## \*\*\*\*PLEASE OBTAIN REFERRALS FOR ALL HMO PLANS/NO RETROS/RESCHEDULE IF YOU HAVE TO\*\*\*\*

| AMBETTER SUNSHINE EPO     NO REFERAL NEEDED       AFTNA PRO/POS/OA     AFTNA IMQ NEED REFERRAL       AVMED PPO     AVMED IMQ NEED REFERRAL       BCRS HMO BLUECARE/BLUESELECT/SILVER/SIMPLY     NO REFERRAL NEEDED/AUTH NEEDED FOR XRAY/NJ<br>THROUCH AVAILITY       BCRS HMO BLUECARE/BLUESELECT/SILVER/SIMPLY     NO REFERRAL NEEDED/AUTH NEEDED FOR XRAY/NJ<br>THROUCH AVAILITY       BCRS HMO/MYBLUE/MCR ADVANTAGE HMO     NEED REFERRAL/NO RETRO       BRIGHT HEALTH     NO PCP_REFERRAL       CAREPUS HMO     NEED REFERRAL/NO RETRO       CIGNA SURFETT MARKETPLACE     ALWAYS VERIFY BENEFITS       CIGNA PPOPOS/OA     CIGNA HMO NEED REFERRAL       COVENTRY PPO/POS/OA     CIGNA HMO NEED REFERRAL       CHAMPYAGHI/GEHA/GOLDEN RULE AS SECONDARY     *****PRIMARY ONLY IF THAS OUT OF NETWORK<br>BENEFITS AND OK TO PAY DEDUCTIBLE?***       HUMANA PPO/POS/OA/IMO     MCR/PRIVATE/NO MEDICAID/IMO NEED REFERRAL       MEDICARE FHEALTH MMM EXTRA     NEED REFERRAL       MEDICARE FHEALTH MMM EXTRA     NEED REFERRAL       MEDICARE PART B     S198 DEDUCTIBLE?0% COINSURANCE       MDICA PRIMARY-CHAMPYA SECONDARY     IN NETWORK       MEDICARE PART B     S198 DEDUCTIBLE?0% COINSURANCE       MDC/CR PRIMARY-CHAMPYA SECONDARY     IN NETWORK   | AARP MCR COMPLETE PPO/HMO                  | HMO NEED REFERRAL                           |
|---|--|---|
| AETNA PPO/POS/OA   AETNA HMO NEED REFERAL     AVMED PPO   AVMED HMO NEED REFERAL     BCBS HMO BLUECARE/BLUESELECT/SILVER/SIMPLY   NO REFERRAL NEED REFERAL     BCBS HMO/MYBLUE/MCR ADVANTAGE HMO   NEED REFERAL/NO RETRO     BRIGHT IHALTII   NO PCP. BEFERRAL     CAREPLUS HMO   NEED REFERAL/NO RETRO     CIGNA SUREFIT MARKETPLACE   ALWAYS VERIFY BENEFITS     CIGNA SUREFIT MARKETPLACE   ALWAYS VERIFY BENEFITS     CIGNA POPOS/OA   CIGNA HMO NEED REFERAL     COVENTRY PPO/POS/OA   IMO/SUMMIT PLAN NEED REFERRAL     COVENTRY PPO/POS/OA   IMO/SUMMIT PLAN NEED REFERRAL     COVENTRY PPO/POS/OA   IMO/SUMMIT PLAN NEED REFERRAL     COVENTRY PPO/POS/OA/IMO   MCR/RIVATE/NO MEDICAID/IMO NEED REFERRAL     MEDICARE DEVOTED HEALTH   NO REFERRAL NO OK TO PAY DEDUCTIBLE****     IUMANA PPO/POS/OA/IMO   MCR/RIVATE/NO MEDICAID/IMO NEED REFERRAL     MEDICARE EIREALTI MM EXTRA   NEED REFERRAL     MEDICARE EIREALTI MMM EXTRA   SEDONDARY     MDCR PRIMARY-CHAMPVA SECONDARY   IN NETWORK     MEDICARE FIREAL   SECONDARY ONLY     MOLINA MEDICARE   MOUTAL OF OMAHA     MOLINA MEDICARE   SECONDARY ONLY     MULLO G OMAHA  |  |   |
