In this example, Peg would pay:**

<i>Cost Sharing</i>	
Deductibles	\$3,000
Copayments	\$200
Coinsurance	\$2,400
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$5,660</b>

**Managing Joe's type 2 Diabetes**

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible **\$3,000**
- Specialist copay **\$50**
- Hospital (facility) coinsurance **30%**
- Other coinsurance **30%**

**This EXAMPLE event includes services like:**  
Primary care physician office visits (including disease education)  
Diagnostic tests (blood work)  
Prescription drugs  
Durable medical equipment (glucose meter)

**Total Example Cost** **\$5,600**

**In this example, Joe would pay:**

<i>Cost Sharing</i>	
Deductibles	\$500
Copayments	\$700
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$70
<b>The total Joe would pay is</b>	<b>\$1,270</b>

**Mia's Simple Fracture**

(in-network emergency room visit and follow up care)

- The plan's overall deductible **\$3,000**
- Specialist copay **\$50**
- Hospital (facility) coinsurance **30%**
- Other coinsurance **30%**

**This EXAMPLE event includes services like:**  
Emergency room care (including medical supplies)  
Diagnostic test (x-ray)  
Durable medical equipment (crutches)  
Rehabilitation services (physical therapy)

**Total Example Cost** **\$2,800**

**In this example, Mia would pay:**

<i>Cost Sharing</i>	
Deductibles	\$2,600
Copayments	\$100
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,700</b>

The plan would be responsible for the other costs of the EXAMPLE covered services.



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) 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, <https://coc.NebraskaBlue.com/HM79BZ05>. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.cciio.cms.gov](http://www.cciio.cms.gov) or call 1-844-201-0763 to request a copy.

Important Questions	Answers	Why this Matters:
<p><b>What is the overall deductible?</b></p>	<p>Individual/Family                      In-Network: \$2,500/\$5,000                      Out-of-Network: \$5,000/\$10,000</p>	<p>Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.</p>
<p><b>Are there services covered before you meet your deductible?</b></p>	<p>Yes, <u>preventive care</u>.</p>	<p>This plan covers some items and services even if you haven't yet met the annual deductible amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>.</p>
<p><b>Are there other deductibles for specific services?</b></p>	<p>No.</p>	<p>You don't have to meet deductibles for specific services.</p>
<p><b>What is the out-of-pocket limit for this plan?</b></p>	<p>In-Network: \$3,675/\$7,350                      Out-of-Network: \$9,000/\$18,000</p>	<p>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family out-of-pocket limit must be met.</p>
<p><b>What is not included in the out-of-pocket limit?</b></p>	<p>Premium, <u>balance billed charges</u>, penalties, denial for failure to obtain certification and services this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the out-of-pocket limit.</p>
<p><b>Will you pay less if you use a network provider?</b></p>	<p>Yes. See <a href="http://www.NebraskaBlue.com/find-a-doctor">www.NebraskaBlue.com/find-a-doctor</a> or call 1-844-201-0763 for a list of network providers.</p>	<p>This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (a balance bill). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.</p>
<p><b>Do you need a referral to see a specialist?</b></p>	<p>No.</p>	<p>You can see the specialist you choose without a referral.</p>



All copayment and coinsurance costs shown in this chart are after your overall deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Specialist visit	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Preventive care/screening/immunization	No charge for federally mandated services.	40% <u>coinsurance</u> . For immunizations for children up to age 7, the <u>deductible</u> is waived.	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Prior certification</u> may be required. Failure to obtain <u>prior certification</u> when required will result in denial of the <u>claim</u> .
If you need drugs to treat your illness or condition	For all <u>prescription drugs</u> , out-of-pocket costs shown are per 30-day supply. If allowed by your prescription, up to a 90-day supply may be obtained at one time (except for <u>specialty drugs</u> ) by paying 3 <u>copay</u> amounts. Certain <u>prescription drugs</u> may require <u>prior certification</u> . Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> . Home delivery benefits are not available <u>out-of-network</u> . The following cost-shares apply only when obtaining drugs through a pharmacy.			
	Generic drugs	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Preferred brand drugs	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
More information about <u>prescription drug coverage</u> is available at <a href="http://www.nebraskablue.com">www.nebraskablue.com</a>	Non-preferred brand drugs	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	<u>Specialty drugs</u>	20% <u>coinsurance</u>	Not covered	Retail and home delivery: 30-day supply maximum. Designated pharmacy may apply.
	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	<u>Emergency room care</u>	20% <u>coinsurance</u>	Same cost shares as in-network provider	None
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	Same cost shares as in-network provider	Limitations may apply to air ambulance.
If you need immediate medical attention	<u>Urgent care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Prior certification</u> required. Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> .
If you have a hospital stay	Physician/surgeon fee	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Outpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Inpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Prior certification</u> required. Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> .
	Office visits	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Cost sharing</u> does not apply to certain <u>preventive services</u> . Depending on the type of <u>services</u> , <u>deductible</u> and <u>coinsurance</u> may apply. <u>Maternity care</u> may include tests and services described elsewhere in the SBC.
If you are pregnant	Childbirth/delivery professional services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	See pregnancy office visits limit.
	Childbirth/delivery facility services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	See pregnancy office visits limit.



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Home health aide</u> : 60 days per calendar year. <u>Skilled nursing in the home</u> : Limited to 8 hours per day. <u>Prior certification</u> required. <u>Respiratory care</u> : 60 days per calendar year.
	<u>Rehabilitation services</u>	Outpatient therapy: 20% <u>coinsurance</u> Manipulations: 20% <u>coinsurance</u> Other services: 20% <u>coinsurance</u>	Outpatient therapy: 40% <u>coinsurance</u> Manipulations: 40% <u>coinsurance</u> Other services: 40% <u>coinsurance</u>	<u>Outpatient physical, occupational, speech, physiotherapy</u> : Combined 60 session limit per calendar year. <u>Manipulations and adjustments</u> : Combined 30 session limit per calendar year. <u>Outpatient cardiac rehabilitation</u> : Combined 18 session limit per diagnosis. <u>Outpatient pulmonary rehabilitation</u> : Combined 18 session limit per diagnosis for certain diagnoses and criteria. <u>Prior certification</u> required. <u>Inpatient physical rehabilitation</u> : <u>Prior certification</u> required. Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> .
	<u>Habilitation services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	See the <u>Rehabilitation services</u> and <u>if you have a hospital stay</u> sections. Educational services are not covered.
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>In the home</u> : See the <u>Home health care</u> section. <u>Skilled nursing care</u> : Limited to 60 days per calendar year. <u>Prior certification</u> required. Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> .
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Rental or purchase, whichever is least costly. <u>Prior certification</u> may be required. Failure to obtain <u>prior certification</u> when required will result in denial of the <u>claim</u> .
	<u>Hospice services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Prior certification</u> required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	Visual acuity tests are covered under the preventive services benefit. No coverage for eye exams.
	Children's glasses	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	Not covered	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
- Bariatric surgery
- Cosmetic surgery
- Dental care (adults)
- Dental care (children)
- Glasses (children)
- Infertility treatment
- Long-term care
- Private-duty nursing
- Routine eye care (adults)
- Routine eye care (children)
- Routine foot care
- Weight loss programs

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

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

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

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

**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.

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Dinek'ehgo shika at'ohwol ninisingo, kwijijigo holne '1-844-201-0763.

