

# Medical, Prescription Drug, and Dental Coverage

For Students of the University of  
Nebraska Omaha  
2014-2015 Academic Year

## WHY BUY StudentBlue?

With this plan:

- ✓ You pay one premium (per coverage period) for all your BCBSNE medical, prescription drug, and dental insurance
- ✓ Services covered at UNO Health Services are paid at 100% – including injections, annual exam expenses, and some laboratory services
- ✓ You get two healthy mouth check-ups at any in-network dental provider

## What are the BENEFITS of StudentBlue?

Please view the charts to see how BCBSNE pays benefits for some common types of expenses.

## How to ENROLL

Visit [nebraskablue.com/studentblue](http://nebraskablue.com/studentblue).

You must re-enroll for each coverage period (Fall and Spring/Summer).

As a college student, your plate is filled with many important things. With StudentBlue, healthcare coverage for college students like you, Blue Cross and Blue Shield of Nebraska can help protect you from the unexpected costs of illness or injury – so you can focus on your future!

The University of Nebraska Omaha (UNO) teamed with Blue Cross and Blue Shield of Nebraska (BCBSNE) to offer a medical, prescription drug, and dental insurance plan to students who attend UNO. Coverage is also available for dependents.

Consider this plan if you have no insurance or if your current insurance does not:

- Cover services provided at UNO Health Services
- Provide coverage if you decrease your credit hours
- Provide coverage because of age restrictions
- Provide adequate benefits

Student Blue Health Insurance	In-network Provider	Out-of-network Provider
Deductible (Embedded*) <ul style="list-style-type: none"><li>• Individual</li><li>• Family</li></ul>	\$500 \$1,000	\$1,000 \$2,000
Coinsurance <ul style="list-style-type: none"><li>• Covered person pays</li><li>• Plan pays</li></ul>	20% 80%	50% 50%
Out-of-pocket limit (Embedded*) (includes deductible, coinsurance, and copays) <ul style="list-style-type: none"><li>• Individual</li><li>• Family</li></ul>	\$2,500 \$5,000	\$5,000 \$10,000
Once the annual out-of-pocket limit is reached, most covered services are payable by the plan at 100% for the rest of the benefit year. In-network and out-of-network deductible and out-of-pocket limits cross accumulate. All other limits (days, visits, sessions, dollar amounts, etc.) do cross accumulate between in-network and out-of-network, unless noted differently.		
*Embedded deductible means if you have single coverage, you only need to satisfy the individual deductible and out-of-pocket limit amounts. If you have family coverage, no one family member contributes more than the individual amount. Family members may combine their covered expenses to satisfy the required family deductible and out-of-pocket amounts.		

Prescription Drug Plan	UNL Health Center Pharmacy	In-network Provider	Out-of-network Provider
Retail and mail order (per 30-day supply) <ul style="list-style-type: none"><li>• Generic drugs</li><li>• Formulary brand name drugs</li><li>• Non-formulary brand name drugs</li></ul>	\$5 copay \$30 copay \$80 copay	\$10 copay \$40 copay \$80 copay	In-network level of benefits + 25% penalty In-network level of benefits + 25% penalty In-network level of benefits + 25% penalty
Note: A 90-day supply is available at a retail Extended Supply Network pharmacy subject to three copays.			
Specialty drugs (specialty drugs must be purchased through a designated specialty pharmacy after two fills)	\$100 copay	\$100 copay	Not covered
Contraceptives <ul style="list-style-type: none"><li>• Formulary<ul style="list-style-type: none"><li>– Generic</li><li>– Brand</li></ul></li><li>• Non-formulary<ul style="list-style-type: none"><li>– Generic</li><li>– Brand</li></ul></li></ul>	Plan pays 100% Plan pays 100%	Plan pays 100% Plan pays 100%	25% penalty 25% penalty
Same as any other generic drug Same as any other non-formulary brand name drug			

Dental Coverage	In-network Provider	Out-of-network Provider
Deductible <ul style="list-style-type: none"><li>• Individual</li><li>• Family</li></ul> Benefit year deductible	\$0 \$0 Not applicable	\$0 \$0 Not applicable
Benefit year maximum benefit	\$1,000 Applies to Coverage A and B	\$1,000 Applies to Coverage A and B
Coinsurance <ul style="list-style-type: none"><li>Coverage A</li><li>Coverage B*</li><li>• Crowns (Plan pays 30%)</li><li>• All other covered services</li><li>Coverage C</li><li>Coverage D</li></ul>	0%  70% 20% No coverage No coverage	40%  70% 50% No coverage No coverage
*Composite restorations – the University Student Dental Office providers at UNL can bill for amounts over the contracted amount.		



# What is the Premium?

	Per Semester
Student	\$828.12
Spouse/Domestic Partner	\$869.58
Each Child	\$621.12

Note: An additional \$10 fee per covered person per coverage period will be charged by the University.

## Questions?

### Blue Cross and Blue Shield of Nebraska

888-592-8962  
nebraskablue.com/studentblue

### UNO Health Services

402-554-2374 (For clinic appointments,  
insurance, and billing questions)  
HPER 1st Floor  
unohealth@unomaha.edu

### Billing and Enrollment Questions

Latrice Stubbs  
402-554-2374  
Health Services  
HPER 1st Floor  
Instubbs@unomaha.edu

➤ The University of Nebraska student insurance plan also offers travel assistance, AD&D, and telemedicine coverage\* at no additional charge to you when you enroll in StudentBlue.  
Contact UNO Health Services for details.

This flier provides you with an overview of the Blue Cross and Blue Shield of Nebraska health, prescription drug, and dental coverage offered to University of Nebraska students. This is not a contract. It is intended as a general overview only. It does not contain all the details of this coverage. For more complete information about your plan, including benefits, exclusions and contract limitations, please refer to the certificate of coverage or the master group contract. In the event there are discrepancies between this document and the contract, the terms and conditions of the contract will govern. Blue Cross and Blue Shield of Nebraska is an independent licensee of the Blue Cross and Blue Shield Association. \*Travel assistance, AD&D, and telemedicine coverage is separate from StudentBlue.

42-068-3 (04-30-14) – UNO

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### Attention UNO Students

Important information about the  
**medical, prescription drug,**  
and **dental coverage** offered to  
you and your dependents.