



ChamberChoice

Level-funded plans

Designed for businesses with 5-250 employees

For plans with effective dates
Jan. 1, 2024, and after

ChamberChoice Level-Funded



Designed for businesses with 5-250 employees

GREAT COVERAGE. AFFORDABLE RATES.

Blue Cross and Blue Shield of Nebraska (BCBSNE) has carefully designed ChamberChoice to include stop loss and refund options to ensure groups neither over- nor under-fund their plans.

Lower-than-expected claims

When a group pays their monthly contribution, a portion of their payment covers claims. At the end of the year, if the actual claims are lower than the maximum claim liability, they will receive a profit share of the claims surplus.



LESS THAN BUDGETED

Surplus

- Four-month post contract payout with group renewal and active coverage with BCBSNE
- 50% of surplus is shared with the group

Higher-than-expected claims

If the total claims are more than the amount paid, the group's out-of-pocket expenses will be protected and they will not owe any additional money. If the total claims are more than the amount paid, stop loss coverage will cover the claims.



GREATER THAN OR EQUAL TO BUDGETED

Stop Loss Insurance

- Individual Stop Loss (ISL) – varies by group size:
 - 5-9: \$20,000
 - 10-25: \$30,000
 - 26-50: \$40,000
 - 51-100: \$50,000
 - 101-150: \$60,000
 - 151-250: \$70,000
- 110% Aggregate corridor
- 24-month run-out protection contract
- No lasing at renewal



Why offer ChamberChoice?

- 24-month run-out protection on stop-loss policy
- No lasering at renewal
- Simplified pharmacy structure
- BCBSNE meets all Nebraska state mandates required for self-funded plans
- Wellness program included for all groups
- Possibility for profit sharing at the end of the contract year
- Transition into a self-funded plan

A great small group alternative

ChamberChoice provides a great alternative to traditional, fully insured health plans. Blue Cross and Blue Shield of Nebraska (BCBSNE) will help groups evaluate their maximum claims risk, then blend specific and aggregate stop-loss insurance to create a level-funded plan for ease of budgeting each month.

ChamberChoice level funding benefits

- ➔ Risk is underwritten
- ➔ Risk is capped through stop-loss
- ➔ Opportunity for a refund with favorable claims experience
- ➔ Fixed monthly cost reflects a group's claims experience
- ➔ Reporting included

HOW DOES CHAMBERCHOICE WORK?

When groups choose ChamberChoice, they will have a fixed per-employee rate each month, made up of three parts:

1

Expected medical and pharmacy costs

Covers claims made by employees and their dependents. This is the maximum groups will have to pay for any claims paid on their policy during the coverage year.

2

Administration fees

Covers certain services, such as claims processing, customer service and billing.

3

Built-in stop-loss policy

Covers variances in a group's claims and unexpected large claims on individuals. This is financial protection for unexpected policy claims and ensures there are no additional out-of-pocket expenses.

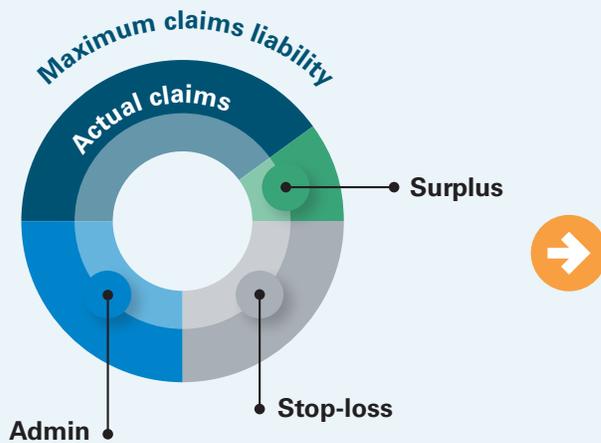


IT'S A WIN-WIN

ChamberChoice has been carefully designed to include stop-loss and refund options to ensure groups neither over- nor under-fund their plans.

Lower-than-expected claims

When a group pays their monthly contribution, a portion of the payment covers claims. At the end of the year, if the actual claims are lower than the maximum claim liability, they will receive a profit share of the claims surplus.