————— To see examples of how this plan might cover costs for a sample medical situation, see the next page. —————



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$2,500
- Specialist coinsurance 20%
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

**This EXAMPLE event includes services like:**

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

**Total Example Cost** \$12,700

**In this example, Peg would pay:**

Cost Sharing	
Deductibles	\$2,500
Copayments	\$0
Coinsurance	\$1,175
What isn't covered	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$3,735</b>

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$2,500
- Specialist coinsurance 20%
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

**This EXAMPLE event includes services like:**

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

**Total Example Cost** \$5,600

**In this example, Joe would pay:**

Cost Sharing	
Deductibles	\$2,500
Copayments	\$0
Coinsurance	\$200
What isn't covered	
Limits or exclusions	\$70
<b>The total Joe would pay is</b>	<b>\$2,770</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$2,500
- Specialist coinsurance 20%
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

**This EXAMPLE event includes services like:**

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

**Total Example Cost** \$2,800

**In this example, Mia would pay:**


Cost Sharing	
Deductibles	\$2,500
Copayments	\$0
Coinsurance	\$60
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,560</b>

The plan would be responsible for the other costs of the EXAMPLE covered services.



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) 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, <https://coc.NebraskaBlue.com/BZRH0XQ1>. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.cciio.cms.gov](http://www.cciio.cms.gov) or call 1-844-201-0763 to request a copy.

Important Questions	Answers	Why this Matters:
<p><b>What is the overall deductible?</b></p>	<p>Individual/Family                      In-Network: \$3,000/\$6,000                      Out-of-Network: \$6,000/\$12,000</p>	<p>Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.</p>
<p><b>Are there services covered before you meet your deductible?</b></p>	<p>Yes, <u>preventive care</u>.</p>	<p>This plan covers some items and services even if you haven't yet met the annual deductible amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>.</p>
<p><b>Are there other deductibles for specific services?</b></p>	<p>No.</p>	<p>You don't have to meet deductibles for specific services.</p>
<p><b>What is the out-of-pocket limit for this plan?</b></p>	<p>In-Network: \$3,000/\$6,000                      Out-of-Network: \$10,000/\$20,000</p>	<p>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family out-of-pocket limit must be met.</p>
<p><b>What is not included in the out-of-pocket limit?</b></p>	<p>Premium, <u>balance billed charges</u>, penalties, denial for failure to obtain certification and services this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the out-of-pocket limit.</p>
<p><b>Will you pay less if you use a network provider?</b></p>	<p>Yes. See <a href="http://www.NebraskaBlue.com/find-a-doctor">www.NebraskaBlue.com/find-a-doctor</a> or call 1-844-201-0763 for a list of network providers.</p>	<p>This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (a balance bill). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.</p>
<p><b>Do you need a referral to see a specialist?</b></p>	<p>No.</p>	<p>You can see the specialist you choose without a referral.</p>

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
 <p>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.</p>	Primary care visit to treat an injury or illness	0% <u>coinsurance</u>	20% <u>coinsurance</u>	None
	Specialist visit	0% <u>coinsurance</u>	20% <u>coinsurance</u>	None
	Preventive care/screening/immunization	No charge for federally mandated services.	20% <u>coinsurance</u> . For immunizations for children up to age 7, the <u>deductible</u> is waived.	20% <u>coinsurance</u>
If you have a test	Diagnostic test (x-ray, blood work)	0% <u>coinsurance</u>	20% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	0% <u>coinsurance</u>	20% <u>coinsurance</u>	<u>Prior certification</u> may be required. Failure to obtain <u>prior certification</u> when required will result in denial of the <u>claim</u> .
<p>If you need drugs to treat your illness or condition</p> <p>More information about <u>prescription drug coverage</u> is available at <a href="http://www.nebraskablue.com">www.nebraskablue.com</a></p>	Generic drugs	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Preferred brand drugs	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Non-preferred brand drugs	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	<u>Specialty drugs</u>	0% <u>coinsurance</u>	Not covered	Retail and home delivery: 30-day supply maximum. Designated pharmacy may apply.
	Facility fee (e.g., ambulatory surgery center)	0% <u>coinsurance</u>	20% <u>coinsurance</u>	None
	Physician/surgeon fees	0% <u>coinsurance</u>	20% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency room care</u>	0% <u>coinsurance</u>	Same cost shares as in-network provider	None
	<u>Emergency medical transportation</u>	0% <u>coinsurance</u>	Same cost shares as in-network provider	Limitations may apply to air ambulance.
	<u>Urgent care</u>	0% <u>coinsurance</u>	20% <u>coinsurance</u>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	0% <u>coinsurance</u>	20% <u>coinsurance</u>	<u>Prior certification</u> required. Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> .
	Physician/surgeon fee	0% <u>coinsurance</u>	20% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	0% <u>coinsurance</u>	20% <u>coinsurance</u>	None
	Inpatient services	0% <u>coinsurance</u>	20% <u>coinsurance</u>	<u>Prior certification</u> required. Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> .
	Office visits	0% <u>coinsurance</u>	20% <u>coinsurance</u>	<u>Cost sharing</u> does not apply to certain <u>preventive services</u> . Depending on the type of <u>services</u> , <u>deductible</u> and <u>coinsurance</u> may apply. <u>Maternity care</u> may include tests and services described elsewhere in the SBC.
If you are pregnant	Childbirth/delivery professional services	0% <u>coinsurance</u>	20% <u>coinsurance</u>	See pregnancy office visits limit.
	Childbirth/delivery facility services	0% <u>coinsurance</u>	20% <u>coinsurance</u>	See pregnancy office visits limit.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	0% <u>coinsurance</u>	20% <u>coinsurance</u>	<u>Home health aide</u> : 60 days per calendar year. <u>Skilled nursing in the home</u> : Limited to 8 hours per day. <u>Prior certification</u> required. <u>Respiratory care</u> : 60 days per calendar year.
	<u>Rehabilitation services</u>	Outpatient therapy: 0% <u>coinsurance</u> Manipulations: 0% <u>coinsurance</u> Other services: 0% <u>coinsurance</u>	Outpatient therapy: 20% <u>coinsurance</u> Manipulations: 20% <u>coinsurance</u> Other services: 20% <u>coinsurance</u>	<u>Outpatient physical, occupational, speech, physiotherapy</u> : Combined 60 session limit per calendar year. <u>Manipulations and adjustments</u> : Combined 30 session limit per calendar year. <u>Outpatient cardiac rehabilitation</u> : Combined 18 session limit per diagnosis. <u>Outpatient pulmonary rehabilitation</u> : Combined 18 session limit per diagnosis for certain diagnoses and criteria. <u>Prior certification</u> required. <u>Inpatient physical rehabilitation</u> : <u>Prior certification</u> required. Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> .
	<u>Habilitation services</u>	0% <u>coinsurance</u>	20% <u>coinsurance</u>	See the <u>Rehabilitation services</u> and <u>If you have a hospital stay</u> sections. Educational services are not covered.
	<u>Skilled nursing care</u>	0% <u>coinsurance</u>	20% <u>coinsurance</u>	<u>In the home</u> : See the <u>Home health care</u> section. <u>Skilled nursing care</u> : Limited to 60 days per calendar year. <u>Prior certification</u> required. Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> .
	<u>Durable medical equipment</u>	0% <u>coinsurance</u>	20% <u>coinsurance</u>	Rental or purchase, whichever is least costly. <u>Prior certification</u> may be required. Failure to obtain <u>prior certification</u> when required will result in denial of the <u>claim</u> .
	<u>Hospice services</u>	0% <u>coinsurance</u>	20% <u>coinsurance</u>	<u>Prior certification</u> required.



