

ID NUMBER: GROUP NUMBER: CURRENT COVERAGE EFFECTIVE DATE:

CLASS OF COVERAGE:

AAA123456789 123456-01

01/01/2012 TWO PARTY

NEW COVERAGE

JOHN B SMITH 1234 MAIN STREET CITY ST 12345-5678

Schedule of Benefits

COVERAGE DESCRIPTION: MASTER BENEFIT PLAN

ABC COMPANY DENTAL 1/12

DEDUCTIBLE PER CALENDAR YEAR/B,C SERVICES ONLY: NETWORK \$0, NON-NETWORK \$150

PER MEMBER MAXIMUM: \$2000 PER CALENDAR YEAR FOR A,B,C SERVICES COMBINED

PER MEMBER OVERALL MAXIMUM: \$2000 FOR D SERVICES

COINSURANCE: NETWORK 0%, NON-NETWORK 0% FOR A SERVICES

NETWORK 20%, NON-NETWORK 20% FOR B SERVICES

NETWORK 50%, NON-NETWORK 50% FOR C AND D SERVICES

NO BENEFITS ARE AVAILABLE FOR E SERVICES

PLEASE REFER TO YOUR SUMMARY PLAN DESCRIPTION FOR ADDITIONAL DETAILS.

This Schedule of Benefits is incorporated as part of your Benefit Plan.

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JOHN B SMITH 1234 MAIN STREET ST 12345-5678

By accepting this card and any benefits it entitles you to, you acknowledge that:
a) the contract is solely between your group and Blue Cross and Blue Shield of Nebraska, and
b) that Blue Cross and Blue Shield of Nebraska is an independent corporation operating under a license from the Blue Cross and Blue Shield Association that permits Blue Cross and Blue Shield of Nebraska to use the Blue Cross and/or Blue Shield names and service marks in Nebraska.





BlueCrossBlueShield BluePride of Nebraska

Member Name JOHN B SMITH	PPO Health Dental GRID	
ID AAA123456789		
Medical and Rx Benefits RxBIN 610455 RxPCN RxNEB Plan Code 263/763	Office Visit Copay Specialist Copay Urgent Care Copay ER Visit Copay Additional copays may apply	\$30 \$45 \$45 \$100





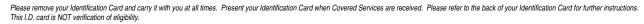
File all claims with local Blue Cross and/or Blue Shield Plan/Licensee in whose Service Area the Member received services.

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, except as may be set forth in a Stop Loss Agreement with the Group.

Member Services: 1-888-592-8961 Admission Certification: 1-402-390-1870 Omaha: 1-800-247-1103 Toll-free: Provider Locator: 1-800-810-2583 NE Provider Services: 1-800-635-0579 Providers Outside NE: 1-800-676-2583

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.



PPO





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Medical and Rx Benefits RxBIN 610455 RxPCN RxNEB Plan Code 263/763	Office Visit Copay Specialist Copay Urgent Care Copay ER Visit Copay Additional copays may apply	\$30 \$45 \$45 \$100

NEtwork BLUE





BlueCross BlueShield nebraskablue.com of Nebraska

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Please remove your Identification Card and carry it with you at all times. Present your Identification Card when Covered Services are received. Please refer to the back of your Identification Card for further instructions. This I.D. card is NOT verification of eligibility.

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