Blueprint Health Network
Frequently Asked Questions (FAQs)

1. What is the Blueprint Health network?

The Blueprint Health network is a regional, two-tier network in Nebraska.

The first tier in the network covers select Nebraska-based, in-network providers, largely made up of CHI Health providers.

This regional network is available to members located in Omaha, Lincoln areas and surrounding communities, in ZIP codes starting with 680, 681, 683, 684, and 685, as well as in Adams, Buffalo, Hall, Kearney and Phelps counties.

By choosing the Blueprint Health network, you will have a more limited selection of in-network doctors and providers WITHIN the state of Nebraska; all other in-state providers will be considered out of network with your plan (costing you more out of pocket).

However, if you are traveling OUTSIDE the state of Nebraska or are referred to care out of state, care from any provider that is in-network with the local Blue Cross and Blue Shield company's broadest preferred provider organization (PPO) network will be covered in-network cost shares. The general PPO network is the same out-of-state coverage you currently have through what's called the BlueCard® program.

2. Which providers are in the Blueprint Health network?

Some of the key hospitals and health care providers include:

- CHI Health System
- Creighton Health Services
- Nebraska Spine Hospital, LLC
- Boystown National Research Hospital
- Children's Hospital and Medical Center
- St. Elizabeth's Hospital
- Lincoln Surgical Hospital

Some key hospitals and health care providers ***NOT*** in the Blueprint Health network include:

- Bryan Hospital
- Beatrice Community Hospital
- Nebraska Medicine
- Madonna Rehabilitation Hospital
- Nebraska Methodist Hospital System

3. What is the general Preferred Provider Organization (PPO) Network?

The general PPO network is your current network of Nebraska providers if you have not elected the Blueprint Health network.

The general PPO network includes 96% of Nebraska's doctors and 99% of the state's non-governmental acute care hospitals.[1] Under this network, you have a more expansive selection of providers across the state of Nebraska, regardless of ZIP code.

The general PPO network also encompasses out-of-state in-network providers and is the network that would apply for out-of-state care under the Blueprint Health network.

If switching to the Blueprint Health network, you will have a more limited selection of in-network doctors and hospitals within the state of Nebraska; however, your out-of-state coverage will remain the same.

4. Will I see cost savings if I choose the Blueprint Health network?

Yes. Blueprint Health providers have agreed to a lower cost of reimbursement for services when they provide your care and, as a result, your out-of-pocket costs will be lower.

Note: If your current provider is not part of the Blueprint Heath network, you would want to maintain general PPO network coverage or switch to an in-network Blueprint Health provider to take advantage of the cost savings provided by this network.

5. What is an in-network provider?

An in-network provider is any physician or facility that has contracted with your health insurance company to be a part of their network(s).

An in-network provider will file claims directly with the local Blue Cross and Blue Shield (Blue/BCBS) company on your behalf, and BCBS will send the benefit payment directly to them. They agree to accept the insurance company's payment for covered services as payment in full, except for any deductible, coinsurance and/or copayments or charges for non-covered services, which are your responsibility (your cost shares). This means an in-network provider, under the terms of their contract with BCBS, cannot bill you for amounts over the agreed-upon contracted rate for the covered service.

In-network Blueprint Health providers have contracted with BCBS a lower rate than other Nebraska providers to provide you with quality care at a more affordable cost.

Your cost shares will always be lower when you see in-network providers.

[1] According BCBSNE statistics, June 28, 2021

6. What is an out-of-network provider?

An out-of-network provider ***has not*** contracted with the local BCBS company.

An out-of-network provider has not agreed to accept BCBS' benefit payment for covered services as payment in full. This means an out-of-network provider can balance bill you for amounts that exceed the benefit allowance (a reasonable amount determined by the insurance company to pay for the covered service).

An out-of-network provider may not file claims with the local plan for you, which means you must pay out-of-pocket first and then submit a paper claim for reimbursement. BCBS will not pay an out-of-network provider directly; rather, they will send you a check, and you will be responsible for paying the out-of-network provider yourself.

If you go to an out-of-network provider for non-emergent services, you will be responsible for the higher, out-of-network cost shares.

7. What is an invisible provider?

An invisible provider is one that you do not necessarily choose but may receive certain services from. These providers tend to fall under the specialties of pathology, emergency medicine, anesthesiology and radiology. These providers may not be in network.

8. How do I determine if my doctor or provider is in network under the Blueprint Health network?

It is your responsibility to make sure all services are received from in-network providers to achieve the lowest cost of care. If you are referred to another doctor or facility, it is your responsibility to confirm they are in network. If your doctor orders lab work or radiology services, such as an X-ray, MRI, etc., confirm which laboratories and radiology clinics your data is sent to ensure they are in your network.

The best way to determine if your provider is in network is to contact your provider directly.

