

# INSURE TIERED NETWORK

## NEBRASKA FARM BUREAU MEMBER HEALTH PLAN | DEDUCTIBLE/COINSURANCE PLAN

Benefits for coverage starting Dec. 30, 2020.

NETWORK BENEFITS	TIER 1 - PREFERRED	TIER 2 - STANDARD
Deductible	<b>Individual plan:</b> \$7,500 <b>Family plan:</b> \$14,500 for the entire family	<b>Individual plan:</b> \$8,500 <b>Family plan:</b> \$17,000 for the entire family
Out-of-pocket maximum	<b>Individual plan:</b> \$8,100 <b>Family plan:</b> \$16,200 for the entire family	<b>Individual plan:</b> \$8,550 <b>Family plan:</b> \$17,100* 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	20% coinsurance after deductible	20% coinsurance after deductible
Convenience or retail care	20% coinsurance after deductible	20% coinsurance after deductible
Specialty care	20% coinsurance after deductible	20% coinsurance after deductible
PRESCRIPTION DRUGS (MEDICA DRUG LIST)		
Generic	20% coinsurance after deductible	20% coinsurance after deductible
Preferred brand	20% coinsurance after deductible	20% coinsurance after deductible
Non-preferred brand	40% coinsurance after deductible	40% coinsurance after deductible
Insulin	\$25 maximum	\$25 maximum
MEDICAL SERVICES		
Lab, X-rays and imaging services	20% coinsurance after deductible	20% coinsurance after deductible
Emergency room services	20% coinsurance after deductible	20% coinsurance after deductible
Emergency medical transportation (e.g. Ambulance)	20% coinsurance after deductible	20% coinsurance after deductible
Hospital services (Facility & physicians services)	20% coinsurance after deductible	20% coinsurance after deductible
Maternity (Delivery & inpatient services)	20% coinsurance after deductible	20% coinsurance after deductible
Home health care, rehabilitation services, habilitation services and skilled nursing care	20% coinsurance after deductible	20% coinsurance after deductible
Other eligible health care services	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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