Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services BlueCross and BlueShield of Nebraska : University of Nebraska

Coverage Period: 1/1/2025 - 12/31/2025

Coverage for: Individual/Family | Plan Type: PPO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC

 $[\]ensuremath{^{\star}}$ For more information about limitations and exceptions, see the plan or po

Coverage Period: 1/1/2025 - 12/31/2025

^{*} For more information about limitations and exceptions, see the plan or policy document at [www.insert.com].

University of Nebraska

		Coverage Period: 1/1/2025 - 12/31/2025				
		What You Will Pay				
Common Medical Event	Services You May Need	Select In-Network Provider (You will pay the least)		Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information	
	Children's glasses	Lenses: Not covered Frames: Not covered Contacts: Not covered	Lenses:			

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