

State of Nebraska 7/1/2026 Open Enrollment Webinar FAQ

1. **Q: On April 15, 2026, the Nebraska Auditor of Public Accounts released a letter to the Nebraska Department of Administrative Services regarding the Nebraska State Insurance Program, noting concerns. Did that influence the changes to the State's health insurance?**

A: The DAS State Personnel-Wellness & Benefits team is responsible for the administration of the benefits programs for State of Nebraska public servants. The team coordinates with various stakeholders in employee relations, budget, and the Administration in administering and managing those programs, including health insurance. The State's health insurance plan is always under review, and for the last couple of years the team has monitored growing cost trends and concerns with the program. The letter from the APA draws attention to a number of matters that the team had awareness of and is actively working towards correcting, including better collaboration with contracted vendors to ensure appropriate claims processing, utilization of the plan by only eligible public servants and family members, and appropriate plan rebates. These actions were already underway upon the APA's contact, and the State will continue in that direction alongside other measures to address the true cost drivers in high utilization and catastrophic claims. The letter from the APA had no bearing on the State's Request for Proposal, award to Blue Cross Blue Shield of Nebraska, or related plan changes.

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2. **Q: Why is the State switching from United HealthCare (UHC) to Blue Cross Blue Shield of Nebraska (BCBSNE), and why are the premium increases so high?**

A: The DAS State Personnel-Wellness & Benefits team is responsible for the administration of the benefits programs for State of Nebraska public servants. The team coordinates with various stakeholders in employee relations, budget, and the Administration in administering and managing those programs, including health insurance, in order to balance funding needs with operational concerns and the needs of State public servants. The State contracted with UHC and its Rx wing, Optum Rx, in 2020 to be the third-party administrator for medical and pharmacy benefits. In the last couple of years, the Wellness & Benefits team noticed a large increase in plan usage, catastrophic claims and costs on the medical and pharmacy side. Various factors contributed to the State's health insurance fund drawing down. Some of these factors are as follows:

- In PY 2020 the annual medical and pharmacy claims amounted to \$149.8 M and \$48.9 M respectively. By PY 2025 these amounts grew to \$208.3M and \$85.7M. PY 2026 is projected to reach \$228.0 M in medical claims and \$101.0M in pharmacy.
- In the last three years the State's health plan has seen medical cost trends of 9.5% on average, higher than the broader market.
- In the last three years the State's health plan has seen pharmacy cost trends of 16.2% on average, much higher than the broader market.
- Catastrophic claims, meaning claims accumulating to over \$75,000 between medical and pharmacy in a plan year, have increased from a total of 482 claims in 2021 to 761 in 2025, with a cost increase from \$76.7M to \$116.9M. This is an increase of 52% since 2021.
- From 2017-18 plan year to 2024-25 the State's health plan premium increases were well below market increases. With the increase last plan year and for the upcoming plan years the State still tracks behind the market in premium increases in the last ten years.

In response to these factors and to foster a more competitive and fresh approach, the Wellness & Benefits team sought a new contract and put the medical, and pharmacy plans out separately to bid through the Request for Proposal (RFP) process. That process led to the selection of BCBSNE as the winning bidder for medical and BCBS Prime as the winning bidder for pharmacy. In addition, adjustments to plan design and premium rates had to occur to respond to these troubling trends. This included the adoption of BCBSNE narrow networks that indicate better discounts and cost savings in the chief cost driving areas of the State. While change can be difficult, and these trends are concerning, the Wellness & Benefits team is looking forward to the partnership with BCBSNE as well as the advantages that the implemented plan changes can bring for the benefit of the program. While there is no singular, easy fix, these steps should lead to a more stable and healthy program that can meet the needs of Nebraska's public servants while also being responsible with taxpayer dollars.

3. **Q: Is there a specific/minimum amount that needs to be contributed to the Wex HSA Savings Account before I can select investment options? If I choose to transfer my current Optum account to Wex, how will my funds be transferred? Will they go into a pre-selected investment account, or will I need to choose a new investment option?** A: The State of Nebraska's participants will have a \$1,500 threshold to meet prior to being eligible for investing. Once that threshold is met, participants can transfer funds from their HSA Cash Account to the HSA Investment Account. At any time, you can invest funds from your interest-bearing account in a wide variety of mutual fund options.

4. **Q: Are there Summary Plan Description documents available that show everything that is covered by these plans, not just the highlights?**

A: Summary Plan Descriptions can be located at link.nebraska.gov. <https://das.nebraska.gov/personnel/wellness/health-and-prescription-benefits.html>

5. **Q: The guidance provided reports that there is an initial 30-day enrollment period during which one can change elections following open enrollment. Clarifying if this applies to all current employees or just new hires?** A: The "initial 30-day enrollment period" is for New Hires making their elections for the very first time. It does not include Open Enrollment Elections.

6. **Q: If my child is already undergoing orthodontics work, does the lifetime maximum per person reset?**

A: The lifetime maximum is per person, and it does not reset at any time during the contract. If you have another person needing orthodontic treatment in your family, they will have their own lifetime maximum to use, and they can run at the same time. Please be sure to review the Ameritas dental information in the Options Guide on pages 30-31.

7. **Q: Are there any reimbursement or incentives for gym memberships or other preventative health expenditures?** A: If you elect a BCBSNE medical plan, you will have access to Blue365. This is an exclusive program that offers discounts on health and wellness products. Please see information in the Options Guide and in the fliers, all located at link.nebraska.gov.

8. **Q: Will ASI remain as the FSA provider?** A: Yes.

9. **Q: Are we going to get a detailed breakdown of costs? The 2026-27 Options Guide does not include a cost or coinsurance rate for Durable Medical Equipment (DME).**

A: You will need to contact BCBSNE for the Durable Medical Equipment (DME) rates. They can be reached at 877-6937087

10. **Q: I started in January and thus signed up for health insurance with the state by the end of February. I have yet to receive my card or access any of those health benefits, will I still be able to do utilize the benefits from the United plan that I had signed up for, or will I be changing over to the new Blue Cross Blue Shield plan in May?** A: The DAS Wellness and Benefits team can assist you with getting your UHC card. The state medical plan will transition from UHC to BCBSNE as of 7/1/26.

11. **Q: If you and your spouse both work for the state, is there a discount given if for example the family plan is selected?**

A: No there is not a discount for spouses that work for the State of Nebraska. You will need to select the plan that works best for you as a unit, or individually.

12. **Q: I have a Betterment account connected to my HSA. Does the new HSA account offer investment options, and will I be able to connect my Betterment account to the new HSA account?**

A: Betterment is not a feature WEX currently offers. Participants can use the HSA Investment Account with WEX to choose from our curated lineup of mutual fund options or opt into a Health Savings Brokerage Account (HSBA) with Charles Schwab.

13. Q: What are the Dental Plan options and are they through BCBS or a third-party provider?

A: Dental coverage is provided through Ameritas Dental. Information can be located in the Options Guide on pages 30 and 31.

14. Q: Will any benefits besides medical be effected or undergo any changes?

A: Please review the information provided in the Options Guide for 7/1/26 changes:
https://das.nebraska.gov/personnel/docs/NE_DAS_Personnel_Wellness_and_Benefits-2026_2027_Open_Enrollment_Benefits_Guide.pdf

15. Q: I completed the requirements by getting my physical last month for the reduced cost insurance with United Health Care. Which plan is that with Blue Cross?

A: As noted in communications from the Director of State Personnel, Sean Davis: "As a result of the new plan designs, the annual physical and biometric screening requirements under the former Wellness Plan with Incentive will not factor into the 2026-27 plan year. Similar requirements may return in future plan years and will be communicated at that time."

16. Q: With 'Employee Only' and 'Family' being the only options, are prices in the Premium pricing charts beginning on page 22 of the Options Guide, correct?

A: State of Nebraska Employees have 4 tier options to choose from: Employee Only, Employee +Spouse, Employee +Children, or Family coverage. The prices in the Options Guide reflect all 4 options and the premiums for each tier.

17. Q: Is there a stipend offered if you do not take the insurance?

A: No, there is not a stipend offered for those who do not take the medical insurance.

18. Q: Can your spouse get vision and dental care without having to get medical insurance?

A: Yes. Your spouse is eligible to have any of the coverage that you (as the State of Nebraska employee) are enrolled in. Our plans can be elected individually based off of your needs. You do not have to elect medical coverage to have dental or vision coverage.

19. Q: Are HSA contributions "front loaded" on 7/1/26 the same as Flex Accounts? A: No, HSA contributions are made at the time of each payroll.

20. Q: Does the state contribute anything to the HSA accounts? Or only to our retirement accounts? A: The State of Nebraska does not contribute to your HSA account.

21. Q: Please clarify the short-term and long-term disability. If you have been signing up for it over the year, do you need to of a form filled out for this year?

A: If you enroll in STD/LTD when you first become eligible, you don't need to provide evidence of insurability, which requires you to complete a form to prove your physical condition. If you have ever waived this coverage with the State of Nebraska, you will need to provide the EOI document.

22. Q: Since Dental and vision are staying the same companies, we shouldn't have to worry about having to change those, correct?

A: Dental and Vision coverage are remaining with the same companies, however we would encourage you to review the information provided in the Options Guide for the upcoming plan year.
https://das.nebraska.gov/personnel/docs/NE_DAS_Personnel_Wellness_and_Benefits-

23. Q: Do I need to complete an EOI form for short term or long term disability even though i have selected those both in the past while working here?

A: If you enroll in STD/LTD when you first become eligible, you don't need to provide evidence of insurability, which requires you to complete a form to prove your physical condition. If you have ever waived this coverage with the State of Nebraska, you will need to provide the EOI document.

24. Q: Is there a discount when both work for the state since the family plan is more than if enrolled separately?

A: No, there is not a discount when both spouses work for the State of Nebraska. You will need to review the information and select the plan option that is the best choice for you and your family.

25. Q: If I already have supplemental life insurance 5 times my annual salary under United, will I have to submit the evidence of insurability again to get the same supplemental life insurance under BCBS?

A: No, our life insurance company and elections do not have anything to do with the medical plan/company.

26. Q: Will we be required to get an annual physical to maintain this health insurance, like what was required for the UHC WellNebraska with incentive?

A: The eligibility requirements of an annual physical and biometric screening, were required to be eligible for the Wellness with Incentive Plan option. Currently there are no eligibility requirements to meet.

27. Q: Will an ASI FSA move laterally, or will it start over? A: Flex plans need to be elected every year.

28. Q: Just confirming this does not affect Deferred Compensation (NPERS) so that does not need to be updated in Workday?

A: The change from UHC to BCBSNE does not have any effect on Deferred Compensation.

29. Q: For the Open Enrollment event, do the employee and spouse have to have their own sign in? Or can you view your spouse's information signed in as the employee.

A: For Open Enrollment in Workday, the Employee will sign up themselves and any dependents for the benefit elections. Concerning BCBSNE: Due to HIPAA Privacy laws you will each have to have your own sign on to the BCBSNE network.

30. Q: How many children are included in Employee + Dependent Children?

A: There is no limit to how many children can be covered on the Employee + Dependent Child(ren) level of coverage.

31. Q: Does the price go up for each additional dependent child?

A: No. We have four levels of coverage: Employee only, Employee +Spouse, Employee +Child(ren) and Family coverage

32. Q: What documentation is required for dependents between 26-30 years old (LB551)?

A: Please contact the DAS Wellness and Benefits team for assistance with the needed documentation for this scenario.

33. Q: When will further communication go out regarding HSAs under WEX- if I have one with our current plan under MyOptum Bank? I would like to learn more about the transfer process please.

A: We will be sending out communication to the public servants that have HSA's currently within the next few weeks.

34. Q: What's the age limit for dependent coverage?

A: Dependents are eligible to remain on our plan until the end of the month in which they turn 26 years old.

35. Q: My YMCA isn't on the health club list. I requested it online. How long till it's approved or not?

A: YMCA is not included in the Blue365 programming. You are welcome to call BCBSNE customer service for additional assistance. They can be reached at 877-693-7087

36. Q: Will the options enrollment guide be sent out in a 508/ADA-conformant version?

A: The 508 Compliant version of the Options Guide is available on our Wellness and Benefits website.
<https://das.nebraska.gov/personnel/wellness/2027/index.html>

37. Q: After open enrollment, what circumstance is allowed for a change? My wife has open enrollment in November and plans to start in January. Just wondering what circumstances warrant dropping family?

