



# CoOpportunity Premier

FOR INDIVIDUALS AND FAMILIES

**Plan Options:** Catastrophic, Bronze, Silver, Gold, Platinum  
Including Cost Sharing Reduction Plans

Qualified Health Plans for Individuals and Families in Nebraska  
**For coverage beginning on or after January 1, 2014**



IN NEBRASKA

M-00010 (09/13)

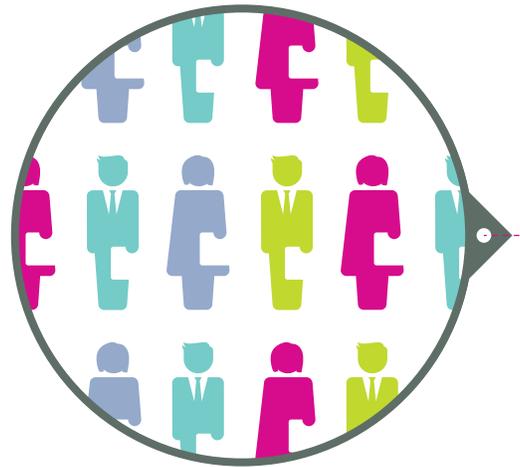


# New World. A New Kind of Health Insurance Company.

CoOpportunity Health is a new kind of health insurance company, a CO-OP — Consumer Operated and Oriented Plan — designed for the new world of health insurance created by the Affordable Care Act. CO-OPs like CoOpportunity Health were created to give consumers more choice by adding new competition to the marketplace. What sets us apart from other health insurance companies are some pretty key differences. Take a look.

## We're not about the money

We're a nonprofit — people come first. Our sole focus is to benefit our members.



## We're a CO-OP

We're health insurance you don't buy — you join. We're run by members, for members. Where every member has a voice and a vote.



## We're nothing like the status quo

We're a new player for a new world. And we know what we're doing — built by seasoned pros working with expert business partners and providers to deliver affordable, quality care and a better healthcare experience.



## We can't wait for you to call

As a CO-OP, we exist for one purpose — to serve our members. One "universal" number gets you to the answers, advice, education and support you need — when you need it.



# CoOpportunity Premier Plan Features

CoOpportunity Premier is a great fit for individuals and families who need a balance between upfront benefits and affordability. The PPO plan design offers broad provider choice with cost savings for accessing care through in-network providers. CoOpportunity Premier features the Midlands Choice Premier provider network, which includes 100 percent of hospitals and 97 percent of practitioners in Nebraska.

## Plan Levels

Premiums and out-of-pocket expenses aren't the only costs to consider when enrolling in a health plan. We offer five levels of health insurance plans that vary according to benefit design features. The chart below highlights each plan by the metal level. The higher the metal level, the more

financial protection you will receive. A Bronze plan, for example, has a lower premium and will cover approximately 60 percent of your healthcare costs. On the other hand, a Platinum plan will have a higher premium but will cover approximately 90 percent of your healthcare costs.

	 Catastrophic*	 Bronze*	 Silver	 Gold	 Platinum
<b>Monthly Premium</b>	\$	\$\$	\$\$\$	\$\$\$\$	\$\$\$\$\$
<b>Your Out-of-Pocket Costs</b>	\$\$\$\$\$	\$\$\$\$	\$\$\$	\$\$	\$
<b>Cool Features</b>	<ul style="list-style-type: none"> <li>• \$25 for first three primary care office visits (includes behavioral health outpatient visits)</li> <li>• Free preventive care</li> <li>• Rewards for healthy behaviors</li> </ul>	<ul style="list-style-type: none"> <li>• \$25 for first three primary care office visits (includes behavioral health outpatient visits)</li> <li>• Free preventive care</li> <li>• Rewards for healthy behaviors</li> </ul>	<ul style="list-style-type: none"> <li>• Three free office visits</li> <li>• \$20 primary care and behavioral health outpatient office visits</li> <li>• \$10 generics</li> <li>• Free preventive care</li> <li>• Rewards for healthy behaviors</li> </ul>	<ul style="list-style-type: none"> <li>• Three free office visits</li> <li>• \$20 primary care and behavioral health outpatient office visits</li> <li>• \$10 generics</li> <li>• Free preventive care</li> <li>• Rewards for healthy behaviors</li> </ul>	<ul style="list-style-type: none"> <li>• Three free office visits</li> <li>• \$20 primary care and behavioral health outpatient office visits</li> <li>• \$10 generics</li> <li>• Free preventive care</li> <li>• Rewards for healthy behaviors</li> </ul>
<b>Who Should Consider Buying This Plan</b>	<ul style="list-style-type: none"> <li>• Individuals under 30 years of age</li> <li>• Individuals who do not have chronic health problems and do not expect to use many healthcare services</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals who do not have chronic health problems and do not expect to use many healthcare services</li> <li>• Individuals who want coverage just in case something happens</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals who want predictable out-of-pocket costs</li> <li>• Individuals who want lower monthly premiums</li> <li>• Individuals who typically don't use a lot of medical services</li> <li>• Individuals who want first-dollar coverage for office visits before deductible is satisfied</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals who use more medical services</li> <li>• Individuals who are willing to pay higher premiums for lower out-of-pocket costs</li> <li>• Individuals who want predictable out-of-pocket costs</li> <li>• Individuals who want first-dollar coverage for office visits before deductible is satisfied</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals who use a lot of healthcare services</li> <li>• Individuals who want minimal out-of-pocket costs and can afford a higher monthly premium</li> <li>• Individuals who want predictable out-of-pocket costs</li> <li>• Individuals who want first-dollar coverage for office visits before deductible is satisfied</li> </ul>

# Understanding Your Provider Network



## GO ONLINE TO FIND NETWORK PROVIDERS

It is easy to find a local or national provider.

