### Quick Reference Guide 2019-20 Health Benefits

The monthly premiums for your medical, dental, and vision plans for July 1, 2019, through June 30, 2020, are shown below. The state contributes 79% of the total cost of your health care benefits for full-time employees. Premiums are deducted from your paycheck pre-tax, meaning you do not pay taxes on them as they are deducted from your pay before taxes are withheld.

It is your responsibility to review your pay stub to ensure that the proper deductions are taken. You are responsible for the cost of the proper employee share of your elected benefits. A payroll error does not absolve you of responsibility for payment of the proper share of the cost.

### Monthly Dental Plan Premiums

<table>
<thead>
<tr>
<th>Plan</th>
<th>Basic Option</th>
<th>Premium Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only (Single Coverage)</td>
<td>$23.84</td>
<td>$27.84</td>
</tr>
<tr>
<td>Employee + Spouse (Two-Party Coverage)</td>
<td>$47.72</td>
<td>$55.72</td>
</tr>
<tr>
<td>Employee + Dependent Children (Four-Party Coverage)</td>
<td>$68.72</td>
<td>$80.32</td>
</tr>
<tr>
<td>Employee + Spouse + Dependent Children (Family Coverage)</td>
<td>$74.64</td>
<td>$87.20</td>
</tr>
</tbody>
</table>

### Monthly Vision Plan Premiums

<table>
<thead>
<tr>
<th>Plan</th>
<th>Basic Option</th>
<th>Premium Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only (Single Coverage)</td>
<td>$5.34</td>
<td>$8.30</td>
</tr>
<tr>
<td>Employee + Spouse (Two-Party Coverage)</td>
<td>$8.58</td>
<td>$13.28</td>
</tr>
<tr>
<td>Employee + Dependent Children (Four-Party Coverage)</td>
<td>$8.76</td>
<td>$13.52</td>
</tr>
<tr>
<td>Employee + Spouse + Dependent Children (Family Coverage)</td>
<td>$14.10</td>
<td>$21.84</td>
</tr>
</tbody>
</table>

### Virtual Visits

A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription, if needed, that you can pick up at your local pharmacy. And it’s part of your health benefits!

### NurseLine

Receive immediate answers from nurses, backed by medical professionals who are here to help you:

- Chat with a registered nurse
- Understand your symptoms and treatment options
- Ask medication questions
- Decide if you should use virtual visits, see a doctor, go to the ER, or try self-care
- Find a doctor, hospital, or specialist
- Make an appointment with your provider

877-263-0911

24 hours a day, 7 days a week

Mon-Thur: 711
## Your Health Insurance Benefits

### Covered at 100% per Patient Protection and Affordable Care Act (PPACA) guidelines.

**In-Network**
- Ambulance: Plan pays 100%
- Inpatient and outpatient hospital services: 20% after deductible
- Approved skilled nursing facility: 20% after deductible
- Home health care, Hospice care: 20% after deductible
- Sexual health services: 20% after deductible
- Inpatient: 20% after deductible
- Outpatient: 35 copay
- EMTs: 20% after deductible
- Chiropractic Office visit (Limit 30 sessions per year): $50 copay
- Therapy - Occupational, Physical, Speech (Limit 20 sessions each per year): $35 copay
- Hearing aids & exam (Limit $3,500 every 3 years): 20% after deductible
- Durable Medical Equipment (including continuous glucose monitors): Covered at 100% per Patient Protection and Affordable Care Act (PPACA) guidelines. There are no age restrictions on preventative screenings.

### Covered at 30% after deductible per Patient Protection and Affordable Care Act (PPACA) guidelines.

**In-Network**
- Primary care provider office visits: 35 copay
- Specialty office visits: 50 copay
- Lab and pathology services: Pay at 100% up to $500; then 20% after deductible
- Radiology and chemotherapy/radiation therapy: 20% after deductible
- Routine vision exam plus refraction: Not covered

### Covered at 40% after deductible per Patient Protection and Affordable Care Act (PPACA) guidelines.

**In-Network**
- Ambulance: Plan pays 100%
- Inpatient and outpatient hospital services: 20% after deductible
- Approved skilled nursing facility: 20% after deductible
- Home health care, Hospice care: 20% after deductible
- Inpatient: 20% after deductible
- Outpatient: 35 copay
- EMTs: 20% after deductible
- Chiropractic Office visit (Limit 30 sessions per year): $50 copay
- Therapy - Occupational, Physical, Speech (Limit 20 sessions each per year): $35 copay
- Hearing aids & exam (Limit $3,500 every 3 years): 20% after deductible
- Durable Medical Equipment (including continuous glucose monitors): Covered at 40% after deductible per Patient Protection and Affordable Care Act (PPACA) guidelines. There are no age restrictions on preventative screenings.

