



Get Started

UNIVERSITY OF  
**Nebraska**  
System



# Welcome!

We're happy you are a member of Blue Cross and Blue Shield of Nebraska. Use this guide to get started and help understand your health care and dental plans.

We're here to help you better understand and use your health and dental insurance. If you have questions, you can access detailed information through your online member account at **myNebraskaBlue.com**, or to get more personalized service, you can call the number on the back of your ID card to speak to one of our helpful Member Service representatives.

## We are here to help.

### Online

NebraskaBlue.com/UNSystem

### Walk-in

1919 Aksarben Drive  
Omaha, Nebraska  
Monday - Friday  
8 a.m. - 4:30 p.m. CT

### Call

866-926-1498  
Monday - Friday  
7:30 a.m. - 6 p.m. CT

➤ For pharmacy benefits, please visit **myEmpiRxHealth.com** or call **833-419-3436**.



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# 01

## Getting started

It's as easy as 1, 2, 3. Follow these steps to get the most out of your health insurance.

### Quick Start Guide



#### Keep Your ID Card with You

Your new member ID card can be used at your doctors' offices, pharmacies, medical facilities and dentists - you only need one card. You will need to show your new card when receive services to ensure claims are processed.

You can download your mobile ID card or order additional cards at **myNebraskaBlue.com**.

Note: Dependent names will not appear on the ID cards.



#### Accessing Your Plan

Create an account at **myNebraskaBlue.com** and download the app (myBlue Nebraska).

- View your claims and benefits
- Track deductible and out-of-pocket costs
- Find in-network doctors and dentists
- Access your Explanation of Benefits (EOB)



#### Using Your Plan

Once you've created an account, you can check to see if your doctor is in network with your health plan and estimate costs for procedures and services.

## 02

### Accessing your plan

Your personalized member account is available on your computer or mobile devices. You can access your benefits when and where you need them just by visiting **myNebraskaBlue.com**.

View your claims, compare costs and more – all at your convenience.



## Your Plan is Online



### Your Claims

- See what your plan paid and what you may owe
- Review your claims history and track claims status
- Review your Explanation of Benefits (EOB) documents

**TIP:** paperless option available



### Plan Benefits

- View your benefits, copays, coinsurance and out-of-pocket costs
- Download your mobile ID card or request additional printed cards



### Doctors and Cost

- Find enhanced network and other in-network doctors, hospitals and dentists
- Use the cost estimator to plan for and compare medical expenses



### Discounts

- Register with Blue365® to get exclusive discounts on gym memberships and wellness products

## 03

### Using your plan

Health Care costs shouldn't take you by surprise. From our cost estimator to our Find-a-Doctor tool, we'll help you understand the factors that influence how much you pay for care.

#### What We Each Pay



Until you meet your deductible each calendar year, you pay 100% of doctor and hospital bills.

In some cases, you may still pay copays after you have met your deductible.

Once you have met your deductible, we begin to share the costs until you meet your out-of-pocket maximum.

Once you meet your out-of-pocket maximum, we pay all covered expenses for the rest of the calendar year.

Note: For some high-deductible health plans, the deductible and out-of-pocket maximum may be the same.

## Find an In-Network Doctor and Compare Costs

Using the University of NE System Network providers usually means lower costs and less paperwork for you. Find an in-network doctor or dentist through your online member account at **myNebraskaBlue.com**.

Here, you can also compare costs for services between doctors or facilities. Costs can vary greatly depending where you go – even within your plan's provider network. Explore your options to get the best care for you.

Use the cost estimator to have more informed conversations with

your doctor about your treatment options and the associated costs.

If you travel outside Nebraska, you can access in-network doctors and hospitals through our national network, called BlueCard. Outside of the United States, you have access to care in nearly 200 countries and territories around the world.

You may also search as a guest for an in-network doctor at [NebraskaBlue.com/DoctorFinder](http://NebraskaBlue.com/DoctorFinder). You will need to select University of NE System Network from the network drop-down list.

### With our Find-a-Doctor tool, you can:

- Find in-network doctors, dentists or facilities
- See costs before a procedure
- Plan your treatment and recovery

» [myNebraskaBlue.com](http://myNebraskaBlue.com)

## Costs Vary by Location

You can save money by choosing treatment from a facility or doctor that has a lower cost. See your specific costs at **myNebraskaBlue.com**.



! In a true emergency, go to the hospital emergency room. You don't need prior approval, even if it's outside your network.



## EmpiRx Health Pharmacy Benefits.

Welcome to EmpiRx Health! EmpiRxHealth provides a personalized touch at every level, with Member Services and pharmacists available 24/7/365 to assist with all your prescription needs.

**Use your BCBSNE member ID card when filling your prescriptions.**

### Mail Order Pharmacy

The EmpiRxHealth mail order pharmacy can save your time and money by delivering your long-term medications right to your door.

### Manage your prescriptions easily online and on-the-go.

- Prescription History
- Mail-order Refills & Reminders
- Claims Details & History
- Drug Information & Pricing
- Pharmacy Search & Directions
- Benefits Information
- Available in Spanish



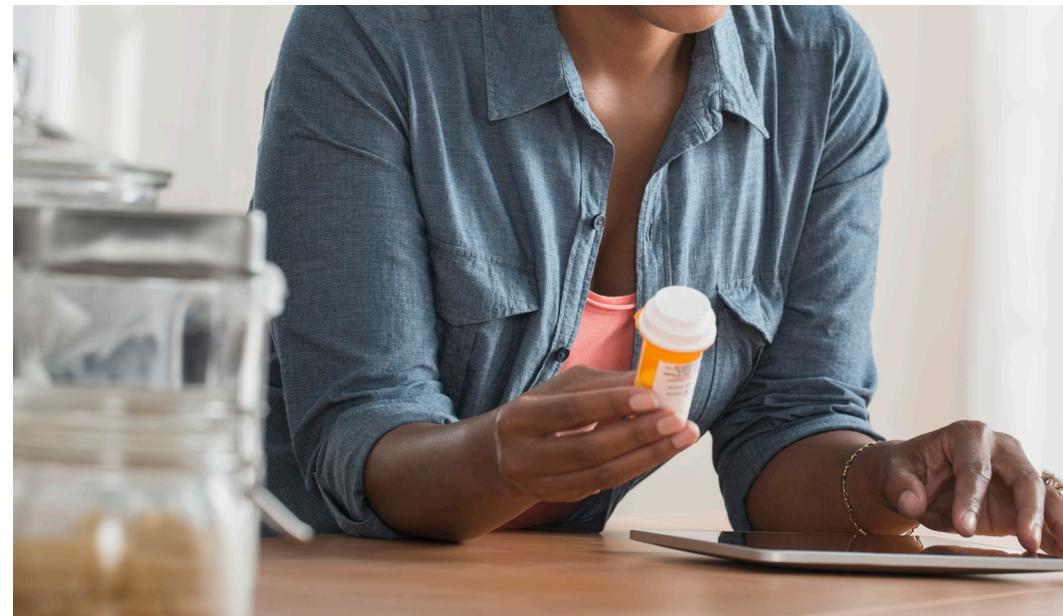
## Frequently Asked Questions

### Can I still use the same retail pharmacy I have always used?

Yes, you can continue to use the same local retail pharmacy to fill your prescription. Your EmpiRx Health pharmacy benefit program provides access to an extensive national pharmacy network, including major chains and most independent pharmacies. Please provide your combined medical history and BCBSNE member ID card to your retail pharmacy so they can process your prescriptions through EmpiRx Health.