- Go to [coOpportunityhealth.com](http://coOpportunityhealth.com)
- Choose “*Help Me Find a Doctor or Hospital*” from the homepage
- Choose **CoOpportunity Premier** as your product; you’ll be able to search for providers that participate in **Midlands Choice Premier** — your network for Nebraska, Iowa and bordering states
- Choose **National Providers** if you want to search for out-of-area providers and select **PHCS** and **MultiPlan**
- Enter your search information

## Importance of Using In-Network Providers

You’ll enjoy greater value when using in-network providers:

- Lower out-of-pocket costs because your coinsurance, deductible and out-of-pocket maximum are less when using in-network providers
- Less paperwork because in-network providers file claims on your behalf and handle all notifications for you
- Savings because in-network providers agree to accept our payment for covered services and cannot balance bill you for the difference between the allowed amount and their charge



## Your National Provider Networks

No need to worry about your health when traveling for work or while on vacation. Our seamless solution of national provider networks — the PHCS Network and the MultiPlan network — allow you to receive care from an in-network provider and receive all of the network savings.

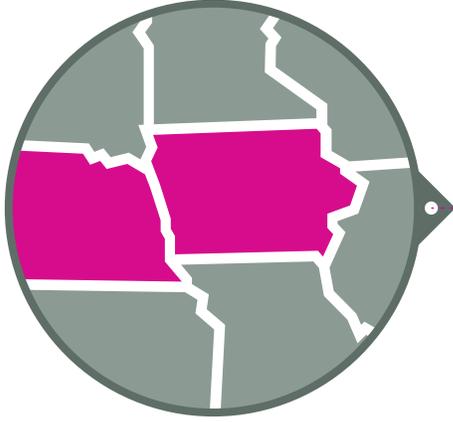
### PHCS Network

- Largest independent primary PPO network in the country with providers in all 50 states
- Includes more than 4,200 hospitals, 68,000 ancillary care facilities and 590,000 healthcare professionals

### MultiPlan Network

- Nationwide network that complements the PHCS Network by giving access to an additional choice of providers at discounted rates
- Includes more than 4,600 hospitals, 93,000 ancillary care facilities and 620,000 providers





### Your Local Provider Network

CoOpportunity Premier uses the Midlands Choice Premier network. This network includes providers in Nebraska and Iowa as well as bordering states, giving you a broad choice of in-network providers:

- 20,000 physicians and other healthcare professionals
- 320 hospitals
- 1,500 other healthcare facilities
- 100 percent of the hospitals and 97 percent of the clinicians in Nebraska and Iowa

## Stay In-Network and Save

Using in-network providers is an easy way to save on your out-of-pocket costs. Look at the cost savings by staying in-network.

Primary Care Office Visit		
	In-Network	Out-of-Network
Office Visit Billed Charge	\$125	\$125
Allowed Amount (amount CoOpportunity Health uses to calculate payment)	\$80	\$80
Your Cost Share	\$20 copay	\$40 (based on 50% coinsurance off of \$80)
Amount CoOpportunity Health Pays	\$60	\$40
Amount That Can Be Balanced Billed to You	\$0	\$45
<b>Your Total Out-of-Pocket Costs</b>	<b>\$20</b>	<b>\$85</b>

Outpatient Surgery		
	In-Network	Out-of-Network
Surgery Billed Charge	\$2,000	\$2,000
Allowed Amount (amount CoOpportunity Health uses to calculate payment)	\$1,200	\$1,200
Your Cost Share After Deductible is Met	\$360 (based on 30% coinsurance off of \$1,200)	\$600 (based on 50% coinsurance of \$1,200)
Amount CoOpportunity Health Pays	\$840	\$600
Amount That Can Be Balanced Billed to You	\$0	\$800
<b>Your Total Out-of-Pocket Costs</b>	<b>\$360</b>	<b>\$1,400</b>

Hospital Stay		
	In-Network	Out-of Network
Hospital Billed Charge	\$20,000	\$20,000
Allowed Amount (amount CoOpportunity Health uses to calculate payment)	\$12,000	\$12,000
Your Cost Share	\$4,000 (\$4,000 deductible)	\$8,000 (\$8,000 deductible)
Amount CoOpportunity Health Pays	\$8,000	\$4,000
Amount That Can Be Balanced Billed to You	\$0	\$8,000
<b>Your Total Out-of-Pocket Costs</b>	<b>\$4,000</b>	<b>\$16,000</b>

Information provided in the charts is for illustrative purposes only. Actual benefits, coverage and costs will vary based on the plan.

