

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

Important Questions	Answers	Why this Matters:
Are there services covered before you meet your <u>deductible</u> ?	Yes, <u>preventive care</u> and <u>prescription drugs</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the annual <u>deductible</u> amount. But a <u>copayment</u> or <u>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 covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .

Are there other

Common
Medical Event

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

Common Medical Event	Services You May Need	What You Will Pay Select In-Network	Limitations, Exceptions, & Other Important Information
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* For more information about limitations and exceptions, see the plan or policy document at [www.insert.com].

Common Medical Event	Services You May Need	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	<u>Preventive, Simple and Complex Restorative services:</u> Not covered Orthodontic Services: Not covered	<u>Preventive, Simple and Complex Restorative services:</u> Not covered Orthodontic Services: Not covered	<u>Preventive, Simple and Complex Restorative services:</u> Not covered Orthodontic Services: Not covered	No coverage for dental check-up.

Excluded Services & Other Covered Services:

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



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About these Coverage Examples:

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

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

Total Example Cost	\$12,700
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In this example, Peg would pay:

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

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*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

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

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*)

Total Example Cost	\$5,600
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In this example, Joe would pay: