

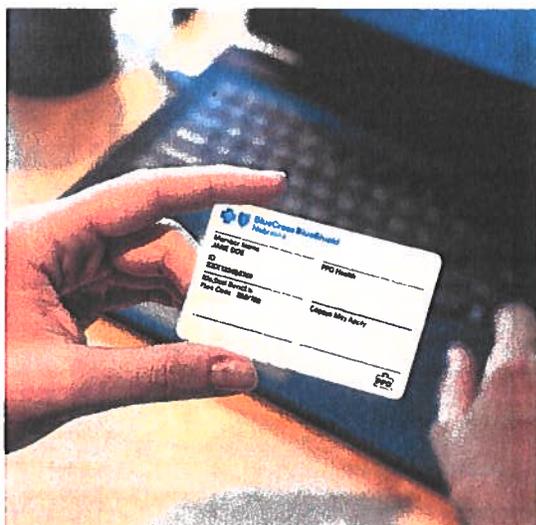


Get Started



Moving Fearlessly **FORWARD**

Why Blue Cross and Blue Shield of Nebraska is moving to HealthRules



As with any business, employers continue to look to improve processes and make their business more efficient. BCBSNE is no different.

After a thorough review, we have determined that HealthRules will be able to deliver those improvements and efficiencies for our groups. The move from our current platform (CoreLink) to HealthRules will help us deliver a better member experience.

Our transition began with BCBSNE's employee plan on January 1, 2019. We will begin transitioning other business in the second quarter.

Changes for employees

Member ID Card: New ID cards will have the same look, but will have new information, such as a new prefix, ID number and customer service telephone number. Members must provide their new card to their doctor, pharmacy or health care facility or the claim processing may be delayed.

Schedule of Benefits: The Schedule of Benefits, mailed with ID cards, has a simplified look that makes it easier to read and understand the key cost shares.

Explanation of Benefits (EOB): New EOBs, with a clearer layout, will be issued as groups transition. Current EOBs will continue to be used for members on CoreLink. People may see both versions as claims with incurred dates prior to the transition are still processed on CoreLink.

Coordination of Benefits (COB): In order to make sure that we have our members' most current primary and secondary health coverage information, BCBSNE will be sending the new COB questionnaire to them.

Pharmacy COB: When we are secondary, COB determination will now occur at the pharmacy, at the time prescriptions are filled. In most cases, members will no longer need to submit paper claims for secondary coverage.

myNebraskaBlue: Members will have access to old and new ID cards in their myNebraskaBlue account and can view new and previous claims data.

Telehealth: Members who have registered for telehealth will need to login and update their information to reflect their new member ID number.

Employee Communication Materials: BCBSNE will provide helpful assets to educate employees upon renewal. These resources will enable employers to communicate important information about the transition, and will include employee emails, fliers, posters, table tents and intranet content.

Welcome Packet: A new member packet will be mailed to new members of existing groups and members of new groups when they first enroll. The packet will include member ID cards, a welcome letter, the Schedule of Benefits and a Get Started guide.

Changes for group leaders

Account/Group Structure: Current group numbers and group roll numbers will change to a simplified account structure. Mapping existing group numbers and new numbers will be provided prior to the transition to HealthRules.

Enrollment Files – Benefitfocus: The account/group structure crosswalk will be used to support the transition and set up of member eligibility.

BluesEnroll: Once a group has transitioned to HealthRules, both previous (CoreLink) and present (HealthRules) enrollment data will be available.

e-Exchange: No changes are anticipated.

Enrollment Files – Self-funded Clients: Self-funded clients will no longer be required to submit documentation to validate the accuracy of their enrollment files. The exception to this rule is for adjustments greater than 60 days.

For self-funded clients with stop loss coverage through BCBSNE or one of our preferred stop loss carriers, validation to confirm eligibility will be requested when the member reaches their specific stop loss limit and/or when the plan reaches the aggregate limits.

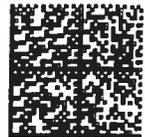
Premium Billing Statement for Fully Insured: For BluePride and BlueFreedom, the billing cycle will move to the 16th of the month. Large groups will continue to bill on the 20th of the month.

Premium Delinquent Notices: Brokers will be carbon-copied in on the delinquent notices that are sent to the client.

Reporting: Multi-year reporting will be supported with the ability to integrate data from both the CoreLink and HealthRules systems through the Insight Analytics tool.



Contact your Blue Cross and Blue Shield of Nebraska Sales or Account Management Team for more information.



We're here to help.

Member Services: 888-592-8960
 Member ID: EWR10000000100

JANE DOE
 3399 A AAAA AAAA AA
 BROKEN ARROW OK 74012

PREVIEW

This is an Explanation of Benefits (EOB) for health insurance claim(s) processed 07/16/2018.

It is your personal record of what we paid and what you may still owe to a doctor or facility. **This is not a bill.**
 Below is a breakdown of each claim. See the following page(s) for information to help manage your plan.

Jane Doe

Claim Number: 20183230001457

Provider: DR. John Smith

Date of Care Care Received	Charged by Provider	Allowed Amount	Paid by BCBSNE	Previously Processed	Your Responsibility To The Provider				You Owe
					Not Covered	Copay	Deductible	Co Insurance	
06/15/2018 Rapid desensitization Notes: 26, 27, 28	20,252.00	15,126.00	1,066.00	10,120.70	0.00	45.00	10.00	5.00	60.00
06/15/2018 Rapid desensitization Notes: 26	252.00	126.00	66.00	61.62	0.00	60.00	0.00	0.00	60.00

Your responsibility is \$120.00

Notes:

- 26 Co-payment Amount
- 27 Deductible Amount
- 28 Co-insurance Amount

Additional Resources

**Manage your plan at
myNebraskaBlue.com**



Electronic EOBs

Sign up to receive
EOBs via email



Estimate Costs

Compare costs for
upcoming procedures



See Claims History

View most current
claims history

Do you need to request an appeal?

If you disagree with the decision reflected on this claim, you may request an appeal. Consult your Certificate of Coverage, Summary Plan Description or Contract for information regarding your specific appeal process.

A request for an appeal must be submitted in writing within six months of the date the claim was processed, or as otherwise required by your plan.

Please include any additional information which may resolve the dispute.

Your request for an appeal may be submitted by you or a representative on your behalf to:
Appeals Dept.

Blue Cross and Blue Shield of Nebraska
PO Box 3248
Omaha NE 68180-0001.

The letter must state that this is a request for an appeal and, if possible, include a copy of your Explanation of Benefits (EOB).

Be sure your appeal includes:

- (1) A general description of the appeal
- (2) The name of the covered person
- (3) Blue Cross and Blue Shield of Nebraska ID number
- (4) Date of the service or claim number
- (5) All letters must include the name and relationship of the person submitting the appeal.

STANDARD EXTERNAL REVIEW: If our decision on an appeal involved making a judgment as to the medical necessity, experimental or investigational nature, appropriateness, health care setting, level of care, or effectiveness, of the health care service or treatment, you may have a right to have our decision reviewed by independent health care professionals who have no association with us. Specific information regarding your external review process will be included with your final adverse determination.

You may be required to exhaust your appeals prior to filing a lawsuit. If your group health plan is subject to ERISA (Employee Retirement Income Security Act of 1974), you have a right to bring a civil action under Section 502(a) of the Act.

NOTICE: For additional details regarding your claim or the information used in making our decision, including specific policy provisions or criterion, the provider's diagnosis and procedure codes, or the scientific or clinical rationale, please contact Member Services at the telephone number shown above. This information is available to you, free of charge, upon request.

This Benefit Plan is that of your employer. Blue Cross and Blue Shield of Nebraska is serving only as the Claims Administrator and does not assume any financial risk.

HELP STOP FRAUD!! - If you suspect Fraud, call (TOLL FREE) 877-632-Blue (2583) or write to: Special Investigations, Blue Cross Blue Shield of Nebraska, PO Box 3248, Omaha, NE 68180-0001.

Date

Group Number:

ID Number: NEQ

Welcome! We're glad you're with Blue Cross and Blue Shield of Nebraska.

Dear ,

We are happy to have you as a member and want to help you get the best health care possible. With this letter, you will find your ID cards and a getting started guide.

If you have questions or need more information about benefits, please call our Member Services Department toll free, using the number on the back of your ID card. We are here to help – it's our goal to give you the best experience possible.

Information you need to get started is on its way. It includes:

- ▶ How to understand and use your plan
- ▶ How to register and use your online account at **myNebraskaBlue.com**
- ▶ Information about value-added products and services

IMPORTANT INFORMATION: Your new ID cards are attached. Starting 04/01/2019, you must present your new ID card to your health care providers including doctors, dentists, medical facilities and pharmacies in order for claims to be processed correctly.



FIRST LAST NAME
987654 SAMPLE DR
OMAHA NE 68000

Number of ID Cards sent to the customer: 2



Member Name FIRST LAST NAME	PPO Health NETwork BLUE
ID NEQ10000078	
Medical and Rx Benefits RxBIN 810455 RxPCN RxNEB Plan Code 259/759	Copays May Apply



nebraskablue.com

Member Services: **877-258-3888**
Admission Certification: **800-247-1103**
BlueCard Access: **800-810-2583**
Providers Outside NE: **800-676-2583**
Pharmacy Help Desk: **800-821-4795**
Telehealth Services: **855-818-3627**
nebraskablue.com/telehealth
Service Key: **BCBSNE**

File all claims with local Blue Cross and/or Blue Shield Plan/Licensee in whose Service Area the Member received services.

Admission Certification required prior to inpatient admission. Penalties may apply.

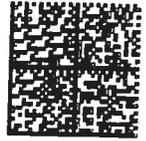
Blue Cross and Blue Shield of Nebraska provides administrative claims payment services only and does not assume any financial risk with respect to claims.

Blue Cross and Blue Shield of Nebraska
PO Box 3248
Omaha, NE 68180-0001
An Independent Licensee of the
Blue Cross and Blue Shield Association.



We're here to help
 Member Services
 Group Number
 ID Number
 Medical Plan Effective Date
 Medical Class of Coverage

877-258-3888 100002001
 ABC100000000
 01/01/2019
 Single Plus Dependent(s)



FIRST LAST NAME
 98765 SAMPLE DR
 OMAHA NE 68000

This Schedule of Benefits outlines the costs associated with your health care plan. Additional information can be found in your Benefit Documents. We're happy to have you as a member!

Blue Cross Blue Shield of Nebraska (BCBSNE) \$1350 QHDHP Network BLUE

Health	In-Network		Out-of-Network	
	Individual	Family	Individual	Family
Deductible	\$1350	\$2700	\$2800	\$5600
Coinsurance	10%	10%	30%	30%
Out Of Pocket Max	\$2800	\$5600	\$3550	\$6350

Prescription	Coinsurance	Copay Min	Copay Max
Generic Drugs	25%	\$5	\$25
Pref-Brand Name Drugs	25%	\$25	\$50
Non-Pref Brand Name Drugs	50%	\$50	\$75
Specialty Drugs	25%	\$50	\$100



An independent licensee of the Blue Cross and Blue Shield Association

PO Box 3248
Omaha, Nebraska 68180-000

FIRST LAST NAME
98765 SAMPLE DR
OMAHA NE 68000

December 17, 2018

Group Number: 100002001
ID Number: ABC100000000

Thank you for being a valued member.

Dear First Last Name,

If you have questions or need more information about benefits, please call our Member Services Department toll free, using the number on the back of your ID card. We are here to help - it's our goal to give you the best experience possible.

IMPORTANT INFORMATION: Your new ID cards are attached. Starting 01/01/2019, you must present your new ID card to your health care providers including doctors, dentists, medical facilities and pharmacies in order for claims to be processed correctly.

By accepting this card and any benefits to which this card entitles the holder, the holder acknowledges that the agreement pursuant to which this card is issued constitutes a contract solely between the group plan and Blue Cross and Blue Shield of Nebraska (BCBSNE) and that BCBSNE is an independent corporation operating under a license with the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans, which permits BCBSNE to use the Blue Cross and Blue Shield names and service marks in the state of Nebraska.