# Understanding Your Pharmacy Benefits

Prescription drug coverage is included in all CoOpportunity Premier plans. Our prescription drug coverage features a four-tier formulary called the EnhancedRx Drug List. The copay amounts you pay for each 31-day retail supply of your covered prescription drug depends on the tier or category in which your medication is listed.

Generic Formulary Drugs	Formulary Preferred Brand-Name Drugs	Non-Formulary Brand-Name Drugs	Specialty Drugs
\$10 copay	\$40 copay	\$80 copay	\$150 copay

**Note:** For Catastrophic and Bronze plans, prescription drug coverage is covered at 100 percent after you meet your \$6,350 deductible and out-of-pocket maximum.

## Save by Using In-Network Pharmacies

MedImpact is the pharmacy benefits manager (PBM) for our prescription drug program. Here are some of the advantages of using one of the more than 66,000 retail pharmacies across the United States that contract with MedImpact:

- The pharmacist files the claim electronically for you; no paperwork is required
- The pharmacist can check for drug interactions for prescriptions filled at other network pharmacies and can see if prior authorization is needed or if there are quantity limits
- You pay the appropriate cost share based on your benefits when you pick up your prescription

## Mail Order Saves Time and Money

The CoOpportunity Health mail order service is another easy way to save time and money for long-term maintenance drugs. Mail order allows you to receive a 93-day supply of medication for \$20 for Tier 1 generic drugs and \$80 for Tier 2 brand-name formulary drugs. Mail order is perfect for drugs you take on an ongoing basis such as cholesterol drugs or high blood pressure drugs. Tier 3 non-formulary drugs are available for a 93-day supply for a \$240 copayment.



## Specialty Drug for Complex Conditions

CVS Caremark Specialty Pharmacy is the CoOpportunity Health specialty drug vendor. Specialty drugs are high-cost drugs used to treat complex or rare conditions. Specialty drugs must be obtained through CVS Caremark Specialty Pharmacy.

## Save by Using Generics

Choosing generic drugs over brand-name drugs is one of the easiest ways to save on your out-of-pocket costs. If you choose a brand-name drug when a generic is available, you will have to pay the copayment and the difference in cost. Always ask your doctor or pharmacist if a generic drug is available and appropriate for your situation.



# Our First Priority Is You

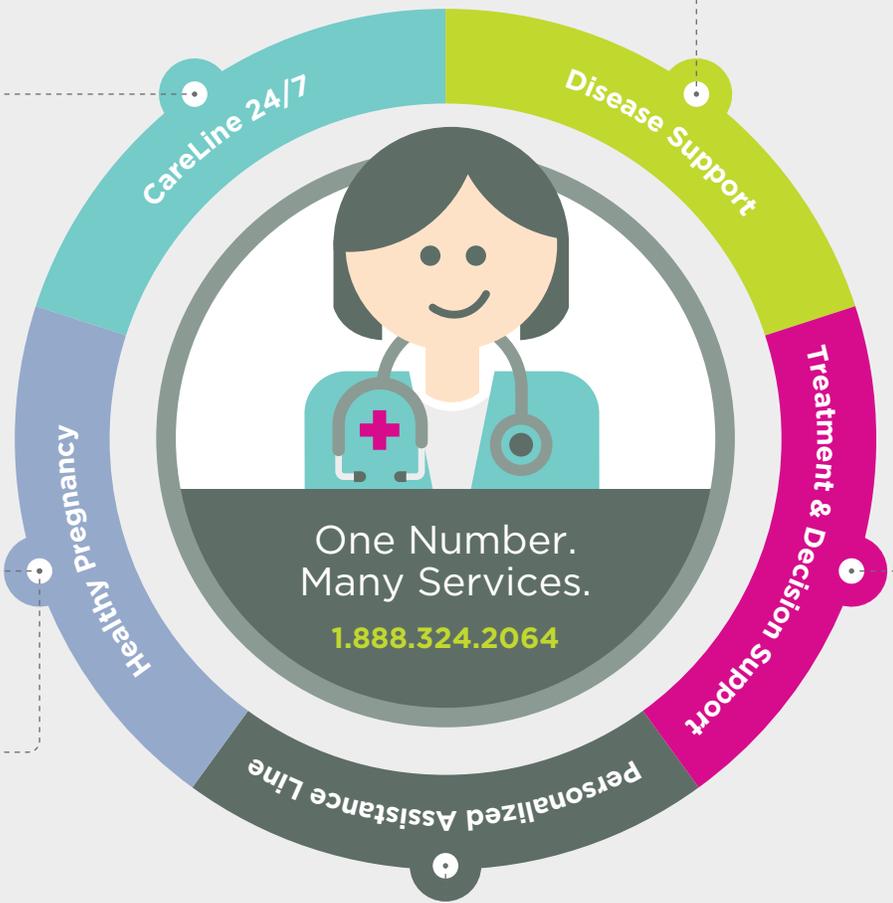
## Personal Health Support. At Your Service.