A: IRS Qualifying life events are reasons to allow changes to your benefit elections. Being eligible for other credible coverage is an IRS qualifying life event that would allow you to drop coverage through the state, if you are going onto your wife's plan due to her OE. Please note that the IRS allows you 30 days to make a change, including the date of the event.

38. Q: If I am a family with myself, spouse and 1 child am I able to do the Employee +dependent (4 party coverage)?

A: No. If you, your spouse and your child are on any of our plans, it would have to be on the family level of coverage.

39. Q: Will we need to reverify dependents?

A: No, you will not need to re-verify any dependents that are currently on our medical plan. If you add any new dependents to our medical plan, they will need to be verified through our dependent audit with Alight.

40. Q: Can we cancel our health insurance at any time?

A: No, you must have an IRS Qualifying life event to make a change to your benefits, and you only have 30 days to make those changes including the date of the event. During Open Enrollment you are free to make any changes you would like to make to any of your elections.

41. Q: For temporary employees whose employment will end before July 1, is there any need to participate in the open enrollment for BCBS?

A: We highly encourage all public servants to complete the OE event, just in case their end of employment date changes.

42. Q: If my child loses eligibility for Medicaid/CHIP, can I add them to my plan if I am enrolled in the Single Coverage option and move to the Family Coverage option ...

A: A loss of other coverage is an IRS qualifying life event. Please reach out to your agency HR or DAS Wellness and Benefits team for assistance. Keep in mind you only have 60 days (for Medicaid/Medicare only) to make this addition to your plan for this scenario. If this changes the election that you made during OE, the OE election will be updated and premiums for the new level of coverage will be collected.

43. Q: What happens to long-term and short-term disability - will you have to submit new documentation?

A: Our STD/LTD coverage will remain with UHC. You will need to make sure that your OE event shows the coverage correctly, if you are currently on either/both of these coverages.

44. Q: I currently pay for One Pass through Engage. Will I have to end that Gym membership plan that is through my medical insurance/benefit?

A: No. If a member has an active subscription - and the member loses existing coverage (i.e. employer termination), the member's subscription along with any active family members will continue until the member elects to cancel their subscription. All One Pass Select specific questions can be directed to One Pass Select customer service - 877-5159364. Hours of operation are 8am– 9pm CST, Monday – Friday

45. Q: For those of us who already have the supplemental life insurance at 5, does that carry over to BCBS? Or do we have to start over at 0.5?

A: Our life insurance company and those elections do not have anything to do with the medical plan/company.

46. Q: To clarify, the premiums listed are monthly, divided by 2 per paycheck a month, correct?

A: Yes the premiums in the Options Guide and the Quick Reference Guides are shown as monthly rates. If you are paid bi-weekly divide that number by two. (Remember that we have two deduction free payrolls each year)

47. Q: If two family members (husband/wife) work in the same agency, can they each have a medical flexible spending account?

A: Each State of Nebraska employee is eligible to elect FSA during OE.

48. Q: Is there no 79% employer paid health insurance plan now?

A: The State of Nebraska pays at least 79% of the medical premium as required by State Statute. Please see page 22 in the Options Guide for additional premium information.

49. Q: Just to confirm, we CAN amend our plan to add a spouse if we get married after open enrollment?

A: Yes, IRS Qualifying life events are reasons to allow changes to your benefit elections. Marriage is considered a qualifying life event and allows you 30 days to make a change, including the date of the event.

50. Q: During open enrollment, if there is no change needed, does it automatically convert over to BCBS?

A: No, due to the move from UHC to BCBSNE, there is a change. All State of Nebraska public servants will need to log in and complete their OE event in order to elect medical coverage. If you do not complete this task in Workday, you will not have medical coverage as of 7/1/26.

51. Q: Confirming if I already have long/ short term disability that we don't need to do anything else

A: You should verify in the OE event that these coverages are elected, however if you are currently enrolled/active in STD and/or LTD coverage, you will not have to complete EOI during the upcoming Open Enrollment.

52. Q: Can we elect FSA without electing medical coverage?

A: Yes, you can elect an FSA (Medical or Dep. Daycare) without being enrolled in a medical plan.

53. Q: Are there restrictions for getting a Flex Spending Account?

A: I would encourage you to review the FSA information in the Options Guide on pages 20-21 or reach out to the DAS Wellness and Benefits team for assistance.