| AVMED PPO AVMED HMQ NEED REFERRAL   BCBS HMO BLUECARE/BLUESELECT/SILVER/SIMPLY NO REFERRAL NEEDED/AUTH NEEDED FOR XRAY/NJ<br>THRUGHA AVAILITY   BCBS HMO/MYBLUE/MCR ADVANTAGE HMO NEED REFERRAL/NO RETRO   BRIGHT HEALTH NO PCP REFERRAL   CAREPLUS HMO NEED REFERRAL/NO RETRO   CIGNA SUBJECT ALWAYS VERIFY BOHENTS   CIGNA SUBJECT ALWAYS VERIFY BOHENTS   CIGNA SUBJECT ALWAYS VERIFY BOHENTS   CIGNA PPO/POS/OA HMO/NEED REFERRAL   COVENTRY PPO/POS/OA HMO/NEED REFERRAL   CIGNA/GELIGEHA/GOLDEN RULE AS SECONDARY ****@RIMARY ONLY IF PT HAS OUT OF NETWORK   BHOICARE DEVOTED HEALTH NO REFERRAL   MEDICARE DEVOTED HEALTH NO REFERRAL   MEDICARE DEVOTED HEALTH NO REFERRAL   MEDICARE PART B S198 DEDUCTIBLE/20% COINSURANCE   MEDICARE PART B S198 DEDUCTIBLE/20% COINSURANCE   MDCR PRIMARY-CHAMPVA SECONDARY IN NETWORK   MEDICARE MARY ONLY MEED REFERRAL   MEDICARE MARY-CHAMPVA SECONDARY IN NETWORK   MEDICARE MOUTAL OF OMAILA   SECONDARY ONLY MEED REFERRAL   MEDICARE MUTAL OF OMAILA   SECONDARY ONLY MEED REFERRAL   MEDICARE PIPE FITTERS PREFERED   PHCS MEDI-SHARE/CHINSTIAN/FREEDOM LIFE OXT ACCE   |  |   |
| BCBS HMO BLUECARE/BLUESELECT/SILVER/SIMPLY NO REFERRAL NEEDED/AUTH NEEDED FOR XRAY/INI<br>THROUGH AVALUTY   BCSS HMO/MYBLUE/MCR ADVANTAGE HMO NEED REFERRAL/NO RETRO   BRIGHT HEALTH NO PCP REFERRAL   CAREPLUS HMO NEED REFERRAL/NO RETRO   CIGNA SURFIT MARKETPLACE ALWAYS VERIFY BENEFITS   CIGNA IP PPO'HMO IMO NEED REFERRAL   CIGNA PPO/POS/OA CIGNA IMO NEED REFERRAL   COVENTRY PPO/POS/OA CIGNA IMO NEED REFERRAL   COVENTRY PPO/POS/OA MOSUMIT PLAN NEED REFERRAL   COVENTRY PPO/POS/OA MOSUMIT PLAN NEED REFERRAL   CHAMPA/GHI/GEHA/GOLDEN RULE AS SECONDARY ****PRIMARY ONLY IF TH AS OUT OF NETWORK<br>BENEFITS AND OK TO PAY DEDUCTIBLE****   HUMANA PPO/POS/OA/IHO MCRPRIVATE/NO MEDICADDINO NEED REFERRAL   MEDICARE DEVOTED HEALTH NO REFERRAL NEEDED   MEDICARE DEVOTED HEALTH NEED REFERRAL   MEDICARE DATH NEED REFERRAL   MEDICARE ONDARY ONLY IN NETWORK   MEDICARE ONDARY ONLY IN NETWORK   MEDICARE ONDARY ONLY IN THE NORTH IN A SECONDARY ONLY   MUTUAL OF OMAILA SECONDARY ONLY   MUTUAL OF OMAILA SECONDARY ONLY   MUTUAL OF OMAILA SECONDARY ONLY   NALC HEALTH BENEFIT PLAN OSCAR (PLANS VERIES) NO REFERRAL NEEDED   MUTUAL OF OMAILA SECONDARY ONLY   |  |   |
| BRIGHT HEALTH NO PCP REFERRAL   CARPLUS HMO NEED REFERRAL/NO RETRO   CIGNA SUREFIT MARKETPLACE ALWAYS VERIFY BENEFITS   CIGNA SUREFIT MARKETPLACE ALWAYS VERIFY BENEFITS   CIGNA TPO/POS/OA LIMO/NEED REFERRAL   CIGNA PPO/POS/OA LIMO/NEED REFERRAL   COVENTRY PPO/POS/OA HMO/SUMMIT PLAN NEED REFERRAL   COVENTRY PPO/POS/OA HMO/SUMMIT PLAN NEED REFERRAL   COVENTRY PPO/POS/OA HMO/SUMMIT PLAN NEED REFERRAL   CHAMPVA/GIL/GEILA/COLDEN RULE AS SECONDARY #***PRIMARY ONLY IF PT HAS OUT OF