Every CoOpportunity Health member has access to personal health support to ensure that you receive extra support when you need it. One toll-free number, 1.888.324.2064, puts you in touch with personalized services customized to fit your needs. Some of our members may simply need access to quick and knowledgeable help from our CareLine<sup>sm</sup> 24/7 nurses who can help with home treatment

advice, pregnancy or new baby questions or urgent healthcare questions. Other members may work long-term with a personal nurse to help with disease or condition management. Personal health support is one of the ways CoOpportunity Health is different — with important services to guide members through their healthcare and health insurance experience.

**CareLine 24/7**  
Registered nurses available for help with home treatment advice, medications, urgent healthcare questions, and questions from pregnant members and new parents.

**Personal Nurse Support**  
At-risk moms work with a personal nurse trained to work with pregnant women and their families.



### Personal Nurse Support

If you're living with a condition like asthma, diabetes, heart disease or depression, our nurses will partner with you to help you follow your treatment plan, find balance in your life, build skills and knowledge about your condition and serve as an extension to your clinical care team.

### Clinical Navigators

Ready to assist you with decision support and coordination of care questions for medical and pharmacy issues.

### Personalized Assistance Line (PAL) Service

Assistance in finding a mental health or chemical dependency healthcare professional or questions about coverage.

## Convenient Web and Mobile Account Access



### Personalized Member Website

Registering for [coOpportunityhealth.com](http://coOpportunityhealth.com) Member website gives you access to personalized, real-time account information. Registration is easy and takes just a few minutes. Think of it as your dashboard that gives you access to these key features:

- Access LiveChat with Member Services
- Look up your medical and pharmacy benefits
- See claims including deductible details and other cost breakdowns
- Read and respond to secure email messages
- Search for local and national network providers
- Save your personal providers to your homepage
- Use decision support tools to help choose care
- Access health and well-being resources including your health assessment
- Access your ID card and sign up for online delivery of health plan documents



### Resources on Your Mobile Phone

You're mobile, so are we. You can access our most popular online tools from your smartphone. Simply go to [coOpportunityhealth.com](http://coOpportunityhealth.com) from your smartphone browser. Bookmark to your phone's homepage for easy return access.

- "Help Me Find" tools: Doctors and Hospitals, Pharmacies, Drug List
- Secure account tools: Claims lookup
- View and use your "virtual" ID card
- Call: Member Services or CareLine 24/7
- Symptom Checker and Health A-Z Library

## Connect With Us for Questions



### Member Services

Access to a member services representative is just a phone call away. Call toll-free 1.888.324.2064 Monday through Friday, 7 a.m. to 6 p.m. (TTY at 1.888.850.4762.)

- Questions about your health plan benefits or claims
- Help with network access or pharmacy benefits
- Check detailed account information
- Or, speak with a representative via email or live chat

# Understanding the New Health Insurance Marketplace

## Shop for Insurance Online

The Nebraska Health Insurance Marketplace (Exchange) is a new way to buy health insurance online. The Marketplace allows you to see the costs and benefits for various health plans so that you can easily compare options before enrolling and find the best coverage that fits your situation and your budget. You also can receive help paying for your insurance through the Marketplace.



## How Do I Know If I Qualify for Assistance?

Follow these easy steps to find out if you can get help with costs:

- 1 Go to [healthcare.gov](http://healthcare.gov) to fill out an application to find out if you can receive help to pay for your insurance costs or if you qualify for other insurance programs such as Medicaid
- 2 After you send in your application, you'll find out if you'll receive help paying for your health insurance based on your income, family size and age
- 3 The money to help you pay for your health insurance is called a tax credit; if you receive a tax credit, you'll need to purchase your health insurance on the Nebraska Health Insurance Marketplace (Exchange)



## How to Enroll

To receive the tax credit, you'll need to enroll in insurance on the Nebraska Health Insurance Marketplace.

If you do not qualify for a tax credit, there are three ways you can compare plans and enroll in our health insurance:

- 1 Directly from CoOpportunity Health — call our Individual Sales Hotline toll-free at 1.866.217.6111; we're open Monday through Friday from 8 a.m. to 6 p.m. CT
- 2 Or on our website at [coOpportunityhealth.com](http://coOpportunityhealth.com)
- 3 From your local broker or agent who is appointed with CoOpportunity Health
- 4 On the Nebraska Marketplace (Exchange)

## Types of Enrollment

**Single Coverage:** Provides coverage to the policyholder only.

**Family Coverage:** Provides coverage to the policyholder and eligible family members.

## When You Can Enroll

### Open Enrollment Period

There is an initial open enrollment period from October 1, 2013, through March 31, 2014. Future open enrollment periods will begin on October 15 and continue through December 7 to enroll for the following year. January 1, 2014, is the earliest coverage will begin.

