



BlueCross BlueShield of Nebraska

An Independent Licensee of the Blue Cross and Blue Shield Association.

ID NUMBER:	AAA123456789
GROUP NUMBER:	123456-01
CURRENT COVERAGE	
EFFECTIVE DATE:	01/01/2012
CLASS OF COVERAGE:	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
CITY 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.



BlueCross BlueShield of Nebraska BluePride

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 **\$30**
Specialist Copay **\$45**
Urgent Care Copay **\$45**
ER Visit Copay **\$100**
Additional copays may apply

NEtwork BLUE



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.



BlueCross BlueShield of Nebraska

nebraskablue.com

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

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.

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Omaha, NE 68180-0001
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