

Medical

Following is a high-level overview of the coverage available through Blue Cross Blue Shield of Nebraska. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	\$3,000 PPO		\$7,050 HSA	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	\$3,000 / \$6,000	\$3,500 / \$7,000	\$7,050 / \$14,100	\$12,000 / \$24,000
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$7,050 / \$14,100	\$14,100 / \$28,200	\$7,050 / \$14,100	\$14,100 / \$28,200
Covered Services				
Office Visits (physician/specialist)	30%*	50%*	0%*	30%*
Routine Preventive Care	No charge	50%*	No charge	30%*
Outpatient Diagnostic (lab/X-ray)	30%*	50%*	0%*	30%*
Complex Imaging	30%*	50%*	0%*	30%*
Chiropractic	30%*	50%*	0%*	30%*
Ambulance	30%*		0%*	
Emergency Room	30%*		0%*	
Urgent Care Facility	30%*	50%*	0%*	30%*
Inpatient Hospital Stay	30%*	50%*	0%*	30%*
Outpatient Surgery	30%*	50%*	0%*	30%*
Prescription Drugs**	(Generic / Brand / Non-Formulary / Specialty)		(Generic / Brand / Non-Formulary / Specialty)	
Retail Pharmacy (30-day supply)	\$15 / \$35 / \$80	50%*	\$10* / \$35* / \$70* ²	50%*
Mail Order (90-day supply)	\$45 / \$135 / \$240	Not covered	\$30* / \$105* / \$210*	Not covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

**Triage is now offering Rx Saving Solutions to help you and others on your health plan easily find the lowest-price options for prescription drugs. See Valuable Extras section for more details.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. Specialty Rx - Same as Retail.

MEDICAL RATES

Coverage Tier	Employee Contribution (Weekly)	
	\$3,000 PPO	\$7,050 HSA
Employee Only	\$61.68	\$27.05
Employee + Spouse/DP	\$170.34	\$116.51
Employee + Child(ren)	\$141.09	\$92.43
Family	\$238.60	\$172.71

Domestic Partner (DP) Contributions: Your contributions to cover a DP are the same as those to cover a legal spouse. However, because of Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your DP's or DP's children's (if they are not federal tax dependents) healthcare coverage will be taxable to you as imputed income. This value is determined by the amount that The Company pays in premium for DP coverage. This amount raises your taxable gross income. Also, the payroll deductions to cover a DP must be taken on an after-tax basis.