



# **2021** MEDICARE ADVANTAGE PLANS

## **CHOICE HMO-POS**



Blue Cross and Blue Shield of Nebraska is an HMO, HMO-POS and PPO plan with Medicare contracts. Enrollment in Blue Cross and Blue Shield of Nebraska Medicare Advantage depends on contract renewal. H3710\_21KitSlSBookPOsv2\_M CMS ACCEPTED 08252020



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## Carry the Card that Carries You Through

Through tests and treatments, trials and triumphs, we're there with you. For over 80 years, we have ensured access to the doctors you trust, coverage for the care you need and support from a team that's right here in Nebraska.

We have Medicare options to fit your life and we'll always be here for you when you need us.

That's the Benefit of Blue<sup>SM</sup>.



### QUESTIONS? WE'RE HERE FOR YOU!

For more information about our plan choices, call toll-free **844-899-6060 (TTY 711)**. email: **GetStarted@NebraskaBlue.com** or visit **Medicare.NebraskaBlue.com**.



# MEDICARE ADVANTAGE

A smart choice for your Medicare coverage.

## What are Medicare Advantage plans?

Medicare Advantage plans (Medicare Part C) are health plans approved by Medicare and run by private insurance companies, like Blue Cross and Blue Shield of Nebraska (BCBSNE). They include your Part A (hospital insurance), your Part B (medical insurance) and in many cases, your Part D (prescription drug) coverage. They may also include extra benefits and services like routine care and wellness programs.

## MEDICARE PART C: Medicare Advantage



## Why choose a Blue Cross and Blue Shield of Nebraska Medicare Advantage plan vs. Original Medicare?

With our Medicare Advantage plans you get:

- **Convenience:** All of your coverage from a single health plan.
- **Prescriptions:** Part D prescription drug coverage is included.
- **Benefits:** Access to additional benefits, such as routine care, dental, hearing, vision, wellness, telehealth services and over-the-counter benefits.
- **Financial protection:** Medicare Advantage plans limit your maximum out of pocket expense on copayments and coinsurance for covered or eligible medical services.

## More Americans are choosing Medicare Advantage

Medicare Advantage plans continue to grow in popularity each year. According to the Centers for Medicare & Medicaid Services (CMS), as of April 2020 over 24 million individuals nationwide were enrolled in a Medicare Advantage plan.



## It's the only card you need

We have a contract with Original Medicare, so when you enroll in our Medicare Advantage plans, BCBSNE provides your benefits, not Original Medicare. You'll only need to show your Blue Cross and Blue Shield of Nebraska ID card for care. You should put your red, white and blue Medicare card away for safekeeping.

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## OUR MEDICARE ADVANTAGE PLANS

Enjoy more total coverage than Original Medicare, with predictable costs.

With a Medicare Advantage plan from Blue Cross and Blue Shield of Nebraska, you'll have predictable, easy-to-budget costs for doctor office visits, prescription drugs, and more.

Medicare Advantage Choice HMO-POS
<ul style="list-style-type: none"> <li>• \$44 monthly premium</li> <li>• \$0 medical deductible</li> <li>• \$0 24/7 nurseline copay</li> <li>• No cost deductible for most generic prescription drugs</li> <li>• Open access - referrals are not required to see a specialist</li> <li>• Additional benefits such as dental, hearing, vision, OTC, telehealth services and travel benefits</li> </ul>
<p><b>AVAILABLE IN:</b> Burt, Butler, Cass, Colfax, Cuming, Dodge, Douglas, Gage, Lancaster, Otoe, Saline, Sarpy, Saunders, Seward and Washington counties</p>



 Blue Cross and Blue Shield of Nebraska also offers a \$0 premium HMO plan and a \$26 premium PPO plan in a larger service area. Call **844-899-6060** for more information.

## Convenient care that can save you money.

### Preventive Care Coverage

Like Medicare, all of these plans provide coverage for important preventive care including:

Preventive Benefits	<ul style="list-style-type: none"> <li>• Bone density test</li> <li>• Glaucoma testing</li> <li>• Diabetes prevention program</li> <li>• Hepatitis C screening</li> </ul>
Immunizations	<ul style="list-style-type: none"> <li>• Flu</li> <li>• Pneumococcal</li> <li>• Tdap (tetanus, diphtheria, &amp; pertussis)</li> <li>• Hepatitis B</li> </ul>
Welcome to Medicare Visit	<ul style="list-style-type: none"> <li>• Medicare will cover a one-time routine physical exam within the first 12 months that you are enrolled in Part B coverage "Welcome to Medicare"</li> </ul>
Routine Exam	<ul style="list-style-type: none"> <li>• Annual physical exam</li> </ul>
Health Screenings	<ul style="list-style-type: none"> <li>• Mammograms</li> <li>• Prostate Cancer</li> <li>• Colonoscopy</li> <li>• Pap Smear</li> </ul>

### Prescription Coverage

Yes, prescription drug coverage is included. As a member, your drugs cost less at our preferred network pharmacies. Plus, we offer convenient home delivery of your medications with our mail order program.

**If you participate in the Extra Help program from Medicare, which helps pay for your prescription drug plan costs, your monthly plan premium will be lower.**

The amount of assistance you get will determine your total monthly plan premium as a member of our plan. These premiums include coverage for both medical services and prescription drugs. They do not include any Medicare Part B premium you may have to pay. For more information, please refer to the Summary of Benefits on page 26.

**Many people are eligible for these savings on prescription drugs and don't even know it.**

**For more information, or to see if you qualify, contact:**

**800-Medicare (800-633-4227).** TTY users call **877-486-2048** (24 hours a day/7 days a week),

Your state Medicaid office, or the Social Security Administration at **800-772-1213**.

TTY users should call **800-325-0778**, between 8 a.m. and 5:30 p.m., Monday through Friday.

If you have any questions, please call us at **888-488-9850 (TTY 711)** seven days a week from 8 a.m. to 8 p.m. CT.