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	Visual acuity tests are covered under the preventive services benefit. No coverage for eye exams.
	Children's glasses	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	Not covered	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
- Bariatric surgery
- Cosmetic surgery
- Dental care (adults)
- Dental care (children)
- Glasses (children)
- Infertility treatment
- Long-term care
- Private-duty nursing
- Routine eye care (adults)
- Routine eye care (children)
- Routine foot care
- Weight loss programs

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————— *To see examples of how this plan might cover costs for a sample medical situation, see the next page.* —————



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### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible **\$3,000**
- Specialist coinsurance **0%**
- Hospital (facility) coinsurance **0%**
- Other coinsurance **0%**

**This EXAMPLE event includes services like:**  
Specialist office visits (prenatal care)  
Childbirth/Delivery Professional Services  
Childbirth/Delivery Facility Services  
Diagnostic tests (ultrasounds and blood work)  
Specialist visit (anesthesia)

**Total Example Cost** **\$12,700**

**In this example, Peg would pay:**

<u>Cost Sharing</u>	
Deductibles	\$3,000
Copayments	\$0
Coinsurance	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$3,060</b>

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible **\$3,000**
- Specialist coinsurance **0%**
- Hospital (facility) coinsurance **0%**
- Other coinsurance **0%**

**This EXAMPLE event includes services like:**  
Primary care physician office visits (including disease education)  
Diagnostic tests (blood work)  
Prescription drugs  
Durable medical equipment (glucose meter)

**Total Example Cost** **\$5,600**

**In this example, Joe would pay:**

<u>Cost Sharing</u>	
Deductibles	\$3,000
Copayments	\$0
Coinsurance	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$70
<b>The total Joe would pay is</b>	<b>\$3,070</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible **\$3,000**
- Specialist coinsurance **0%**
- Hospital (facility) coinsurance **0%**
- Other coinsurance **0%**


**This EXAMPLE event includes services like:**  
Emergency room care (including medical supplies)  
Diagnostic test (x-ray)  
Durable medical equipment (crutches)  
Rehabilitation services (physical therapy)

**Total Example Cost** **\$2,800**

**In this example, Mia would pay:**

<u>Cost Sharing</u>	
Deductibles	\$2,800
Copayments	\$0
Coinsurance	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,800</b>

The plan would be responsible for the other costs of the EXAMPLE covered services.

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) 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, <https://coc.NebraskaBlue.com/8C09ZGP9>. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.cciio.cms.gov](http://www.cciio.cms.gov) or call 1-844-201-0763 to request a copy.

Important Questions	Answers	Why this Matters:
<b>What is the overall deductible?</b>	Individual/Family In-Network: \$3,500/\$7,000 Out-of-Network: \$7,000/\$14,000	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, they have to meet their own individual deductible until the overall family deductible amount has been met.
<b>Are there services covered before you meet your deductible?</b>	Yes, <u>preventive care</u> .	This plan covers some items and services even if you haven't yet met the annual deductible amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other deductibles for specific services?</b>	No.	You don't have to meet deductibles for specific services.
<b>What is the out-of-pocket limit for this plan?</b>	In-Network: \$5,500/\$11,000 Out-of-Network: \$11,000/\$22,000	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
<b>What is not included in the out-of-pocket limit?</b>	Premium, balance billed charges, penalties, denial for failure to obtain certification and services this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
<b>Will you pay less if you use a network provider?</b>	Yes. See <a href="http://www.NebraskaBlue.com/find-a-doctor">www.NebraskaBlue.com/find-a-doctor</a> or call 1-844-201-0763 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (a balance bill). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
<b>Do you need a referral to see a specialist?</b>	No.	You can see the specialist you choose without a referral.



