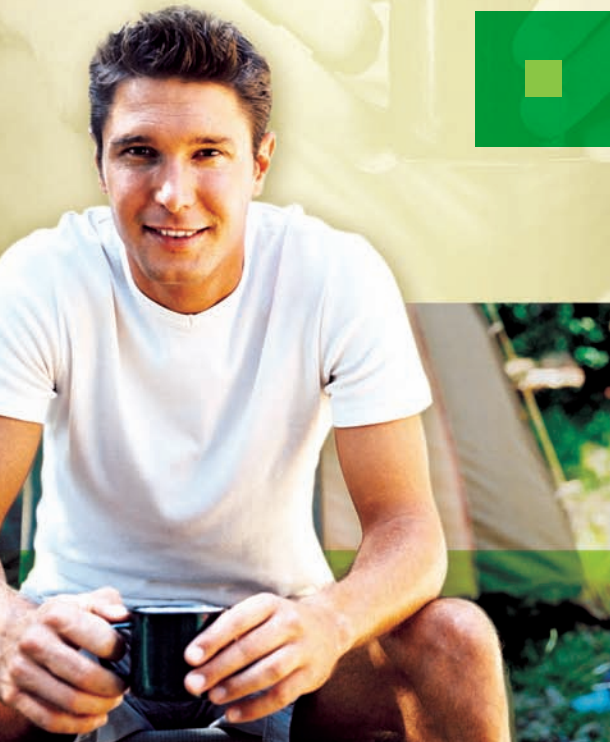


BluePreferred®

Basics

Limited Benefit Plans

With BluePreferred Basics, you've found a health insurance plan that provides value, affordability and options.



BluePreferred Basics



BlueCross BlueShield
of Nebraska

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

About



**BlueCross BlueShield
of Nebraska**

For over 70 years, Blue Cross and Blue Shield of Nebraska has been an important part of Nebraskans' lives. We provide health care coverage or benefits administration to over 717,000 people. We're a Nebraska-based company with our main office in Omaha and a satellite location in Lincoln.

Blue Cross and Blue Shield of Nebraska has the largest provider network in the state, contracting with approximately 93% of physicians and 100% of non-governmental acute care hospitals.

Nationwide, the Blue Plans cover one of every three Americans—and consumers across the country name the Blues as their number-one choice for coverage.

Now, you can get quality health insurance at a price you can afford. With *BluePreferred* Basics you're covered for basic health care services and you enjoy low monthly premium payments.

BluePreferred Basics offer affordable plan options that give you:

- Low monthly premiums
- Range of deductibles to suit your needs
- \$1 million contract benefit maximum
- Accident and preventive care benefits (on some plans)
- Office visits and prescription drug benefits (on some plans)
- Special premium rates for non-tobacco users

With these features, you can afford the care you need. And, these plans are all backed by the strength and stability of Blue Cross and Blue Shield of Nebraska – a trusted name in health insurance for over 70 years.

BluePreferred Basics

PLAN CHOICE		Option 1		Option 2		Option 3		Option 4	
		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Calendar year)	SINGLE	\$5,000	\$8,000	\$2,000	\$5,000	\$3,000	\$6,000	\$0	\$0
	FAMILY	N/A	N/A	N/A	N/A	N/A	N/A	\$0	\$0
Coinsurance max (Calendar year)	SINGLE	\$5,000	\$8,000	\$5,000	\$7,000	\$3,000	\$6,000	\$10,000	\$20,000
	FAMILY	N/A	N/A	N/A	N/A	N/A	N/A	\$20,000	\$40,000
Total out-of-pocket (Calendar year, includes deductible)	SINGLE	\$10,000	\$16,000	\$7,000	\$12,000	\$6,000	\$12,000	\$10,000	\$20,000
	FAMILY	N/A	N/A	N/A	N/A	N/A	N/A	\$20,000	\$40,000
Coinsurance percentage for most covered services		20%	50%	30%	50%	20%	40%	50%	50%
		INPATIENT SERVICES		INPATIENT SERVICES		INPATIENT/OUTPATIENT SERVICES		INPATIENT/OUTPATIENT SERVICES	
Periodic preventive services		N/A	N/A	N/A	N/A	\$100 annual benefit		50% (\$200 annual limit)	
Office visits		N/A	N/A	N/A	N/A	\$25 copay (2 annually)		50%	
Prescription drug coverage		Rx discount card		Rx discount card		20% generic 40% formulary brand* 60% non-formulary brand* \$3,000 annual max. * subject to \$1,000 deductible		20% generic 40% formulary brand* 60% non-formulary brand* \$3,000 annual max. * subject to \$1,000 deductible	
Accidents		Inpatient only		\$250 annual benefit		\$250 annual benefit		50%	
Maternity care/pregnancy services		NOT COVERED							
Mental illness/substance abuse treatment		NOT COVERED (including prescription drugs)							
Total contract benefit maximum		\$1,000,000 per covered person							

This coverage does not provide benefits for the following types of care: inpatient and outpatient treatment of mental illness and/or substance abuse treatment; maternity care and pregnancy services. Plan options 1 and 2 do not provide benefits for outpatient care/services.

To learn more about BluePreferred Basics, contact us:

PHONE TOLL-FREE: **1-877-444-BLUE (2583)**

ONLINE: **www.bcbsne.com**



BlueCross BlueShield of Nebraska

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

Notice required by Federal law: Not a deposit; not FDIC insured; not insured by any federal government agency; not guaranteed by any bank.

The representatives are independent and authorized insurance producers of Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross and Blue Shield Association.

This brochure contains a general description of benefits, exclusions and limitations. Please refer to the contract for the actual terms and conditions that apply. In the event that there are discrepancies with the information given in the brochure, the terms and conditions of the contract will govern.

All statistics available from BCBSNE and accurate as of 8/1/09.

Form 92-035 (9-1-09)