

The Summary of Benefits 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 services. NOTE: Information about the cost of this plan (the premium) will be provided separately. This is only a summary. For information about your coverage or to get a copy of complete terms of coverage, visit www.NebraskaBlue.com. For general definitions of common terms, such as allowed amount, balance billing, copay, deductible, provider, underlined terms see the Glossary. You can view the Glossary at io.cms.gov or call 1-844-201-0763 to request a copy.

Important Questions	Answers	Why this Matters:
<p>Are there services covered before you meet your deductible?</p>	<p>Yes, <u>preventive care</u> and <u>prescription drugs</u>.</p>	<p>This <u>plan</u> covers some items and services even if you haven't yet met the annual <u>deductible</u> amount. <u>But a copayment or coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u>. See a list of <u>covered preventive services</u> at https://www.healthcare.gov/gov/preventive-care-benefits/</p>

Are there other

	Preventive Services Under Age 2 include periodic exams, visits, radiology, x-rays, pathology and laboratory	No charge for federally mandated			
	Age 2 and Above - Services include physical exams, smears, hearing examinations, radiology, laboratory testing, cardiac stress tests	Plan Pays 100% up to \$2500 applicable Deductible and Co-insurance			
If you have a test	Diagnostic test (x-ray, blood work)	15% coinsurance	30% coinsurance	45% coinsurance	Preauthorization may be required.
	MRIs)	15% coinsurance	30% coinsurance		Preauthorization may be required.

If you need drugs to treat your illness or condition

* For more information about ~~insert~~ exceptions, see the plan document at [www.insert.com].

Common
Medical Event

* For more information about ~~insert~~ exceptions, see the plan document at [www.insert.com].

Common Medical Event	Services You May Not Receive	What You Will Pay			Limitations, Exceptions & Other Important Information
		Select In-Network Provider (You will pay the least)	In-Network Provider	Out-of-Network Provider (You will pay the most)	
	Children's glasses	Lenses: Not covered Frames: Not covered Contacts: Not covered	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	Preventive, Simple and Complex Restorative services: Not covered Orthodontic Services: Not covered	Preventive, Simple and Complex Restorative services: Not covered Orthodontic Services: Not covered	Preventive, Simple and Complex Restorative services: Not covered Orthodontic Services: Not covered	No coverage for dental check-up.

Excluded Services & Not Covered Services:

* For more information about limitations and exceptions, see the plan or policy document at [www.insert.com].

* For more information about ~~insert~~ exceptions, see the plan document at [www.insert.com].



About these Coverage Examples:

The plan's overall deductible	\$1,350
Specialist coinsurance	15%
Hospital (facility) coinsurance	15%
Other coinsurance	15%

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

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)

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

Total Example Costs	\$12,700
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Total Example Costs	\$5,600
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Total Example Costs	\$2,800
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In this example, Peg would pay:

In this example, Joe would pay:

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$1,350
Copayments	\$0
Coinsurance	\$1,600
What isn't covered	
Limits or exclusions	\$0
The total Peg would pay	

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