

MEDICA WITH CHI HEALTH NETWORK

NEBRASKA FARM BUREAU MEMBER HEALTH PLAN | COPAY PLAN

Benefits for coverage starting Dec. 30, 2020.

NETWORK BENEFITS

Deductible	Individual plan: \$3,800 Family plan: \$7,300
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Out-of-pocket maximum	Individual plan: \$6,800 Family plan: \$11,300
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OFFICE VISITS

Preventive care	You pay nothing – 100% coverage
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Primary and urgent care	\$60 copay
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Convenience or retail care	\$20 copay
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Specialty care	\$100 copay
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PRESCRIPTION DRUGS (MEDICA DRUG LIST)

Generic	\$20 copay
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Preferred brand	\$120 copay
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Non-preferred brand	50% coinsurance after deductible
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Insulin	\$25 copy
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MEDICAL SERVICES

Lab, X-rays and imaging services	30% coinsurance after deductible
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Emergency room services	30% coinsurance after deductible
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Emergency medical transportation (e.g. Ambulance)	30% coinsurance after deductible
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Hospital services (Facility & physicians services)	30% coinsurance after deductible
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Maternity (Delivery & inpatient services)	30% coinsurance after deductible
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Home health care, rehabilitation services, habilitation services and skilled nursing care	30% coinsurance after deductible
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Other eligible health care services	30% coinsurance after deductible
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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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