

INSURE TIERED NETWORK

NEBRASKA FARM BUREAU MEMBER HEALTH PLAN | COPAY PLAN

Benefits for coverage starting Dec. 30, 2020.

NETWORK BENEFITS	TIER 1 - PREFERRED	TIER 2 - STANDARD
Deductible	Individual plan: \$3,800 Family plan: \$7,300 for the entire family	Individual plan: \$4,800 Family plan: \$10,300* for the entire family
Out-of-pocket maximum	Individual plan: \$6,800 Family plan: \$11,300 for the entire family	Individual plan: \$7,800 Family plan: \$11,800 for the entire family
Family plan cost sharing details	Embedded deductible and out-of-pocket maximum	Embedded deductible and out-of-pocket maximum
OFFICE VISITS		
Preventive care	You pay nothing – 100% coverage	You pay nothing – 100% coverage
Primary and urgent care	\$60 copay	\$120 copay
Convenience or retail care	\$10 copay	\$20 copay
Specialty care	\$100 copay	\$200 copay
PRESCRIPTION DRUGS (MEDICA DRUG LIST)		
Generic	\$20 copay	\$20 copay
Preferred brand	\$120 copay	\$120 copay
Non-preferred brand	50% coinsurance after deductible	50% coinsurance after deductible
Insulin	\$25 copay	\$25 copay
MEDICAL SERVICES		
Lab, X-rays and imaging services	30% coinsurance after deductible	30% coinsurance after deductible
Emergency room services	30% coinsurance after deductible	30% coinsurance after deductible
Emergency medical transportation (e.g. Ambulance)	30% coinsurance after deductible	30% coinsurance after deductible
Hospital services (Facility & physicians services)	30% coinsurance after deductible	30% coinsurance after deductible
Maternity (Delivery & inpatient services)	30% coinsurance after deductible	30% coinsurance after deductible
Home health care, rehabilitation services, habilitation services and skilled nursing care	30% coinsurance after deductible	30% coinsurance after deductible
Other eligible health care services	30% coinsurance after deductible	30% 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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