As a secondary option, or prior to receiving your member ID number, you may look up your providers at **HighmarkBCBS.com**:

- Select "FIND A DOCTOR OR PHARMACY" in the title bar
- Choose "Find a Doctor, Hospital, or other Medical Provider" in the pop-up
- Click "No" when asked "Are you looking for Medicare Advantage providers or facilities?"
- Choose "Medical" from "Medical, Vision, Dental, or Pharmacy"
- If prompted, select "Continue" under "Just browsing."
- If prompted, enter the location you are seeking a provider and click "Continue."
- Click "ENTER CARD ID." (You don't need an ID card or member ID number.)
- Enter **C3M (for searches prior to 1/1/2022) or E7G (for searches on or after 1/1/2022)** in the three displayed boxes under "Narrow Your Results without Logging In" and click "**GO."**

9. What is the difference between in-network and out-of-network benefits?

- In-network benefits are as follows:
  - Single Deductible - $1,250
  - Family Deductible - $2,500
  - Coinsurance – 20%
  - Single Out-of-Pocket Maximum - $3,700
  - Family Out-of-Pocket Maximum - $7,400

- Out-of-network benefits are as follows:
  - Single Deducible – $2,500
  - Family Deductible – $5,000
  - Coinsurance – 30%
  - Single Out-of-Pocket Maximum - $6,300
  - Family Out-of-Pocket Maximum – $11,800

10. Do I have to change doctors if I select the Blueprint Health network?

If your doctor is not in the Blueprint Health network and you do not want to pay the higher cost shares and be subject to balance billing, you might want to consider changing doctors or selecting the general PPO network option instead.

11. What happens if my doctor leaves the Blueprint Health network in the middle of the year?

There is always a possibility that your doctor could change networks mid-year. It is your responsibility to confirm your doctor is in network each time you get care. The best way to determine if your provider is in network is to contact them directly or contact Member Services at 866-370-2583 to confirm the provider's network status.

12. What happens if I select the Blueprint Health network and see a doctor that is not in the network?

If you see an out-of-network provider, you will pay out-of-network cost shares.You will have a higher deductible ($2,500 vs. $1,250 for single coverage), higher coinsurance (30% vs. 20%) and a higher out-of-pocket maximum ($6,300 vs. $3,700 for single coverage). In addition, you may be balanced billed by the provider for amounts not included in BCBSNE's benefit allowance. These balance-billed amounts do not apply to your maximum out-of-pocket cost shares.

13. My child goes to college in Kearney. Can they see a doctor there if I select the Blueprint Health network?

There are in-network Blueprint Health providers in Kearney. Your child should confirm that their doctor is in network prior to their visit. If they see an out-of-network provider, you will be responsible for paying out-of-network cost shares.

You also may want to consider telehealth services from Amwell® for non-emergency care, as well as mental/behavioral health visits.[1] Instead of having to travel to a doctor's office, telehealth lets you video chat with a doctor at your convenience – 24 hours a day, seven days a week, 365 days a year; over your computer, tablet or smartphone in all 50 states. Telehealth visits are growing in popularity. Though in-person office visits may be necessary in certain cases, make sure you discuss any disadvantages or risks with your doctor.

[2]Amwell is an independent company that provides telehealth services for BCBS.

14. My family lives in or travels to western Nebraska. If we need to see a doctor, are we covered if I chose the Blueprint Health network?

In western Nebraska, there are no in-network Blueprint Health providers. Out-of-network cost shares will apply to any services you receive from out-of-network providers.

If you do not live in a county or ZIP code where in-network Blueprint Health providers are located and do not want to travel to see them, the Blueprint Health network may not be the right option for you.

15. If I travel out of state, will I have coverage if I chose the Blueprint Health network?

Yes. Because of the BlueCard program, your out-of-state care will be covered by the second-tier general PPO network's in-network cost shares if you see an in-network provider.

16. My child goes to college in another state. Will my plan cover them if I choose the Blueprint Health network?

Yes. Your child will be covered by the general PPO network's in-network cost shares if they see an in-network provider.

17. What happens if I or any covered family members need care in an emergency? Will we be covered?

You may seek care at the nearest hospital or emergency facility for medically necessary emergency and urgent care services, whether in network or out of network.

In the case of a true emergency, such as a broken arm, heart attack or stroke, benefits will be paid at the in-network level, even if the facility is out of network. If you have a choice, you should still try to use an in-network provider.

If the provider is out of network, you will be responsible for charges above BCBS plan will pay.

The Out-of-Network Emergency Medical Care Act keeps you from getting surprise bills from out-of-network providers or facilities (defined as a general acute hospital, satellite emergency department or ambulatory surgical center) for medical emergencies. Nebraska providers may no longer balance bill patients for medical care received from out-of-network providers or facilities in emergency situations.

18. If I have chosen Blueprint Health network and have a scheduled procedure at an out-of-network hospital, but my doctor has privileges at that hospital, can I still go there?

Your doctor will charge you at the in-network rate for services your doctor provides. However, as the hospital is not in network, you will pay out-of-network charges for the hospital facility fees. The hospital may also balance bill you.

It is best to talk to your doctor about finding a facility that is in network that has all available resources to complete the procedure.

19. May I change my selection to/from the Blueprint Health network at any time?

It is important you research your providers and select the best network for you and your family before enrolling in the Blueprint Health network during this open enrollment period.

Once you select your network, you generally cannot change to another network at any time other than during the annual open enrollment period. However, should you move to/from the state of Nebraska, you may qualify for a change-in-status which will allow you to select an alternative network. If you move to the state of Nebraska, you will have the option to select the Blueprint Health network. Your premiums will change accordingly.

Any network changes must be requested within 31 days of your address change.

20. What if I move to a new state, will I be able to change my network selection?

If you select the Blueprint Health network and move outside of the state of Nebraska, you will automatically convert to the general PPO network on the first of the month following your address change notification to Crete Carrier. Your premiums will change accordingly.

21. Who can I contact with questions?

Please contact Member Services at 866-370-2583 or visit HighmarkBCBS.com.