All copayment and coinsurance costs shown in this chart are after your overall deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Specialist visit	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Preventive care/screening/immunization	No charge for federally mandated services.	40% <u>coinsurance</u> . For immunizations for children up to age 7, the <u>deductible</u> is waived.	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Prior certification</u> may be required. Failure to obtain <u>prior certification</u> when required will result in denial of the <u>claim</u> .
If you need drugs to treat your illness or condition	For all <u>prescription drugs</u> , out-of-pocket costs shown are per 30-day supply. If allowed by your prescription, up to a 90-day supply may be obtained at one time (except for <u>specialty drugs</u> ) by paying 3 <u>copay</u> amounts. Certain <u>prescription drugs</u> may require <u>prior certification</u> . Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> . Home delivery benefits are not available <u>out-of-network</u> . The following cost-shares apply only when obtaining drugs through a pharmacy.			
	Generic drugs	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Preferred brand drugs	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
More information about <u>prescription drug coverage</u> is available at <a href="http://www.nebraskablue.com">www.nebraskablue.com</a>	Non-preferred brand drugs	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	<u>Specialty drugs</u>	20% <u>coinsurance</u>	Not covered	Retail and home delivery: 30-day supply maximum. Designated pharmacy may apply.
	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	<u>Emergency room care</u>	20% <u>coinsurance</u>	Same cost shares as in-network provider	None
If you need immediate medical attention	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	Same cost shares as in-network provider	Limitations may apply to air ambulance.
	<u>Urgent care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Prior certification</u> required. Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> .
	Physician/surgeon fee	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Inpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Prior certification</u> required. Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> .
	Office visits	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Cost sharing</u> does not apply to certain <u>preventive services</u> . Depending on the type of services, <u>deductible</u> and <u>coinsurance</u> may apply. Maternity care may include tests and services described elsewhere in the SBC.
If you are pregnant	Childbirth/delivery professional services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	See pregnancy office visits limit.
	Childbirth/delivery facility services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	See pregnancy office visits limit.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Home health aide</u> : 60 days per calendar year. <u>Skilled nursing in the home</u> : Limited to 8 hours per day. <u>Prior certification</u> required. <u>Respiratory care</u> : 60 days per calendar year.
	<u>Rehabilitation services</u>	Outpatient therapy: 20% <u>coinsurance</u> Manipulations: 20% <u>coinsurance</u> Other services: 20% <u>coinsurance</u>	Outpatient therapy: 40% <u>coinsurance</u> Manipulations: 40% <u>coinsurance</u> Other services: 40% <u>coinsurance</u>	<u>Outpatient physical, occupational, speech, physiotherapy</u> : Combined 60 session limit per calendar year. <u>Manipulations and adjustments</u> : Combined 30 session limit per calendar year. <u>Outpatient cardiac rehabilitation</u> : Combined 18 session limit per diagnosis. <u>Outpatient pulmonary rehabilitation</u> : Combined 18 session limit per diagnosis for certain diagnoses and criteria. <u>Prior certification</u> required. <u>Inpatient physical rehabilitation</u> : <u>Prior certification</u> required. Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> .
	<u>Habilitation services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	See the <u>Rehabilitation services</u> and <u>if you have a hospital stay</u> sections. Educational services are not covered.
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>In the home</u> : See the <u>Home health care</u> section. <u>Skilled nursing care</u> : Limited to 60 days per calendar year. <u>Prior certification</u> required. Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> .
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Rental or purchase, whichever is least costly. <u>Prior certification</u> may be required. Failure to obtain <u>prior certification</u> when required will result in denial of the <u>claim</u> .
	<u>Hospice services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Prior certification</u> required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	Visual acuity tests are covered under the preventive services benefit. No coverage for eye exams.
	Children's glasses	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	Not covered	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
- Bariatric surgery
- Cosmetic surgery
- Dental care (adults)
- Dental care (children)
- Glasses (children)
- Infertility treatment
- Long-term care
- Private-duty nursing
- Routine eye care (adults)
- Routine eye care (children)
- Routine foot care
- Weight loss programs

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- Chiropractic care
- Hearing aids
- Non-emergency care when traveling outside the US



**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: Blue Cross and Blue Shield of Nebraska at 1-844-201-0763 or visit [www.NebraskaBlue.com](http://www.NebraskaBlue.com); for group health coverage subject to ERISA, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform); for non-federal governmental group health plans, the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.ccio.cms.gov](http://www.ccio.cms.gov); or your employer's human resources department. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

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

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

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

**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.

#### Language Access Services:

Para obtener asistencia en Español, llame al 1-844-201-0763.

Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-844-201-0763.

如果需要中文的帮助, 请拨打这个号码 1-844-201-0763.

Dinek'ehgo shika at'ohwol ninisingo, kwijijigo holne '1-844-201-0763.

————— To see examples of how this plan might cover costs for a sample medical situation, see the next page. —————

**About these Coverage Examples:**



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible **\$3,500**
- Specialist coinsurance **20%**
- Hospital (facility) coinsurance **20%**
- Other coinsurance **20%**

**This EXAMPLE event includes services like:**  
Specialist office visits (prenatal care)  
Childbirth/Delivery Professional Services  
Childbirth/Delivery Facility Services  
Diagnostic tests (ultrasounds and blood work)  
Specialist visit (anesthesia)

**Total Example Cost** **\$12,700**

**In this example, Peg would pay:**

<i>Cost Sharing</i>	
Deductibles	\$3,500
Copayments	\$0
Coinsurance	\$1,800
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$5,360</b>

**Managing Joe's type 2 Diabetes**

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible **\$3,500**
- Specialist coinsurance **20%**
- Hospital (facility) coinsurance **20%**
- Other coinsurance **20%**

**This EXAMPLE event includes services like:**  
Primary care physician office visits (including disease education)  
Diagnostic tests (blood work)  
Prescription drugs  
Durable medical equipment (glucose meter)

**Total Example Cost** **\$5,600**

**In this example, Joe would pay:**

<i>Cost Sharing</i>	
Deductibles	\$3,500
Copayments	\$0
Coinsurance	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$70
<b>The total Joe would pay is</b>	<b>\$3,670</b>

**Mia's Simple Fracture**

(in-network emergency room visit and follow up care)

- The plan's overall deductible **\$3,500**
- Specialist coinsurance **20%**
- Hospital (facility) coinsurance **20%**
- Other coinsurance **20%**

**This EXAMPLE event includes services like:**  
Emergency room care (including medical supplies)  
Diagnostic test (x-ray)  
Durable medical equipment (crutches)  
Rehabilitation services (physical therapy)

**Total Example Cost** **\$2,800**

**In this example, Mia would pay:**


<i>Cost Sharing</i>	
Deductibles	\$2,800
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,800</b>

The plan would be responsible for the other costs of the EXAMPLE covered services.



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) 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, <https://coc.NebraskaBlue.com/UHSESJBA>. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.cciio.cms.gov](http://www.cciio.cms.gov) or call 1-844-201-0763 to request a copy.