54. Q: If we choose to get an FSA, how soon will we expect to receive our new cards?

A: FSA cards are usually mailed out a few weeks prior to the beginning of the plan year. Please be sure to verify your address is correct in Workday, as this is the address they will be mailed to.

55. Q: Who is eligible for FSA or HSA. Are temporary employees with the state eligible? A: Please refer to page 6 in the Options Guide for the answer to this question.

56. Q: Will ASI remain as the FSA provider?

A: Yes

57. Q: To confirm, there is no longer any carryover of any Health Flex Acct dollars?

A: Medical Flexible Spending has never rolled over. This is a use it or lose it plan, and any funds not used with a date of service plan during the plan year are forfeited back to the plan.

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58. **Q: Will my HSA account with UHC automatically be roll-over into the consumer-focused plan HSA with BCBS?**
A: No, you will receive an email communication with instructions on how to approve the transfer of your Optum HSA account over to a WEX HSA account.
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59. **Q: Is there a BCBS Plan comparable to the Wellness Plan in cost/benefits?**
A: The Wellness Plan is not an option for the upcoming Open Enrollment. You will need to review the information and select the plan option that is the best choice for you and your family.
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60. **Q: Will the State offer a wellness plan again next year?** A: Information would be shared prior to next year's OE.
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61. **Q: Can HSA be used for premiums on early retirement insurance (COBRA) from 62-65?** A: Yes
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62. **Q: If we choose to take the vision and dental but decline the health. Do we still need to elect short-term and longterm disabilities?**
A: You are welcome to select any of the benefits available to you during Open Enrollment. STD/LTD coverage is not a requirement to enroll in any other coverage.
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63. **Q: If I already have long/ short term disability, I don't need to do anything correct?**
A: You should verify in the OE event that these coverages are elected, however if you are currently enrolled/active in STD and/or LTD coverage, you will not have to complete EOI during the upcoming Open Enrollment.
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64. **Q: If we already elect short & long term, do we still qualify with BCBS.**
A: Our STD/LTD coverage will remain with UHC. The change in medical coverage from UCH to BCBSNE will not affect the STD/LTD coverage.
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65. **Q: Are there wellness incentive plans?**
A: No, the Wellness with and without Incentive plans have been removed as an option for the upcoming plan year.
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66. **Q: Are there any qualifications we need to do this year to qualify for a certain plan next year?**
A: Not at this time. If that should change, we will communicate any eligibility requirements to all public servants.
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67. **Q: How does the BCBS comparable "wellness" premiums compare to the UHC wellness plan.**
A: We are not offering a "Wellness Plan" through BCBSNE for 7/1/26. You will need to select either the Regular Health Plan or the Consumer-Focused Health Plan.
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68. **Q: Can I enroll my husband in eye and dental only as he has Medicare**
A: Unfortunately, this question is not able to be answered as additional information is needed. Please contact the DAS Wellness and Benefits team for assistance.
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69. **Q: Will a copy of this presentation be made available?**
A: I have advised the recording, and FAQ will be on the OE Benefits webpage.
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70. **Q: Are there required physicals every year?**
A: An annual physical is not currently required; however, it is highly suggested for your overall health and knowledge of your medical status.
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71. **Q: Is the Regular Health Plan HSA Eligible?**

A: No, the Regular Health Plan is not HSA eligible. You can, however, enroll for Medical Flexible Spending Account (FSA) which works in a similar way. Please see pages 20-21 in the Options Guide for additional information.

72. Q: Will the dental plan this year provide either full or partial coverage for dental implants?

A: There is partial coverage for implant treatment plan. We do recommend a pretreatment estimate from all dentists providing services. By knowing up front that parts of the treatment plan are not covered, members are more likely to rely on their flexible spending or other funding options.

73. Q: Can you choose only dental and eye and not medical insurance? A: Yes

74. Q: If my child loses their eligibility for Medicaid/CHIP, can I add them to my plan if I am currently enrolled in the Single Coverage option and move tiers to the Family Coverage option?

A: A loss of other coverage is an IRS qualifying life event. Please reach out to your agency HR or DAS Wellness and Benefits team for assistance. Keep in mind you only have 60 days (for Medicaid/Medicare only) to make this addition to your plan for this scenario. If this changes the election that you made during OE, the OE election will be updated and premiums for the new level of coverage will be collected.

