



## NE Blueprint Health Regional Network Frequently Asked Questions (FAQ)

1. What is the NE Blueprint Health Regional Network?
  - a. The NE Blueprint Health Regional Network is a regional two-tier network.
  - b. The first tier in the network includes Nebraska-based select In-Network providers (largely CHI providers) located in the Omaha and Lincoln areas, including surrounding communities in ZIP codes 680, 681, 683, 684, and 685, as well as in Adams, Buffalo, Hall, Kearney, and Phelps counties.
  - c. All other Nebraska providers are Out-of-Network.
    - i. **By choosing the NE Blueprint Health Regional Network, you will have a more limited selection of In-Network doctors and providers WITHIN the state of Nebraska.**
  - d. If you chose the NE Blueprint Health Regional Network and do not utilize an In-Network provider **while seeking treatment WITHIN the state of Nebraska**, you will have utilized an Out-of-Network provider.
  - e. **However, if you are traveling OUTSIDE the state of Nebraska or are referred to care out-of-state, any care you receive at an out-of-state In-Network provider will be covered under the second tier NETwork BLUE (BlueCard) broad national network at In-Network Cost Shares.**
    - i. **The NETwork BLUE (BlueCard) network is the same out-of-state coverage you have today.**
2. What is the NETwork BLUE (BlueCard) Network?
  - a. The NETwork BLUE (BlueCard) network is your current network.
  - b. With respect to the state of Nebraska, the NETwork BLUE (BlueCard) network encompasses 95% of Nebraska's doctors and non-governmental hospitals. Under this network you have a more expansive selection of providers within the state of Nebraska.
  - c. The NETwork BLUE (BlueCard) Network also encompasses out-of-state In-Network providers and is the network that would apply for out-of-state care under the NE Blueprint Health Regional Network.
  - d. **By choosing the NE Blueprint Health Regional Network, you will have a more limited selection of In-Network doctors and providers within the state of Nebraska. However, your out-of-state coverage remains the same.**
3. Will I see cost savings if I choose the NE Blueprint Health Regional Network?
  - a. By choosing the NE Blueprint Health Regional Network, these providers have agreed to a lower cost of reimbursement for services, and your claims will be lower.
  - b. In addition, you will pay a lower premium amount than if you chose the broader NETwork BLUE (BlueCard) network.
  - c. **If you live in a county or zip code where In-Network providers are located or are willing to travel to such providers, the NE Blueprint Health Regional Network may be suitable for you.**
    - i. **Note: If your current provider is not part of the NE Blueprint Health Regional Network, you will want to switch to an In-Network provider to take advantage of the cost savings provided by this network.**



4. What is an In-Network Provider?
  - a. An In-Network provider is a provider who has contracted with Blue Cross Blue Shield of Nebraska (BCBSNE).
  - b. ***For purposes of the NE Blueprint Health Regional Network, an In-Network provider is a quality provider within the state of Nebraska that has contracted with BCBSNE at a lower rate than other Nebraska providers to provide you with quality care at a more affordable cost.***
  - c. An In-Network provider has agreed to accept BCBSNE's benefit payment for covered services as payment in full, except for any deductible, coinsurance amounts and charges for non-covered services, which are your responsibility (your Cost Shares).
    - i. This means an In-Network provider, under the terms of their contract with BCBSNE, cannot bill you for amounts over the agreed upon benefit allowance (BCBSNE's contracted rate for the covered service).
    - ii. An In-Network provider will file claims directly with BCBSNE on your behalf.
    - iii. BCBSNE will send the benefit payment directly to the In-Network provider.
  - d. Your Cost Shares are lower when you utilize an In-Network provider other than an Out-of-Network provider.
  