NETWORK<br>BENEFITS AND OK TO PAY DEDUCTIBLE****   HUMANA PPO/POS/OA/HMO MCR/PRIVATE/NO MEDICAID/HMO NEED REFERRAL   MEDICARE DEVOTED HEALTH NO REFERRAL NEEDED   MEDICARE FART B S198 DEDUCTIBLE/20% COINSURANCE   MEDICARE FART B S198 DEDUCTIBLE/20% COINSURANCE   MDCR PRIMARY-CHAMPVA SECONDARY IN NETWORK   MEDICARE MUTUAL OF OMAILA   MUTUAL OF OMAILA SECONDARY ONLY   NALC HEALTH BENEFIT PLAN ALWAYS VERIFY AND COLLECT DEDUCT/COPAY   NAC (PLANS VERIES) NO REFERRAL NEEDED ALWAYS VERIFY AND COLLECT DEDUCT/COPAY   NALC HEALTH BENEFIT PLAN ALWAYS VERIFY AND COLLECT DEDUCT/COPAY   NAC (PLANS VERIES) NO REFERRAL NEEDED ALWAYS VERIFY AND COLLECT DEDUCT/COPAY   NAC (PLANS VERIES) NO REFERRAL NEEDED ONLY ALLOW 3 VISITS PER   | BCBS HMO BLUECARE/BLUESELECT/SILVER/SIMPLY | NO REFERRAL NEEDED/AUTH NEEDED FOR XRAY/INJ |
| CAREPLUS HMONEED REFERRAL/NO RETROCIGNA SURFIT MARKETPLACEALWAYS VERIFY BENEFITSCIGNA FIP PPO/MNOHMO NEED REFERRALCIGNA FPO/POS/OACIGNA HMO NEED REFERRALCOVENTRY PPO/POS/OALIMOSUMMIT PLAN NEED REFERRALCHAMPVA/GHI/GEHA/GOLDEN RULE AS SECONDARY*****PRIMARY ONLY IF PT HAS OUT OF NETWORK<br>BENEFITS AND OK TO PAY DEDUCTIBLE****HUMANA PPO/POS/OA/IMOMCR/PRIVATE/NO MEDICAID/IMO NEED REFERRALMEDICARE DEVOTED HEALTHNO REFERRAL NEEDEDMEDICARE EHEALTH MMM EXTRANEED REFERRALMEDICARE FIEALTH MMM EXTRANEED REFERRALMEDICARE FIEALTH MMM EXTRANEED REFERRALMDCR PRIMARY-CHAMPVA SECONDARYIN NETWORKMEDICARE OSCONDARY ONLYMERITAINMOLON MEDICAREMUTUAL OF OMAHAMUTUAL OF OMAHASECONDARY ONLYMALC HEALTH BENEFIT PLANALWAYS VERIFY AND COLLECT DEDUCT/COPAYOXFORDSECONDARY ONLYPHCS MEDI-SHARE/CHRISTIAN/FREEDOM LIFENOT ACCEPTINC ANY NEW PATIENT/FREEDOM<br>ONLY ALLOW 3 VISITS PER YEARPLUMBER & PIPE FITTERSNEED REFERRALSHEET METAL WORKERSINFLY HEALTHCARE MEDICARE ONLYSUIS HEALTHMEDICARE ONLY/NEED REFERRALSUIS HEALTHMEDICARE ONLY/NEED REFERRALUMRUHC INTEGRATED SERVICE/NEIGHBORHOOD PPOHMO NEED REFERRALMEDICARE MEDICARE ONLYUHC ROMOKERHMO NEED REFERRALSUISHIALTHMEDICARE ONLY/NEED REFERRALSUISHEALTHMEDICARE ONLY/NEED REFERRALUHC NITEGRATED SERVICE/NEIGHBORHOOD PPOHMO NEED REFERRALUHC NITEGR  | BCBS HMO/MYBLUE/MCR ADVANTAGE HMO          | NEED REFERRAL/NO RETRO                      |
| CIGNA SUREFIT MARKETPLACEALWAYS VERIFY BENEFITSCIGNA IFP PPO/HMOHMO NEED REFERRALCIGNA PPO/POS/OACIGNA HMO NEED REFERRALCOVENTRY PPO/POS/OAHMO/SUMMIT PLAN NEED REFERRALCOVENTRY PPO/POS/OAHMO/SUMMIT PLAN NEED REFERRALCHAMPVA/GHI/GEHA/GOLDEN RULE AS SECONDARY****PRIMARY QMLY IF PT HAS OUT OF NETWORK<br>BENEFITS AND OK TO PAY DEDUCTIBLE****HUMAN PPO/POS/OA/HMOMCR/PRIVATE/NO MEDICAD/HMO NEED REFERRALMEDICARE DEVOTED HEALTHNO REFERRAL NEEDEDMEDICARE