# CHOICE HMO-POS\* BENEFITS-AT-A-GLANCE

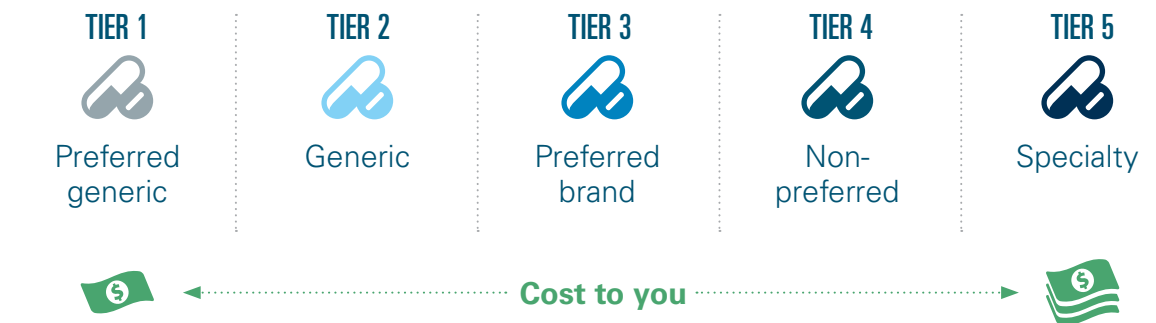
Frequently used benefits	Medicare Advantage Choice HMO-POS
Premium	\$44 monthly premium
Out-of-pocket maximum for Medicare-covered medical services	\$5,700 annually in-network \$6,700 annually out-of-network
Deductible	\$0
Referrals required	No
Office visits or telehealth: primary care	\$10 copay
Office visits or telehealth: specialists	\$40 copay
Virtual Health	\$0 copay for 24/7 nurse line calls
Podiatry	\$40 copay
Dental**	Preventive and comprehensive services \$700 annual maximum reimbursement benefit for covered services
Vision**	\$0 copay for routine or diabetic retinopathy exam \$100 allowance every two years
Hearing**	\$0 copay for routine hearing exam; once per year \$500 hearing aid allowance per ear, every three years
Urgent care within the U.S.	\$65 copay
Emergency care within the U.S.	\$90 copay
Outpatient surgery (including non-surgical services)	\$200 copay on ambulatory surgical center \$350 copay hospital
Ambulance services	\$300 copay
Inpatient acute hospital care	\$380 copay for days 1-4 \$0 copay for days 5+
Skilled nursing facility (in a Medicare-certified skilled nursing facility)	Days 1-20: \$0 copay Days 21-55: \$169 copay Days 56+: \$0 copay
Emergency and urgent care outside the U.S. (worldwide)	\$90 copay, \$50,000 max
Durable medical equipment	20% coinsurance Diabetic Supplies and Services: 0%-20%; <b>no cost-share for preferred brands</b>
Physical exams: one per year	\$0 copay
Preventive Services (services include but are not limited to the list on page 7)	\$0 copay
Chiropractic care**	\$20 copay for Medicare-covered services \$20 copay for routine care \$0 copay annually for one set of x-rays; up to three views
Over-the-Counter (OTC) Benefit	\$25 quarterly allowance on covered medications

\*Available in Burt, Butler, Cass, Colfax, Cuming, Dodge, Douglas, Gage, Lancaster, Otoe, Saline, Sarpy, Saunders, Seward and Washington counties

8 \*\* Not a complete description of benefits. Please see Summary of Benefits on page 26 for full details

## Prescription drug coverage

How a Medicare plan prices drugs:



Drug Tiers	Rx Deductible	Medicare Advantage Choice HMO-POS Copayment/Coinsurance		
		30-Day Supply: Preferred Pharmacy	30-Day Supply: Standard Pharmacy*	90-Day Supply: Mail Order**
<b>TIER 1</b> (Preferred generic) <sup>1</sup>	\$0	\$2	\$12	\$0
<b>TIER 2</b> (Generic)	\$0	\$8	\$18	\$0
<b>TIER 3</b> (Preferred brand)	\$150	\$37	\$47	\$111
<b>TIER 4</b> (Non-preferred)		\$100	\$100	\$300
<b>TIER 5</b> (Specialty tier)		30%	30%	N/A

<sup>1</sup> Includes coverage for generic Viagra (Sildenafil)

\* Copayments based on 30-day supply  
\*\* Mail order extended based on 90-day supply.

Medicare Advantage Choice HMO-POS	
Initial coverage limit	You pay copays and coinsurance until your total yearly drug costs reach \$4,130
Gap coverage	Generic Drugs – 25% copay of the plan's cost Brand Name Drugs – 25% copay of the plan's cost
Catastrophic coverage	\$6,550: \$3.70 copay for generic drugs \$9.20 copay for all other covered drugs or 5% coinsurance

### QUESTIONS? WE'RE HERE FOR YOU!

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email: [GetStarted@NebraskaBlue.com](mailto:GetStarted@NebraskaBlue.com) or visit [Medicare.NebraskaBlue.com](http://Medicare.NebraskaBlue.com).



## TRAVEL BENEFITS

### Traveling outside of Nebraska? You're covered coast to coast and beyond.

No matter where your plans might take you, you're covered when you travel with a Medicare Advantage plan from Blue Cross and Blue Shield of Nebraska. The best part is **no pre-notification of travel plans is required.**

If you need any covered services when you're traveling outside of Nebraska, you can access care using the BlueCard® program offered by the Blue Cross Blue Shield Association (BCBSA). The BlueCard program allows you to receive certain covered services from participating providers. Participating providers are those who accept Medicare and the BCBSA BlueCard, which means they are considered an in-network provider with the local Blue Cross and Blue Shield plan.

Members of Nebraska Blue Cross Blue Shield Medicare Advantage plans can enjoy benefits and low costs at home and away. You can travel with confidence.

- Opens up possibilities for treatment by specialty centers throughout the United States.
- Coverage follows you when you leave Nebraska.
- No need to notify us of your travel plans – we've got you covered!

 For more information, please refer to the Summary of Benefits on page 26.

