

Next Generation HSA™

For Individuals & Families

Nebraska Benefit Chart

Plan Choice	100% Plan		80% Plan	
	Network	Non-Network	Network	Non-Network
Individual Benefit Period Deductible The network and non-network benefit period deductibles are separate and charges incurred under one deductible will not be applied to the other deductible.	\$1,100*	\$2,200*	\$1,100*	\$2,200*
	\$1,500	\$3,000	\$1,500	\$3,000
	\$2,100	\$4,200	\$2,100	\$4,200
	\$2,700	\$5,400	\$2,700	\$5,400
	\$3,500	\$7,000	\$3,500	\$7,000
	\$5,000	\$10,000		
Family Benefit Period Deductible The network and non-network benefit period deductibles are separate and charges incurred under one deductible will not be applied to the other deductible.	\$2,200*	\$4,400*	\$2,200*	\$4,400*
	\$3,000	\$6,000	\$3,000	\$6,000
	\$4,200	\$8,400	\$4,200	\$8,400
	\$5,450	\$10,900	\$5,450	\$10,900
	\$7,000	\$14,000	\$7,000	\$14,000
	\$10,000	\$20,000		
Lifetime Policy Maximum	\$5 million per person			
Network Available	Midlands Choice			

*These may be adjusted annually for changes in the U.S. Consumer Price Index (CPI)

	Network Coverage	Non-Network Coverage
	Benefit Percentages Apply After The Deductible Is Met	
Individual Benefit Percentage/ Out-Of-Pocket Maximum After Deductible	100% / NA 80% / \$1,000	75% / \$4,000 50% / \$4,000
Family Benefit Percentage/ Out-Of-Pocket Maximum After Deductible	100% / NA 80% / \$2,000	75% / \$4,000 50% / \$8,000

Accident Benefit	
Accident	We will waive the deductible and pay the covered charges at the benefit percentage shown on the policy schedule for services incurred within 30 days of an injury. The deductible will be applied to any covered charges incurred after the 30-day limit has been met.

Physician Services	Network Coverage	Non-Network Coverage
	Benefit Percentages Apply After The Deductible Is Met	
In Physician's Office and Urgent Care Centers • Office Visits • X-rays • Visits for Injury • Office Surgery • Laboratory Tests	100% or 80%	75% or 50%
In-Hospital Visits by a Physician		
Allergy Testing, Serums and Injections \$500 benefit period maximum per person		
Outpatient Spinal Manipulation \$500 benefit period maximum per person		
Preventive Care \$300 benefit period maximum per person • Immunizations (age 6 and older) • Bone Density Test • Pap Smear • Routine Physical Exams • Colonoscopy • Routine Mammograms • Inoculations or Prophylactic Drugs for Travel • PSA Testing	100% or 80%	Not Covered
Childhood Immunizations \$300 benefit period maximum per family member birth through 5 years of age	100% or 80% (Deductible Waived)	Not Covered

	Network Coverage	Non-Network Coverage
Hospital Services	Benefit Percentages Apply After The Deductible Is Met	
Inpatient Services	100% or 80%	75% or 50%
Outpatient Surgery		
Diagnostic Services <ul style="list-style-type: none"> • Pre-admission Testing • X-rays • Laboratory Tests • Nuclear Medicine • MRIs • Non-routine Mammograms • Ultrasounds 		

Emergency Services		
Emergency Room Services Including Ambulance and ER Physicians (see Accident Benefit on page 1)	Emergency sickness or injury subject to the Network deductible and Network benefit percentage of 100% or 80%. Non-emergency sickness is not covered.	