EHFALTH MMM EXTRANEED REFERRALMEDICARE PART BS198 DEDUCTIBLE20% COINSURANCEMDCR PRIMARY-CHAMPVA SECONDARYIN NETWORKMERITAINMOLINA MEDICAREMUTUAL OF OMAHASECONDARY ONLYNALC HEALTH BENEFIT PLANSECONDARY ONLYNEED REFERRALSECONDARY ONLYPHCS MEDI-SHARE/CHRISTIAN/FREEDOM LIFENOT ACCEPTING ANY NEW PATIENT/FREEDOM<br>ONLY ALLOW 3 VISITS PER YEARPLUMBER & PIPE FITTERSSEED REFERRALSHEET METAL WORKERSISMPLY HEALTHCARE MEDICARE ONLYSUNSHINE MEDICARE MEDICARE ONLYNEED REFERRALSUNSHINE MEDICARE MEDICARE ONLYNEED REFERRALUHC PO/POS/OA/DUAL PPO SNPHMO NEED REFERRALUHC POPO/POS/OA/DUAL PPO SNPHMO NEED REFERRAL <tr< td=""><td>BRIGHT HEALTH</td><td>NO PCP REFERRAL</td></tr<>   | BRIGHT HEALTH                              | NO PCP REFERRAL                             |
| CIGNA IFP PPO/HMOHMO NEED REFERRALCIGNA IFP PPO/POS/OACIGNA HMO NEED REFERRALCOVENTRY PPO/POS/OAHMO/SUMMIT PLAN NEED REFERRALCHAMPVA/GHI/GEHA/GOLDEN RULE AS SECONDARY*****PRIMARY ONLY IF PT HAS OUT OF NETWORK<br>BENEFITS AND OK TO PAY DEDUCTIBLE****HUMANA PPO/POS/OA/HMOMCR/PRIVATE/NO MEDICAID/HMO NEED REFERRALMEDICARE DEVOTED HEALTHNO REFERRAL NEEDEDMEDICARE PART B\$198 DEDUCTIBLE/20% COINSURANCEMEDICARE PART B\$198 DEDUCTIBLE/20% COINSURANCEMDCR PRIMARY-CHAMPVA SECONDARYIN NETWORKMEDICARE PART B\$198 DEDUCTIBLE/20% COINSURANCEMOLINA MEDICAREMUTUAL OF OMAHAMUTUAL OF OMAHASECONDARY ONLYNALC HEALTH BENEFIT PLANNEED REFERRAL NEEDEDALWAYS VERIES) NO REFERRAL NEEDEDALWAYS VERIFY AND COLLECT DEDUCT/COPAYOXFORDSECONDARY ONLYNALC HEALTH BENEFIT PLANNOT ACCEPTING ANY NEW PATIENT/FREEDOMOYFORDSECONDARY ONLYPIICS MEDI-SHARE/CHRISTIAN/FREEDOM LIFENOT ACCEPTING ANY NEW PATIENT/FREEDOMONLY ALLOW 3 VISITS PER YEARPLUMBER & PIPE FITTERSPREFERRED CARE PARTNERSSIMPLY HEALTHCARE MEDICARE ONLYSUNSHINE MEDICARE MEDICAID ONLYUMRUHC PO/PO/SOA/DUAL PPO SNPUHC PO/PO/SOA/DUAL PPO SNPUMC NEED REFERRALUHC PO/PO/SOA/DUAL PPO SNPUMC NEED REFERRALUHC NOTEON REIGHBORHOOD PPOHMO NEED REFERRALUHC INTEGRATED SERVICE/NEIGHBORHOOD PPOHMO NEED REFERRALUHC INTEGRATED SERVICE/NEIGHBORHOOD PPO <t< td=""><td>CAREPLUS HMO</td><td>NEED REFERRAL/NO RETRO</td></t<>   | CAREPLUS HMO                               | NEED REFERRAL/NO RETRO                      |
| CIGNA PPO/POS/OACIGNA HMO NEED REFERRALCOVENTRY PPO/POS/OAHMO/SUMMIT PLAN NEED REFERRALCHAMPVA/GHI/GEHA/GOLDEN RULE AS SECONDARY****PRIMARY QNLY IF TH AS OUT OF NETWORK<br>BENEFITS AND OK TO PAY DEDUCTIBLE****HUMANA PPO/POS/OA/HMOMCR/PRIVATE'NO MEDICAID/HMO NEED REFERRALMEDICARE DEVOTED HEALTHNO REFERRAL NEEDEDMEDICARE EIREALTH MMM EXTRANEED REFERRALMEDICARE FIREALTH MMM EXTRANEED REFERRALMEDICARE PART B\$198 