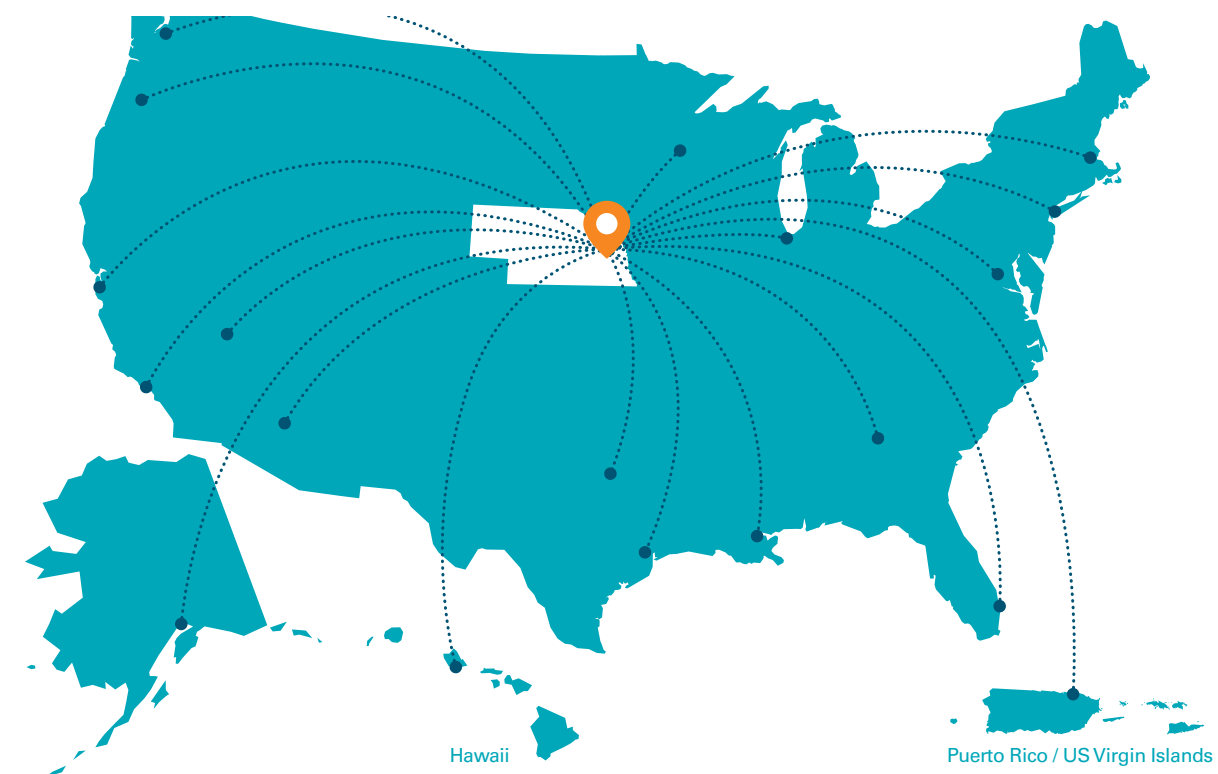
### Worldwide emergency and urgent care coverage.

#### Traveling Abroad? We've got you covered there too!

You can access emergency or urgently needed care whenever and wherever you may need it. With Blue Cross Blue Shield Global® Core, worldwide coverage is just another way we give you the confidence that comes with being a member. Blue Cross Blue Shield Global Core is accepted by all Blue plans in 200 countries around the world.

## TRAVEL BENEFITS

### BlueCard Coverage Area



 Robust travel coverage

Product	Travel within the NE service area	Travel outside of the service area in NE	Travel outside of NE and inside the US	Travel outside the US
<b>Choice HMO-POS</b>	In-network providers are covered; Out-of-network providers are not covered	Emergency and urgent care coverage only	Covered at out-network costs	Emergency and urgent care coverage*

\*Emergency and urgent care is covered statewide, nationally and globally.

 For more information, please refer to the Summary of Benefits on page 26.



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## BENEFITS BEYOND ORIGINAL MEDICARE

### Taking Medicare to the next level.

When you buy a health insurance plan, it's nice to know that dental, vision, hearing and more are covered.

#### Dental Coverage

Our dental plans cover preventive and comprehensive services not typically covered by Original Medicare. Coverage includes reimbursement for A, B, and C services from the dentist of your choice:

- A services include: oral exams, routine cleanings, x-rays, etc.
- B services include: restorative dental services
- C services include: crowns, root canals, dentures, etc.

#### Vision Care

Original Medicare doesn't cover routine eye exams (eye refractions) for eyeglasses/contacts. Therefore, to help lower your out-of-pocket costs even more, our Medicare Advantage plans include coverage\* for:

- Routine eye exams
- Outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration
- One glaucoma screening each year for people who are at high risk of glaucoma
- One pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens



#### Hearing Benefit

To help lower your out-of-pocket costs even more, our covered services also include a routine hearing exam once every 12 months and related hearing tests furnished as part of a covered hearing exam. And, an allowance for hearing aids every 36 months towards the cost of hearing aids.

#### Enhanced Chiropractic Care\*

We've got your back by saving you money with our enhanced chiropractic benefit. Chiropractic care is most often used to treat neuro-musculoskeletal complaints, including but not limited to back pain, neck pain, headaches, and pain in the joints of the arms or legs. Chiropractors utilize a drug-free, hands-on approach to health care that includes patient examination, diagnosis and treatment.

- \$20 copay for office visit
- \$0 copay for first set of routine x-rays

#### Acupuncture Services

If you are interested in exploring acupuncture as another way to manage pain, with a BCBSNE Medicare Advantage plan you will be covered.

- \$20 copay for office visit

#### Over-the-counter (OTC) Allowance

While you don't need a prescription for your OTC medications, they are an important part of your health and wellness. Medicare Advantage plans from Blue Cross and Blue Shield of Nebraska offer a quarterly allowance on common OTC items such as vitamins, pain relievers, cold remedies, and more.

\* Coverage provided through the VSP network



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## SILVERSNEAKERS® FITNESS PROGRAM

Stay active the way you want, at your convenience.

Stay fit with Tivity Health's SilverSneakers. Tivity Health is an independent company contracted by Blue Cross and Blue Shield of Nebraska to provide a fitness benefit to our members. SilverSneakers programming allows you to take control of your health through exercise classes and social activities. Your SilverSneakers membership gives you access to gyms and fitness locations nationwide in addition to virtual classes you can take from the comfort of your own home. This program is designed specifically for older adults and is available all at no additional cost to you.

### SilverSneakers includes:

#### Access to 15,000 locations nationwide

- Use the exercise equipment and other basic amenities like pools and saunas
- Take SilverSneakers classes
- Receive guidance and assistance from a Program Advisor
- Participate in social activities
- Take advantage of all the same benefits when you travel\*

#### Online and in-home programming

- **SilverSneakers Steps Kit** an at-home kit available if you can't get to a location
- Online fitness classes
- Online tools to assess your health and track your activity
- Fitness and meal planning advice, including healthy recipes

#### Community engagement with SilverSneakers FLEX

- Activities at parks, recreation centers and other local venues
- Classes such as dance, tai chi, yoga and walking groups
- Online activity locator

To learn more or to find a gym near you, visit [SilverSneakers.com](https://www.silversneakers.com).

SilverSneakers® is a health and fitness program administered by Tivity Health, Inc., an independent company contracted by Blue Cross and Blue Shield Plans (BCBS) to provide a benefit to BCBS Medicare Advantage and Medicare Supplement members.

\*Limitations and exclusions apply.