75. Q: Does vision and dental remain the same?

A: The Vendors for Dental and Vision remain the same. Please refer to the Options Guide for any changes or updated information.

76. Q: What happens if you are currently pregnant and due right after the change how does that effect Short Term

Disability

A: Our STD coverage will remain with UHC. The change in medical coverage from UCH to BCBSNE will not affect the STD coverage.

77. Q: If my spouse retires after July of 2026, will she qualify for a status change and be able to be added to my insurance

A: If the retirement involves a loss of other credible coverage, yes, however you will only have 30 days to make the change.

78. Q: If a child is turning 26 later this year, is there anything I need to do? Will they remain on the plan until that time. A: Dependents are eligible to remain on our plan until the end of the month in which they turn 26 years old. You will receive information from the Wellness and Benefits team during the month prior to your child turning 26 with information about their coverage.

79. Q: The additional Services for The Hartford that were shared, are those only for those with additional coverage or are they for all with just the paid basic coverage?

A: They are available to all employees and dependents, regardless of if they are enrolled in the voluntary life.

80. Q: I'm 25 years old and currently on my mom's blue cross blue shield insurance. So when I switch this year when I turn 26 to my own BCBS plan, will I just need to make sure I choose the same plan as she has now to keep the coverage I have?

A: You will need to review the information and select the plan option and level of coverage that is the best choice for you. Plans will vary between employers and companies.

81. Q: Do we have to use WEX to manage our HSA or can we choose our own bank?

A: You can use whatever HSA account you prefer; however, payroll pre-tax deductions will only be sent to accounts using WEX.

82. **Q: Is the insurance going to be deducted biweekly or monthly?**

A: Payrolls and benefit deductions will continue as they are currently.

83. **Q: What happens when a child reaches age 26 in December and you have family coverage. Both us and child work for State. Do we need to redo the enrollment as it probably will fall under as change of status?**

A: Your child will be removed from the State of Nebraska plan at the end of the month in which they turn 26. If this removal changes your level of coverage, you will be allowed to move to the next appropriate level. (i.e. Have family coverage, only child drops off due to turning 26, Employee is allowed to move to Employee + Spouse coverage the first of the following month)

84. **Q: Does the WEX Platform replace the ASI platform?**

A: No, WEX is for HSA bank account. ASI will remain as our COBRA/Retiree and Flexible Spending Vendor

85. **Q: If someone (under the age of 24) is currently on a parent's insurance but on January 1, 2027, they will no longer be on their plan. Does that count as a life event that triggers a special enrollment period for that person?** A: Loss of credible coverage is an IRS qualifying life event to add coverage. You will have to submit documentation showing the loss of coverage within 30 days.

86. **Q: If my husband wants consumer-focused health plan and I want to proceed with the regular health plan, is that possible? Or do we both need the same version of healthcare on my account?**

A: If you are both currently State of Nebraska public servants, you can each select your own benefits with employee only coverage level. If not, the spouse will need to be on the same plan as the State of Nebraska public servant.

87. **Q: Can physicians be in both regional networks?**

A: Physicians may participate in both regional networks, it will depend on their affiliation (i.e., CHI vs Methodist).

88. **Q: How do I find if my hospital and physicians are in-network?** A: <https://www.nebraskablue.com/Member-Services/Find-a-Doctor>

- Note: Not all physicians practicing at an in-network hospital are an in-network physician. Confirm that both the hospital and physicians related to a service are also in-network
- Search using your location (i.e., Lincoln, NE) then you may search by the hospital or the physician's name o Click on the selection that fits your search to see the networks accepted o Click on the link under 'plans accepted',
 - o Click on the drop down 'medical and dental plans' (Note: Dental coverage is with Ameritas. Use the Ameritas search tool to find an in-network dentist) o Review the list for the networks offered below – NetworkBlue
 - Premier Select BlueChoice
 - Blueprint Health

89. **Q: If enrolled in a regional network and saw a provider outside of that network (Western Nebraska) how would it be processed?**

A: If it is a Nebraska physician outside of the regional network option, the services will be processed as out-of-network.

