

Partial Self-Funded Illustration

Sarpy County

Plan Year: 01/01/2019-12/31/2019

Employee Plan

Deductible:

\$500 for a Single Plan
\$1,000 for a Family Plan

Out of Pocket Maximum:

\$3,700 for a Single Plan
\$7,400 for a Family Plan

Coinsurance:

You pay 20% for In-network
You pay 50% for Out-of-Network
- Out of network is processed under the BCBS plan only

Doctor's Office Co-pay:

\$30/\$75

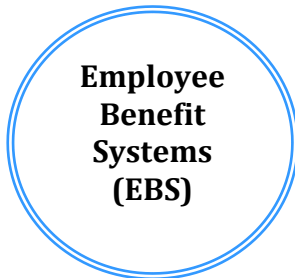
Emergency Room Co-pay:

\$250
\$45 Urgent Care

Prescription Co-pay:

\$10-Generic
\$40-Selected Brand Name
\$75-Brand Name
\$100-Specialty

\$100 Individual Rx deductible
\$200 Family Rx deductible



1. You incur medical services

Your medical provider will file your claim with Blue Cross Blue Shield of Nebraska using the information from your Blue Cross Blue Shield of Nebraska Identification Card.

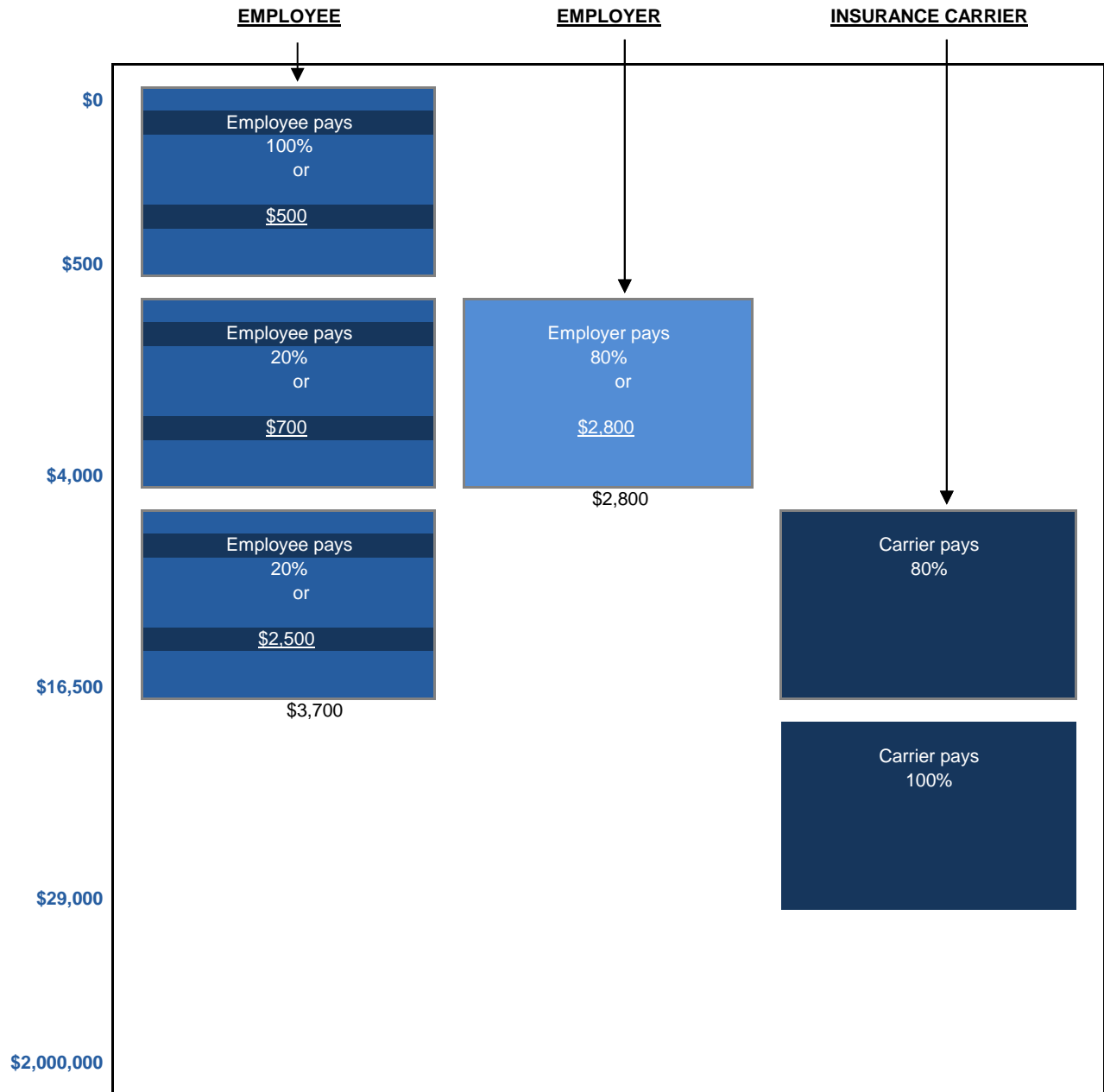
2. Blue Cross Blue Shield of Nebraska settles your claim

All claims are submitted to Blue Cross Blue Shield of Nebraska first for settlement under your high deductible plan. Blue Cross Blue Shield of Nebraska will make a payment if applicable to your provider of service and send you an Explanation of Benefit (EOB).