5. What is an Out-of-Network Provider?
  - a. An Out-of-Network provider is a provider who ***has not*** contracted with BCBSNE.
  - b. An Out-of-Network provider has not agreed to accept BCBSNE's benefit payment for covered services as payment in full.
    - i. This means an Out-of-Network provider can balance bill you for amounts which exceed BCBSNE's benefit allowance (a reasonable amount determined by BCBSNE to pay for the covered service).
    - ii. An Out-of-Network provider may not file claims with BCBSNE for you, which means you must have to first pay out-of-pocket and then submit a paper claim to BCBSNE for reimbursement.
    - iii. BCBSNE will not pay an Out-of-Network provider directly; rather, BCBSNE will send you a check, and you are responsible for paying the Out-of-Network provider.
  - c. Your Cost Shares will be higher than if you utilized an In-Network provider.
  
6. What is an Invisible Provider?
  - a. An Invisible provider is a provider that you do not choose directly. These providers tend to fall under the specialties of Pathology, Emergency Medicine, Anesthesiology and Radiology. Such provider may not be an In-Network provider.
  - b. It is your responsibility to make sure all services are completed In-Network to achieve the lowest cost of care.
  - c. What should you do to make sure all services are sent to an In-Network provider?
    - i. If your doctor orders lab work, an X-Ray, MRI, etc., confirm with your doctor to which laboratories and radiology clinics your data is sent to ensure they are In-Network.



7. What are some In-Network providers in the NE Blueprint Health Regional Network?
  - a. Some of the key hospitals and health care providers include:
    - i. CHI Health System
    - ii. Alegent Creighton Health Services
    - iii. Nebraska Spine Hospital, LLC
    - iv. Boystown National Research Hospital
    - v. Children's Hospital and Medical Center
    - vi. St. Elizabeth's Hospital
    - vii. Lincoln Surgical
  
8. What are some providers **NOT** In-Network under the NE Blueprint Health Regional Network?
  - a. Some key hospitals and health care providers **NOT** in the NE Blueprint Health Regional Network include:
    - i. Bryan Hospital
    - ii. Beatrice Community Hospital
    - iii. Nebraska Medicine
    - iv. Madonna Rehabilitation Hospital
    - v. Nebraska Methodist Hospital System
  
9. What is the difference between In-Network and Out-of-Network Cost Shares?
  - a. In-Network Cost Shares are as follows:
    - i. Single Deductible – Option A: \$1,250; Option B: \$2,500
    - ii. Family Deductible – Option A: \$2,500; Option B: \$5,000
    - iii. Coinsurance – Option A: 20%; Option B: 20%
    - iv. Single Out-of-Pocket Maximum – Option A: \$3,700; Option B: \$5,500
    - v. Family Out-of-Pocket Maximum – Option A: \$7,400; Option B: \$11,000
  
  - b. Out-of-Network Cost Shares are as follows:
    - i. Single Deductible – Option A: \$2,500; Option B: \$5,000
    - ii. Family Deductible – Option A: \$5,000; Option B: \$10,000
    - iii. Coinsurance – Option A: 30%; Option B: 30%
    - iv. Single Out-of-Pocket Maximum – Option A: \$6,300; Option B: \$9,900
    - v. Family Out-of-Pocket Maximum – Option A: \$11,800; Option B: \$18,200
  
10. Do I have to change doctors if I chose the NE Blueprint Health Regional Network?
  - a. If your doctor is not In-Network and you do not want to pay the higher Cost Shares and be subject to balance billing, you should consider changing doctors.
  
11. What happens if my doctor leaves the NE Blueprint Health Regional Network in the middle of the year?
  - a. There is always a possibility that your doctor could change networks mid-year. It is your responsibility to confirm your doctor is In-Network.