LESS THAN BUDGETED

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- ➔ 50% of surplus is shared with the group

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 - 51-100: \$50,000
 - 101-150: \$60,000
 - 151-250: \$70,000
- ➔ 110% Aggregate corridor
- ➔ 24-month run-out protection contract
- ➔ No lasering at renewal

NETWORK OPTIONS

We understand the importance of having access to high quality health care services. With ChamberChoice, your groups can choose any combination of the following networks:



NEtwork BLUE includes 98% of Nebraska’s doctors and non-governmental acute care hospitals.*



Premier Select BlueChoice is a regional network available in Omaha, Lincoln and the surrounding communities (in ZIP codes starting with 680, 681, 683, 684 and 685).** All other Nebraska providers are out of network.

Key hospitals and providers include:

- Methodist Hospital System
- Nebraska Medicine
- Bryan Health
- Boys Town National Research Hospital
- Children’s Nebraska



Blueprint Health is a regional network available in Omaha, Lincoln and the surrounding communities in ZIP codes starting with 680, 681, 683, 684 and 685, as well as Adams, Buffalo, Hall, Kearney and Phelps counties.** All other Nebraska providers are out of network.

Key hospitals and providers include:

- CHI Health System
- Nebraska Spine Hospital LLC
- Boys Town National Research Hospital
- Children’s Nebraska



**access
IN ALL
50
STATES**

Nationwide Access

BCBSNE members have access to a national network through the BlueCard® Program. BlueCard gives members access to doctors and hospitals almost everywhere within the United States. Members are covered whether they need care in urban or rural areas.

Outside of the United States, members have access to doctors and hospitals in nearly 200 countries and territories around the world through the Blue Cross Blue Shield Global® Core Program.

For a complete list of hospitals and providers, visit NebraskaBlue.com/Networks

*According to statistics, June 27, 2023.

**Plans with regional network access may only be available to certain members, depending on the ZIP code where groups are headquartered and members reside. All members in the state of Nebraska have access to NEtwork BLUE plan options.

COMPARE PLANS

Find the choice that fits your groups' budget and needs

With 15 standard ChamberChoice options to choose from, you're sure to find one that meets your groups' coverage and budget needs. The options differ in terms of the deductible, coinsurance and copay amounts, but all offer employees much-needed protection against the cost of medical care.

- **Groups with 5-9 enrolled employees:** Select up to two medical options
- **Groups with 10-250 enrolled employees:** Select up to three medical options

	CPA24		CPB24		CPC24		CPD24	
	In Network	Out of Network						
Deductible								
Individual	\$1,500	\$3,000	\$2,500	\$5,000	\$4,500	\$9,000	\$7,000	\$14,000
Family	\$3,000	\$6,000	\$5,000	\$10,000	\$9,000	\$18,000	\$14,000	\$28,000
Type of deductible	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Coinsurance (Amount member pays)								
Hospital/medical/surgical/other	30%	40%	20%	40%	30%	40%	20%	40%
Out-of-pocket Limit (Includes Deductible, Coinsurance and Copays)								
Individual	\$4,000	\$8,000	\$6,250	\$10,000	\$9,100	\$14,000	\$9,100	\$18,000
Family	\$8,000	\$16,000	\$12,500	\$20,000	\$18,200	\$28,000	\$18,200	\$36,000
Type of out-of-pocket limit	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Preventive Care								
Preventive care services	0%	Deductible & Coinsurance						
Physician Office								
Primary care physician office	\$30 Copay	Deductible & Coinsurance	\$30 Copay	Deductible & Coinsurance	\$30 Copay	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Specialist physician office	\$100 Copay	Deductible & Coinsurance	\$100 Copay	Deductible & Coinsurance	\$100 Copay	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Telehealth	\$10 Copay	Not covered	\$10 Copay	Not covered	\$10 Copay	Not covered	Deductible & Coinsurance	Not Covered
Emergency Care								
Urgent care facility services	\$100 Copay	Deductible & Coinsurance	\$100 Copay	Deductible & Coinsurance	\$100 Copay	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Emergency care services	\$300 Deductible & Coinsurance	In-Network Level of Benefits	\$300 Deductible & Coinsurance	In-Network Level of Benefits	\$300 Deductible & Coinsurance	In-Network Level of Benefits	\$300 Deductible & Coinsurance	In-Network Level of Benefits
Ambulance services	Deductible & Coinsurance	In-Network Level of Benefits	Deductible & Coinsurance	In-Network Level of Benefits	Deductible & Coinsurance	In-Network Level of Benefits	Deductible & Coinsurance	In-Network Level of Benefits
Mental Illness and/or Substance Dependence and Abuse Services								
Inpatient	Deductible & Coinsurance	Deductible & Coinsurance						
Outpatient	Deductible & Coinsurance	Deductible & Coinsurance						
Office services	Plan pays 100%	Deductible & Coinsurance	Plan pays 100%	Deductible & Coinsurance	Plan pays 100%	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Emergency care services	Deductible & Coinsurance	Deductible & Coinsurance						
Telehealth	Plan pays 100%	Not covered	Plan pays 100%	Not covered	Plan pays 100%	Not covered	Deductible & Coinsurance	Not covered