DEDUCTIBLE/20% COINSURANCEMDCR PRIMARY-CHAMPVA SECONDARYIN NETWORKMEDICARE PART B\$198 DEDUCTIBLE/20% COINSURANCEMOLINA MEDICAREMOTUAL OF OMAHAMOLINA MEDICAREMUTUAL OF OMAHAMUTUAL OF OMAHASECONDARY ONLYNAL CHEALTH BENEFIT PLANALWAYS VERIFY AND COLLECT DEDUCT/COPAYOXFORDSECONDARY ONLYPHCS MEDI-SHARE/CHRISTIAN/FREEDOM LIFENOT ACCEPTING ANY NEW PATIENT/FREEDOM<br>ONLY ALLOW 3 VISITS PER YEARPLUMBER & PIPE FITTERSNEED REFERRALSHEET METAL WORKERSIMPLY HEALTHCARE MEDICARE ONLYSUNSHINE MEDICARE MEDICARE ONLYNEED REFERRALSOLS HEALTHMEDICARE ONLY/REFERRAL NEEDEDSUNSHINE MEDICARE MEDICARD ONLYUMRUHC PPO/POS/OA/DUAL PPO SNPHMO NEED REFERRALUHC INTEGRATED SERVICE/NEIGHBORHOOD PPOHMO NEED REFERRALUHC PPO/POS/OA/DUAL PPO SNPHMO NEED REFERRALUHC NTEGRATED SERVI   | CIGNA SUREFIT MARKETPLACE                  | ALWAYS VERIFY BENEFITS                      |
| COVENTRY PPO/POS/OAIIMO/SUMMIT PLAN NEED REFERRALCHAMPVA/GHI/GEHA/GOLDEN RULE AS SECONDARY****PRIMARY ONLYHUMANA PPO/POS/OA/HMOMCR/PRIVATE/NO MEDICAID/HMO NEED REFERRALMEDICARE DEVOTED HEALTHNO REFERRAL NEEDEDMEDICARE EHEALTH MMM EXTRANEED REFERRALMEDICARE PART B\$198 DEDUCTIBLE/20% COINSURANCEMCR PRIMARY-CHAMPVA SECONDARYIN NETWORKMEDICARE PART B\$198 DEDUCTIBLE/20% COINSURANCEMDCR PRIMARY-CHAMPVA SECONDARYIN NETWORKMEDICARE PART B\$198 DEDUCTIBLE/20% COINSURANCEMOLINA MEDICAREMOLINA MEDICAREMUTUAL OF OMAHASECONDARY ONLYNALC HEALTH BENEFIT PLANOSCAR (PLANS VERIES) NO REFERRAL NEEDEDALWAYS VERIFY AND COLLECT DEDUCT/COPAYOXFORDOXFORDSECONDARY ONLYPHCS MEDI-SHARE/CHRISTIAN/FREEDOM LIFENOT ACCEPTING ANY NEW PATIENT/FREEDOM<br>ONLY ALLOW 3 VISITS PER YEARPLUMBER & PIPE FITTERSNEED REFERRALSHEET METAL WORKERSIMPLY HEALTHCARE MEDICARE ONLYSUNSHINE MEDICARE MEDICARE ONLYNEED REFERRALSUNSHINE MEDICARE MEDICARE ONLYNEED REFERRALSUNSHINE MEDICARE MEDICARE ONLYNEED REFERRALUHC PPO/POS/OA/DUAL PPO SNPHMO NEED REFERRALUHC PPO/POS/OA/DUAL PPO SNPHMO NEED REFERRALUHC INTEGRATED SERVICE/NEIGHBORHOOD PPOHMO NEED REFERRALUHC INTEGRATED SERVICE/NEIGHBORHOOD PPOHMO NEED REFERRALUHC INTEGRATED SERVICE/NEIGHBORHOOD PPOHMO NEED REFERRALWEB TPA*****PRIMARY ONLY IF PT HAS OUT OF NETWORKWEB TPA*****  | CIGNA IFP PPO/HMO                          | HMO NEED REFERRAL                           |
| CHAMPVA/GHI/GEHA/GOLDEN RULE AS SECONDARY****PRIMARY ONLY IF PT HAS OUT OF NETWORK<br>BENEFITS AND OK TO PAY DEDUCTIBLE****HUMANA PPO/POS/OA/HMOMCR/PRIVATE/NO MEDICAID/HMO NEED REFERRALHUDCARE DEVOTED HEALTHNO REFERRAL NEEDEDMEDICARE EHEALTH MMM EXTRANEED REFERRALMEDICARE PART B\$198 DEDUCTIBLE/20% COINSURANCEMDCR PRIMARY-CHAMPVA SECONDARYIN NETWORKMEDICO SECONDARY ONLYMERITAINMOLINA MEDICAREMUTUAL