### Not covered

**In-Network**
- Hospital emergency room: 20% after deductible
- Inpatient and outpatient hospital services: 20% after deductible
- Approved skilled nursing facility: 20% after deductible
- Home health care, Hospice care: 20% after deductible
- Inpatient: 20% after deductible
- Outpatient: 35 copay
- Chiropractic Office visit (Limit 30 sessions per year): $50 copay
- Therapy - Occupational, Physical, Speech (Limit 20 sessions each per year): $35 copay
- Hearing aids & exam (Limit $3,500 every 3 years): 20% after deductible
- Durable Medical Equipment (including continuous glucose monitors): Covered at 40% after deductible per Patient Protection and Affordable Care Act (PPACA) guidelines. There are no age restrictions on preventative screenings.

### See further description of WellNebraska Health Plan without incentives on page 16.

### IMPORTANT INFORMATION:

This document provides a general summary of basic benefit plan provisions and is not a substitute for the official documents. If there are any inconsistencies between this summary and the official plan documents, the plan document will prevail. Please refer to the summary plan documents found on Employee Wellness & Benefits website at dsa.nebraska.gov/benefits for exact benefits, exclusions and limitations.

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### WellNebraska Health Plan

<table>
<thead>
<tr>
<th>Plan Year Deductible (must be satisfied before coinsurance is paid)</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>$800 individual</td>
<td>$1,600 individual</td>
<td>$1,600 individual</td>
</tr>
<tr>
<td>$1,400 individual</td>
<td>$2,600 individual</td>
<td>$2,800 individual</td>
</tr>
<tr>
<td>$2,000 individual</td>
<td>$4,000 individual</td>
<td>$5,000 individual</td>
</tr>
<tr>
<td>$2,500 individual</td>
<td>$4,500 individual</td>
<td>$6,000 individual</td>
</tr>
</tbody>
</table>

### Regular Health Plan

<table>
<thead>
<tr>
<th>Plan Year Deductible (must be satisfied before coinsurance is paid)</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>$4,000 individual</td>
<td>$8,000 individual</td>
<td>$8,000 individual</td>
</tr>
<tr>
<td>$4,500 individual</td>
<td>$8,500 individual</td>
<td>$9,000 individual</td>
</tr>
</tbody>
</table>

### Consumer Focused Health Plan (HSA Eligible)

<table>
<thead>
<tr>
<th>Plan Year Deductible (must be satisfied before coinsurance is paid)</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,700 individual</td>
<td>$5,200 individual</td>
<td>$5,200 individual</td>
</tr>
<tr>
<td>$4,100 individual</td>
<td>$8,200 individual</td>
<td>$8,200 individual</td>
</tr>
</tbody>
</table>

### Preventive Exams

- Covered at 100% per Patient Protection and Affordable Care Act (PPACA) guidelines. There are no age restrictions on preventative screenings.

### Affordable Care Act (PPACA) guidelines.

- There are no age restrictions on preventative screenings.

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### In-Network

- Ambulance: Plan pays 100%
- Inpatient and outpatient hospital services: 20% after deductible
- Approved skilled nursing facility: 20% after deductible
- Home health care, Hospice care: 20% after deductible
- Inpatient: 20% after deductible
- Outpatient: 35 copay
- Chiropractic Office visit (Limit 30 sessions per year): $50 copay
- Therapy - Occupational, Physical, Speech (Limit 20 sessions each per year): $35 copay
- Hearing aids & exam (Limit $3,500 every 3 years): 20% after deductible
- Durable Medical Equipment (including continuous glucose monitors): Covered at 100% per Patient Protection and Affordable Care Act (PPACA) guidelines. There are no age restrictions on preventative screenings.

### Out-of-Network

- Ambulance: 20% after deductible
- Inpatient and outpatient hospital services: 20% after deductible
- Approved skilled nursing facility: 20% after deductible
- Home health care, Hospice care: 20% after deductible
- Inpatient: 20% after deductible
- Outpatient: 35 copay
- Chiropractic Office visit (Limit 30 sessions per year): $50 copay
- Therapy - Occupational, Physical, Speech (Limit 20 sessions each per year): $35 copay
- Hearing aids & exam (Limit $3,500 every 3 years): 20% after deductible
- Durable Medical Equipment (including continuous glucose monitors): Covered at 40% after deductible per Patient Protection and Affordable Care Act (PPACA) guidelines. There are no age restrictions on preventative screenings.

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### Important Notes

- Covered at 100% per Patient Protection and Affordable Care Act (PPACA) guidelines. There are no age restrictions on preventative screenings.
- Covered at 30% after deductible per Patient Protection and Affordable Care Act (PPACA) guidelines.
- Covered at 40% after deductible per Patient Protection and Affordable Care Act (PPACA) guidelines.

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### Other Services

- Covered at 40% after deductible per Patient Protection and Affordable Care Act (PPACA) guidelines. There are no age restrictions on preventative screenings.