	CPH24		CPG24		CPF24		CPE24	
	In Network	Out of Network						
Deductible								
Individual	\$1,000	\$2,000	\$2,000	\$4,000	\$3,000	\$6,000	\$7,900	\$15,800
Family	\$2,000	\$4,000	\$4,000	\$8,000	\$6,000	\$12,000	\$15,800	\$31,600
Type of deductible	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Coinsurance (Amount member pays)								
Hospital/medical/surgical/other	20%	40%	20%	40%	30%	50%	0%	0%
Out-of-pocket Limit (Includes Deductible, Coinsurance and Copays)								
Individual	\$2,000	\$4,000	\$4,000	\$8,000	\$6,000	\$12,000	\$7,900	\$15,800
Family	\$4,000	\$8,000	\$8,000	\$16,000	\$12,000	\$24,000	\$15,800	\$31,600
Type of out-of-pocket limit	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Preventive Care								
Preventive care services	0%	Deductible & Coinsurance						
Physician Office								
Primary care physician office	\$30 Copay	Deductible & Coinsurance	\$25 Copay	Deductible & Coinsurance	\$30 Copay	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Specialist physician office	\$45 Copay	Deductible & Coinsurance	\$50 Copay	Deductible & Coinsurance	\$50 Copay	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Telehealth	\$10 Copay	Not covered	\$10 Copay	Not covered	\$10 Copay	Not covered	Deductible & Coinsurance	Not Covered
Emergency Care								
Urgent care facility services	\$60 Copay	Deductible & Coinsurance	\$75 Copay	Deductible & Coinsurance	\$75 Copay	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Emergency care services	Deductible & Coinsurance	In-network level of benefits	Deductible & Coinsurance	In-network level of benefits	Deductible & Coinsurance	In-network level of benefits	Deductible & Coinsurance	In-network level of benefits
Ambulance services	Deductible & Coinsurance	In-network level of benefits	Deductible & Coinsurance	In-network level of benefits	Deductible & Coinsurance	In-network level of benefits	Deductible & Coinsurance	In-network level of benefits
Mental Illness and/or Substance Dependence and Abuse Services								
Inpatient	Deductible & Coinsurance	Deductible & Coinsurance						
Outpatient	Deductible & Coinsurance	Deductible & Coinsurance						
Office services	Plan Pays 100%	Deductible & Coinsurance	Plan Pays 100%	Deductible & Coinsurance	Plan Pays 100%	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Emergency care services	Deductible & Coinsurance	In-network level of benefits	Deductible & Coinsurance	In-network level of benefits	Deductible & Coinsurance	In-network level of benefits	Deductible & Coinsurance	In-network level of benefits
Telehealth	Plan Pays 100%	Not covered	Plan Pays 100%	Not covered	Plan Pays 100%	Not covered	Deductible & Coinsurance	Not covered