3. EBS settles your claim

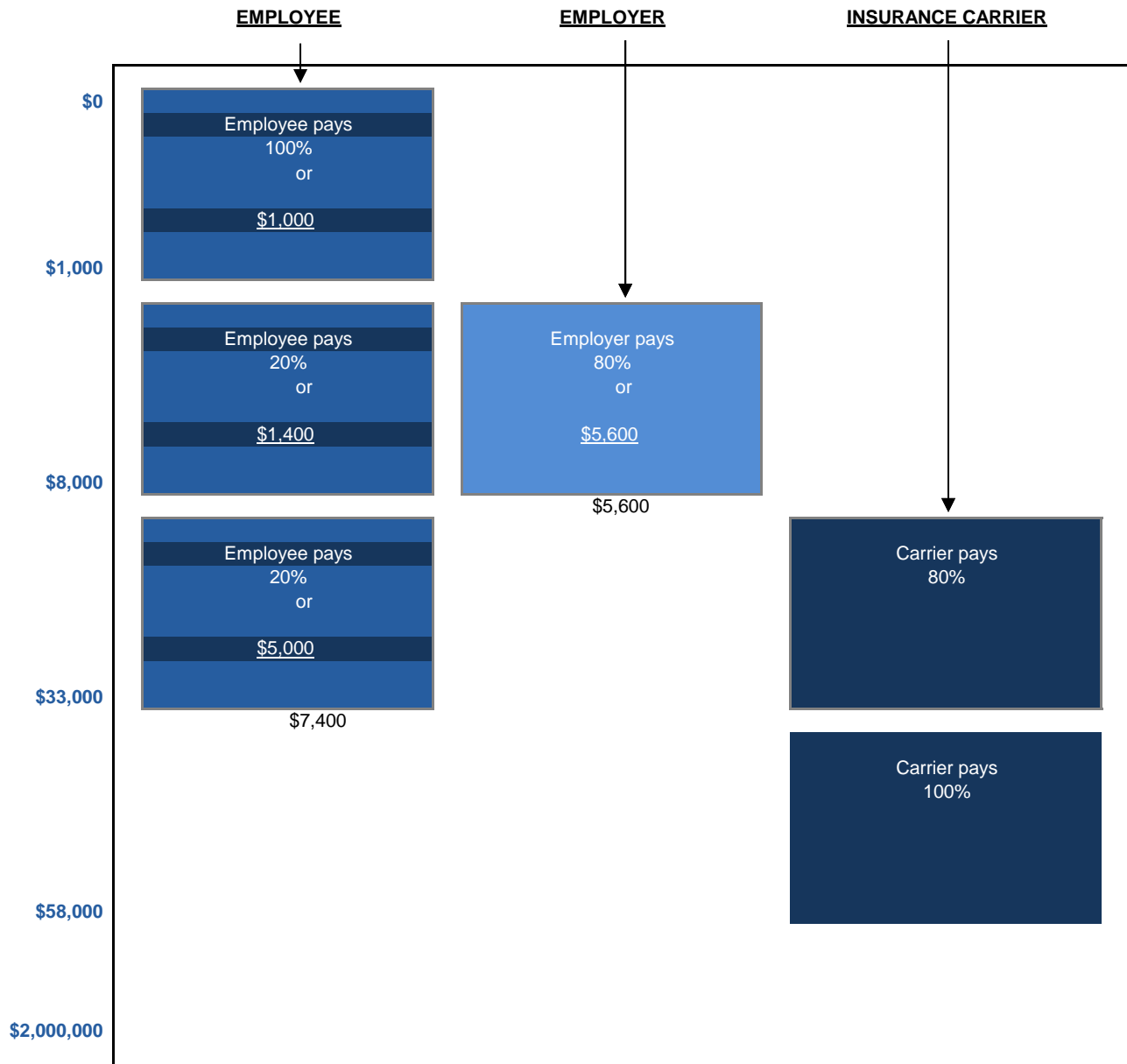
EBS receives the EOB from Blue Cross Blue Shield of Nebraska for processing the claim on your low deductible plan. EBS will make a payment if applicable to your provider of service. You will receive a paper EOB that summarizes how much EBS paid and how much you, the member, are responsible for.

	<u>Employee Plan</u>	<u>Shared Funding®</u>	<u>Insurance Policy</u>	Employee Benefit Systems (EBS) will administer the claims difference for the plan sponsor (employer). Claims must first be submitted to the insurance carrier.
Deductible (single)	500		4,000	
Coinsurance Level	20%	20%	80%	
Out-of-Pocket Max	3,700	2,800	6,500	
Rx Copay		\$10/\$40/\$75/100		
OV Copay		\$30 / 75		



EBS provides this information as a courtesy to our employer clients. This is an estimate only. While we believe these figures represent a fair assessment of your anticipated single exposure, EBS is not responsible for the end result.

	Employee Plan	Shared Funding®	Insurance Policy	Employee Benefit Systems (EBS) will administer the claims difference for the plan sponsor (employer). Claims must first be submitted to the insurance carrier.
Deductible (Family)	1,000		8,000	
Coinsurance Level	20%	20%	80%	
Out-of-Pocket Max	7,400	5,600	13,000	
Rx Copay OV Copay		\$10/40/75/100 \$30/ 75		



EBS provides this information as a courtesy to our employer clients. This is an estimate only. While we believe these figures represent a fair assessment of your anticipated family exposure, EBS is not responsible for the end result.