

BluePreferred®

ValuePlan

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.



BluePreferred ValuePlan



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

Have confidence
in your health
coverage.

With ValuePlan, count on knowing you're protected with the health benefits you need at a price you can afford. ValuePlan offers nine health plan options to help you locate the best coverage.

Value + Options = Coverage Created Just for You

ValuePlan offers economical plan options that provide you coverage for:

- Inpatient and outpatient hospital benefits
- Physician's services
- Prescription drugs
- Skilled nursing care, home health and hospice care
- Physical, occupational and speech therapy services
- Outpatient mental illness and substance abuse treatment

ValuePlan also allows you to choose 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 any eligible dependent children (family membership).

Please note: these plans do not provide benefits for maternity care or pregnancy services or inpatient treatment for mental illness or substance abuse.

One less thing to worry about.™

Through ValuePlan, 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.

To learn more about BluePreferred ValuePlan,
contact us:

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

ONLINE: **www.bcbsne.com**



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of Nebraska**

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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 9201 (9-1-09)

PLAN CHOICE		Option 1		Option 2		Option 3		Option 4		Option 5		Option 6		Option 7		Option 8		Option 9	
		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	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible <small>(Calendar year)</small>	SINGLE	\$750	\$1,500	\$1,000	\$2,000	\$1,250	\$2,500	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000	\$3,000	\$6,000	\$3,500	\$7,000	\$5,000	\$10,000
	FAMILY	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000	\$7,000	\$14,000	\$10,000	\$20,000
Coinsurance max <small>(Calendar year)</small>	SINGLE	\$1,500	\$4,000	\$2,000	\$5,000	\$2,000	\$5,000	\$2,500	\$6,000	\$2,500	\$6,000	\$2,500	\$6,000	\$2,500	\$6,000	\$2,500	\$6,000	\$2,500	\$6,000
	FAMILY	\$3,000	\$8,000	\$4,000	\$10,000	\$4,000	\$10,000	\$5,000	\$12,000	\$5,000	\$12,000	\$5,000	\$12,000	\$5,000	\$12,000	\$5,000	\$12,000	\$5,000	\$12,000
Total out-of-pocket <small>(Deductible + coinsurance maximum; no copays)</small>	SINGLE	\$2,250	\$5,500	\$3,000	\$7,000	\$3,250	\$7,500	\$4,000	\$9,000	\$4,500	\$10,000	\$5,000	\$11,000	\$5,500	\$12,000	\$6,000	\$13,000	\$7,500	\$16,000
	FAMILY	\$4,500	\$11,000	\$6,000	\$14,000	\$6,500	\$15,000	\$8,000	\$18,000	\$9,000	\$20,000	\$10,000	\$22,000	\$11,000	\$24,000	\$12,000	\$26,000	\$15,000	\$32,000
Coinsurance percentage for most covered services		20%	40%	20%	40%	20%	40%	20%	40%	20%	40%	20%	40%	20%	40%	20%	40%	20%	40%
Diagnostic office visit copay*		N/A	N/A	\$30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$30	N/A	N/A	N/A	N/A	N/A
Maternity care/ pregnancy services		NO COVERAGE																	
Inpatient mental illness/ substance abuse treatment		NO COVERAGE																	
Outpatient mental illness/substance abuse treatment		30%	60%	30%	60%	30%	60%	30%	60%	30%	60%	30%	60%	30%	60%	30%	60%	30%	60%
Prescription drug coverage		\$8 generic 30% (\$35 minimum/\$60 maximum) formulary brand name 50% (\$60 minimum/\$100 maximum) non-formulary brand name																Subject to deductible and coinsurance	
Mental illness/substance abuse contract benefit maximum		\$10,000 per covered person																	
Total contract benefit maximum		\$10 million per covered person																	

* When you use a PPO doctor, you pay only a \$30 copay for a diagnostic (non-routine) office visit exam charge. The copay does not apply toward the calendar year coinsurance maximum.

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