

BlueEssentials

No matter what your health insurance needs, you can always count on [Blue Cross and Blue Shield of Nebraska](#) for a wide range of options and outstanding value.

[Blue Cross and Blue Shield of Nebraska](#) offers versatile and affordable health care plans that meet the needs of singles, couples and families.

BlueEssentials



**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 the physicians and 100% of non-governmental acute care hospitals.

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

Your Money.

Your Health.

Your Choice.

BlueEssentials



Get the quality health care coverage you deserve.

BlueEssentials is just that – a set of budget-friendly plans that cover your essential health care needs and give you the options you want. Rest at ease knowing you're protected by a trusted name – Blue Cross and Blue Shield of Nebraska.

Affordable Options for You

BlueEssentials offers affordable plan options that give you coverage for:

- Inpatient and outpatient hospital services
- 100% in-network coverage for routine mammograms, Pap smears and immunizations
- Prescription drugs - including \$0 generics
- \$40 copay for office visits and routine care
- \$300 first dollar coverage for accident care

With BlueEssentials, you also have the option of choosing the following:

- Calendar year deductibles
- Membership type – Choose from coverage for yourself only (single membership), coverage for you and your eligible dependent children (single parent) or coverage for you, your spouse and your eligible dependent children (family membership).

Please note: These plans do not provide benefits for inpatient or outpatient treatment of mental illness and/or substance abuse. benefits for Maternity care and/or pregnancy services are only available when added as an optional benefit.

One less thing to worry about.™

Through BlueEssentials, you'll experience the Value of Blue and the benefits 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 approximately 93% of the state's doctors and 100% of non-governmental acute care hospitals. That makes obtaining in-network care easy and convenient.
- Our BlueCard® program allows you to 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, seven 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 you manage your health care needs — whenever and wherever it's convenient for you.

PLAN CHOICE		Option 1		Option 2		Option 3		Option 4		Option 5	
		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (calendar year)	SINGLE	\$500	\$1,000	\$1,000	\$2,000	\$1,500	\$3,000	\$2,000	\$4,000	\$3,500	\$7,000
	FAMILY	\$1,000	\$2,000	\$2,000	\$4,000	\$3,000	\$6,000	\$4,000	\$8,000	\$7,000	\$14,000
Coinsurance max (calendar year)	SINGLE	\$2,000	\$5,000	\$2,000	\$5,000	\$2,500	\$6,000	\$2,500	\$6,000	\$2,500	\$6,000
	FAMILY	\$4,000	\$10,000	\$4,000	\$10,000	\$5,000	\$12,000	\$5,000	\$12,000	\$5,000	\$12,000
Total out-of-pocket (Deductible + coinsurance maximum; no copays)	SINGLE	\$2,500	\$6,000	\$3,000	\$7,000	\$4,000	\$9,000	\$4,500	\$10,000	\$6,000	\$13,000
	FAMILY	\$5,000	\$12,000	\$6,000	\$14,000	\$8,000	\$18,000	\$9,000	\$20,000	\$12,000	\$26,000
Coinsurance percentage for most covered services		20%	40%	20%	40%	20%	40%	20%	40%	20%	40%
Office visits and related services		\$40	40%	\$40	40%	\$40	40%	\$40	40%	\$40	40%
Routine Preventive Care											
Periodic exams		\$40 Copay	40%	\$40 Copay	40%	\$40 Copay	40%	\$40 Copay	40%	\$40 Copay	40%
Routine mammograms		Covered@100%	40%	Covered@100%	40%	Covered@100%	40%	Covered@100%	40%	Covered@100%	40%
Routine Pap smears		Covered@100%	40%	Covered@100%	40%	Covered@100%	40%	Covered@100%	40%	Covered@100%	40%
Routine Immunizations		Covered@100%	40%	Covered@100%	40%	Covered@100%	40%	Covered@100%	40%	Covered@100%	40%
Coinsurance percentage for maternity benefits*		NOT COVERED (unless added as an optional benefit)									
Mental illness/substance abuse treatment		NOT COVERED (including prescription drugs)									
Prescription drug coverage		\$0 / \$30 / \$60									
Accident Benefit		\$300 first dollar per covered person per year									
Total contract benefit maximum		\$10 million per covered person									

To learn more about BlueEssentials contact us:

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

ONLINE: **www.bcbsne.com**



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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 92-058 (9-1-09)

Copays do not apply toward the calendar year deductible or coinsurance limit.

* Coinsurance percentage for maternity benefits when added as an optional benefit will have a coinsurance percentage of 20% for in-network benefits and 40% for out-of-network benefits.

This coverage does not provide benefits for the following types of care: inpatient and outpatient treatment of mental illness and/or substance abuse treatment.