### How much medication can I fill at retail? Through mail order?

Prescriptions filled at most retail pharmacies are limited to a 90-day supply. University of Nebraska System Pharmacies, Target/CVS, Safeway Inc, Publix, Rite Aid, Costco Pharmacies, Walgreens, Albertsons, Giant Eagle, Stop and Shop and Walmart may allow up to a 90-day supply of medications at a time. You can also get up to a 90-day supply through the mail order pharmacy. Specialty medications are always limited to a 30-day supply.



### What is a specialty medication?

Specialty medications are medications that require special handling, personalized care, monitoring, or special delivery needs. These products require specialized clinical management, patient education and training, as well as specific packing, shipping, and handling requirements. Specialty medications include treatments used in disease states such as arthritis, hepatitis, multiple sclerosis, oncology, and other therapies where compliance plays a key factor in treatment goals and outcomes.

Certain specialty medications may be classified as limited distributed drugs and would be only available at specific pharmacies. If Prescription Mart is unable to dispense a limited distribution drug, the prescription is transferred to a limited distribution pharmacy. Patients will be notified when their prescription is transferred, and the limited distribution pharmacy will contact the patient to make final arrangements for shipment and delivery.



### What is a specialty consultation?

For every specialty medication we dispense (including limited distribution drugs), patients receive a one-on-one consultation with one of our experienced nurses or pharmacists. During the consultation, a clinician counsels the patient on appropriate administration, management of potential side effects, and proper dosing of their prescribed medication. EmpiRx Health's goal is to confirm the safety and effectiveness of prescriptions for our members. In the event a

prescription is changed, we make the process seamless for you by working behind the scenes with your prescriber. You will always be notified by either your prescriber or EmpiRx Health in the event of a change.

### How do I use the mail order pharmacy?

Your prescriber can submit the prescription electronically to our mail order pharmacy Prescription Mart or by fax to Prescription Mart at 1-409-866-1317. Be sure the information includes patient name, cardholder name, BCBSNE member ID number, shipping

address, and patient date of birth. Only prescriptions from a doctor's office will be accepted via fax. If you choose to submit your prescription by mail, complete the mail order form included with your Welcome Packet. Attach your prescription and submit them both in the pre-addressed envelope.

### Have more questions?

Contact EmpiRx Health Member Services at **833-419-3436**.



# 04

## Mental Well-Being

As part of our commitment to a holistic approach to mental health, you have access to resources for you and your family that will enhance your mental health and well-being.

Visit

**[NebraskaBlue.com/MentalHealth](https://NebraskaBlue.com/MentalHealth)**.



We have resources for many situations. Whether you want guidance for practicing self-care, need immediate crisis support or something in between, we are here to help.



## Emergency Response Resources

View resources and organizations to get immediate and confidential support for individuals and families in crisis.



## Find Care

Find in-network primary care providers, therapists and psychologists, video chat with a therapist or connect with one of our mental health nurses.



## Know the Signs

Resources that can help you understand the signs of mental health problems.



## Glossary

Understand some of the terminology associated with mental health.

➤ For more information, visit [NebraskaBlue.com/MentalHealth](https://NebraskaBlue.com/MentalHealth)

# 04

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## Connecting you to care

Free with your health plan you have access to care management programs and services, including a team of nurses and a mobile health app.

Visit  
**[NebraskaBlue.com/Wellbeing](https://www.NebraskaBlue.com/Wellbeing)**.



With a range of patient-centered care management programs, BCBSNE makes it affordable and convenient for you to get the high-quality health care you need.



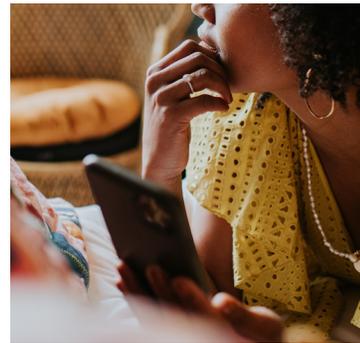
### Nurse-led Support Team

Our nurses are medical professionals based right here in Nebraska, who work closely with you and your family to coordinate care — whether you're battling a major illness, or you just need a little extra help.



### Care Transitions

After an inpatient stay, nurses will reach out to help you understand and follow your doctors' discharge orders, helping you stay safe and achieve better recovery outcomes.



### Mental and Behavioral Health

Our nurses listen and coordinate care for your mental and behavioral health needs. Whether you want guidance for self-care, need crisis support or something in-between, our team can help you navigate the mental and behavioral health system, suggest techniques and coping strategies, and ensure you get the care you need.



### Pregnancy Care

Expecting parents can find answers, encouragement and customized support from nurses throughout pregnancy. Your care team can answer questions about your coverage, health and wellness to guide you toward a healthy delivery and happy baby.

## Diabetes Support

### Virta Type 2 Diabetes Reversal Program at no cost to you!

Virta uses nutritional ketosis to naturally lower blood sugar and turn the body into a fat-burning machine. There is no surgery, required exercise, or calorie counting with Virta.

With Virta's personalized treatment plan, each member gets medical supervision from a physician-led care team, a one-on-one health coach, diabetes testing supplies, educational tools like videos and recipes, and a private online support community.

To get started, visit **NebraskaBlue.com/UNSystemVirta**

### Nurse diabetes educators

As part of your BCBSNE health plan, you have access to a FREE diabetes program supported by our nurse diabetes educators. Our nurses can help you with diet and exercise education, medication adherence and getting the most out of your benefits. You can use our free mobile app and work one-on-one with a nurse; the program is personalized to your needs.

#### It's easy to get started!

Download the Wellframe app and enter your member ID and access code **NEACTION** when prompted.

## Complex Case Management

If you have complex medical conditions, co-morbidities or severe illness, treatment and care can be overwhelming or confusing.

Nurse case managers serve as a single, trusted contact for you and your family, encouraging you to be involved in your treatment programs and helping you navigate through what can be a challenging experience.

Our nurses use a mobile-enabled care management platform to connect with you and get you the help you need, when you need it. The platform is powered by the Wellframe app. Members who do not use the app can connect with a nurse over the phone.

To learn more or to sign up, visit **NebraskaBlue.com/Care**.

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This service is available at no cost to all BCBSNE members. To talk to one of our nurses, call 844-201-1546 or visit [NebraskaBlue.com/Care](http://NebraskaBlue.com/Care) for more information.