12. What happens if I elect the NE Blueprint Health Regional Network and see a doctor not in the NE Blueprint Health Regional Network?
- a. You will pay the claims towards your Out-of-Network Cost Shares.
    - i. You will pay a higher deductible, higher coinsurance (30% vs 20%), and a higher out-of-pocket maximum.
    - ii. In addition, you may be balance 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 chose the NE Blueprint Health Regional Network?
- a. There are providers that are In-Network under the NE Blueprints Regional Network in Kearney. Your child should confirm that the doctor is In-Network. If an Out-of-Network provider is used, the claim will be applied to your Out-of-Network Cost Shares.
  - b. Your child can use telehealth for non-emergency as well as behavioral health symptoms as an In-Network provider anywhere in the state of Nebraska.
14. My family lives in or travels to western Nebraska, if we need to see a doctor are we covered if I chose the NE Blueprint Health Regional Network?
- a. In western Nebraska, there are no In-Network providers. Any services rendered will be applied to your Out-of-Network Cost Shares.
    - i. If you live in western Nebraska, you should not choose the NE Blueprint Health Regional Network option.
    - ii. **Likewise, if you do not live in a county or zip code where In-Network providers are located and do not want to travel to such providers, the NE Blueprint Health Regional Network may not be suitable for you.**
15. If I travel out-of-state, will I have coverage if I chose the NE Blueprint Health Regional Network?
- a. Yes. Your out-of-state care will be covered under the second tier Network BLUE (BlueCard) network under In-Network Cost Shares, if you see an In-Network provider.
16. My child goes to college out-of-state. Will insurance cover him/her if I choose the NE Blueprint Health Regional Network?
- a. Yes. Your child will be covered under the second tier Network BLUE (BlueCard) program under In-Network Cost Shares if the child sees an In-Network provider.
17. What happens if I or any covered family members have an emergency? Will we be covered?
- a. Whether In-Network or Out-of-Network, you can seek care at to the nearest hospital or emergency facility for medically necessary emergency and urgent care services.
  - b. In the case of a true emergency, benefits will be paid at the In-Network level, even if the facility is Out-of-Network. However, if the provider is Out-of-Network you will be responsible for charges above what BCBSNE will pay. If you have a choice, you should still try to use an In-Network provider.
    - i. Examples of a true emergency: broken arm, heart attack, stroke.



18. Will my doctor know to refer me to another In-Network doctor?
- If you are referred to another doctor, it is your responsibility to confirm that the doctor is In-Network. Before seeing your referral doctor, you should confirm the doctor participates in the NE Blueprint Health Regional Network (if a Nebraska provider) or NENetwork BLUE (BlueCard) (if an out-of-state provider).
19. If I have chosen NE Blueprint Health Regional Network and need a procedure that is scheduled to be performed 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 can also balance bill you.
  - It is best to discuss with your doctor to find a facility that is In-Network that has all available technology to complete the procedure.
20. How do I determine if my doctor or provider is In-Network under the NE Blueprint Health Regional Network?
- The best way to determine if your provider is In-Network is to contact your provider directly.
  - As a secondary option, you may also choose to look up your provider at [mybenefitshome.com](http://mybenefitshome.com).
    - To conduct a provider search prior to receiving your membership card, go to [mybenefitshome.com](http://mybenefitshome.com) and click on the "[Find a Doctor or Rx](#)" link. Then click on the "[Find a Doctor, Hospital or Other Medical Provider](#)" link. In the "[Pick a plan](#)" box, simply enter "**C3M**" in the first box under the wording "[Enter the first three letters of your member ID](#)". It is not necessary to provide your member ID or a plan name.

▼ Pick a plan

Plan name

[Click here to pick a plan from the full list](#)

Enter the first three letters of your member ID [?](#)  
 -- select a member ID --

Clear all



21. May I change my selection to/from the Blueprint Health Regional Network at any time?

- a. Generally, no. Once you select your network, you generally cannot change to another network at any time other than Open Enrollment.
- b. 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.
- c. ***It is important you research your providers and select the best network for you and your family before enrolling in the NE Blueprint Health Regional Network during this Open Enrollment period.***

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

- a. If you select the NE Blueprint Health Regional Network and move outside of the state of Nebraska, you will automatically convert to the Network BLUE (BlueCard) on the first of the month following your address change notification to Crete Carrier. Your premiums will change accordingly.
- b. If you move to the state of Nebraska, you will have the option to select the NE Blueprint Health Regional Network. Your premiums will change accordingly.
  - i. ***Any network changes must be requested within 31 days of your address change.***

23. Who can I contact with questions?

- a. Please contact Member Services at: 866.370.2583