	CHA24 HSA-Eligible		CHB24 HSA-Eligible		CHC24 HSA-Eligible	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible						
Individual	\$3,500	\$7,000	\$4,500	\$9,000	\$6,000	\$12,000
Family	\$7,000	\$14,000	\$9,000	\$18,000	\$12,000	\$24,000
Type of deductible	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Coinsurance (Amount member pays)						
Hospital/medical/surgical/other	20%	40%	20%	40%	30%	40%
Out-of-pocket Limit (Includes Deductible, Coinsurance and Copays)						
Individual	\$7,000	\$10,000	\$7,500	\$12,000	\$7,500	\$14,000
Family	\$14,000	\$20,000	\$15,000	\$24,000	\$15,000	\$28,000
Type of out-of-pocket limit	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Preventive Care						
Preventive care services	0%	Deductible & Coinsurance	0%	Deductible & Coinsurance	0%	Deductible & Coinsurance
Physician Office						
Primary care physician office	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Specialist physician office	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Telehealth	Deductible & Coinsurance	Not covered	Deductible & Coinsurance	Not covered	Deductible & Coinsurance	Not covered
Emergency Care						
Urgent care facility services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Emergency care services	Deductible & Coinsurance	In-Network Level of Benefits	Deductible & Coinsurance	In-Network Level of Benefits	Deductible & Coinsurance	In-Network Level of Benefits
Ambulance services	Deductible & Coinsurance	In-Network Level of Benefits	Deductible & Coinsurance	In-Network Level of Benefits	Deductible & Coinsurance	In-Network Level of Benefits
Mental Illness and/or Substance Dependence and Abuse Services						
Inpatient	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Office services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Emergency care services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Telehealth	Deductible & Coinsurance	Not covered	Deductible & Coinsurance	Not covered	Deductible & Coinsurance	Not covered

	CHG24 HSA-eligible		CHF24 HSA-eligible		CHE24 HSA-eligible		CHD24 HSA-eligible	
	In Network	Out of Network						
Deductible								
Individual	\$2,500	\$5,000	\$3,000	\$6,000	\$3,500	\$7,000	\$6,750	\$13,500
Family	\$5,000	\$10,000	\$6,000	\$12,000	\$7,000	\$14,000	\$13,500	\$27,000
Type of deductible	Aggregate	Aggregate	Aggregate	Aggregate	Embedded	Embedded	Embedded	Embedded
Coinsurance (Amount member pays)								
Hospital/medical/surgical/other	20%	40%	0%	20%	20%	40%	0%	0%
Out-of-pocket Limit (Includes Deductible, Coinsurance and Copays)								
Individual	\$3,675	\$9,000	\$3,000	\$10,000	\$5,500	\$11,000	\$6,750	\$13,500
Family	\$7,350	\$18,000	\$6,000	\$20,000	\$11,000	\$22,000	\$13,500	\$27,000
Type of out-of-pocket limit	Aggregate	Aggregate	Aggregate	Aggregate	Embedded	Embedded	Embedded	Embedded
Preventive Care								
Preventive care services	0%	Deductible & Coinsurance						
Physician Office								
Primary care physician office	Deductible & Coinsurance	Deductible & Coinsurance						
Specialist physician office	Deductible & Coinsurance	Deductible & Coinsurance						
Telehealth	Deductible & Coinsurance	Not covered						
Emergency Care								
Urgent care facility services	Deductible & Coinsurance	Deductible & Coinsurance						
Emergency care services	Deductible & Coinsurance	In-network level of benefits	Deductible & Coinsurance	In-network level of benefits	Deductible & Coinsurance	In-network level of benefits	Deductible & Coinsurance	In-network level of benefits
Ambulance services	Deductible & Coinsurance	In-network level of benefits	Deductible & Coinsurance	In-network level of benefits	Deductible & Coinsurance	In-network level of benefits	Deductible & Coinsurance	In-network level of benefits
Mental Illness and/or Substance Dependence and Abuse Services								
Inpatient	Deductible & Coinsurance	Deductible & Coinsurance						
Outpatient	Deductible & Coinsurance	Deductible & Coinsurance						
Office services	Deductible & Coinsurance	Deductible & Coinsurance						
Emergency care services	Deductible & Coinsurance	In-network level of benefits	Deductible & Coinsurance	In-network level of benefits	Deductible & Coinsurance	In-network level of benefits	Deductible & Coinsurance	In-network level of benefits
Telehealth	Deductible & Coinsurance	Not covered						

PHARMACY

Network C, Prescription Drug List (PDL 40)

With ChamberChoice, employers have access to a simple prescription drug plan.