## Personal Healthcare Support

Our nurses are specially trained to advocate and provide extensive support to inspire healthy behaviors that can help you lower your risk for illness and better manage health conditions. You can get support for:

- Weight management and healthy eating
- Quitting smoking
- Pain management
- Chronic health conditions like diabetes, heart disease, asthma
- And more

To learn more, visit **NebraskaBlue.com/Wellbeing**

Virta is an independent company that provides diabetes management services to Blue Cross and Blue Shield of Nebraska. Wellframe is an independent company that provides mobile enabled care management services for Blue Cross and Blue Shield of Nebraska. Wellframe is responsible for its services.



I appreciate the phone calls from Roxanne. If I had any concerns or questions she was able to answer them and encouraged me to keep doing my best. I think this is an excellent service.

- BCBSNE member

## Telehealth

Instead of having to travel to a doctor's office, telehealth lets you video chat with a doctor at your convenience.

Telehealth is available 24/7, 365 days a year, over your computer, tablet or smartphone in all 50 states. It's perfect when your doctor's office is closed, you're too sick or busy to go in person, or when traveling. Behavioral health services are also available from licensed therapists.



### Round-the-clock Care through Amwell®

BCBSNE has partnered with Amwell to connect you to high-quality telehealth care. You can connect on-demand or schedule an appointment with a board-certified experienced health care provider, 24/7. These visits are covered with your BCBSNE benefits.

#### Three easy ways to register:

- Download the Amwell app
- [NebraskaBlue.com/Telehealth](https://www.NebraskaBlue.com/Telehealth)
- Call 844-733-3627

Enter service key **BCBSNE** to ensure you are charged the correct amount.



I love this service! All of our questions were answered and the prescriptions are called in, in less than 30 minutes. Saves me time and gas!

- BCBSNE member

## Visit Your Own Doctor

Many Nebraska health care providers offer virtual visits. You get the convenience of telehealth, plus the care you need from doctors and nurses you already know and trust. Ask your doctor if this option is available for you. Virtual visits are covered with your BCBSNE benefits.



### Common conditions include:

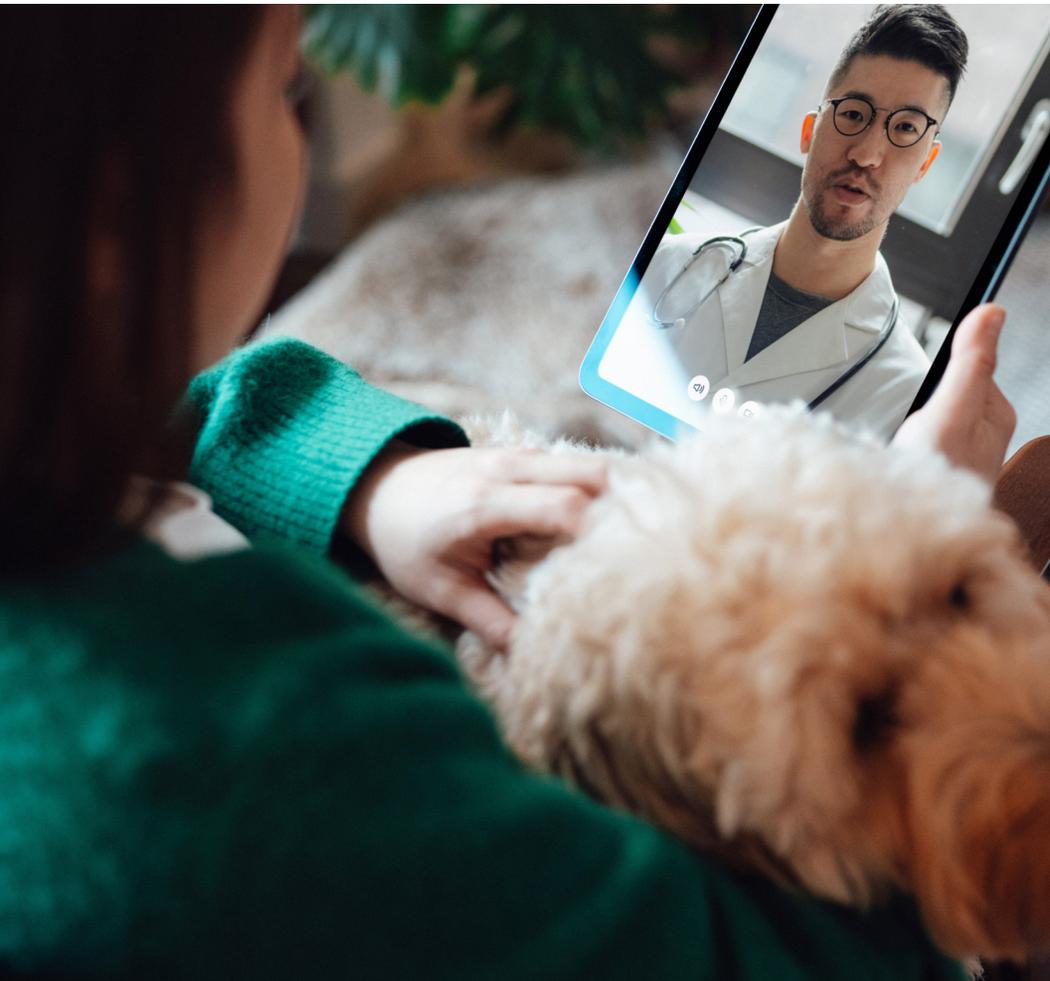
- Cold
- Flu
- Allergies
- Rash
- Dermatology (Skin hair and nails)
- Ear infection
- Pinkeye
- Anxiety
- Depression

» [NebraskaBlue.com/Telehealth](https://www.NebraskaBlue.com/Telehealth)

## 2nd.MD – Second Opinion Services

Blue Cross and Blue Shield of Nebraska (BCBSNE) offers virtual second medical opinion services powered by 2nd.MD.

University of Nebraska System members can count on 2nd.MD to provide secure and confidential virtual consultations with expert medical specialists to confirm a diagnosis and affirm treatment options – resulting in lower costs and better health outcomes.



### 2nd.MD expert specialists answer questions about:

- A new or existing diagnosis
- Medications and treatment plan
- Possible surgery or procedure
- Other major medical decisions

A second opinion can change the course of your treatment or life, giving you peace of mind knowing you are getting the best treatment plan.