## HELPING YOU STAY HEALTHY

Virtual resources and doctor visits.

If you have basic health questions, virtual appointments can often be the answer.

Sometimes a call with a nurse or a video conference with your doctor can help keep you healthy without having to visit the office. Now, with your Medicare Advantage plan from Blue Cross and Blue Shield of Nebraska, nurseline and telehealth services will be covered.

- \$0 copay for 24/7 nurse line calls
- Office visit copays applied to some services through telehealth

Help with surgical decisions.

Welvie® is an independent company contracted by Blue Cross and Blue Shield of Nebraska to provide services to our members.

Welvie provides a surgery decision support program. Designed by surgeons, Welvie walks you through the entire surgery decision-making process, from diagnosis to recovery.

Care management and behavioral health services.

If you have a condition, we're here to help.

Our health care management services help you stay healthy, enhance your quality of life and support recovery. If you have a qualifying health condition, your personal care management nurse will build a specialized care plan for you. For emotional or mental distress, including depression and drug or alcohol abuse, a specialized case manager will work with you to get the right care and services arranged.

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email: [GetStarted@NebraskaBlue.com](mailto:GetStarted@NebraskaBlue.com) or visit [Medicare.NebraskaBlue.com](https://www.Medicare.NebraskaBlue.com).





## WHEN TO ENROLL

You may enroll in a Medicare Advantage plan during specific times of the year.

### Initial Coverage Election Period

You can enroll when you first become eligible for Medicare (three months before the month you turn age 65 until three months after the month you turn age 65). This is called the Initial Coverage Election Period (ICEP). If you did not elect Medicare Part B when you were first eligible, you can still enroll in a Medicare Advantage Plan. You will have a three-month period to enroll, which begins three months before your Medicare Part B effective date.

### Annual Election Period (Oct. 15 - Dec. 7)

If you are eligible for Medicare, you can enroll in or switch plans during the Annual Election Period. For example, you can switch from Original Medicare to a Medicare Advantage plan. Your coverage will be effective on Jan. 1 of the following year.

### Open Enrollment Period (Jan. 1 - Mar. 31)

After the Annual Election Period, individuals enrolled in a Medicare Advantage plan will have an additional three months where you can switch to another MA plan or return to Original Medicare coverage.

### Special Election Period

In certain situations, you may be able to join, switch or drop a Medicare Advantage plan at other times during the year. Some of these situations include:

- If you move out of your plan's service area
- If you have both Medicare and Medicaid
- If you qualify for Extra Help paying for your Part D prescription drugs
- If you live in an institution (such as a nursing home)
- If you lose your employer coverage

## HOW TO ENROLL

Medicare can be complex. Enrolling in our plans is easy.

Sign up for our Medicare Advantage plans online, by phone or by mail. You'll need your red, white and blue Medicare card.



### STEP 1: Confirm your eligibility

- Must have Medicare Part A and Part B
- Reside in the plan's service area:
  - Blue Cross and Blue Shield of Nebraska's **Medicare Advantage Choice HMO-POS** is available in Burt, Butler, Cass, Colfax, Cuming, Dodge, Douglas, Gage, Lancaster, Otoe, Saline, Sarpy, Saunders, Seward and Washington counties.
- Continue to pay Medicare Part B premium (in addition to your Medicare Advantage plan premium)

### STEP 2: Choose a plan that best fits your needs

As you consider your health care needs and estimate your costs, answering these questions can help ensure you choose wisely:

- How often do I see my primary care physician or specialist?
- How many times have I been in the hospital in the recent years?
- What level of prescription coverage do I need?

### STEP 3: Enroll in one of three ways

**MAIL:** Complete the enclosed application and mail it to us

**ONLINE:** Visit [NebraskaBlue.com/EnrollMedicare](https://NebraskaBlue.com/EnrollMedicare) and enroll online

**PHONE:** Call **844-899-6060 (TTY 711)**  
8 a.m. to 8 p.m. CT, Monday through Friday

No payment is needed when you enroll. We'll send a letter to confirm your intent to join the plan. This usually happens within 30 days. Once enrolled, you'll receive a member ID card and Welcome kit with information about how to use your benefits.



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email: [GetStarted@NebraskaBlue.com](mailto:GetStarted@NebraskaBlue.com) or visit [Medicare.NebraskaBlue.com](https://Medicare.NebraskaBlue.com).

# GLOSSARY

**Annual Enrollment Period** – The Annual Election Period (AEP) is for individuals on Medicare who (a) have not yet joined a plan OR (b) are already enrolled in a plan and want to switch, with coverage effective Jan. 1.

**Benefit Period** – The way that Medicare measures your use of hospital and skilled nursing facility (SNF) services. A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you have not received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row.

**Blue Cross Blue Shield BlueCard** – A Blue Cross and Blue Shield Association program that allows its Blue Cross Blue Shield Nebraska MA Choice HMO-POS members to receive care from providers who participate with Blues plans when traveling outside Nebraska and within the United States, including the District of Columbia and Puerto Rico.

**Blue Cross Blue Shield Global Core** – A program that allows for reimbursement of funds used for urgent and emergency care obtained when traveling outside of the United States.

**Coinsurance** – An amount you may be required to pay as your share of the cost for services or prescription drugs. Coinsurance is usually a percentage (for example, 20%).

**Copayment** – A fixed dollar amount you pay for health care, such as an office visit, medical test or prescription drug.

**Deductible** – The amount you must pay before your plan begins to pay its share.

**Drug Tiers** – Drugs on a formulary are usually grouped into tiers. The tier that your medication is in determines your portion of the drug cost.

**Extra Help** – A Medicare program to help people with limited income and resources pay Medicare prescription drug program costs, such as premiums, deductibles, and coinsurance.

**Formulary** – A list of prescription drugs covered by the plan. The drugs on this list are selected by the plan with the help of doctors and pharmacists. The list includes both brand name and generic drugs.

**Gap Coverage** – After your total prescription drug costs reach the \$4,130 initial coverage limit and before they reach \$6,550 in out-of-pocket costs.

**Initial Coverage Election Period (ICEP)** – The period during which an individual is newly eligible for a Medicare Advantage plan. Normally, this period begins three months before the individual's first entitlement to both Medicare Part A and Part B and ends three months after the month of eligibility. For most individuals, this means the ICEP begins three months before you turn age 65 and ends three months after the month in which you turn 65. However, for individuals who defer their enrollment into Part B (because, for example, they've continued to work), the ICEP is only the three months immediately preceding entitlement to Part B.