Prescription drug coverage is available to BCBSNE members through the Rx Nebraska Prescription Drug Program with our pharmacy benefit manager, Prime Therapeutics LLC.

Some prescriptions may only be covered when filled under the medical benefit. Please review the drug list to determine coverage at [NebraskaBlue.com/DrugList](https://www.NebraskaBlue.com/DrugList).

PPO Options CPA24, CPB24, CPC23 and CPD24

	In Network		Out of Network	
PPO Pharmacy Benefits¹ - Option 1				
Generic drugs	\$15 Copay	Walgreens Baker's Kohl's U Save	50% Coinsurance	CVS Target
Preferred brand-name drugs	\$40 Copay		50% Coinsurance	
Non-preferred brand name drugs	\$75 Copay		50% Coinsurance	
Specialty drugs ²	\$150 Copay		Not Covered	

	In Network		Out of Network	
PPO Pharmacy Benefits¹ - Option 2				
Generic drugs	\$20 Copay	Walgreens Baker's Kohl's U Save	50% Coinsurance	CVS Target
Preferred brand-name drugs	\$50 Copay		50% Coinsurance	
Non-preferred brand name drugs	\$150 Copay		50% Coinsurance	
Specialty drugs ²	\$300 Copay		Not Covered	

PPO Options CPF24, CPG24 and CPH24

	In Network		Out of Network	
Pharmacy Benefits¹				
Generic drugs	\$10 Copay	Walgreens Baker's Kohl's U Save	50% Coinsurance	CVS
Preferred brand name drugs	\$30 Copay		50% Coinsurance	
Non preferred brand name drugs	\$50 Copay		50% Coinsurance	
Specialty drugs ²	\$100 Copay		Not Covered	

For a complete listing of in-network pharmacies, visit [NebraskaBlue.com/Pharmacy](https://www.NebraskaBlue.com/Pharmacy)





Retail Pharmacies

Members should take their prescription to an in-network pharmacy and show the pharmacist their member ID card. The member will pay the applicable cost share amount.

Please note: Whenever appropriate, generic drugs will be used to fill prescriptions. If a brand-name drug is preferred when a generic equivalent is available, the member is responsible for the difference in cost, plus the applicable copay/coinsurance amount. Out-of-network deductible and coinsurance will apply to prescriptions filled at an out-of-network pharmacy or if a BCBSNE member ID card is not presented at an in-network pharmacy.

All ChamberChoice plans will use Network C (out-of-network benefits are available).

MedsYourWay™ – Retail

MedsYourWay - Retail simplifies the brick-and-mortar shopping experience by automatically comparing plan-covered benefit prices to discount card prices at the pharmacy, without needing to present a separate discount card.

Members should take their prescriptions to an in-network pharmacy and show the pharmacist their BCBSNE member ID card. The member will pay the applicable copay, deductible or coinsurance amount.

¹ Under the HSA-eligible health plan options and PPO Option CPD24, prescription drug benefits must be subject to plan deductible and coinsurance amounts.

² Specialty drugs must be purchased through a designated specialty pharmacy.

Prime Therapeutics LLC is an independent company providing pharmacy benefit management services for Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross Blue Shield Association.

MedsYourWay is a trademark of Prime Therapeutics. Savings may differ depending on current benefit design. Prime Therapeutics is contracted to provide pharmacy benefits to Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross Blue Shield Association.