### With 2nd.MD, you will have access to:

- Consultations via phone or video from the comfort of your home, including evenings and weekends
- More than 1,000 U.S. board-certified expert physician specialists
- Diagnosis and treatment support



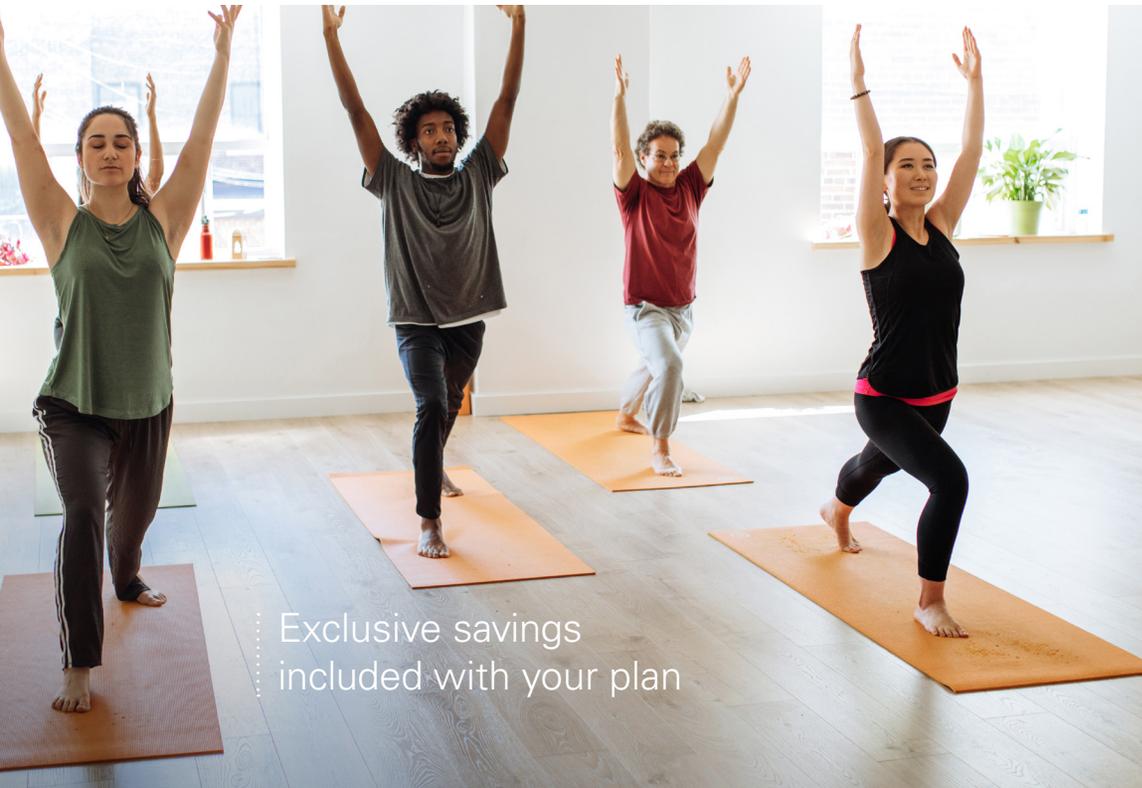
To activate your 2nd MD account, visit **2nd.MD/Activate**.

## Health and Wellness

Visit our Health and Wellness page, a one-stop shop for your wellness needs. It includes resources to help you maintain a healthy lifestyle:

- Complete the online health risk assessment
- Find tools and resources to improve your health and wellbeing
- Stride toward better health by completing monthly wellness challenges

➤ [NebraskaBlue.com/Wellness](https://NebraskaBlue.com/Wellness)



Exclusive savings  
included with your plan

## Blue365®

### Member Discount Program

Blue365 is just one more advantage of being a BCBSNE member.

With this free program, you and your family can save money on health care products and services. You'll see a full range of savings from top national and local retailers. Some discounts include:

- Apparel and footwear
- Fitness - including gym memberships
- Hearing and vision
- Home and family
- Nutrition
- Personal care
- Travel

There are no claims to file and no referrals or prior authorizations needed. After you've registered, you can also sign up to receive weekly deals sent directly to your email.

Visit [NebraskaBlue.com/Blue365](https://NebraskaBlue.com/Blue365) to take advantage of these exclusive deals.

### Discounts on top brands including:



➤ [Blue365Deals.com/BCBSNE](https://Blue365Deals.com/BCBSNE)

The Blue365 program is brought to you by the Blue Cross Blue Shield Association.

# 05

## Glossary

Insurance can be confusing. Let's clear up some common terms.

### Coinsurance

The percentage of the covered charges you pay after your deductible has been met.

### Coordination of Benefits (COB)

Some members have more than one health or dental plan. One plan becomes your primary plan. It pays your claims first. The second plan may pay toward the remaining costs. This allows health and dental carriers to work together to help reduce your out-of-pocket expenses for medical, dental and pharmacy claims. Visit [NebraskaBlue.com/COB](https://www.NebraskaBlue.com/COB) to learn more.

### Copayment or Copay

A fixed amount you pay each time you get certain types of treatment. For example, a visit to your primary care doctor may be \$25 or an urgent care visit may be \$50. Refer to your schedule of benefits.

### Deductible

A fixed dollar amount you pay for covered services each calendar year before benefits are available.

### Explanation of Benefits (EOB)

After a visit to a doctor or hospital, we send you a statement that outlines the services you received, how much they cost and how much we paid on your behalf.

### Out-of-Pocket Maximum

This is the most you would pay in cost sharing in a year. This includes your deductibles, copays and coinsurance. Once you meet this amount, we pay all covered expenses for the rest of the year.

If you have additional questions on benefit caps, how your plan works and more, visit [NebraskaBlue.com/FAQ](https://www.NebraskaBlue.com/FAQ).

## Administrative and Legal Information



### PLAN DOCUMENTS

Your Certificate of Coverage (COC) or Summary Plan Description (SPD) explains the benefits you and your covered family members have under your plan. These documents explain the services that will and will not be covered, and it outlines your obligations, such as when you are required to make copayments and pay deductibles and details the appeal process you should follow if you disagree with a decision we made on your or a family member's claim.

You can find your plan documents, along with other benefit information, on [NebraskaBlue.com/Plans](https://www.NebraskaBlue.com/Plans).

Contact your employer for a copy of your plan document.

### GENERAL COMPLAINTS

You have the right to make a complaint or file an appeal about your health plan, any care you receive or any benefit determination your health plan makes. To file a complaint, please call the Member Services number on the back of your member ID card.

### IMPORTANT PRIVACY INFORMATION

Please take a moment to read this information. While we have always followed strict policies to maintain the confidentiality of your records, some modifications to our policies have been mandated by the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), which is discussed in more detail below.

#### HIPAA affects how we communicate with you and other adult members of your family

##### 1. Written Communications and

**Correspondence:** All members of a family who are 18 years or older are treated as "Adult Members," which means that any correspondence that contains protected health information (as defined by HIPAA) is addressed and sent to them in their own name. This correspondence includes, among other things, Explanation of Benefits (EOBs).

**2. Telephone Inquiries:** Blue Cross and Blue Shield of Nebraska discusses questions pertaining to an "Adult Member" with that person only. In order to discuss their information with any other person, even a family member, the "Adult Member" must submit a completed and signed Authorization for Release of Protected Health Information form.