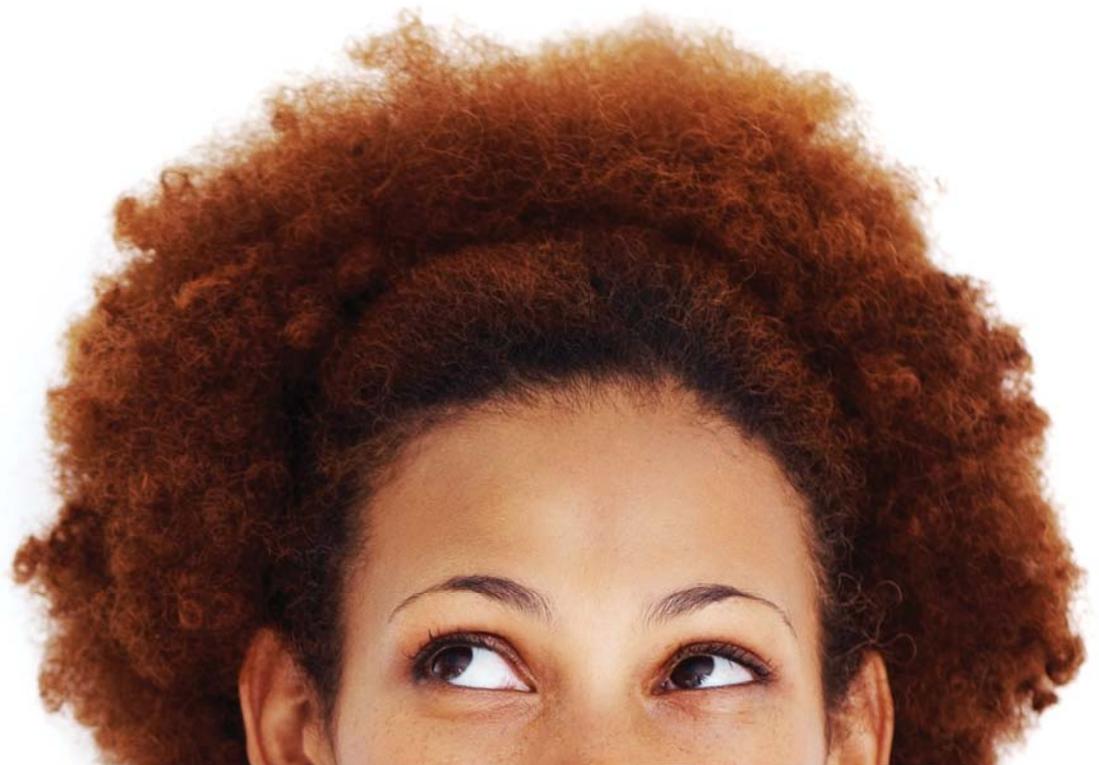
If your application is submitted by the 15th of the month, coverage will start the first day of the next month. If your application is submitted on or after the 16th of the month, coverage will start the first day of the following month. For example, an application submitted on January 15 will have a February 1 effective date. An application submitted on January 16 will have a March 1 effective date.

When open enrollment is closed (between March 31 and October 15), special enrollment periods apply if you or your dependents have a qualifying event. Check the CoOpportunity Premier Outline of Coverage for a detailed listing or visit our website at [coOpportunityhealth.com](http://coOpportunityhealth.com).

## Ready to Choose a Health Plan?

Thank you for considering CoOpportunity Health. Selecting the right insurance plan for you and your family can be a confusing process, particularly with all the new changes in products, tax credits and cost sharing, and ways to enroll. We stand ready to help you with advice, education and the support you need to make the right choice for you and your family.

SEVERAL WAYS TO GET ENROLLED				
If you are working with an agent or broker		If you are shopping and enrolling on your own		
				
Get personalized assistance from your trusted adviser. Go to <b>coOpportunityhealth.com</b> and click on <i>"Help Me Find a Broker or Agent"</i> for a list of contracted agents in Nebraska who work with us.	Go to our "Shop For Insurance" portal where you can rank what's important to you, compare plans, and enroll online. Go to <b>coOpportunityhealth.com</b> .	Find us on the Nebraska Health Insurance Marketplace (Exchange) where you can shop for insurance and enroll in plans. Go to <b>healthcare.gov</b> and follow the steps.	Call our <b>Individual Sales Hotline toll-free at 1.866.217.6111</b> , Mon.-Fri., 8 a.m. to 6 p.m., Central. Our enrollment specialists can help you with healthcare reform questions and help you complete your application.	Individual enrollment specialists are available to help you at <b>sales@coOpportunityhealth.com</b> .



# CoOpportunity Premier Plan Comparison Chart

**Out-of-Pocket Costs for CoOpportunity Premier Qualified Health Plans Available on the Nebraska Health Insurance Marketplace (Exchange) and Off-Exchange**