Important Questions	Answers	Why this Matters:
<p><b>What is the overall deductible?</b></p>	<p>Individual/Family                      In-Network: \$6,750/\$13,500                      Out-of-Network: \$13,500/\$27,000</p>	<p>Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, they have to meet their own individual deductible until the overall family deductible amount has been met.</p>
<p><b>Are there services covered before you meet your deductible?</b></p>	<p>Yes, <u>preventive care</u>.</p>	<p>This plan covers some items and services even if you haven't yet met the annual deductible amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered <u>preventive services</u> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>.</p>
<p><b>Are there other deductibles for specific services?</b></p>	<p>No.</p>	<p>You don't have to meet deductibles for specific services.</p>
<p><b>What is the out-of-pocket limit for this plan?</b></p>	<p>In-Network: \$6,750/\$13,500                      Out-of-Network: \$13,500/\$27,000</p>	<p>The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.</p>
<p><b>What is not included in the out-of-pocket limit?</b></p>	<p><u>Premium</u>, <u>balance billed</u> charges, penalties, denial for failure to obtain certification and services this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u>.</p>
<p><b>Will you pay less if you use a network provider?</b></p>	<p>Yes. See <a href="http://www.NebraskaBlue.com/find-a-doctor">www.NebraskaBlue.com/find-a-doctor</a> or call 1-844-201-0763 for a list of <u>network providers</u>.</p>	<p>This plan uses a <u>provider network</u>. You will pay less if you use a <u>provider</u> in the plan's <u>network</u>. You will pay most if you use an <u>out-of-network provider</u>, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (a balance bill). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.</p>
<p><b>Do you need a referral to see a specialist?</b></p>	<p>No.</p>	<p>You can see the <u>specialist</u> you choose without a <u>referral</u>.</p>

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
 <p>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.</p>	Primary care visit to treat an injury or illness	0% <u>coinsurance</u>	0% <u>coinsurance</u>	None
	Specialist visit	0% <u>coinsurance</u>	0% <u>coinsurance</u>	None
	Preventive care/screening/immunization	No charge for federally mandated services.	0% <u>coinsurance</u> . For immunizations for children up to age 7, the <u>deductible</u> is waived.	0% <u>coinsurance</u>
If you have a test	Diagnostic test (x-ray, blood work)	0% <u>coinsurance</u>	0% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	0% <u>coinsurance</u>	0% <u>coinsurance</u>	<u>Prior certification</u> may be required. Failure to obtain <u>prior certification</u> when required will result in denial of the <u>claim</u> .
<p>If you need drugs to treat your illness or condition</p> <p>More information about <u>prescription drug coverage</u> is available at <a href="http://www.nebraskablue.com">www.nebraskablue.com</a></p>	Generic drugs	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Preferred brand drugs	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Non-preferred brand drugs	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	<u>Specialty drugs</u>	0% <u>coinsurance</u>	Not covered	Retail and home delivery: 30-day supply maximum. Designated pharmacy may apply.
	Facility fee (e.g., ambulatory surgery center)	0% <u>coinsurance</u>	0% <u>coinsurance</u>	None
	Physician/surgeon fees	0% <u>coinsurance</u>	0% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency room care</u>	0% <u>coinsurance</u>	Same cost shares as in-network provider	None
	<u>Emergency medical transportation</u>	0% <u>coinsurance</u>	Same cost shares as in-network provider	Limitations may apply to air ambulance.
	<u>Urgent care</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	0% <u>coinsurance</u>	0% <u>coinsurance</u>	<u>Prior certification</u> required. Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> .
	Physician/surgeon fee	0% <u>coinsurance</u>	0% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	0% <u>coinsurance</u>	0% <u>coinsurance</u>	None
	Inpatient services	0% <u>coinsurance</u>	0% <u>coinsurance</u>	<u>Prior certification</u> required. Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> .
	Office visits	0% <u>coinsurance</u>	0% <u>coinsurance</u>	<u>Cost sharing</u> does not apply to certain <u>preventive services</u> . Depending on the type of services, <u>deductible</u> and <u>coinsurance</u> may apply. Maternity care may include tests and services described elsewhere in the SBC.
If you are pregnant	Childbirth/delivery professional services	0% <u>coinsurance</u>	0% <u>coinsurance</u>	See pregnancy office visits limit.
	Childbirth/delivery facility services	0% <u>coinsurance</u>	0% <u>coinsurance</u>	See pregnancy office visits limit.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	<u>Home health aide</u> : 60 days per calendar year. <u>Skilled nursing in the home</u> : Limited to 8 hours per day. <u>Prior certification</u> required. <u>Respiratory care</u> : 60 days per calendar year.
	<u>Rehabilitation services</u>	Outpatient therapy: 0% <u>coinsurance</u> Manipulations: 0% <u>coinsurance</u> Other services: 0% <u>coinsurance</u>	Outpatient therapy: 0% <u>coinsurance</u> Manipulations: 0% <u>coinsurance</u> Other services: 0% <u>coinsurance</u>	<u>Outpatient physical, occupational, speech, physiotherapy</u> : Combined 60 session limit per calendar year. <u>Manipulations and adjustments</u> : Combined 30 session limit per calendar year. <u>Outpatient cardiac rehabilitation</u> : Combined 18 session limit per diagnosis. <u>Outpatient pulmonary rehabilitation</u> : Combined 18 session limit per diagnosis for certain diagnoses and criteria. <u>Prior certification</u> required. <u>Inpatient physical rehabilitation</u> : <u>Prior certification</u> required. Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> .
	<u>Habilitation services</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	See the <u>Rehabilitation services</u> and <u>if you have a hospital stay</u> sections. Educational services are not covered.
	<u>Skilled nursing care</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	<u>In the home</u> : See the <u>Home health care</u> section. <u>Skilled nursing care</u> : Limited to 60 days per calendar year. <u>Prior certification</u> required. Failure to obtain <u>prior certification</u> will result in denial of the <u>claim</u> .
	<u>Durable medical equipment</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Rental or purchase, whichever is least costly. <u>Prior certification</u> may be required. Failure to obtain <u>prior certification</u> when required will result in denial of the <u>claim</u> .
	<u>Hospice services</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	<u>Prior certification</u> required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	Visual acuity tests are covered under the preventive services benefit. No coverage for eye exams.
	Children's glasses	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	Not covered	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
- Bariatric surgery
- Cosmetic surgery
- Dental care (adults)
- Dental care (children)
- Glasses (children)
- Infertility treatment
- Long-term care
- Private-duty nursing
- Routine eye care (adults)
- Routine eye care (children)
- Routine foot care
- Weight loss programs

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- Chiropractic care
- Hearing aids
- Non-emergency care when traveling outside the US

**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: Blue Cross and Blue Shield of Nebraska at 1-844-201-0763 or visit [www.NebraskaBlue.com](http://www.NebraskaBlue.com); for group health coverage subject to ERISA, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform); for non-federal governmental group health plans, the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.ccio.cms.gov](http://www.ccio.cms.gov); or your employer's human resources department. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

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

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

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

**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.

#### Language Access Services:

Para obtener asistencia en Español, llame al 1-844-201-0763.

Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-844-201-0763.

如果需要中文的帮助, 请拨打这个号码 1-844-201-0763.

Dinek'ehgo shika at'ohwol ninisingo, kwijijigo holne '1-844-201-0763.

————— To see examples of how this plan might cover costs for a sample medical situation, see the next page. —————



**About these Coverage Examples:**



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible **\$6,750**
- Specialist coinsurance **0%**
- Hospital (facility) coinsurance **0%**
- Other coinsurance **0%**

**This EXAMPLE event includes services like:**  
Specialist office visits (prenatal care)  
Childbirth/Delivery Professional Services  
Childbirth/Delivery Facility Services  
Diagnostic tests (ultrasounds and blood work)  
Specialist visit (anesthesia)

**Total Example Cost** **\$12,700**

**In this example, Peg would pay:**

<i>Cost Sharing</i>	
Deductibles	\$6,750
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$6,810</b>

**Managing Joe's type 2 Diabetes**

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible **\$6,750**
- Specialist coinsurance **0%**
- Hospital (facility) coinsurance **0%**
- Other coinsurance **0%**

**This EXAMPLE event includes services like:**  
Primary care physician office visits (including disease education)  
Diagnostic tests (blood work)  
Prescription drugs  
Durable medical equipment (glucose meter)

**Total Example Cost** **\$5,600**

**In this example, Joe would pay:**

<i>Cost Sharing</i>	
Deductibles	\$5,300
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$70
<b>The total Joe would pay is</b>	<b>\$5,370</b>

**Mia's Simple Fracture**

(in-network emergency room visit and follow up care)

- The plan's overall deductible **\$6,750**
- Specialist coinsurance **0%**
- Hospital (facility) coinsurance **0%**
- Other coinsurance **0%**

**This EXAMPLE event includes services like:**  
Emergency room care (including medical supplies)  
Diagnostic test (x-ray)  
Durable medical equipment (crutches)  
Rehabilitation services (physical therapy)

**Total Example Cost** **\$2,800**

**In this example, Mia would pay:**

<i>Cost Sharing</i>	
Deductibles	\$2,800
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,800</b>

The plan would be responsible for the other costs of the EXAMPLE covered services.



# Master Group Application (Insured)

**Internal Use Only:**

New Group    Renewal                       Sub Account/Roll Listing Attached    Revision

Account No. Not Applicable   Sub Account No. \_\_\_\_\_    Bill group on single bill    Bill group at sub account level

Fully Insured    Minimum Premium

Unique Prefix (if applicable): YNN                      Master Group No.: 010820                      NAICS: 921110

**Effective Date:** This coverage shall be effective on 07/01/2022 (Effective Date) provided this Master Group Application (Application) is accepted by Blue Cross and Blue Shield of Nebraska (BCBSNE) and payment of the charges is made as provided in this Application. The renewal date will be exactly one year from the Effective Date or 07/01/2023. Changes in the terms of this Application may be made only during the anniversary month of the Effective Date, unless prior BCBSNE approval is obtained for an off-anniversary change. In the absence of the Group providing Us written documentation regarding its plan year, the Group's plan year for all purposes shall be coincident with the Group's renewal date as stated on the Group's renewal confirmation or Master Group Application.

**APPLICANT INFORMATION**

A. Application/Employer                      League Insurance Government Health Team (LIGHT)

(If Employer Name is over 40 characters, please provide an abbreviated 40 character name BCBSNE system use)

Physical Address: (must be a Nebraska address)                      Mailing/Billing Address (if different than physical):

1335 L Street                      \_\_\_\_\_  
(Street)                      (Street)                      (PO Box)

Lincoln, NE 68508                      \_\_\_\_\_  
(City, State, Zip Code)                      (City, State, Zip Code)

Employer Tax Identification Number (EIN): TBD

<b>Group Leader/Group Health Plan Primary Contact</b>	<b>Billing Contact (if different)</b>
Name: <u>L. Lynn Rex</u>	Name: _____
Title: <u>Executive Director</u>	Title: _____
Phone: <u>402-476-2829</u>	Phone: _____
Fax: _____	Fax: _____
Email: <u>lynnr@lonm.org</u>	Email: _____
Allow BluesEnroll Access? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Allow BluesEnroll Access? <input type="checkbox"/> Yes <input type="checkbox"/> No

B. Please select one contact at the group who should receive correspondence. If other is selected, please indicate below who should receive correspondence.

Group Leader/Group Health Plan Primary Contact    Billing Contact    Other

Name: Brenda Henning

Title: Membership Services Asst.

Phone: 402-476-2829

Email: brendah@lonm.org

Allow BluesEnroll Access?                       Yes    No

**NOTE: If you have additional Authorized Plan Contacts (APC), please enter them on page 6.**

C. Is your company headquartered in Nebraska?    Yes    No

Do you have any additional business locations?    Yes    No   If yes, please provide names:

\_\_\_\_\_

D. Names of subsidiaries or affiliated organizations to be covered (must be majority-owned - 51% or greater).

EIN(s) of subsidiaries or affiliates: \_\_\_\_\_

- E. Is the Group Health Plan subject to the Employee Retirement Income Security Act of 1974 (ERISA)?  Yes  No
- F. Is the Group Health Plan subject to the Consolidated Omnibus Reconciliation Act (COBRA),  Yes  No  
 as amended, during this calendar year?  
 If yes, does the Group have a COBRA Administrator?  Yes  No  
 Does the group have a direct relationship with the vendor?  Yes  No  
 Please provide name of the COBRA Administrator: Varies by sub group  
 If through BCBSNE partnership, attach completed Employer Setup Form and create Client Service Agreement through Legal.