#### What does this mean for you and your family?

1. We do not need an authorization form to talk with you about your own protected health information.
2. We do not need an authorization form to communicate with your doctor or other health care providers.
3. You do not need to sign an authorization form unless you want to allow us to talk to your spouse or any other individual about your protected health information. In those cases, we need an authorization form from you designating that individual or those individuals.
4. If you want to call us regarding claim status, eligibility, preauthorization, individual and family deductibles or any other information regarding your spouse or an "Adult Member" of your family, we need to have an authorization form on file from that "Adult Member." Otherwise, we can only discuss the protected health information directly with the "Adult Member." ("Adult Members" include children who have reached the age of majority.)
5. We also need an authorization form on file for anyone else outside your family to receive your protected health information. This would include another person such as an executor, legal or personal representative.

#### Import considerations and next steps

Authorizations are not a requirement. It is the choice of each "Adult Member." However, some families prefer to have a certain family member

handle all health care and health insurance matters. That arrangement may continue, but only if authorizations are signed by the other "Adult Members" of the family.

If you have any questions about the information, please visit [NebraskaBlue.com/Privacy](https://www.NebraskaBlue.com/Privacy) or call the Member Services number on the back of your ID card.

#### Non-Discrimination Notice

Blue Cross and Blue Shield of Nebraska (BCBSNE) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. BCBSNE does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

#### BCBSNE:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Customer Service by calling the number on the back of your ID card.

## NOTICE OF PRIVACY PRACTICES

At Blue Cross and Blue Shield of Nebraska, maintaining the privacy of your protected health information (PHI) is very important to us. Please read this information carefully as it provides insight about how we use and disclose your PHI and how you can access it.

PHI means information about you that is unique to you, including your name, address, telephone number, and Social Security Number. It's also health information that we have gotten from you or from hospitals, doctors, other health care providers, health insurance companies, your employer and/or health care information clearinghouses relating to:

1. your past, present, or future physical or mental health or condition
2. the delivery of health care to you
3. past, present, or future payment for health care services you receive.

This Notice of Privacy Practices document describes how Blue Cross and Blue Shield of Nebraska may use and/or disclose your PHI. It also describes the rights you have regarding your PHI. In this notice, "you" refers to you, our customer, and your covered family members. "We" means Blue Cross and Blue Shield of Nebraska.

We are required by federal and state laws to maintain the privacy of your PHI. We are also required to provide you with this notice about our privacy practices, our legal duties, and your rights concerning your PHI. We must follow the privacy practices described in this notice. These privacy practices will remain in effect until we replace or revise them.

We reserve the right to change our privacy practices as described in this document at any time, provided it is permitted by law. We may make changes to our PHI privacy practices, including PHI that we received or created before the change was made. Before we make

a significant change in our privacy practices, we will revise this notice and send it to you.

You may have additional privacy rights under state law. State laws that provide greater privacy protection or rights will continue to apply.

You may request a copy of our Notice of Privacy Practices at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us at the address or phone number shown on the last page of this notice.

### Permitted and Required Uses and/or Disclosures of Protected Health Information

#### Uses and/or Disclosures for Treatment, Payment and Health Care Operations

In order to administer our health care plans effectively, we will collect, use and disclose PHI for certain types of activities, including benefit payment and health care operations. The following is a description of how we may use and/or disclose PHI about you for payment and health care operations:

**Treatment.** We do not conduct treatment activities. However, we may disclose your PHI to doctors, hospitals, and other health care providers who request it in connection with your treatment.

**Payment.** We may use and/or disclose your PHI for all activities that are included within the HIPAA\* Privacy Rule's definition of "payment." For example, we may use and/or disclose your PHI to pay claims from doctors, hospitals, pharmacies and others for services delivered to you that are covered by your health plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, and to issue Explanations of Benefits. We have not listed here all of the activities included within HIPAA's definition of "payment," so please refer to the HIPAA Privacy Rule for a complete list. More

information about HIPAA and the Privacy Rule may be found at <https://www.hhs.gov/hipaa/for-professionals/privacy/index.html>.

**Health Care Operations.** We may use and/or disclose your PHI for all activities that are included within the HIPAA Privacy Rule's definition of "health care operations." For example, we may use and/or disclose your PHI to determine the premium for your health plan, to conduct quality assessment and improvement activities, to credential health care providers, to engage in care coordination or case management, and/or to manage our business. We have not listed here all of the activities included within the definition of "health care operations," so please refer to the HIPAA Privacy Rule for a complete list. NOTE: We will not use or disclose your genetic information, including family history, for underwriting purposes.

#### Uses and/or Disclosures of PHI to Other Entities

We may use and/or disclose your PHI to other entities in the following situations (as permitted by the HIPAA Privacy Rule):

**Business Associates.** In connection with benefit payment and health care operations activities, we contract with individuals and entities (called "business associates") to perform various functions on our behalf or to provide certain types of services (such as member service support, utilization management, subrogation, or pharmacy benefit management). To perform these functions or to provide the services, business associates will receive, create, maintain, use, or disclose PHI, but only after the business associates agree to appropriately safeguard your information.

**Providers and Other Covered Entities.** In addition, we may use and/or disclose your PHI to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection

with their payment activities and certain other health care operations. For example, we may disclose your PHI to a health care provider when it is needed to treat you, or we may disclose PHI to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing.

### Other Permitted Uses and/or Disclosures of Protected Health Information

We may also use and/or disclose your PHI without your authorization in the following situations:

**Others Involved in Your Health Care.** If you provide us with verbal permission, we may disclose the PHI you specify to a family member, another relative, a close friend or any other individual you have identified as being involved in your health care. This verbal permission is valid for one encounter and is not a substitute for written authorization. If you are not present or able to agree to these disclosures of your PHI due to a situation such as a medical emergency or disaster relief, then we may, using our professional judgment, determine whether the disclosure is in your best interest.

**Required By Law.** We may use and/or disclose your PHI when required to do so by state or federal law.

**Public Health Activities.** We may use and/or disclose your PHI for public health activities that are permitted or required by law. For example, we may use and/or disclose information for the purpose of preventing or controlling disease, injury, or disability.

**Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law, such as: audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative,

or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee: (1) the health care system; (2) government benefit programs; (3) other government regulatory programs; and (4) compliance with civil rights laws.

#### **Health-Related Products and Services.**

Where permitted by law, we may use your PHI to communicate with you about health-related products, benefits and services, and payment for those products, benefits and services that we provide or include in our benefits plan. We may use your PHI to communicate with you about treatment alternatives that may be of interest to you. These communications may include information about health care providers in our networks, about replacement of or enhancements to your health plan, and about health related products or services that are available only to our members that add value to our benefit plans.

**Abuse or Neglect.** We may disclose your PHI to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence.

**Public Health and Safety.** We may, when necessary, disclose your PHI to avert a serious or imminent threat to your health or safety or the health or safety of others.

