

Blue Cross and Blue Shield of Nebraska Health Insurance

Important Information for 2009-2010

Blue Cross and Blue Shield of Nebraska (BCBSNE) is a preferred provider organization in which a special arrangement has been established between insurers and a network of hospitals, doctors and other types of providers to pay for health care services. You may choose from outside the network, but your out-of-pocket expenses will be higher.

Providers are periodically added to or deleted from the program and some may not take new patients. Ask your providers whether they participate in the BCBS PPO program. A directory is available on the BCBS website, bcbsne.com.

For 2009-10, there is NO open enrollment for health insurance. Employees may enroll during their first 30 days of employment (eligibility) or within 31 days of a qualifying event (change in family status), such as marriage, divorce, birth, spouse's employment change, etc.

Health Insurance Premiums

The District's contribution towards health insurance will be subtracted from the monthly premium shown below. The District's contribution can be found in the employee handbooks/negotiated agreements on the LPS website.

\$350 individual/\$700 family deductible:

(includes Option 2 dental for employee)

Individual	\$ 500.68/month
Employee/child(ren)	\$ 908.33/month
Employee/spouse	\$1028.22/month
Family	\$1344.74/month

Administrator Employee Group:

\$600 individual/\$1200 family deductible:

(includes Option 2 dental for employee)

Individual	\$ 475.83/month
Employee/Children	\$ 862.36/month
Employee/Spouse	\$ 976.03/month
Family	\$1276.15/month

Currently, LPS employees (other than Administrators) have a **\$350 calendar year deductible** (in network) for individual, \$700 deductible for family, then 80%-20% co-insurance to an individual maximum of \$2,000, \$4,000 for family; Out of Network: \$700 deductible for individual, \$1,400 deductible for family, then 60%-40% co-insurance to an individual maximum of \$4,000, \$8,000 for family.

The Administrator employee group has a \$600 calendar year deductible for individual and \$1200 for family.

Prescription Drug Program: This plan has a four-tier drug card benefit. Members will be responsible for paying a certain percentage of the allowable charge for covered prescription drugs. Each tier has a coinsurance minimum and maximum per 30-day supply.

<u>Classification</u>	<u>Coinsurance Paid by Member</u>	<u>Coinsurance Minimum and Maximum per Prescription</u>
Generic	25% of allowable charge	Members pays at least \$5 and no more than \$25
Formulary	25% of allowable charge	Member pays at least \$30 and no more than \$60
Non-formulary	50% of allowable charge	Member pays at least \$60 and no more than \$90
Specialty Drugs	In-network: 25% of allowable charge Out-of-network: 50% of the allowable charge	Members pays at least \$50 and no more than \$100 Member pays at least \$150 and no more than \$300

The RX Nebraska out-of-pocket maximum is \$2,500 single; \$5,000 family, per calendar year. Once the applicable out-of-pocket maximum is reached, you pay nothing for covered prescription drugs for the remainder of the calendar year.

You may enroll in BCBS PPO at the following times:

- **The first 30 days of employment (or eligibility), or**
- **When there is an “open enrollment”, or**
- **Within 31 days of a “Special” enrollment** such as marriage, divorce, birth/adoption, change in spouse’s employment, death, retirement etc.
- There is a 12-month waiting period for pre-existing conditions decreased by previous creditable coverage. Most prior health coverage is creditable coverage and can be used to reduce the pre-existing condition exclusion if you have not experienced a break in coverage of at least 63 days. This exclusion applies only to conditions for which medical advice, diagnosis, care or treatment was recommended or received within a six-month

period. This exclusion does not apply to pregnancy nor to a child who is enrolled in the plan within 31 days after birth, adoption, or placement for adoption.

Direct Bill: In order to be eligible for the BCBS Direct Bill plan as an early retiree, you, your spouse and dependents must have a minimum of 5 years of continuous coverage under the BCBS group health plan immediately proceeding ceasing employment, and be at least 50 years of age. Contact Human Resources, 436-1593 for more information.

Detailed brochures are available in Human Resources, 436-1593 or 436-1578 or call BCBS Customer Service at 1-800-642-6004 or their website is bcbsne.com/members.

The document should not be considered to be the contract. Full details with exclusions are contained in the policy provided to members.

Blue Cross and Blue Shield of Nebraska Dental Insurance

OPTION 2 (BCBSNE pays 80% A&B, 50% C)

	<u>In Network</u>	<u>Out-of-Network</u>
COVERAGE A: Preventive & Diagnostic Dentistry:		
Calendar year deductible	None	None
Coinsurance	20% of allowable charges	30% of allowable charges
COVERAGE B: Maintenance & Simple Restorative Dentistry; Oral Surgery, Periodontic & Endodontic Services:		
Calendar year deductible	None	\$50 per family
Coinsurance	20% of allowable charges	30% of allowable charges
COVERAGE C: Complex Restorative Dentistry:		
Calendar year deductible	\$25 per family	\$50 per family
Coinsurance	50% of allowable charges	50% of allowable charges

OPTION 4 (BCBSNE pays 80% A,B&C, 50% D)

COVERAGE A: Preventive & Diagnostic Dentistry:		
Calendar year deductible	None	None
Coinsurance	20% of allowable charges	30% of allowable charges
COVERAGE B: Maintenance & Simple Restorative Dentistry; Oral Surgery, Periodontic & Endodontic Services:		
Calendar year deductible	None	None
Coinsurance	20% of allowable charges	30% of allowable charges
COVERAGE C: Complex Restorative Dentistry:		
Calendar year deductible	None	None
Coinsurance	20% of allowable charges	30% of allowable charges
COVERAGE D: Orthodontic Dentistry:		
Calendar year deductible	None	\$25 per family
Coinsurance	50% of allowable charges	50% of allowable charges
Contract benefit maximum	\$2,000 per person	\$2,000 per person

If you have a BCBS single or family health policy through LPS, Option 2 dental is provided to the employee only at no charge. There is an annual deductible of \$25 in network (\$50 out of network) for level C services, whether enrolled in single or family dental.

BCBSNE Monthly Dental Premiums

	Option 2		Option 4	
	<u>with LPS health</u>	<u>without LPS health</u>	<u>with LPS health</u>	<u>without LPS health</u>
Individual	*	\$16.47	\$20.67	\$37.14/month
Family	\$41.99	\$58.46	\$79.59	\$96.06/month

* included in the health insurance for policyholder

A BCBS dental policy cannot be canceled during the plan year except in the case of separation of employment.

Late Enrollees are defined as employees or dependents who request enrollment for coverage more than 31 days after their initial hire/eligibility date. Employees/dependents who wish to add dental during the annual enrollment process are considered Late Enrollees.

If you/dependents currently have no dental coverage:

- Coverage for Late Enrollees will be limited to Coverage A for 12 months.
- After 12 months of coverage under Option 2, you may select Option 4 with no limitations. (Coverage A is preventive and diagnostic dentistry.)

Special Enrollees are defined as employees or dependents who request enrollment because of a loss of coverage due to death, divorce, legal separation, etc. Special enrollment is also available when an employee becomes qualified as a dependent because of marriage, birth, adoption, etc.

For Special Enrollees, there are no limitations on coverage if the employee/dependents enroll within 31 days of the qualifying event.

For a Dental Participating Provider Directory:

Check the BCBSNE.com website (Provider Directories) or call 1-800-642-6004 or

Call your dentist to see if they are a BCBS Participating Provider or

Call Human Resources, 436-1578 or 436-1593