

BluePreferred

# Basics

Limited Benefit Plans

No matter what your health insurance needs, you can always count on **Blue Cross and Blue Shield of Nebraska** through a **Farm Bureau** agent for a wide range of options and outstanding value.

**Blue Cross and Blue Shield of Nebraska** offers discounted, versatile, and affordable plans that meet the needs of singles, couples and families.



BluePreferred Basics

GET THE BEST OF BOTH



BlueCross BlueShield  
of Nebraska



FARM BUREAU  
FINANCIAL SERVICES

# Get the **best** of both



As a Nebraska Farm Bureau member, you can get the best of both from two highly respected Nebraska-based organizations—Blue Cross and Blue Shield of Nebraska and Farm Bureau. Since 1994, we have been working together to provide access to quality, affordable health insurance to Nebraska Farm Bureau members.

Today, more than 13,000 Nebraska Farm Bureau members have the peace of mind knowing they are protected with health insurance benefits from Blue Cross and Blue Shield of Nebraska.

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# Basics

Limited Benefit Plans





## Affordable solutions for you.

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

## Affordable Options for You

Blue**Preferred** Basics limited benefit plans offer affordable plan options that give you:

- Low monthly premiums
- A wide 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)

Now, you can afford the health care coverage 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 70 years.

## One less thing to worry about.™

With a Blue**Preferred** Basics plan, you'll experience the value of being a Blue Cross and Blue Shield of Nebraska member, including:

- Access to the Blue Cross and Blue Shield of Nebraska provider network, which includes 93% of the state's doctors and 100% of non-governmental acute care hospitals. That makes obtaining care in-network easy and convenient.
- BlueCard Program lets you access providers nationwide, so your coverage travels with you.
- A reduced premium rate is available if you do not currently use tobacco products and have not used tobacco products for a minimum of 12 months.
- Online tools and resources that let you access information 24 hours a day, 7 days a week. You can check the status of a claim, view your explanation of benefits, print or request an I.D. card and use interactive tools to help manage your health care needs – whenever and wherever it's convenient for you.

| PLAN CHOICE  |        | Option 1                                      |          | Option 2             |          | Option 3  |          | Option 4  |          |
|--|--------|---|----------|----------------------|----------|---|----------|---|----------|
|  |        | IN  | OUT      | IN                   | OUT      | IN  | OUT      | IN  | OUT      |
| <b>Deductible</b><br>(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      |
| <b>Coinsurance max</b><br>(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 |
| <b>Total out-of-pocket</b><br>(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 |
| <b>Coinsurance percentage for most covered services</b>            |        | 20%   | 50%      | 30%                  | 50%      | 20%   | 40%      | 50%   | 50%      |
|  |        | INPATIENT SERVICES                            |          | INPATIENT SERVICES   |          | INPATIENT/OUTPATIENT SERVICES   |          | INPATIENT/OUTPATIENT SERVICES   |          |
| <b>Periodic preventive services</b>                                |        | N/A   | N/A      | N/A                  | N/A      | \$100 annual benefit  |          | 50% (\$200 annual limit)  |          |
| <b>Office visits</b>   |        | N/A   | N/A      | N/A                  | N/A      | \$25 copay (2 annually)   |          | 50%   |          |
| <b>Prescription drug coverage</b>                                  |        | Rx discount card                              |          | Rx discount card     |          | 20% generic<br>40% formulary brand*<br>60% non-formulary brand*<br>\$3,000 annual max.<br>* subject to \$1,000 deductible |          | 20% generic<br>40% formulary brand*<br>60% non-formulary brand*<br>\$3,000 annual max.<br>* subject to \$1,000 deductible |          |
| <b>Accidents</b>   |        | Inpatient only                                |          | \$250 annual benefit |          | \$250 annual benefit  |          | 50%   |          |
| <b>Maternity care/pregnancy services</b>                           |        | NOT COVERED                                   |          |                      |          |   |          |   |          |
| <b>Mental illness/substance abuse treatment</b>                    |        | NOT COVERED<br>(including prescription drugs) |          |                      |          |   |          |   |          |
| <b>Total contract benefit maximum</b>                              |        | \$1,000,000 per covered person                |          |                      |          |   |          |   |          |

**NOTE:** 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.



Your Money.

Your Health.

Your Choice.

Blue*Preferred* Basics

To learn more about *BluePreferred*  
Basics, contact your Farm Bureau agent.

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**BlueCross BlueShield  
of Nebraska**



**FARM BUREAU  
FINANCIAL SERVICES**

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 are available from BCBSNE and accurate as of 9/15/08.

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