Amazon Pharmacy for Home Delivery with MedsYourWay™ Drug Discount Card Pricing

Pharmacy home-delivery services are offered exclusively through Amazon Pharmacy which delivers a breakthrough, integrated home-delivery shopping experience for our members. Members will be shown the lowest cost options, whether that is their copay/coinsurance or the MedsYourWay discount card price; depending on the pharmacy benefit plan, cost of the medication may count towards the member's out of pocket.

BCBSNE members may use home delivery services for their 90-day supply of maintenance medications. Members will be responsible for paying the applicable copay amount for each 30-day supply.

Preauthorization

As part of our efforts to address the serious issue of escalating costs and to continue to provide members with access to quality and cost-effective pharmacy care, we require benefits for certain prescription products to be preauthorized. For a list of products requiring preauthorization, visit [NebraskaBlue.com/DrugList](https://www.nebraskablue.com/DrugList).

Specialty Pharmacy

For specialty drugs to be considered in-network, those drugs must be purchased through a designated specialty pharmacy. If a member uses a retail pharmacy or home-delivery pharmacy, benefits will be denied. In-network specialty pharmacies include Accredo®, Option Care™ and Nebraska Medicine pharmacies.



\$0 Member Cost Shares on Insulin

BCBSNE provides insulin (on PDL 40) at no cost to members to help drive down diabetes-related health care costs and improve medication adherence. All ChamberChoice plans cover generic and preferred brand-name insulin at 100%.

FlexAccess™ – A new Specialty Copay Solution

FlexAccess delivers a member-centric experience with greater savings opportunities and expanded pharmacy options. This program opens the door to reducing costs for specialty and HIV medications beyond the traditional, one-specialty pharmacy option. By leveraging more pharmacies and HIV treatments, we expand the savings by maximizing pharmaceutical assistance programs and reducing the cost burden of specialty and HIV medications for our members.

FlexAccess is not available for HSA-eligible plan designs.

Extended Supply Network Benefit

Our Extended Supply Network (ESN) pharmacy benefit allows members to get a 90-day supply of medications at one time (if allowed by their prescription).³ Non-ESN retail pharmacies are limited to a 30-day supply.

Members on copay plans will pay three copays at one time to purchase a 90 day supply of a preferred generic drug, while members on an HSA-eligible plan will pay the applicable deductible/coinsurance amounts for each 30 day supply.

Using the ESN retail pharmacy benefit for up to a 90-day supply of medications means fewer trips to the pharmacy, saving our members time.

Members may view a list of ESN retail pharmacies online or by calling Member Services.



³ Except for specialty drugs

Amazon Pharmacy does not dispense controlled substances. Amazon Pharmacy is an independent company that provides pharmacy home delivery services for Blue Cross and Blue Shield of Nebraska.

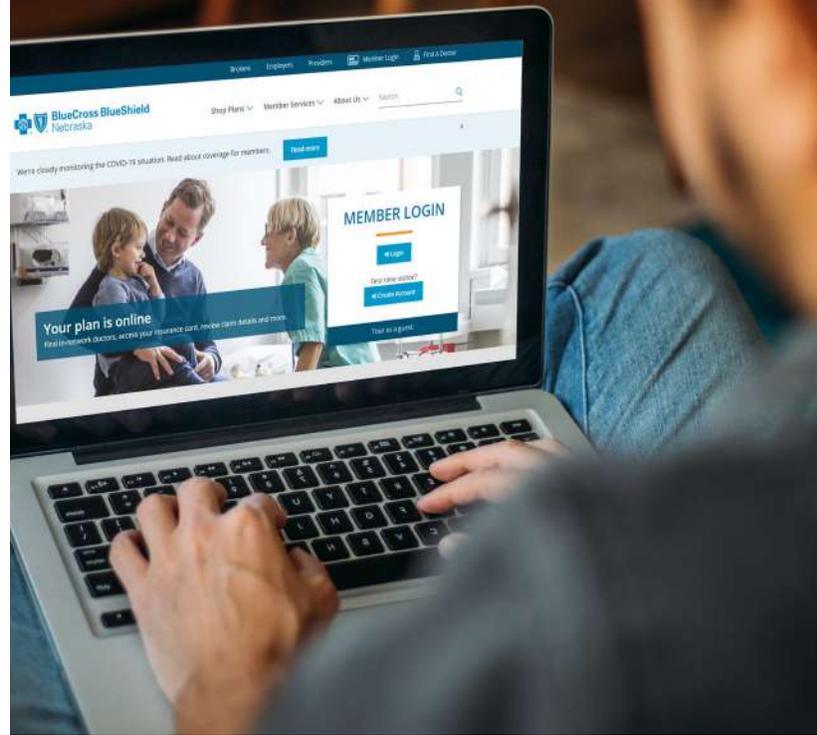
Option Care is an independent company offering prescription drug benefits on behalf of Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross and Blue Shield Association.