90. **Q: If enrolled in a regional network and the physician sends the patient to a physician/hospital outside of that network, will it be out-of-network?**

A: Yes, the in-network physician should work with the patient to direct care to an in-network physician/hospital to minimize out-of-pocket expenses.

91. Q: How is a service determined to be an emergency?

A: If the services are emergency related, and claims are coded as such, services will be processed at the in-network level of benefits. Benefits cannot be determined until a claim is submitted by the hospital.

92. Q: Will pre-existing conditions apply?

A: Members are not subject to preexisting condition restrictions

93. Q: Where can in-network pharmacies be found?

A: For a complete in-network pharmacy listing please contact Customer Service team: 877-693-7087 or visit www.myprime.com (search by clicking 'Continue without signing in')

94. Q: After pharmacy hours, where can a prescription be filled?

A: With the exception of an in-network hospital setting that has an onsite pharmacy, prescriptions can generally only be filled at in-network pharmacies during their standard business hours.

95. Q: Should prescriptions be moved to a BCBSNE Broad Network C pharmacy at this time?

A: You may switch your prescriptions to an in-network pharmacy prior to 7-1-2026, as long as the pharmacy is considered in-network with Optum.

96. Q: Are the following pharmacies in-network?

A: CVS/Target: No

A: Costco/ Walgreens/Walmart/ Russ's Market/Sam's Club/Hy-Vee/U-Save: Yes

- For a complete in-network pharmacy listing please contact Customer Service team: 877-693-7087 or visit www.myprime.com (search by clicking 'Continue without signing in')
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97. Q: When will pharmacy letters be mailed?

A: Pharmacy letters are expected to be mailed to home addresses in late May

98. Q: Where can the BCBSNE drug list be found?

A: The prescription drug list can be found by clicking [State of NE Updated PDL](#)

- Please note the new plan year PDL is: NetResults Biosimilar Plus (PDL 25) and it applies to both medical plan options
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99. Q: What do the drug classifications mean?

A:

p: preferred generic (Tier 1)

np: non-preferred generic (Tier 2)

P: Preferred Brand (Tier 3)

NP: Non-preferred Brand (Tier 4)

100. Q: Are weight loss drugs covered, including GLP-1s? A: No

101. Q: Are weight loss drugs covered for sleep apnea?

A: No

102. Q: Are GLP-1s covered under the plan?

A: Yes, for Type 2 Diabetes. Preauthorization is required.

103. Q: If a drug is not on the drug list will any part of the cost be covered by insurance? A: No

104. Q: If a drug is not on the drug list can an exception be made?

A: The ordering physician may submit an online formulary exception request for review and approval. This is not a guarantee that the drug will be approved.

105. Q: What is the Specialty Pharmacy?

A: Accredo is the mail order pharmacy for Specialty drugs.

106. Q: Is a 90-day supply available other than mail order?

A: Yes, a 90-day supply is available at an extended supply network pharmacy. See www.myprime.com to find an extended supply network pharmacy.

Mail Order: Up to a 90-day supply can be ordered for home delivery at Amazon Pharmacy.

107. Q: Is shipping free for Amazon mail order

A: Yes. Free standard, five-day shipping (two-day for Amazon Prime members).

108. Q: Will Preauthorization's for services already approved by UHC carry over to BCBSNE?

A: BCBSNE will apply any preauthorization's approved by UHC. Any services scheduled for 7/1/26 or after that have not been preauthorized, must be submitted by the ordering physician once enrollment is loaded and an ID number has been assigned.

109. Q: Will Preauthorization's prescriptions already approved by UHC carry over to BCBSNE?

A: BCBSNE will apply any preauthorization's approved by UHC for 60 days. Once enrollment is loaded and an ID number has been assigned, the ordering physician must submit a new preauthorization, before the existing preauthorization expires.

110. Q: Can You share some additional information concerning the Blue Card program?

A: **BlueCard**

The BlueCard program is the BCBSA national network of providers and is included in both medical plan options at no extra charge

- Includes out-of-state BCBS in-network providers
- This applies to all three network options. Go to <https://www.nebraskablue.com/Member-Services/Find-a-Doctor> • There is no separate ID card for this program
- This is a program intended to be utilized essentially for situations involving travel outside of the state of Nebraska, and for dependents that are located out of the state of Nebraska (i.e. college/traveling/etc.).