OF OMAHAMUTUAL OF OMAHASECONDARY ONLYNALC HEALTH BENEFIT PLANOSCAR (PLANS VERIES) NO REFERRAL NEEDEDALK HEALTH BENEFIT PLANNOT ACCEPTING ANY NEW PATIENT/FREEDOM<br>OXFORDOKFORDSECONDARY ONLYPHUMBER & PIPE FITTERSNOT ACCEPTING ANY NEW PATIENT/FREEDOM<br>ONLY ALLOW 3 VISITS PER YEARPULMBER & PIPE FITTERSNEED REFERRALSIMPLY HEALTHCARE MEDICARE ONLYNEED REFERRALSIMPLY HEALTHCARE MEDICARE ONLYNEED REFERRALSUNSHINE MEDICARE MEDICAID ONLYMEDICARE ONLY/REFERRALUMRIUNC PPO/POS/OA/DUAL PPO SNPHMO NEED REFERRALUHC PPO/POS/OA/DUAL PPO SNPHMO NEED REFERRALUHC NTEGRATED SERVICE/NEIGHBORHOOD PPOHMO NEED REFERRALITRAVELEESALL TRICARE PLANS (OUT OF NETWORK)*****PRIMARY ONLY IF PT HAS OUT OF NETWORK<br>BENEFITS AND OK TO PAY DEDUCTIBLE****WEB TPA*****PRIMARY ONLY IF PT HAS OUT OF NETWORK<br>BENEFITS AND OK TO PAY DEDUCTIBLE****   | CIGNA PPO/POS/OA                           | CIGNA HMO NEED REFERRAL                     |
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| MEDICARE EHEALTH MMM EXTRANEED REFERRALMEDICARE PART B\$198 DEDUCTIBLE/20% COINSURANCEMDCR PRIMARY-CHAMPVA SECONDARYIN NETWORKMEDICO SECONDARY ONLYIN NETWORKMEDICO SECONDARY ONLYMERITAINMOLINA MEDICAREMUTUAL OF OMAHAMOLINA MEDICAREALWAYS VERIFY AND COLLECT DEDUCT/COPAYOSCAR (PLANS VERIES) NO REFERRAL NEEDEDALWAYS VERIFY AND COLLECT DEDUCT/COPAYOXFORDSECONDARY ONLYPHCS MEDI-SHARE/CHRISTIAN/FREEDOM LIFENOT ACCEPTING ANY NEW PATIENT/FREEDOM<br>ONLY ALLOW 3 VISITS PER YEARPLUMBER & PIPE FITTERSNEED REFERRALSIMPLY HEALTHCARE MEDICARE ONLYNEED REFERRALSOLIS HEALTHMEDICARE ONLYSUNSHINE MEDICARE MEDICARE ONLYNEED REFERRALSUNSHINE MEDICARE MEDICAID ONLYUMRUHC PPO/POS/OA/DUAL PPO SNPHMO NEED REFERRALUHC NTEGRATED SERVICE/NEIGHBORHOOD PPOHMO NEED REFERRALTRAVELERSALL TRICARE PLANS (OUT OF NETWORK)#****PRIMARY ONLY IF PT HAS OUT OF NETWORKBENEFITS AND OK TO PAY DEDUCTIBLE****  | HUMANA PPO/POS/OA/HMO                      |   |
| MEDICARE PART B\$198 DEDUCTIBLE/20% COINSURANCEMDCR PRIMARY-CHAMPVA SECONDARYIN NETWORKMEDICO SECONDARY ONLYIN NETWORKMERITAINMOLINA MEDICAREMUTUAL OF OMAHASECONDARY ONLYNALC HEALTH BENEFIT PLANALWAYS VERIFY AND COLLECT DEDUCT/COPAYOSCAR (PLANS VERIES) NO REFERRAL NEEDEDALWAYS VERIFY AND COLLECT DEDUCT/COPAYOXFORDSECONDARY ONLYPHCS MEDI-SHARE/CHRISTIAN/FREEDOM LIFENOT ACCEPTING ANY NEW PATIENT/FREEDOM<br>ONLY ALLOW 3 VISITS PER YEARPLUMBER & PIPE FITTERSNEED REFERRALSHEET METAL WORKERSIMPLY HEALTHCARE MEDICARE ONLYSIMPLY HEALTHCARE MEDICARE ONLYNEED REFERRALSOLIS HEALTHMEDICARE ONLY/REFERRAL NEEDEDSUNSHINE MEDICARE MEDICAID ONLYUMRUHC PPO/POS/OA/DUAL PPO SNPHMO NEED REFERRALUHC INTEGRATED SERVICE/NEIGHBORHOOD PPOHMO NEED REFERRALTRAVELERSALL TRICARE PLANS (OUT OF NETWORK)#****PRIMARY ONLY IF PT HAS OUT OF NETWORK<br>BENEFITS AND OK TO PAY DEDUCTIBLE****   | MEDICARE DEVOTED HEALTH                    | NO REFERRAL NEEDED                          |