Accredo, a trademark of Express Scripts Strategic Development, Inc., is a specialty pharmacy contracted to provide services for Blue Cross and Blue Shield of Nebraska. Express Scripts® Pharmacy, a trademark of Express Scripts Strategic Development, Inc., is contracted to provide mail pharmacy services for Blue Cross and Blue Shield of Nebraska.

FlexAccess is a trademark of Prime Therapeutics. Savings may differ depending on current benefit design. Prime Therapeutics is contracted to provide pharmacy benefits to Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross Blue Shield Association.

MEMBER RESOURCES

Regardless of their plan, members have resources available to get the most of their benefits. BCBSNE will provide groups with materials that will help educate members on the resources available. These materials can be used during open enrollment and throughout the year.



myNebraskaBlue Online Member Account

Through our web- and app-based online portal, members can compare providers, find in network pharmacies, estimate costs, access their mobile ID card, track claims and more.

Blue365®

Blue365 is a national program that offers members health and wellness discounts and savings on products and services from leading companies in categories such as:

- Fitness
- Healthy eating
- Personal care
- Vision and hearing

Plus, when employees join the Blue365 email list, they'll receive weekly deals on healthy products, along with discounts on health and fitness clubs, weight loss programs and much more. Learn more at NebraskaBlue.com/Blue365.



Care Management Programs

Members receive one-on-one assistance managing pain, navigating the complexities of the health care system or dealing with a major life event. Our mobile app, powered by Wellframe, allows members to connect with their care team privately and conveniently – when, where and how they choose. Care management programs include:

- **Health Coaching:** Work with a nurse health coach to get help with stress, smoking cessation, chronic conditions and other challenges.
- **Pregnancy Care:** Whether members have a high-risk or healthy pregnancy, our labor and delivery nurses can help members' answer questions and provide support between doctor appointments.
- **Diabetes Management:** Our diabetes educators will create a plan to help members better manage their diabetes and related issues.

Our Virta® type 2 diabetes reversal program utilizes a ketogenic nutrition method to lower HbA1c, promote weight loss and reduce or eliminate the need for medications.

- **Mental Health:** A team of nurses collaborates and coordinates care for them and their family's mental and behavioral health needs.
- **Smoking Cessation:** Members can get help creating a personalized quit plan with assistance from our nurses.

The Blue365 program is brought to you by the Blue Cross Blue Shield Association. Virta is an independent company that provides diabetes management services to Blue Cross and Blue Shield of Nebraska.

WELLNESS PROGRAMS

Standard Wellness Program

As part of ChamberChoice, members have free access to a premium wellness rewards program powered by Vitality®. Vitality is a holistic, wellness-based program that rewards members for the everyday steps they take to live longer, healthier, better lives. Members can earn over \$150 in gift cards for activities they are already doing and for living their best lives. It's more than just physical activity, it's a total well-being experience.

More information is mailed to members shortly after their effective date (and annually). Reach out to your BCBSNE representative with questions.

Wellness Program Upgrade for ChamberChoice Groups with 100+ Employees

Groups with 100 or more employees qualify for the optional Vitality Wellness Upgrade. This upgrade allows the employer group to keep the Standard Wellness Program, but allows for flexibility and ownership within the program with the ability to:

- Include and reward all employees
- Co-brand platform and app
- Receive monthly, quarterly and annual reporting
- Integrate employer sponsored programs and events
- Conduct company-wide challenges
- Work with a dedicated account manager and wellness expert

For a price quote on the Wellness Program upgrade, please reach out to your BCBSNE representative.