Plan Benefits	Catastrophic*		Bronze*		Silver		Gold		Platinum	
Deductible (Individual/Family)	\$6,350/\$12,700		\$6,350/\$12,700		\$4,000/\$8,000		\$1,600/\$3,200		\$500/\$1,000	
Coinsurance	0%		0%		30%		20%		10%	
Out-of-Pocket Max (Individual/Family)	\$6,350/\$12,700		\$6,350/\$12,700		\$6,350/\$12,700		\$3,200/\$6,400		\$1,000/\$2,000	
<b>Medical Benefits</b>	✔ = Deductible Applies		✔ = Deductible Applies		✔ = Deductible Applies		✔ = Deductible Applies		✔ = Deductible Applies	
Preventive Care/Screenings/Immunizations	\$0	✔	\$0	✔	\$0	✔	\$0	✔	\$0	✔
First Three Office Visits Free (includes primary care, specialists & outpatient behavioral health)	No		No		Yes		Yes		Yes	
Primary Care Visits	\$25 for first 3 visits; then deductible applies	✔	\$25 for first 3 visits; then deductible applies	✔	\$20		\$20		\$20	
Specialist Visits	\$0	✔	\$0	✔	\$40		\$40		\$40	
Behavioral Health (inpatient)	\$0	✔	\$0	✔	30%	✔	20%	✔	10%	✔
Behavioral Health (outpatient)	\$25 for first 3 visits; then deductible applies	✔	\$25 for first 3 visits; then deductible applies	✔	\$20		\$20		\$20	
Habilitative & Rehabilitative Services (Physical Therapy, Occupational Therapy, Speech Therapy)	\$0	✔	\$0	✔	\$20 (Primary Care) \$40 (Specialist)		\$20 (Primary Care) \$40 (Specialist)		\$20 (Primary Care) \$40 (Specialist)	
Laboratory Services (outpatient)	\$0	✔	\$0	✔	30%	✔	20%	✔	10%	✔
X-Ray/Diagnostic Imaging	\$0	✔	\$0	✔	30%	✔	20%	✔	10%	✔
High-Tech Imaging (MRI/CT/PET)	\$0	✔	\$0	✔	30%	✔	20%	✔	10%	✔
Emergency Room Services (waived if admitted)	\$0	✔	\$0	✔	\$250 plus coinsurance	✔	\$250 plus coinsurance	✔	\$250 plus coinsurance	✔
Home Health Care	\$0	✔	\$0	✔	30%	✔	20%	✔	10%	✔
Inpatient Admission	\$0	✔	\$0	✔	30%	✔	20%	✔	10%	✔
Outpatient Services	\$0	✔	\$0	✔	30%	✔	20%	✔	10%	✔
Skilled Nursing Care	\$0	✔	\$0	✔	30%	✔	20%	✔	10%	✔
Hospice	\$0	✔	\$0	✔	30%	✔	20%	✔	10%	✔
Durable Medical Equipment	\$0	✔	\$0	✔	30%	✔	20%	✔	10%	✔
Temporomandibular Disorders (TMD) (Inpatient & Outpatient)	\$2,500 Benefit Period Maximum	✔	\$2,500 Benefit Period Maximum	✔	\$2,500 Benefit Period Maximum	✔	\$2,500 Benefit Period Maximum	✔	\$2,500 Benefit Period Maximum	✔
<b>Prescription Drug Benefits</b>	✔ = Deductible Applies		✔ = Deductible Applies		✔ = Deductible Applies		✔ = Deductible Applies		✔ = Deductible Applies	
Generic Drugs	\$0	✔	\$0	✔	\$10		\$10		\$10	
Preferred Brand Drugs	\$0	✔	\$0	✔	\$40		\$40		\$40	
Non-Preferred Brand Drugs	\$0	✔	\$0	✔	\$80		\$80		\$80	
Specialty Drugs	\$0	✔	\$0	✔	\$150		\$150		\$150	
<b>Routine Pediatric Vision Services</b>	✔ = Deductible Applies		✔ = Deductible Applies		✔ = Deductible Applies		✔ = Deductible Applies		✔ = Deductible Applies	
Eye Exam	\$0	✔	\$0	✔	\$0		\$0		\$0	
Prescription Glasses & Frames (limit one pair per year)	\$0	✔	\$0	✔	30%	✔	20%	✔	10%	✔
<b>Out-of-Network Benefits</b>										
Deductible (Individual/Family)	\$13,000/\$26,000		\$13,000/\$26,000		\$8,000/\$16,000		\$3,200/\$6,400		\$1,000/\$2,000	
Coinsurance	0%		0%		50%		40%		30%	
Out-of-Pocket Max (Individual/Family)	\$13,000/\$26,000		\$13,000/\$26,000		\$16,000/\$32,000		\$6,350/\$12,700		\$2,000/\$4,000	

CoOpportunity Premier plans do not include pediatric dental services. This coverage is available on the Nebraska Health Insurance Marketplace and can be purchased as stand-alone coverage.

\*For Catastrophic and Bronze plans, services are covered at 100% after you meet the \$6,350 individual or \$12,700 family deductible and out-of-pocket maximum. The family deductible and out-of-pocket maximum can be met through any combination of family members.

Deductibles, copays and coinsurance apply toward the out-of-pocket maximum.

# CoOpportunity Premier Plan Comparison Chart

## Out-of-Pocket Costs for CoOpportunity Premier Cost Sharing Reduction Qualified Health Plans Available ONLY Through the Nebraska Health Insurance Marketplace (Exchange)

CoOpportunity Premier benefit designs displayed below are available for enrollment ONLY through the Nebraska Health Insurance Marketplace. You must meet income requirements in order to enroll in these plans.