**Law Enforcement.** We may disclose limited information to a law enforcement official concerning the PHI of a suspect, fugitive, material witness, crime victim or missing person.

**Legal Proceedings.** We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process. Under limited circumstances (such as a court order, warrant or grand jury subpoena) we may also disclose your PHI to law enforcement officials.

**Coroners, Medical Examiners, Funeral Directors, and Organ Donation.** We may disclose PHI to a coroner or medical examiner

for purposes of identifying a deceased person, determining a cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We also may disclose, as authorized by law, information to funeral directors so that they may carry out their duties. Further, we may disclose PHI to organizations that handle organ, eye, or tissue donation and transplantation.

**Research.** We may disclose your PHI to researchers when an Institutional Review Board or privacy board has: (1) reviewed the research proposal and established protocols to ensure the privacy of the information; and (2) approved the research.

**Military and National Security.** We may disclose the PHI of armed forces personnel to military authorities under certain circumstances. We may disclose to authorized federal officials any PHI required for lawful intelligence, counterintelligence and other national security activities.

**Inmates.** We may disclose the PHI of inmates of a correctional institution to the correctional institution or to a law enforcement official for: (1) the institution to provide health care; (2) the inmate's health and safety and the health and safety of others; or (3) the safety and security of the correctional institution. **Workers' Compensation.** We may disclose your PHI to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

**Workers' Compensation.** We may disclose your PHI to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

**Group Health Plan.** We may disclose your PHI to your group health plan to allow the performance of plan administration functions.

**Plan Sponsors (if applicable).** We may disclose your PHI to your group health plan's sponsor to allow the performance of plan

administration functions. Please see your plan documents for a full explanation of the limited uses and disclosures the sponsor may make of your PHI to administer your plan.

#### **Required Disclosures of Protected Health Information**

The following is a description of disclosures that we are required by law to make:

**Disclosures to the Secretary of the U.S. Department of Health and Human Services.** We are required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rule.

**Disclosures to You.** We are required to provide you with your PHI upon request, as described below in the "Individual Rights" section of this notice. We are also required to provide you with the PHI of any individual on whose behalf you are acting as a personal representative.

#### **Uses and/or Disclosures of PHI with an Authorization**

Your authorization is required for us to use and/or disclose your PHI in any situation not listed in the previous section. We may not use and/or disclose your PHI without your written authorization for any reason except those described in this notice. You may give us a written authorization to use your PHI or to disclose it to anyone you specify. If you give us this authorization, you may revoke it in writing at any time, except to the extent that action has already been taken in reliance upon the authorization.

- If we maintain or receive psychotherapy notes about you, most disclosures of these notes require your authorization.

- To the extent (if any) that we might use or disclose your PHI for our fundraising practices, we will provide you with the ability to opt out of future fundraising communications.
- Most (but not all) uses and disclosures of your PHI for marketing purposes. Disclosures that constitute a sale of PHI require your authorization.

You can obtain a copy of our authorization form by contacting us at the address or phone number listed at the end of this notice.

#### **Individual Rights**

You have certain rights related to your PHI.

**Right to Request Restrictions.** You have the right to request that we place additional restrictions on our use and/or disclosure of your PHI for treatment, payment or health care operations. We are not required to agree to any additional restrictions; however, if we do, we will abide by those restrictions (except in emergency situations). To request additional restrictions, you must complete and sign a form available by contacting us at the address or phone number listed at the end of this notice.

**Right to Receive Confidential Communications.** You have the right to request that we communicate with you confidentially about your PHI by alternative means and/or to an alternative location. Your request must provide the alternative means and/or location for communicating your PHI with you and clearly state that failure to do so could endanger your physical safety. To request confidential communications, you must complete and sign a form available by contacting us at the address or phone number listed at the end of this notice.

**Right to Inspect and Copy.** Subject to the following exceptions, you have the right to inspect and/or obtain copies of your PHI that

we maintain. This may include an electronic copy in certain circumstances if requested in writing. To request to inspect and copy your PHI, you must complete and sign a form available by contacting us.

Please note that you are not entitled to inspect and/or copy:

- any psychotherapy notes
- any information compiled in anticipation of or for use in any civil, criminal or administrative action or proceeding;
- any information not subject to disclosure under the Clinical Laboratory Improvements Amendments 1988 (42 U.S.C. § 263a)
- certain other records as specified in the HIPAA Privacy Rule.

Your request to inspect and copy your PHI will be completed within 30 days of our receipt of your completed form if the information you want was created in the last two years and we have the information onsite. If the PHI you request to inspect and copy is older than two years and/or we don't have it onsite, your request will be completed within 60 days of receipt of your completed form. If we are unable to complete the request within the designated timeframe, we will notify you in writing that an extension is needed.

We may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to your information, you may request that the denial be reviewed. A licensed health care professional chosen by us will review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, our denial will not be reviewable. In this event, we will inform you that the decision is not reviewable. We reserve the right to charge a reasonable copying fee for the cost

of producing and mailing the documents. For more information on our fee structure and to obtain the designated form for your request, please contact us at the address or phone number listed at the end of this notice.

**Right to Request Amendment of PHI.** You have the right to request that we amend (make changes to) your PHI. Your request must clearly state the information to be amended and the reasons for doing so. We may deny your request if:

- we did not create the PHI
- we do not maintain the PHI
- the PHI is not available for inspection; or
- we believe the PHI is accurate and complete.

All denials to amend will be made in writing. You may respond to our denial by filing a written statement of disagreement. We then have the right to respond to that statement. If we approve your request to amend the information, we will make reasonable efforts to inform others of the amendment and to include the changes in any future disclosures.

We will respond to your request within 60 days of receipt of your request. If we are unable to complete the request within the time required, we will notify you in writing that an extension of 30 days is needed. All requests must be in writing using a form obtained by calling or writing to us. Our contact information may be found at the conclusion of this document.

**Right to Receive an Accounting of Certain Disclosures.** You have the right to receive a summary of all instances in which we disclosed your PHI for purposes other than treatment, payment, health care operations and certain other activities. Your accounting will be provided to you within 60 days of our receipt of your request, unless we notify you in writing that a 30-day extension is needed. If you make a

request more than once in a 12-month period, we may charge a reasonable, cost-based fee for additional copies. All requests must be in writing on the designated Blue Cross and Blue Shield of Nebraska form. You must complete and sign the form before we can process your request. For more information on our fee structure and to obtain the proper form for your request, please contact us at the address or phone number listed at the end of this Notice.

**Right to Receive a Paper Copy.** You are entitled to receive this notice in paper form. To do so, please contact us at the address or phone number listed at the end of this Notice. Breach Notification. In the event of a breach of your unsecured PHI, we will provide you notification of such a breach as required by law or where we otherwise deem appropriate.

**Breach Notification.** In the event of a breach of your unsecured PHI, we will provide you notification of such a breach as required by law or as we otherwise deem appropriate.