**Initial Enrollment Period** – When you are first eligible for Medicare, the period of time when you can sign up for Medicare Part A and Part B. For example, if you're eligible for Medicare when you turn 65, your Initial Enrollment Period is the 7-month period that begins 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65.

**Medicare Part A** – Helps cover hospital, skilled nursing facility, hospice care and home health care.

**Medicare Part B** – Helps cover doctor services, outpatient care, durable medical equipment (DME) and some preventive services.

**Medicare Part C** – Insurance plan offered by private companies that include Medicare Parts A and B, plus may cover some additional services such as vision, hearing, dental and certain health/wellness programs. Most Medicare Advantage plans offer prescription drug coverage. (Medicare Part D).

**Medicare Part D** – Medicare Part D is prescription drug coverage, and helps cover the cost of many outpatient prescription drugs. If you enroll in a Medicare Advantage Plan this drug coverage is usually included into the plan, otherwise it is offered through insurance companies as a separate plan.



**Medicare Prescription Drug Coverage (Medicare Part D)** – Insurance to help pay for outpatient prescription drugs, vaccines, biologicals, and some supplies not covered by Medicare Part A or Part B.

**Open Access** – Open access health plans do not have a Primary Care Physician (PCP) requirement, which means referrals are not required.

**Open Enrollment Period** – A set time after AEP where individuals have an additional three months when they can make one switch from their current MA plan to another MA plan or back to Original Medicare.

**Out-of-Pocket Maximum** – The most you have to spend for copays, coinsurance and deductibles in any given year.

**Point of Service (POS)** – Blue Cross Blue Shield Nebraska MA Choice HMO-POS plan has a Point-of-Service benefit, which allows members to receive pre-authorized care when traveling outside of Nebraska and within the United States including District of Columbia and Puerto Rico. (Also see BlueCard.)

**Preferred/Standard Pharmacy** – Network pharmacy that offers covered Part D drugs to members of our plan that may have lower cost-sharing levels than at other network pharmacies.

**Service Area** – A geographic area where a health plan accepts members if it limits membership based on where people live. For plans that limit which doctors and hospitals you may use, it's also generally the area where you can get routine (non-emergency) services. The plan may disenroll you if you permanently move out of the plan's service area.

**Special Enrollment Period** – A set time when members can change their health or drug plans or return to Original Medicare. Situations in which you may be eligible for a Special Enrollment Period include: if you move outside the service area, if you are getting "Extra Help" with your prescription drug costs, if you move into a nursing home, or if we violate our contract with you.



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email: **GetStarted@NebraskaBlue.com** or visit **Medicare.NebraskaBlue.com**.





## **APPENDIX**

Summary of Benefits

Non-Discrimination Notice

Multi-Language Notice

# Blue Cross Blue Shield Nebraska Medicare Advantage Choice HMO-POS

2021

## SUMMARY OF BENEFITS

Jan. 1, 2021 – Dec. 31, 2021

This information is not a complete description of benefits. Call 1-888-488-9850/TTY 711 for more information. A complete list of services is available in the Evidence of Coverage. You may review the Evidence of Coverage on-line or by calling Customer Service. (The website and phone numbers are printed on the back cover of this booklet.)

To join **Blue Cross Blue Shield Nebraska Medicare Advantage Choice HMO-POS**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

The service area for the **Blue Cross Blue Shield Nebraska Medicare Advantage Choice HMO-POS** plan includes these counties in Nebraska: Burt, Butler, Cass, Colfax, Cuming, Dodge, Douglas, Gage, Lancaster, Otoe, Saline, Sarpy, Saunders, Seward and Washington.

**Blue Cross Blue Shield Nebraska Medicare Advantage Choice HMO-POS** has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

For more detailed information about our providers and our provider directory, you can call Customer Service (phone numbers are printed on the back cover of this booklet) or visit our website at **Medicare.NebraskaBlue.com**.



Blue Cross and Blue Shield of Nebraska is an HMO-POS plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of Nebraska Medicare Advantage depends on contract renewal.

**Medicare.NebraskaBlue.com**

## Additional Information about Medicare Advantage Choice (HMO-POS)

### What does “point-of-service” mean?

This is an HMO-POS plan. HMO means Health Maintenance Organization; POS means Point-of-Service. You can use certain providers outside the Medicare Advantage Choice (HMO-POS) network when traveling, often for your in-network cost-sharing amount.

If you need care when you’re traveling outside of Nebraska, you can access the Point-of-Service (POS) benefit, offered through BlueCard® via the Blue Cross Blue Shield Association, which allows you to receive certain covered services from providers who participate with Medicare and Blues plans within the United States, the District of Columbia and Puerto Rico. Services in the District of Columbia and Puerto Rico are only covered if you go to a Medicare-approved provider.

NOTE: POS is not the same as out-of-network; you pay all costs for services from out-of-network providers.

Premiums	Choice HMO-POS	What You Should Know
Monthly Plan Premium	You pay \$44	You must continue to pay your Medicare Part B premium.
Medical Benefits	Choice HMO-POS	What You Should Know
Deductible	You pay \$0	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	<p><b>In-Network:</b> \$5,700 annually</p> <p><b>Combined In-Network and POS (BlueCard) Coordinated Services:</b> \$6,700 annually for services you receive from any provider both in-network and out-of-state using the POS (BlueCard) benefit. Your limit for services received from in-network and POS (BlueCard) providers will count toward this limit.</p>	<p>If you reach the limit for Medicare-covered services on out-of-pocket costs, and you keep getting Medicare-covered hospital and medical services we will pay the full cost for the rest of the year.</p> <p>You will still need to pay your monthly plan premiums, Medicare Part B premiums, and cost sharing for your Part D drugs.</p>
<p><b>Blue Cross Blue Shield Nebraska Medicare Advantage Choice HMO-POS</b>  <b>Out-of-network:</b> Inside Nebraska, medical services are not covered outside of our provider service area except for urgent and emergency care or unless authorized by Blue Cross Blue Shield Nebraska Medicare Advantage Choice HMO-POS. Outside of Nebraska, except for urgent or emergency care, medical services are coordinated through BlueCard services.</p>		



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 Email: **GetStarted@NebraskaBlue.com**. Or visit, **Medicare.NebraskaBlue.com**.