Plan Benefits	Available only on Nebraska Health Insurance Marketplace					
	Silver CSR94		Silver CSR87		Silver CSR73	
Deductible (Individual/Family)	\$225/\$450		\$675/\$1,350		\$2,300/\$4,600	
Coinsurance	30%		30%		30%	
Out-of-Pocket Max (Individual/Family)	\$450/\$900		\$1,350/\$2,700		\$4,600/\$9,200	
<b>Medical Benefits</b>	✓ = Deductible Applies		✓ = Deductible Applies		✓ = Deductible Applies	
Preventive Care/Screenings/Immunizations	\$0		\$0		\$0	
First Three Office Visits Free (includes primary care, specialists & outpatient behavioral health)	Yes		Yes		Yes	
Primary Care Visits	\$20		\$20		\$20	
Specialist Visits	\$40		\$40		\$40	
Behavioral Health (inpatient)	30%	✓	30%	✓	30%	✓
Behavioral Health (outpatient)	\$20		\$20		\$20	
Habilitative & Rehabilitative Services (Physical Therapy, Occupational Therapy, Speech Therapy)	\$20 (Primary Care) \$40 (Specialist)		\$20 (Primary Care) \$40 (Specialist)		\$20 (Primary Care) \$40 (Specialist)	
Laboratory Services (outpatient)	30%	✓	30%	✓	30%	✓
X-Ray/Diagnostic Imaging	30%	✓	30%	✓	30%	✓
High-Tech Imaging (MRI/CT/PET)	30%	✓	30%	✓	30%	✓
Emergency Room Services (waived if admitted)	\$250 plus coinsurance	✓	\$250 plus coinsurance	✓	\$250 plus coinsurance	✓
Home Health Care	30%	✓	30%	✓	30%	✓
Inpatient Admission	30%	✓	30%	✓	30%	✓
Outpatient Services	30%	✓	30%	✓	30%	✓
Skilled Nursing Care	30%	✓	30%	✓	30%	✓
Hospice	30%	✓	30%	✓	30%	✓
Durable Medical Equipment	30%	✓	30%	✓	30%	✓
Temporomandibular Disorders (TMD) (Inpatient & Outpatient)	\$2,500 Benefit Period Maximum	✓	\$2,500 Benefit Period Maximum	✓	\$2,500 Benefit Period Maximum	✓
<b>Prescription Drug Benefits</b>	✓ = Deductible Applies		✓ = Deductible Applies		✓ = Deductible Applies	
Generic Drugs	\$10		\$10		\$10	
Preferred Brand Drugs	\$40		\$40		\$40	
Non-Preferred Brand Drugs	\$80		\$80		\$80	
Specialty Drugs	\$150		\$150		\$150	
<b>Routine Pediatric Vision Services</b>	✓ = Deductible Applies		✓ = Deductible Applies		✓ = Deductible Applies	
Eye Exam	\$0		\$0		\$0	
Prescription Glasses & Frames (limit one pair per year)	30%	✓	30%	✓	30%	✓
<b>Out-of-Network Benefits</b>						
Deductible (Individual/Family)	\$6,350/\$12,700		\$6,350/\$12,700		\$6,350/\$12,700	
Coinsurance	50%		50%		50%	
Out-of-Pocket Max (Individual/Family)	\$12,800/\$25,600		\$12,800/\$25,600		\$12,800/\$25,600	

The family deductible and out-of-pocket maximum can be met through any combination of family members.

Deductibles, copays and coinsurance apply toward the out-of-pocket maximum.

### For individuals and families of American Indian or Alaskan Native ethnicity

If you are a member of a federally-recognized Indian tribe or Alaska native tribal entity, you qualify to enroll in unique, low cost health insurance products that are only available to American Indians or Alaska Natives. CoOpportunity Health offers these special plans on the Health Insurance Marketplace (Exchange). Please go to the Nebraska Health Insurance Marketplace at [healthcare.gov](http://healthcare.gov) to enroll.

# Benefits Loaded With Value

Many people think health insurance is to protect them when they are sick. At CoOpportunity Health, we believe health insurance should also help you stay healthy. That's why our plans have a strong foundation of preventive care and primary care with rewards for healthy behaviors. When you choose a CoOpportunity Health plan, you receive immediate value from your health insurance.

## No-Cost Benefits Ready for You Day One

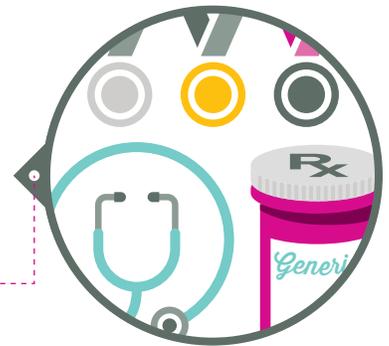
You have 100 percent coverage for preventive care services. There's no cost-sharing and your deductible doesn't apply as long as you use in-network providers, including:\*

- Routine exams and periodic health assessments
- Appropriate immunizations for men, women and children
- Routine screening for colorectal, breast and cervical cancer
- Routine prenatal and postnatal services, exams, screenings, tests and counseling
- Routine and appropriate screenings for adults and children
- Routine eye and hearing exams for children
- Obesity screening and nutrition counseling for adults and children
- Screenings and cessation interventions for tobacco users

\*A detailed listing of ACA-required preventive services provided at no cost-share for adults, women and children is available at [coOpportunityhealth.com](http://coOpportunityhealth.com).