Other Covered Services		
Free-Standing Outpatient Surgery Center Facility Charges	100% or 80%	75% or 50%
Radiology or Diagnostic Services Outside of the Hospital <ul style="list-style-type: none"> • X-rays • MRIs • Non-routine Mammograms • Nuclear Medicine • Ultrasounds • Laboratory (including lab work sent by a physician to an independent laboratory) 		
Outpatient Physical, Occupational and Speech Therapy Limited to 60 visits per person per benefit period (this is a combined total for all therapies)		
Home Health Care Limited to 20 visits per person per benefit period		
Hospice Up to \$200 per day, a lifetime maximum of \$15,000 or 6 months per person, whichever comes first, bereavement support services up to \$500		
Skilled Nursing Facility 60 days per person per benefit period		
Diabetes Self Management Education Limited to \$500 per person in a 2-year period		
Prescription Drug Coverage Includes the discount drug card for use at network retail pharmacies, up to a 30-day supply. The mail order program also provides discounts for up to a 90-day supply of maintenance medications.	Discount Program, then 100% or 80%	75% or 50%
Organ Transplants Combined maximum lifetime benefit of \$1 million per person. Includes charges incurred at designated and non-designated transplant facilities. A designated transplant facility is a medically proven, exceptional success rate facility for organ transplants that has agreed to provide approved transplant services to our policyholders.	\$1 million at a designated transplant facility with up to \$10,000 for travel and lodging for the insured and one companion. Meals and lodging are limited to \$150 per person per day. 100% or 80%	\$150,000 at a non-designated transplant facility 75% or 50%
Accidental Death & Dismemberment for Primary Insured Only	\$10,000 (Full Amount)	

Plan Options		
Dental Benefit \$1,000 benefit period maximum per person.	Type I procedures: 6-month waiting period, then 80% Type II procedures: 12-month waiting period, \$100 benefit period deductible, then 50%	
Maternity benefit for policyholder or spouse only, if spouse is covered under the policy. 270-day waiting period from the effective date of the rider. To be covered, pregnancy must begin after the waiting period.	100% or 80%	75% or 50%
Embedded Deductible for Family Plans	Allows a single family member to begin receiving benefits at the network/non-network levels as appropriate after that family member's single deductible amount has been reached. Available for a family deductible of \$4,400 or higher.	

Benefit Period

Benefit Period means the 12-month period beginning on the effective date of your policy and reoccurring every 12 months thereafter.

Pre-Existing Conditions Limitation

The plan does not pay for any expense incurred due to a pre-existing condition during the 2-year period starting on the effective date of coverage.

Pre-Existing Condition means:

A sickness that first appeared (made itself known) or an injury sustained within 24 months before the effective date of the family member's coverage under the policy.

Medicare Coordination and Insurance with Other Insurers

Next Generation HSA contains certain provisions that may reduce benefits under the plan; a full description is contained in the policy.

Underwriting

The health history provided on the application determines the policy provisions and premium. Therefore, it is important that applicants answer all questions accurately and thoroughly.

If the agent assists in completing the application, the applicant should review the answers before signing. The applicant's signature attests to the completeness and accuracy of the answers.

Reviews conducted after the policy is issued may reveal health information that wasn't disclosed on the application. This may result in rescission of coverage, increased premiums, and/or exclusion riders or claims being denied under the policy's pre-existing exclusion.

General Exclusions and Limitations

Some of the services that the Next Generation HSA Plan does NOT cover include:

Pre-existing conditions for the 2-year period starting on the effective date of coverage; Charges in excess of the usual, customary, and reasonable charges for non-network services and supplies; Charges for services that are experimental, investigational, unproven or for research; Charges arising from war, commission of a felony, or participation in a riot or insurrection; Any sickness contracted or injury received while a member of the military; Charges for sickness or injury that are covered by workers' compensation insurance or similar laws; Travel expenses, except for professional ambulance service; Preventive medical care, except when provided by the preventive care benefit, or if listed under covered charges; Charges for dental services or supplies, unless the dental benefit rider is purchased; Cosmetic treatment, except as provided in the policy; Care covered under a government program; Eyeglasses; Contact lenses; Eye exams; Hearing aids; Contraceptives; Pregnancy, unless the maternity benefit rider is purchased; Sterilization; Abortion; Treatment for hair restoration; Treatment of acne; Treatment for mental or nervous disorders or illnesses, or emotional conditions; Treatment of substance abuse, including alcoholism; Examination, diagnosis or treatment of malocclusion, misalignment, dysfunction, deformity or defect of the jaw; Charges that are not medically necessary; Treatment received in a hospital emergency room for a non-emergency sickness; Charges for which benefits are not provided in the policy.

A complete list of exclusions and limitations is included in the Next Generation HSA policy. See Policy Form ICDHP-HSA for complete terms and conditions.