Medical Benefits	Choice HMO-POS	What You Should Know
Inpatient Hospital Coverage	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>You pay a \$420 copay per day for days 1 through 4 You pay \$0 for additional days</p>	Services may require prior authorization.
Outpatient Hospital Coverage	<p>You pay a \$350 copay for Medicare-covered outpatient hospital non-surgical services.</p> <p>You pay a \$350 copay for Medicare-covered outpatient hospital surgical services.</p>	<p>Services may require prior authorization.</p> <p>We cover medically-necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury.</p>
Doctor Visits <ul style="list-style-type: none"> <li>• Primary Care Providers</li> <li>• Specialists</li> </ul>	<p>You pay a \$10 copay, in-person and by telehealth</p> <p>You pay a \$40 copay, in-person and by telehealth</p>	
Preventive Care	<p>There is no coinsurance, copayment, or deductible for Medicare-covered preventive services.</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Annual physical exam</li> <li>• Annual wellness visit</li> <li>• Bone mass measurement</li> <li>• Breast cancer screenings (mammograms)</li> <li>• Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)</li> <li>• Cardiovascular disease testing</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screening</li> <li>• Depression screening</li> <li>• Diabetes screening</li> <li>• Glaucoma screening</li> <li>• Health and wellness education programs</li> <li>• Hepatitis C screening</li> <li>• HIV screening</li> <li>• Immunizations (flu, pneumonia and Hepatitis B)</li> <li>• Medical nutrition therapy</li> <li>• Medicare Diabetes Prevention Program (MDPP)</li> <li>• Obesity screening and therapy to promote sustained weight loss</li> </ul>	Any additional preventive services approved by Medicare during the contract year will be covered.

Medical Benefits	Choice HMO-POS	What You Should Know
	<ul style="list-style-type: none"> <li>• Prostate cancer screening exams</li> <li>• Screening and counseling to reduce alcohol misuse</li> <li>• Screening for lung cancer with low dose computed tomography (LDCT)</li> <li>• Screening for sexually transmitted infections (STIs) and counseling to prevent STIs</li> <li>• Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)</li> <li>• "Welcome to Medicare" preventive visit</li> </ul>	
Emergency Care	<p><b>Within U.S.</b></p> <p>You pay a \$90 copay</p> <p>If you are admitted to the hospital within 3 days for the same condition, you will pay a \$0 copay for the emergency room visit.</p> <p><b>Outside of the U.S.</b></p> <p>You pay a \$90 copay</p> <p>\$50,000 lifetime limit for worldwide coverage inclusive of emergency, urgent care and transportation.</p>	
Urgently Needed Services	<p><b>Within U.S.</b></p> <p>You pay a \$65 copay, in-person and by telehealth</p> <p><b>Outside of the U.S.</b></p> <p>You pay a \$90 copay</p> <p>\$50,000 lifetime limit inclusive of worldwide emergency, urgent care and transportation</p>	
Diagnostic Services/ Labs/Imaging <ul style="list-style-type: none"> <li>• Diagnostic radiology service (e.g., MRI)</li> <li>• Lab services</li> <li>• Diagnostic tests and procedures</li> <li>• Outpatient X-rays</li> <li>• Therapeutic radiology services</li> </ul>	<p>You pay a \$150 copay</p> <p>You pay a \$10 copay</p> <p>You pay a \$20 copay</p> <p>You pay a \$20 copay</p> <p>You pay 20% of the approved amount</p>	<p>Services may require prior authorization.</p> <p>For Medicare-covered diagnostic radiological services, Medicare-covered diagnostic tests and procedures and Medicare-covered X-ray services performed in an outpatient setting, refer to Outpatient Surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers.</p>



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Medical Benefits	Choice HMO-POS	What You Should Know
Hearing Services <ul style="list-style-type: none"> <li>• Medicare-covered</li> <li>• Routine hearing exam</li> <li>• Hearing aid</li> <li>• Hearing aid fitting and evaluation</li> </ul>	You pay a \$10 copay (Primary Care Provider) and a \$40 copay (Specialist) <p style="text-align: center;">You pay a \$0 copay</p> \$500 allowance per ear toward one new standard (analog or basic digital) hearing aid every three years <p style="text-align: center;">You pay a \$0 copay once every three years</p>	One routine hearing exam per year is covered.
Dental Services <ul style="list-style-type: none"> <li>• Medicare-covered</li> <li>• Supplemental preventive and comprehensive dental services</li> </ul>	<p style="text-align: center;">You pay a \$40 copay</p> The Dental Services benefit provides a combined Preventive and Comprehensive \$700 max benefit every plan year and may be used for: (a) 2 Oral Exams, (b) 2 Prophylaxis (cleaning), and / or (c) Dental X-rays. <p>The Preventive Dental Services benefit provides routine cleanings and periodontal maintenance are covered under prophylaxis (cleaning). Emergency Dental exams are covered as Preventive Dental Services oral exams.</p> <p>The Comprehensive Dental Services benefit provides diagnostic services, restorative services, endodontics, periodontics, extractions and prosthodontics.</p> <p>Preventive and comprehensive dental services must be provided by a licensed dental provider.</p>	Preventive and Comprehensive Dental Services are covered as a member-reimbursed benefit. Dental forms can be downloaded <b>Medicare.NebraskaBlue.com/MedicareAdvantage/Resources</b> .
Vision Services <ul style="list-style-type: none"> <li>• Medicare-covered</li> <li>• Medicare-covered Diabetic Retinopathy exam</li> <li>• Supplemental eyewear when provided by a VSP provider <a href="http://www.VSP.com">www.VSP.com</a></li> <li>• Routine eye exam when provided by a VSP provider</li> <li>• Eyeglasses or contact lenses after cataract surgery</li> <li>• Glaucoma Screening</li> </ul>	<p style="text-align: center;">You pay a \$40 copay</p> You pay a \$0 copay for a non-VSP specialist office visit (a Medicare-covered Diabetic Retinopathy exam is included in the routine eye exam provided by a VSP provider) <p style="text-align: center;">You pay a \$0 copay for a VSP provider exam</p> \$100 plan coverage limit every 24 months for elective contact lenses or eyeglass frames through VSP provider. Standard lenses for glasses are covered in full. <p style="text-align: center;">You pay \$0</p> <p style="text-align: center;">You pay \$0</p> <p style="text-align: center;">You pay \$0</p>	One routine eye exam per year is covered. Routine vision care must be provided by a VSP provider. <p>One pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens is covered. (If you have two separate cataract operations, you cannot reserve the benefit after the first surgery and purchase two eyeglasses after the second surgery.)</p>