- G. Will any other group coverage be in effect while this Contract is in force?  Yes  No  
 If yes, name of carrier(s) \_\_\_\_\_

H. **Employee Data:** The following is from and agrees with your payroll and personnel records

	Total
1. Total employees/owners on the payroll (includes full-time, part-time, leased employees)	6,000
2. Total eligible employees/owners on the payroll on the effective date of the Contract	3,500
3. Eligible employees/owners not enrolling due to:	
a. Valid Waivers (employees/owners with other coverage including Medicare, Medicaid, spousal coverage)	_____
b. Invalid Waivers (employees/owners not enrolling due to cost or other reasons with no valid health coverage)	_____
4. Eligible employees/owners enrolling on the effective date of the Contract	325
5. Persons on COBRA or State Continuation Coverage	_____

- I. Prior carrier name (if applicable): \_\_\_\_\_

- J. **Other Applicant Information:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- K. **Certificate of Coverage:** BCBSNE will provide the Group an electronic copy of the **Certificate of Coverage**. The Group is responsible for providing this document to its enrolled employees, including retirees and COBRA participants.

**VENDOR INFORMATION**

- A. **Does the Applicant have a HSA Administrator?**  Yes  No  
 If yes, please identify the vendor below:  
 Discovery Benefits, Inc.  Other Varies by sub group  
**Does the group have a direct relationship with the vendor?**  Yes  No  
(If Discovery Benefits is selected, attach completed Employer Setup Form and create Client Service Agreement through Legal. HSA administration is provided independently by the entity identified above. BCBSNE does not provide HSA administration. The entity identified above is solely responsible.)

- B. **Does the Applicant have a HRA Administrator?**  Yes  No  
 If yes, please identify the vendor below:  
 Discovery Benefits, Inc.  Employee Benefits System  First Concord Benefits Group  
 Mid-American Benefits, Inc.  Other Varies by sub group  
**Does the group have a direct relationship with the vendor?**  Yes  No  
(HRA administration is provided independently by the entity identified above. BCBSNE does not provide HRA administration. The entity identified above is solely responsible. If through a BCBSNE partnership (only if Discovery Benefits, Inc. is selected), attach completed Employer Setup Form and create Client Service Agreement through Legal.)

- C. **Does the Applicant have a FSA Administrator?**  Yes  No  
 If yes, please identify the vendor below:  
 Discovery Benefits, Inc.  Payflex Systems USA, Inc.  First Concord Benefits Group  
 Other Varies by sub group  
**Does the group have a direct relationship with the vendor?**  Yes  No  
(FSA administration is provided independently by the entity identified above. BCBSNE does not provide FSA administration. The entity identified above is solely responsible for its services. If through BCBSNE partnership attach completed Employer Setup Form and create Client Service Agreement through Legal.)

**GROUP DATA FOR CALCULATION OF MEDICAL LOSS RATIO**

As part of BCBSNE's compliance with the Patient Protection and Affordable Care Act (PPACA), BCBSNE must collect information on group sizes. On average, how many employees did you employ (business days only) during the calendar year prior to the effective date of this application? This total should include full-time, part-time, and seasonal employees, but exclude independent contractors. If your company has affiliated parent or sister companies that are members of the same control group for IRS reporting purposes, all employees in all the affiliated companies should be included in your total, whether or not the affiliated companies have coverage with BCBSNE.

- 50 or Fewer  51 or More

**GROUP DATA FOR MEDICARE SECONDARY PAYER**

BCBSNE is required to collect information in order to properly pay claims for your employees who are eligible for Medicare benefits. In accordance with Medicare law, depending on the current employment status of your employee and/or employer size, BCBSNE may be required to pay primary to Medicare for certain group health benefits, regardless of an employee's or dependent's entitlement to Medicare.

A. **Employee Information:** Do you have employees or covered dependents enrolled in your group health plan who also currently have Medicare coverage or who are turning 65 this year?  Yes  No

B. **Employer Information:** When responding to questions 1 through 3 below, include full-time, part-time, leased and seasonal employees, but exclude independent contractors. If your company has affiliated parent or sister companies that are members of the same control group for IRS reporting purposes, all employees in all the affiliated companies should be included in your total, whether or not the affiliated companies have coverage with BCBSNE.

1. Did your company have 20 or more full-time and/or part-time employees\* on the payroll(s) for 20 or more weeks (consecutive or non-consecutive) at any time during the **current calendar year**?

Yes  No If yes, please provide the date the threshold was reached 07/01/2022

2. Did your company have 20 or more full-time and/or part-time employees\* on the payroll(s) for 20 or more weeks (consecutive or non-consecutive) at any time during the **previous calendar year**?

Yes  No If yes, please provide the date the threshold was reached 07/01/2022

**\*The number of full-time and part-time employees including owners who are active with the company on your payroll(s), not the number of employees on the group health plan, determines MSP status. Companies under common ownership/ control are treated as a single employer.**

3. Did you have 100 or more employees during 50 percent of your business days during the previous calendar year?

Yes  No

**UNIFORM SUMMARY OF BENEFITS & COVERAGE**

In compliance with the Patient Protection and Affordable Care Act, BCBSNE will make available to the Group Leader/ Group Health Plan Primary Contact the Group's Uniform Summary of Benefits and Coverage (SBC).

The Group, on behalf of itself and any of its Subgroups, acknowledges that it has:

- Received a copy of the SBC for the Group Health Plan; or
- Been given information about how to the access the SBC online.

Date received: TBD

The Group, on behalf of itself and any of its Subgroups, acknowledges and agrees as follows: (1) that it will provide the SBC to all active and eligible employees and their dependents who reside at another address (collectively "Employee"); (2) agrees to provide the SBC for all plan options available to the Employee; (3) agrees to provide the SBC in compliance with any instructions provided by BCBSNE; and (4) agrees to provide information to BCBSNE upon request to show compliance with this obligation.

The Group agrees to indemnify and hold BCBSNE harmless against any and all loss, damage, expenses, and penalties imposed by law with respect to the Group's failure to provide Employees with the SBC as agreed to herein.

Other Provisions: \_\_\_\_\_

**ELIGIBILITY AND ENROLLMENT**

- A. An employee must work a minimum of 17.50 hours per week on a regular calendar year basis to be eligible for coverage. Coverage for an eligible employee will become effective on:
- The first of the month after such employee has completed a waiting period of \_\_\_\_\_ days (not to exceed 60 days) after the date of hire.
  - The date of hire.
  - The 1st day following 90 days from the date of hire.
  - Other: \_\_\_\_\_

Coverage for an ineligible employee will terminate on:

- The last day of employment.