Visit [NebraskaBlue.com/Wellness](https://www.NebraskaBlue.com/Wellness) for a comprehensive list of BCBSNE wellness resources.



Vitality is an independent company providing wellness services for Blue Cross and Blue Shield of Nebraska.



TELEHEALTH

Medical Care

BCBSNE offers telehealth services through Amwell®, the industry's leading telehealth solution – serving more than 100 million people.

With telehealth services, you can offer employees access to a nationwide network of U.S. board-certified physicians, available for live visits over computer, tablet or phone, whenever employees need them.

And, the cost per visit is less than the cost of an in-person doctor's office visit. (For HSA-eligible plans, the cost per visit is subject to the plan's deductible/coinsurance amount.)

Behavioral Health Services

With telehealth behavioral health services, Amwell's licensed therapists can provide treatment for the following conditions:

- Anxiety
- Depression
- Attention deficit hyperactivity disorder (ADHD)
- Bereavement
- Obsessive-compulsive disorder (OCD)
- Trauma/post-traumatic stress disorder (PTSD)
- Stress
- And more

Therapists are available by appointment from 7 a.m. to 11 p.m. local time, seven days per week.



Telehealth lets members interact with a doctor at their convenience for common conditions, such as:

- Sinus infection
- Cold
- Pinkeye
- Ear infection
- Sore throat

Members can use telehealth services from any in-network provider.

To learn more, visit [NebraskaBlue.com/Telehealth](https://www.NebraskaBlue.com/Telehealth)

Amwell is an independent company that provides telehealth services for Blue Cross and Blue Shield of Nebraska. Amwell also offers e-prescriptions to the member's pharmacy of choice, when appropriate.

GLOSSARY

Embedded

Embedded family deductible means if the member has family coverage, family members may combine their covered expenses to satisfy the required calendar year family deductible. However, no one family member contributes more than the individual deductible amount to satisfy the family's deductible.

After the required deductible has been satisfied, the member is responsible for paying a certain percentage of covered charges, called coinsurance, until the out-of-pocket limit has been reached. Under family coverage, the family may combine their covered expenses to satisfy the required embedded family out-of-pocket limit. No one family member contributes more than the individual out-of-pocket limit to satisfy the family's out-of-pocket limit.

Note: Copay amounts for medical services and prescription drugs do not apply toward the calendar year deductible but apply to the out-of-pocket maximum.

Aggregate

Aggregate family deductible means if the member has family coverage, the entire family deductible must be met prior to most benefits becoming available. Family members may combine their covered expenses to satisfy the required family deductible. After the required deductible has been satisfied, the member is responsible for paying a certain percentage of covered charges, called coinsurance, until the out-of-pocket limit has been reached. Under family membership, the entire aggregate family out-of-pocket limit must be met before covered services are paid at 100%. Family members may combine their covered expenses to satisfy the required out-of-pocket limit.

Deductible

The deductible is the amount paid out of pocket by the member before an insurance provider will pay any expenses.

Coinsurance

The percentage of costs members pay after they have met their deductible. The plan pays the balance.

Copay

A copay is a set rate you pay for prescriptions, doctor visits, and other types of care.

HSA

A savings account used in conjunction with a high-deductible health insurance plans that allows members to save money tax-free against medical expenses.



GET STARTED

For more information or to find out if ChamberChoice is right for your client, contact your BCBSNE sales representative today or visit us online at [NebraskaBlue.com/Brokers](https://www.NebraskaBlue.com/Brokers).



The Nebraska Chamber of Commerce (The Chamber) is not an insurer and encourages members to consider specific needs when selecting health plans. The Chamber does not provide specific recommendations to plan sponsors. Any health plan adopted by a plan sponsor is adopted pursuant to the Employee Retirement Income Security Act of 1974 (ERISA) as amended, unless the plan is otherwise governed by state or federal law. An independent licensee of the Blue Cross Blue Shield Association. 92-241 (09-27-23)