Medical Benefits	Choice HMO-POS	What You Should Know
Mental Health Services <ul style="list-style-type: none"> <li>• Inpatient visit</li> <li>• Outpatient therapy visit</li> </ul>	The copays for Medicare-covered inpatient psychiatric hospital care benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care for 60 days in a row. If you go into a hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods. <p>Our plan covers 90 days for a benefit period.</p> <p style="text-align: center;">You pay a \$420 copay per day for days 1 through 4</p> <p style="text-align: center;">You pay \$0 per day for days 5 through 90</p> <p style="text-align: center;">You pay \$0 for days 91 through 190 until lifetime limitation is exhausted</p> <p>You pay a \$40 copay for outpatient group/individual therapy visit, in-person and telehealth services</p>	In addition to the 90 days of coverage in each benefit period, the beneficiary receives 100 lifetime reserve days for inpatient hospital psychiatric stays. Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental health services provided in a general hospital.
Skilled Nursing Facility (SNF)	The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods. <p>Our plan covers 100 days for a benefit period.</p> <p style="text-align: center;">You pay \$0 copay per day for days 1 through 20</p> <p style="text-align: center;">\$184 copay per day for days 21 through 57</p> <p style="text-align: center;">\$0 copay per day for days 58 through 100</p>	Services may require prior authorization.
Physical Therapy	You pay a \$40 copay	
Ambulance (Air and Ground)	<p style="text-align: center;"><b>In U.S., including the District of Columbia and Puerto Rico:</b></p> <p style="text-align: center;">\$325 copay for each Medicare-covered, one-way ground or air ambulance trip.</p> <p style="text-align: center;"><b>Outside U.S.:</b></p> <p style="text-align: center;">\$90 copay for worldwide emergency transportation, one-way ground or air ambulance trip.</p> <p style="text-align: center;">\$50,000 lifetime limit for worldwide coverage inclusive of emergency, urgent care and transportation.</p>	Non-emergency ambulance trips may require prior authorization. <p>Copay is for each one-way trip for Medicare-covered services.</p>



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Medical Benefits	Choice HMO-POS	What You Should Know
Transportation	Not covered	
Medicare Part B Drugs	You pay 20% of the approved amount for Part B drugs	Some drugs may require prior authorization.
Chiropractic Care <ul style="list-style-type: none"> <li>Manual manipulation of the spine to correct subluxation</li> <li>Routine office visits</li> <li>One set of X-rays (up to 3 views) when performed by a chiropractor</li> </ul>	<p>You pay a \$20 copay for each Medicare-covered visit</p> <p>You pay a \$20 copay for routine care visits</p> <p>You pay a \$0 copay for one annual set of X-rays (up to 3 views) when performed by a chiropractor</p>	
Foot Care (podiatry services) <ul style="list-style-type: none"> <li>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions</li> </ul>	You pay a \$40 copay for each Medicare-covered visit, in-person and by telehealth	Medicare-covered podiatry benefits are for medically necessary foot care.
Home Health Care	You pay a \$0 copay	A doctor must certify that you need home health services and will order home health services to be provided by a home health agency.
Hospice	You pay a \$0 copay for hospice care from a Medicare-certified hospice program.	Hospice is covered outside of our plan. Please contact Customer Service for more details (phone numbers are on the back of this booklet).
Medical Equipment/Supplies <ul style="list-style-type: none"> <li>Durable Medical Equipment (e.g., wheelchairs, oxygen)</li> <li>Prosthetics (e.g., braces, artificial limbs)</li> <li>Diabetes supplies (e.g., monitoring, shoes or inserts)</li> </ul>	<p>You pay 20% of the approved amount</p> <p>You pay 20% of the approved amount</p> <p>You pay 20% of the approved amount</p> <p>You pay a \$0 copay for Contour/Breeze/Ascensia blood glucose monitors, blood glucose test strips, lancet devices, and lancets.</p> <p>You pay a \$0 copay for solutions and urine/ketone tests.</p>	Medical equipment/supplies may require prior authorization.

Medical Benefits	Choice HMO-POS	What You Should Know
Outpatient Substance Abuse <ul style="list-style-type: none"> <li>Outpatient therapy visit</li> </ul>	You pay a \$40 copay for Medicare-covered group/individual therapy visit, in-person and by telehealth	
Outpatient Surgery <ul style="list-style-type: none"> <li>Ambulatory surgical center</li> <li>Outpatient hospital</li> </ul>	<p>You pay a \$200 copay for Medicare-covered outpatient surgical services</p> <p>You pay a \$350 copay for Medicare-covered outpatient surgical services</p>	Services may require prior authorization.
Rehabilitation Services <ul style="list-style-type: none"> <li>Pulmonary</li> <li>Cardiac</li> <li>Intensive cardiac</li> <li>Occupational, speech and language therapy</li> </ul>	<p>You pay a \$30 copay each visit</p> <p>You pay a \$50 copay each visit</p> <p>You pay a \$50 copay each visit</p> <p>You pay a \$40 copay each visit</p>	
Renal Dialysis	You pay 20% of the approved amount	
Wellness Programs (e.g., fitness)	<p>SilverSneakers® is a comprehensive program that can improve overall well-being and social connections. Designed for all levels and abilities, SilverSneakers provides convenient access to our nationwide fitness network, a variety of programming options and activities beyond the gym that incorporate physical well-being and social interaction.</p> <ul style="list-style-type: none"> <li>A no-added-cost fitness benefit with access to thousands of locations nationwide both in person and virtual</li> <li>SilverSneakers FLEX classes offered outside the traditional gym setting</li> <li>SilverSneakers.com online resources including, SilverSneakers Live classes &amp; Live workshops, On-Demand, fitness location directory, articles, and more</li> <li>Guidance from dedicated fitness staff</li> <li>Adjustable workout programs tailored to individual fitness levels, schedule reminders for favorite activities, find convenient locations and more with the SilverSneakers GOTM app</li> <li>Signature SilverSneakers classes designed for all fitness levels and led by trained instructors</li> <li>The ability to enroll at multiple locations at any time - national reciprocity</li> <li>Social connections through events such as shared meals, holiday celebrations, and class socials</li> </ul> <p>Tivity Health™ is an independent company not associated with the Blue Cross Blue Shield Association. Blue Cross Blue Shield of Nebraska contracts with Tivity Health to offer the SilverSneakers fitness program benefit. SilverSneakers® is a registered trade mark of Tivity Health, Inc. © 2020 Tivity Health, Inc. All rights reserved.</p>	To locate a participating fitness center near you, call 1-866-678-0828, 8 a.m. to 8 p.m. Central time Monday through Friday. TTY users call 711. Or visit SilverSneakers.com.