The employee must complete the applicable enrollment form. To remain eligible, the employee must continue to work the minimum number of hours per week required.

Other Eligibility Provisions:

If a sub group discontinues coverage, they must wait 24 months from the date of cancellation to re-apply.

- B.  Yes  No Retirees eligible? (Attach a list of retirees and copy of Retirement Program describing plan eligibility requirements and your contribution toward the monthly charges.)

C. **Enrollment Options - Membership Units: (Check all that apply)**

Standard Membership Units

- Single - Employee Only
- Employee & Spouse
- Employee & Children
- Family

Alternate Membership Tiers

- Employee & One Dependent
- Employee & Two or More Dependents

Other Enrollment Provisions: \_\_\_\_\_

- D. **Late Enrollment:** Late enrollment is only allowed during the open enrollment period, which is the month prior to the annual renewal date. Enrollment Forms must be signed by the last day of open enrollment and must be received by BCBSNE in a timely manner.

Other Provisions: \_\_\_\_\_

E. **Other Eligibility Provisions:**

Endorsement Title or Description of Provision	Endorsement Number	Medical	Dental
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

- F.  Yes  No Does the Applicant authorize BCBSNE to administer dependent coverage requests involving court-ordered alternate recipients, which will include reviewing and determining dependent coverage and notifications required by OBRA '93 regarding Qualified Medical Child Support Orders (QMSCO)?

**PLAN DESIGN**

The Benefit Plan Design options described in the Application Forms or Schedule of Benefits Summaries. Please indicate the Benefit Plan Design(s) requested by marking the applicable box(es) below, and complete the appropriate Attachment Form(s) or attach the Schedule of Benefits Summary(ies). **The applicable form(s) must be attached to this Application.**

- PPO Option (attach Schedule of Benefits Summary)
- HSA-QHDHP Option (attach Schedule of Benefits Summary)
- Rx Nebraska Prescription Drug Program - **App-Att-C**
- Dental Coverage
- Group Medicare Supplemental - Retirees Only - **App-Att-E**
- 4718A - Benefit Schedule Attachment
- Large Group FI Contribution Form
- Endorsement Summary List
- Sub Account List
- SBC
- Other Benefit Plan Design 7 SOBs, 3 PPO and 4 HSA, 15 table rates attached and endorsement summary

**PROGRAMS AND SERVICES**

Please Describe Other Programs and Services:

\_\_\_\_\_  
\_\_\_\_\_

**MONTHLY CHARGES AND EMPLOYER CONTRIBUTION**

A.  Yes  No Does your plan have a Section 125 plan which offers employees cash in lieu of health plan benefits? If yes, please provide the amount funded and the applicable option: Varies by sub group

B.  Yes  No Do you as an employer have a Section 125 plan which funds a portion of the employee's deductible? If yes, please provide the amount funded and the which option: Varies by sub group

C. Please indicate the premium and employer's contribution to premium by completing the **App-Att-Employer Contribution and Monthly Charges Form**. Attach the form to the Application.

D. It is understood that the amount shown as employer contribution will be paid by you without charge to the eligible employees and the remainder collected by you from the eligible employees by payroll deduction and remitted monthly to BCBSNE.

The monthly charges will not change prior to 07/01/2023. This rate guarantee and continuation of coverage is subject to the Applicant continuing to meet BCBSNE underwriting guidelines, including minimum requirements for participation and contribution. If the number of covered employees increases or decreases 5% or more, or the terms of the Contract are changed, BCBSNE reserves the right to change rates. Other Provisions: \_\_\_\_\_

**AUTHORIZED PLAN CONTACTS**

The HIPAA Privacy Rules provide that the Group Health Plan (GHP) is a separate legal entity from the Employer/Plan Sponsor. In compliance with the HIPAA Privacy Rules, it is necessary to designate Authorized Plan Contacts (APC) for the GHP.

The GHP Primary Contact is indicated on page 1 of this Master Group Application. The GHP Primary Contact serves as BCBSNE's primary contact for the GHP, and may also designate additional APC for the GHP. The GHP Primary Contact shall notify BCBSNE of any additions or deletions to the following list, by utilizing the Amendment to Application form and contacting your account management team.

If you want your GHP Agent of Record as one of your APC, please include him/her in the section below.

**NOTE: APCs need to be noted in the MGA or they will be removed (regardless of data or amendments submitted in prior years.)**

In addition, the following individuals may be given access to our GHP information received from BCBSNE in accordance to the requirements set forth within the HIPAA Privacy Rules.

**NOTE: Do NOT duplicate Primary, Billing or Correspondence Contact information on Page 1.**

Name: Jane Limbach  Group Contact  Agent  
Agency if applicable: McInnes Group, Inc  
Title: Account Manager, MGI  
Phone Number: 913-378-9840  
Email: Jane@mcinnesgroup.com  
Allow BluesEnroll Access?  Yes  No

Name: Dennis Maggart  Group Contact  Agent  
Agency if applicable: McInnes Group, Inc  
Title: Executive VP  
Phone Number: 913-378-9841  
Email: dennis@mcinnesgroup.com  
Allow BluesEnroll Access?  Yes  No

Name: \_\_\_\_\_  Group Contact  Agent  
Agency if applicable: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Allow BluesEnroll Access?  Yes  No

Name: \_\_\_\_\_  Group Contact  Agent  
Agency if applicable: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Allow BluesEnroll Access?  Yes  No

Name: \_\_\_\_\_  Group Contact  Agent  
Agency if applicable: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Allow BluesEnroll Access?  Yes  No

If you have additional APC, Please check here  and add supplemental sheet ensuring all information in the fields above is provided.

BCBSNE will not release protected health information (PHI) to fully insured groups, except as specifically agreed in writing by BCBSNE the Plan and Plan Sponsor. When there is a written agreement, all disclosure of PHI from BCBSNE shall be made to the Plan, or an Authorized Plan Contact.





**IN ORDER TO CONFIRM THIS APPLICATION, YOU MUST ATTACH THE SCHEDULE OF BENEFITS SUMMARY(IES) FOR EVERY OPTION (INCLUDING BOTH HEALTH AND DENTAL OPTIONS) CHOSEN BY THE GROUP AS WELL AS THE FINAL QUOTE, ADMINISTRATIVE SERVICES AGREEMENT, STOP LOSS CONTRACT AND BUSINESS ASSOCIATE AGREEMENT (IF APPLICABLE).**