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| MEDICO SECONDARY ONLYImage: constraint of the second and | MEDICARE PART B                            | \$198 DEDUCTIBLE/20% COINSURANCE            |
| MERITAINMeritainMERITAINMOLINA MEDICAREMUTUAL OF OMAHASECONDARY ONLYNALC HEALTH BENEFIT PLANOSCAR (PLANS VERIES) NO REFERRAL NEEDEDALWAYS VERIFY AND COLLECT DEDUCT/COPAYSECONDARY ONLYOXFORDSECONDARY ONLYPHCS MEDI-SHARE/CHRISTIAN/FREEDOM LIFENOT ACCEPTING ANY NEW PATIENT/FREEDOM<br>ONLY ALLOW 3 VISITS PER YEARPLUMBER & PIPE FITTERSONLY ALLOW 3 VISITS PER YEARPREFERRED CARE PARTNERSNEED REFERRALSHEET METAL WORKERSIMPLY HEALTHCARE MEDICARE ONLYSUNSHINE MEDICARE MEDICARE ONLYNEED REFERRALSOLIS HEALTHMEDICARE ONLY/REFERRAL NEEDEDSUNSHINE MEDICARE MEDICAID ONLYUMRUHC PPO/POS/OA/DUAL PPO SNPHMO NEED REFERRALUHC INTEGRATED SERVICE/NEIGHBORHOOD PPOHMO NEED REFERRALALL TRICARE PLANS (OUT OF NETWORK)****PRIMARY ONLY IF PT HAS OUT OF NETWORK BENEFITS AND OK TO PAY DEDUCTIBLE****WEB TPA  | MDCR PRIMARY-CHAMPVA SECONDARY             | IN NETWORK                                  |
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| OSCAR (PLANS VERIES) NO REFERRAL NEEDEDALWAYS VERIFY AND COLLECT DEDUCT/COPAYOXFORDSECONDARY ONLYPHCS MEDI-SHARE/CHRISTIAN/FREEDOM LIFENOT ACCEPTING ANY NEW PATIENT/FREEDOM<br>ONLY ALLOW 3 VISITS PER YEARPLUMBER & PIPE FITTERSPREFERRED CARE PARTNERSNEED REFERRALNEED REFERRALSHEET METAL WORKERSIMPLY HEALTHCARE MEDICARE ONLYSOLIS HEALTHMEDICARE ONLY/REFERRAL NEEDEDSUNSHINE MEDICARE MEDICAID ONLYMEDICARE ONLY/REFERRAL NEEDEDUMRUHC PPO/POS/OA/DUAL PPO SNPUHC INTEGRATED SERVICE/NEIGHBORHOOD PPOHMO NEED REFERRALTRAVELERSALL TRICARE PLANS (OUT OF NETWORK)ALL TRICARE PLANS (OUT OF NETWORK)****PRIMARY ONLY IF PT HAS OUT OF NETWORK BENEFITS AND OK TO PAY DEDUCTIBLE****   | MUTUAL OF OMAHA                            | SECONDARY ONLY                              |
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| PHCS MEDI-SHARE/CHRISTIAN/FREEDOM LIFENOT ACCEPTING ANY NEW PATIENT/FREEDOM<br>ONLY ALLOW 3 VISITS PER YEARPLUMBER & PIPE FITTERSPREFERRED CARE PARTNERSNEED REFERRALSHEET METAL WORKERSIMPLY HEALTHCARE MEDICARE ONLYNEED REFERRALSOLIS HEALTHMEDICARE ONLY/REFERRAL NEEDEDSUNSHINE MEDICARE MEDICAID ONLYUMRUHC PPO/POS/OA/DUAL PPO SNPHMO NEED REFERRALUHC INTEGRATED SERVICE/NEIGHBORHOOD PPOHMO NEED REFERRALTRAVELERSALL TRICARE PLANS (OUT OF NETWORK)****PRIMARY ONLY IF PT HAS OUT OF NETWORK<br>BENEFITS AND OK TO PAY DEDUCTIBLE****WEB TPA  | OSCAR (PLANS VERIES) NO REFERRAL NEEDED    | ALWAYS VERIFY AND COLLECT DEDUCT/COPAY      |