## Complaints

If you believe your privacy rights have been violated, you may file a written complaint with us or you may submit a written complaint with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

You can receive a copy of our complaint form by notifying us at the address or phone number listed at the end of this notice. We will respond

to your complaint within 60 days of receipt of the form. All complaints must be in writing using the designated Blue Cross and Blue Shield of Nebraska form.

## Contact Information

If you have any questions regarding this Notice or would like more information on how to exercise your rights, please contact our Privacy Office at:

Blue Cross and Blue Shield of Nebraska  
Attention: Privacy Office  
P.O. Box 3248  
Omaha, NE 68180-0001

Telephone Number: (402) 343-3521  
Toll Free Number: (877) 258-3999

## INDEPENDENT LICENSEE

Blue Cross and Blue Shield of Nebraska, Inc. is an independent licensee of the Blue Cross Blue Shield Association.

➔ To review the Rights and Responsibilities policy, visit [NebraskaBlue.com/Rights](https://www.NebraskaBlue.com/Rights) or scan the QR code.



## DISCRIMINATION IS AGAINST THE LAW

Blue Cross and Blue Shield of Nebraska (BCBSNE) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. BCBSNE does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

BCBSNE provides free aids and services to people with disabilities to communicate effectively, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Customer Service at 800-991-5840.

### To File a Grievance

If you believe that BCBSNE has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email:

Manager, Corporate Compliance  
P.O. Box 3248, Omaha, NE 68180-0001

Toll-free: 800-991-5840

Fax: 402-392-4130

Email: [CivilRights@NebraskaBlue.com](mailto:CivilRights@NebraskaBlue.com)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at:

U.S. Dept. of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

Toll-free: 800-368-1019,  
800-537-7697 (TDD)

Complaint forms: <https://www.hhs.gov/regulations/complaints-and-appeals/index.html>.

### Attention

This notice may have important information about your application or coverage. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or get help with costs. If you or someone you're helping has questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 800-991-5840.

## This notice is translated as federally required.

### Arabic:

تنبيه: قد يتضمن هذا الإشعار معلومات مهمة عن تطبيقك أو تأمينك. ابحث عن التواريخ الرئيسية في هذا الإشعار. قد يلزمك اتخاذ إجراء قبل المواعيد النهائية المحددة للحفاظ على التأمين الصحي أو للحصول على مساعدة بشأن التكاليف. إذا كنت أنت أو أحد من تساعدكم لديكم أسئلة، فلك الحق في الحصول على مساعدة ومعلومات بلغتك وبدون تكلفة. للتحدث مع أحد المترجمين الفوريين، اتصل برقم 1-800-991-5840

### Chinese Traditional:

注意：本通知可能含有與您的申請或保險有關的重要資訊。在本通知中尋找重要的日期。您可能需要在某個截止日期前採取行動，以保持您的健康保險或獲得費用方面的幫助。如果您或者您正幫助的人有疑問，您有權利以您的語言免費獲得提供的幫助與資訊。致電口譯員，請撥打800-991-5840。

### German:

Achtung: Diese Mitteilung kann wichtige Informationen über Ihren Antrag oder die Versicherungsdeckung beinhalten. Beachten Sie wichtige Fristen in dieser Mitteilung. Sie müssen unter Umständen Maßnahmen innerhalb bestimmter Fristen ergreifen, um Ihren Krankenversicherungsschutz zu erhalten oder eine Kostenerstattung zu erhalten. Wenn Sie oder jemand, dem Sie helfen, Fragen hat, können Sie kostenlos Hilfe und Informationen in Ihrer Sprache erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte 800-991-5840 an.

### Spanish (Mexico):

ATENCIÓN: Este aviso puede contener información importante sobre su solicitud o cobertura. Ponga atención a las fechas clave en este aviso. Puede ser que usted necesite realizar algunas acciones para determinadas fechas y así mantener su cobertura de salud o para obtener ayuda con los costos. Si usted o alguien a quien usted ayuda tiene alguna pregunta, tiene el derecho de recibir información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, llame al 800-991-5840.

### Farsi:

توجه این اعلامیه ممکن است اطلاعات مهمی درباره درخواست یا طرح پوشش بیمهتان داشته باشد. تاریخ های اصلی را در این اعلامیه جستجو کنید. ممکن است لازم باشد تا موعد مقرری اقدام کنید تا پوشش بیمه درمانیتان حفظ شود یا هزینه های درمانی را دریافت کنید. اگر شما یا فردی دیگر که به او کمک می کنید، سؤالی دارید، از این حق برخوردار هستید تا راهنمایی و اطلاعات را به صورت رایگان به زبان خودتان دریافت کنید. برای صحبت کردن با یک مترجم، با شماره 800-991-5840 تماس بگیرید.

**French (Europe):**

ATTENTION : Cet avis peut contenir des informations importantes concernant votre demande ou votre garantie. Prêtez attention aux dates clés indiquées. Il vous faudra peut-être prendre des mesures avant une certaine date pour pouvoir conserver votre assurance santé ou bénéficier d'aides au paiement. Si vous ou une personne que vous aidez avez des questions, vous pouvez obtenir gratuitement de l'assistance et des informations dans votre langue. Pour parler à un interprète, appelez le 800-991-5840.

**Japanese:**

ご注意：本通知書には、患者さんの申請や保険について重大な情報が含まれている可能性があります。本通知書の日付をご覧ください。医療保険を利用したり、費用についてサポートを受けるには、本通知書に従って特定の期限までに手続きしてください。患者さん、または付き添いの方が質問がある場合は、母国語で無料で支援を受けたり、情報を受け取る権利があります。通訳と話したい場合は、800-991-5840. まで電話をおかけください。

**Karen:**

ဟ်သ့ၣ်ဟ်သး-တၢ်ဘိးဘၣ်သ့ၣ်ညါဆဲး ဘၣ်သ့ၣ်သ့ၣ် ကဆိၣ်တၢ်ဂံၢ်တၢ်ကျိၤလၢ ဆူၣ်ဘၣ်သး နလံၣ်တံၢ်တၢ်မ့ၣ်တၢ်ဆူၣ် တၢ်သးန့ၣ်လီၤ.ကူၢ်ယု မ့ၢ်န့ၢ်မ့ၢ်သိဆူၣ်လၢ လံၣ်ဘိးဘၣ်သ့ၣ်ညါဆဲးဆယုတက့ၢ်.ဘၣ်သ့ၣ်သ့ၣ် နကဘၣ် ဟံးဂံၢ်ဝီၤလၢ မ့ၢ်န့ၢ်လၢခံကတၢ်  လၢ တၢ်ဟ်ပနီၣ်န့ၢ်န့ၢ် လၢနကဟ့ၣ်နတၢ်ဆိၣ်ဆူၣ်ဆိၣ်ဗျၢ တၢ်ဘူးတၢ်လဲတဖၣ် မ့ၣ်တမ့ၢ် မၤန့ၢ်တၢ်မၤစၢၤလၢ တၢ်ပူၤလီၤလဲတဖၣ်န့ၣ်လီၤ. န့ၢ် မ့ၣ်တမ့ၢ် ပုၤတၢ်ဂၢၢ်လၢ နမၤစၢၤမ့ၢ်ဆိၣ်တၢ်သံက့ၢ်ဆယု, နဆိၣ်တၢ်စူးတၢ်ယၢ်လၢ ကမၤန့ၢ်တၢ်မၤစၢၤတၢ်ဂံၢ်တၢ်ကျိၤလၢ နကူၢ်လၢ  တလၢဘၣ်သ့ၣ်လၢဂံၢ်တၢ်ဆူၣ်လီၤ. လၢနကတၢ်တၢ်မ့ၢ်: ပုၤကျိၤထံတၢ်ဆူၢ်, ကိး800-991-5840န့ၣ်တက့ၢ်.

