

# INSURE TIERED NETWORK

NEBRASKA FARM BUREAU MEMBER HEALTH PLAN | DEDUCTIBLE/COINSURANCE PLAN

NETWORK BENEFITS	TIER 1 - PREFERRED	TIER 2 - STANDARD
<b>Deductible</b>	<b>Individual plan:</b> \$7,000 <b>Family plan:</b> \$7,000 per family member or \$14,000 for the entire family	<b>Individual plan:</b> \$8,000 <b>Family plan:</b> \$8,000 per family member or \$16,000 for the entire family
<b>Out-of-pocket maximum</b>	<b>Individual plan:</b> \$7,600 <b>Family plan:</b> \$7,600 per family member or \$15,200 for the entire family	<b>Individual plan:</b> \$8,150 <b>Family plan:</b> \$8,150 per family member or \$16,300 for the entire family
OFFICE VISITS		
<b>Preventive care</b>	You pay nothing – 100% coverage	You pay nothing – 100% coverage
<b>Primary and urgent care</b>	20% coinsurance after deductible	20% coinsurance after deductible
<b>Convenience or retail care</b>	20% coinsurance after deductible	20% coinsurance after deductible
<b>Specialty care</b>	20% coinsurance after deductible	20% coinsurance after deductible
PRESCRIPTION DRUGS (MEDICA DRUG LIST)		
<b>Generic</b>	20% coinsurance after deductible	20% coinsurance after deductible
<b>Preferred brand</b>	20% coinsurance after deductible	20% coinsurance after deductible
<b>Non-preferred brand</b>	40% coinsurance after deductible	40% coinsurance after deductible
MEDICAL SERVICES		
<b>Lab, X-rays and imaging services</b>	20% coinsurance after deductible	20% coinsurance after deductible
<b>Emergency room services</b>	20% coinsurance after deductible	20% coinsurance after deductible
<b>Emergency medical transportation</b> (e.g. Ambulance)	20% coinsurance after deductible	20% coinsurance after deductible
<b>Hospital services</b> (Facility & physicians services)	20% coinsurance after deductible	20% coinsurance after deductible
<b>Maternity</b> (Delivery & inpatient services)	20% coinsurance after deductible	20% coinsurance after deductible
<b>Home health care, rehabilitation services, habilitation services and skilled nursing care</b>	20% coinsurance after deductible	20% coinsurance after deductible
<b>Other eligible health care services</b>	20% coinsurance after deductible	20% coinsurance after deductible

## KEEP IN MIND

This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventative care, prescription drugs, and mental health and substance use disorder services). Your policy might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage.



### Have a question?

Contact your Farm Bureau Financial Services agent.



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