| ONLY ALLOW 3 VISITS PER YEARPLUMBER & PIPE FITTERSPREFERRED CARE PARTNERSNEED REFERRALSHEET METAL WORKERSIMPLY HEALTHCARE MEDICARE ONLYSIMPLY HEALTHCARE MEDICARE ONLYNEED REFERRALSOLIS HEALTHMEDICARE ONLY/REFERRAL NEEDEDSUNSHINE MEDICARE MEDICAID ONLYMEDICARE ONLY/REFERRAL NEEDEDUMRJUHC PPO/POS/OA/DUAL PPO SNPHMO NEED REFERRALUHC INTEGRATED SERVICE/NEIGHBORHOOD PPOHMO NEED REFERRALTRAVELERSSUNSHINARY ONLY IF PT HAS OUT OF NETWORK<br>BENEFITS AND OK TO PAY DEDUCTIBLE****WEB TPASUNSHINARY ONLY IS VISITS PER YEAR   | OXFORD                                     | SECONDARY ONLY                              |
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| SIMPLY HEALTHCARE MEDICARE ONLYNEED REFERRALSOLIS HEALTHMEDICARE ONLY/REFERRAL NEEDEDSUNSHINE MEDICARE MEDICAID ONLYImage: Comparison of the state  |  | NEED REFERRAL                               |
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| UMRHMO NEED REFERRALUHC PPO/POS/OA/DUAL PPO SNPHMO NEED REFERRALUHC INTEGRATED SERVICE/NEIGHBORHOOD PPOHMO NEED REFERRALTRAVELERSALL TRICARE PLANS (OUT OF NETWORK)ALL TRICARE PLANS (OUT OF NETWORK)****PRIMARY ONLY IF PT HAS OUT OF NETWORK<br>BENEFITS AND OK TO PAY DEDUCTIBLE****WEB TPA  |  | MEDICARE ONLY/REFERRAL NEEDED               |
| UHC PPO/POS/OA/DUAL PPO SNPHMO NEED REFERRALUHC INTEGRATED SERVICE/NEIGHBORHOOD PPOHMO NEED REFERRALTRAVELERS****PRIMARY ONLY IF PT HAS OUT OF NETWORK<br>BENEFITS AND OK TO PAY DEDUCTIBLE****WEB TPA****PRIMARY ONLY IF PT HAS OUT OF NETWORK   |  |   |
| UHC INTEGRATED SERVICE/NEIGHBORHOOD PPO   HMO NEED REFERRAL     TRAVELERS   ALL TRICARE PLANS (OUT OF NETWORK)     &****PRIMARY ONLY IF PT HAS OUT OF NETWORK     BENEFITS AND OK TO PAY DEDUCTIBLE****     WEB TPA   |  |   |
| TRAVELERS   | UHC PPO/POS/OA/DUAL PPO SNP                | HMO NEED REFERRAL                           |
| ALL TRICARE PLANS (OUT OF NETWORK)****PRIMARY ONLY<br>BENEFITS AND OK TO PAY DEDUCTIBLE****WEB TPA****PRIMARY ONLY<br>BENEFITS AND OK TO PAY DEDUCTIBLE****   | UHC INTEGRATED SERVICE/NEIGHBORHOOD PPO    | HMO NEED REFERRAL                           |
| BENEFITS AND OK TO PAY DEDUCTIBLE****       WEB TPA   |  |   |
|   |  |   |
| WELLCARE MEDICAID REFERRAL REQUIRED   |  |   |
|   | WELLCARE MEDICARE MEDICAID                 | REFERRAL REQUIRED                           |

## \* INSURANCE PLANS REVISED 02/04/2020 \*\*\*WE ARE NOT IN NETWORK WITH CIGNA LOCAL PLUS AND CIGNA MARKETPLACE EPO\*\*\*