## Cool Features of CoOpportunity Premier

- Silver, Gold and Platinum plans include "First Three Free" for office visits with primary, specialty or behavioral health clinicians
- Low \$10 copay for generics
- Rewards for getting an annual physical and taking an online survey about your health
- Perks like discounts to popular retail and online services including fitness clubs



# Important Information About CoOpportunity Health Individual Plans

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## Summary of Health Management Programs

CoOpportunity Health case and utilization management programs help ensure effective, accessible and high quality healthcare. These programs are based on the most up-to-date medical evidence to evaluate appropriate levels of care and establish guidelines for medical practices. Our programs include activities to reduce the underuse, overuse and misuse of healthcare services using best practice guidelines. These programs include:

- Inpatient care coordination to support timely care and ensure a safe and timely transition from the hospital
- Complex case management to provide care coordination
- The CareCheck® program to coordinate out-of-network hospitalizations and certain services

## Prior Approvals

We require prior approval for a small number of services and procedures. For a complete list, go to [coOpportunityhealth.com](http://coOpportunityhealth.com) or call Member Services toll-free at 1.888.324.2064.

## Out-of-Network Services

You must call CareCheck® at 1.800.316.9807 to receive maximum benefits when using out-of-network providers for inpatient hospital stays: same-day surgery; new or experimental or reconstructive outpatient technologies or procedures: durable medical equipment or prosthetics costing more than \$3,000; home health services after your visits exceed 30; and skilled nursing facility stays. We will review your proposed treatment plan, determine length of stay, approve additional days when needed and review the quality and appropriateness of the care you receive. Benefits will be reduced by 20 percent if CareCheck® is not notified.

## Protecting Your Privacy and Personal Health Information

CoOpportunity Health complies with federal and state laws regarding the confidentiality of medical records and personal information about our members. Our policies and procedures help ensure that the collection, use and disclosure of information complies with the law. When needed, we get consent and authorization from our members (or an approved member representative when the member is unable to give consent or authorization) for release of personal information. We give members

access to their own information consistent with applicable laws and standards. Our policies and practices support appropriate and effective use of information, internally and externally, and enable us to serve and improve the health of our members, while being sensitive to privacy. For a copy of our Notice of Privacy Practices, please visit [coOpportunityhealth.com](http://coOpportunityhealth.com) or call Member Services toll-free at 1.888.324.2064.

## Understanding Plan Coverage Details

Before choosing a health plan, please review the coverage details outlined in these important documents — provided for your consideration at the time of enrollment. You may access these documents at [coOpportunityhealth.com](http://coOpportunityhealth.com), view on the Nebraska Health Insurance Marketplace (Exchange), request from your agent or broker or call our enrollment hotline at 1.866.217.6111.

- CoOpportunity Premier Outline of Coverage
- Summary of Benefits Coverage (SBC)

When you become an enrolled member with CoOpportunity Health, you will receive an ID card and information about how to access your Individual Policy and Benefits Chart. These are important contract documents that provide greater detail about coverage, limitations, exclusions, notification requirements and other information to assist you in accessing your health insurance benefits.

## We Can't Wait for You to Call

We want you to be happy with your health plan. Serving our members is our number one priority! In fact, it's what sets us apart from other insurance companies. Because we are a CO-OP, we exist only to serve our member-owners.

**Member Services** is available to help you with benefits questions and services from 7 a.m. to 6 p.m. CT, Monday through Friday. Call toll-free at 1.888.324.2064.

**Live Chat** is available when you are registered for our secure Member website, 8 a.m. to 5 p.m. CT, Monday through Friday.

**CareLine 24/7** services are available to help you anytime of the day, 365 days a year, at 1.888.324.2064. Call with questions about treatments, medicines, urgent healthcare advice, pregnancy and new baby questions or just about any kind of question you may have after business hours.



## Confused by Health Insurance Reform?

The Affordable Care Act is complex and can be difficult to understand. We can help. Our “Consumer Guide to the New Health Insurance Marketplace” is a good place to start. Download from our website at [coOpportunityhealth.com](http://coOpportunityhealth.com).

# 1.866.217.6111

Or, call our toll-free Hotline. Our enrollment specialists are up-to-speed on the latest rules and regulations. Mon-Fri, 8 a.m. – 6 p.m., CT

For costs and further details of the coverage, including exclusions, any reduction or limitations and the terms under which the policy may be continued in force, see your agent or write to the company. This is a solicitation for business and a response to this brochure will generate communication by a licensed producer.



For more information: [coOpportunityhealth.com](http://coOpportunityhealth.com)

Individual Sales Hotline: 1.866.217.6111

Email: [sales@coOpportunityhealth.com](mailto:sales@coOpportunityhealth.com)

Connect with us

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CoOpportunity Health is a Qualified Health Plan issuer in the Nebraska Health Insurance Marketplace. CoOpportunity Health has contracted with HealthPartners Administrators, Inc. to provide claims processing, medical management and certain other administrative services.