**Korean:**

주의: 본고지에는 해당 신청서 또는 적용범위 예 대한 중요한 정보가 있을 수 있습니다. 본 고지의 주요 날짜를 찾아보십시오. 해당 건강 보험을 유지하거나 비용을 지원받기 위한 특정 기간까지 조치를 취하셔야 합니다. 본인 자신이나 본인이 돌고 있는 누군가가 질문이 있다면 무료로 모국어로 된 도움과 정보를 얻을 수 있는 권리가 있습니다. 통역사와 통화하려면 800-991-5840. 번으로 전화하십시오.

**Kurdish:**

ئاگاداری ورنهگه نهم ئاگاداریه زانیاری گرنهگی تێدا بێت ده‌ریاره‌ی داواکاری یان روومالکرده‌که‌که‌ت. بعدوای به‌رواره‌ سه‌رمکه‌یکانی ناو نهم ئاگاداریه‌ به‌گه‌ری. له‌وانه‌یه‌ پێویست به‌کات له‌ هه‌مبێک دوا واده‌ کرداریک به‌کامیت بۆ نه‌وه‌ی روومالی ئه‌ندروستنیته‌ به‌ر دوام بێت یان یارمه‌تی بۆ تێچوو‌مه‌کانت ده‌ست به‌خه‌یت. نه‌گه‌ر تۆ یان که‌سه‌نیک که‌ تۆ یارمه‌تی دده‌یه‌ت پرسیاری هه‌یه‌، تۆ مافی ده‌سه‌که‌وتنی یارمه‌تی و زانیاریته‌ به‌ زمانێ خۆت بێ. به‌ر امه‌سه‌ هه‌یه‌. بۆ سه‌مه‌کردن له‌گه‌ڵ وهرگه‌یه‌ریک، په‌یوه‌ندی به‌ 8009915840. به‌که‌.

**Lao:**

ສິ່ງທີ່ຄວນເອົາໃຈໃສ່: ແຈ້ງການສະບັບນີ້ ອາດຈະມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບການສະໝັກ ຫຼື ການຄຸມຄອງສຸຂະພາບຂອງທ່ານ. ຈົ່ງຊອກຫາວັນທີ່ສໍາຄັນໃນແຈ້ງການສະບັບນີ້. ທ່ານອາດຈະ ຕ້ອງດໍາເນີນການໃນຂອບເຂດເວລາໃດໜຶ່ງ ເພື່ອຮັກສາການຄຸມຄອງດ່ານສຸຂະພາບຂອງທ່ານ ຫຼື ໄດ້ຮັບການຊ່ວຍເຫຼືອທາງດ້ານງົບປະມານ. ຖ້າຫາກທ່ານ ຫຼືບຸກຄົນທີ່ທ່ານກໍາລັງຊ່ວຍເຫຼືອຢູ່ນັ້ນ ມີ ຄຳຖາມ,ທ່ານມີສິດໄດ້ຮັບການຊ່ວຍເຫຼືອ ແລະ ໄດ້ຮັບຂໍ້ມູນທີ່ເປັນພາສາຂອງທ່ານ ໂດຍບໍ່ເສຍ ຄ່າໃຊ້ຈ່າຍ. ຕ້ອງການລິມັດຮັບພາສາ, ຈົ່ງໂທຫາເບີ 800-991-5840.

**Nepali:**

ध्यानाकर्षण: यो सूचनामा तपाईंको नविदन वा कभरेजको बारेमा महत्त्वपूर्ण जानकारी हुनसक्छ। यो सूचनामा मुख्य मतिहिरु हेरनुहोस्। तपाईंको स्वास्थ्य कभरेज वा लागतमा मद्दत प्राप्त गर्न तपाईंले नशिचति समयसीमा भतिर कारबाही लनुपर्ने हुनसक्छ। तपाईं वा तपाईंले सहायता गरेका कसैसंग जजिजासाहरू छन् भने तपाईंसंग आफ्ना भाषामा निःशुल्क सहायता र जानकारी प्राप्त गर्नने अधिकार छ। दोभाषेसंग कुरा गर्न 800-991-5840.मा कल गर्नुहोस्।

**Oromo:**

HUBAACHIISA: Beeksisi kun odeeffannoo barbaachisaa waa'ee iyyata keetii yookaan waa'ee tajaajiloota qabaachuu mala. Beeksisa kana irraa guyyoota barbaachisoo ta'an ilaali. Tajaajila fayyaa kee itti fufsiisuuf guyyoota murtaa'an irratti tarkaanfiin ati fudhattu yookaan kaffaltiidhaan gargaarsi ati argattu jiraachu mala. Yoo ati ykn namni ati gargaartu, gaaffii qabaattan, gatii malee gargaarsaa fi oddeeffanno afaan dandeessaaniin argachuun mirga keessaani. Warra afaan hikkaaniif lakkoofsa kanaan bilbilaa 800-991-5840.

**Russian:**

ВНИМАНИЕ! В данном уведомлении может содержаться важная информация о вашей заявке или страховке. В нем также указаны ключевые даты. Вам может потребоваться выполнить некоторые действия к определенному сроку для сохранения вашей медицинской страховки или получения помощи в оплате расходов. Если у вас или у человека, которому вы помогаете, возникнут вопросы, вы имеете право получить помощь и информацию на своем языке бесплатно. Чтобы поговорить с переводчиком, позвоните по номеру 800-991-5840.

**Vietnamese:**

CHÚ Ý: Thông báo này có thể chứa thông tin quan trọng về đơn đăng ký hoặc bảo hiểm của quý vị. Tìm những ngày chính trong thông báo này. Quý vị có thể cần hành động trước một số thời hạn để duy trì bảo hiểm sức khỏe của mình hoặc được giúp đỡ có tính phí. Nếu quý vị hoặc người quý vị đang giúp đỡ, có thắc mắc, quý vị có quyền lấy thông tin và được trợ giúp bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi số 800-991-5840.



My Network (in the upper right corner of your ID card)

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My Doctors

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My Medications

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**We are here to help.**  
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