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Medical Benefits	Choice HMO-POS	What You Should Know																		
Acupuncture	You pay a \$20 copay for up to 20 Medicare-covered acupuncture treatments annually for chronic lower back pain.	<p>Services may require prior authorization.</p> <p>Covered services include: Up to 12 visits in 90 days are covered for Medicare beneficiaries under the following circumstances: For the purpose of this benefit, chronic low back pain is defined as: Lasting 12 weeks or longer; nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease); not associated with surgery; and not associated with pregnancy.</p> <p>An additional eight sessions will be covered for those patients demonstrating an improvement. No more than 20 acupuncture treatments may be administered annually.</p> <p>Treatment must be discontinued if the patient is not improving or is regressing.</p>																		
Nurse Hotline	You pay \$0 for calls to the Nurse Hotline.	The Nurse Hotline is available 24 hours a day, 7 days a week.																		
Telehealth Visits for:	<table border="0"> <tr> <td>Urgently needed services</td> <td>\$65 copay</td> </tr> <tr> <td>Visits with a Primary Care Physician</td> <td>\$10 copay</td> </tr> <tr> <td>Visits with a specialist</td> <td>\$40 copay</td> </tr> <tr> <td>Individual and group mental health and psychiatric services</td> <td>\$40 copay</td> </tr> <tr> <td>Podiatry services</td> <td>\$40 copay</td> </tr> <tr> <td>Opioid treatment</td> <td>\$40 copay</td> </tr> <tr> <td>Individual and group outpatient substance abuse services</td> <td>\$40 copay</td> </tr> <tr> <td>Kidney disease education services</td> <td>\$0 copay</td> </tr> <tr> <td>Other Health Care Professionals</td> <td>\$10-\$40 copay</td> </tr> </table>	Urgently needed services	\$65 copay	Visits with a Primary Care Physician	\$10 copay	Visits with a specialist	\$40 copay	Individual and group mental health and psychiatric services	\$40 copay	Podiatry services	\$40 copay	Opioid treatment	\$40 copay	Individual and group outpatient substance abuse services	\$40 copay	Kidney disease education services	\$0 copay	Other Health Care Professionals	\$10-\$40 copay	<p>Medicare-covered Telehealth visits are medical visits delivered to you by a provider that uses compliant technology capabilities.</p> <p>Not all medical conditions can be treated through Telehealth visits. The Telehealth doctor will identify if you need to see an in-person doctor for treatment.</p>
Urgently needed services	\$65 copay																			
Visits with a Primary Care Physician	\$10 copay																			
Visits with a specialist	\$40 copay																			
Individual and group mental health and psychiatric services	\$40 copay																			
Podiatry services	\$40 copay																			
Opioid treatment	\$40 copay																			
Individual and group outpatient substance abuse services	\$40 copay																			
Kidney disease education services	\$0 copay																			
Other Health Care Professionals	\$10-\$40 copay																			

Medical Benefits	Choice HMO-POS	What You Should Know
		If you choose to receive one of these services via Telehealth, then you must use a provider that currently offers the service via Telehealth.
Over-the-Counter (OTC) items	\$25 quarterly allowance that does not rollover each quarter.	Members may obtain authorized OTC items using a prepaid card and from vendor at retail locations and via mail, phone and website. Members may access their OTC benefit through a program that delivers to their home.



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## Blue Cross Blue Shield Nebraska – Choice HMO-POS

Outpatient Prescription Drugs – Short-Term Supply				
<b>PHASE 1:</b> Deductible Stage	\$0 for Tiers 1 and 2			
	\$150 which applies to Tiers 3 through 5 only			
<b>PHASE 2:</b> Initial Coverage Stage	You pay the following until your total yearly drug costs reach \$4,130. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.			
	<b>Standard Retail Rx 30-day supply</b>	<b>Preferred Retail and Mail-Order Rx 30-day supply</b>	<b>Long Term Care Rx 31-day supply</b>	
<b>TIER 1</b> Preferred generic	You pay \$12	You pay \$2	You pay \$2	Cost-sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us at 1-855-457-1349 or access our <i>Evidence of Coverage</i> online at <a href="http://medicare.nebraskablue.com/medicareadvantage/plandetails">medicare.nebraskablue.com/medicareadvantage/plandetails</a> .
<b>TIER 2</b> Generic	You pay \$18	You pay \$8	You pay \$8	
<b>TIER 3</b> Preferred brand	You pay \$47	You pay \$37	You pay \$37	
<b>TIER 4</b> Non-preferred	You pay \$100	You pay \$100	You pay \$100	
<b>TIER 5</b> Specialty	You pay 30%	You pay 30%	You pay 30%	
<b>PHASE 3:</b> Coverage Gap Stage	You pay 25% for generic and brand drugs.			
<b>PHASE 4:</b> Catastrophic Coverage Stage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the <b>greater</b> of \$3.70 generic/\$9.20 brand <b>or</b> 5%			

## Blue Cross Blue Shield Nebraska – Choice HMO-POS

Outpatient Prescription Drugs – Long-Term Supply						
<b>PHASE 1:</b> Deductible Stage	\$0 for Tiers 1 and 2					
	\$150 which applies to Tiers 3 through 5 only					
<b>PHASE 2:</b> Initial Coverage Stage	You pay the following until your total yearly drug costs reach \$4,130. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.					
	<b>Standard Retail Rx 60-day supply</b>	<b>Preferred Retail and Mail-Order Rx 60-day supply</b>	<b>Standard Retail Rx 90-day supply</b>	<b>Preferred Retail and Mail-Order Rx 90-day supply</b>		
<b>TIER 1</b> Preferred generic	You pay \$24	You pay \$4	You pay \$36	You pay \$6 for 90-day Preferred Retail You pay \$0 for 90-day Mail-Order	Cost-sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us at 1-855-457-1349 or access our <i>Evidence of Coverage</i> online at <a href="http://medicare.nebraskablue.com/medicareadvantage/plandetails">medicare.nebraskablue.com/medicareadvantage/plandetails</a> .	
<b>TIER 2</b> Generic	You pay \$36	You pay \$16	You pay \$54	You pay \$24 for 90-day Preferred Retail You pay \$0 for 90-day Mail-Order		
<b>TIER 3</b> Preferred brand	You pay \$94	You pay \$74	You pay \$141	You pay \$111		
<b>TIER 4</b> Non-preferred	You pay \$200	You pay \$200	You pay \$300	You pay \$300		
<b>TIER 5</b> Specialty	A long-term supply is not available for drugs in Tier 5.	A long-term supply is not available for drugs in Tier 5.	A long-term supply is not available for drugs in Tier 5.	A long-term supply is not available for drugs in Tier 5.		
<b>PHASE 3:</b> Coverage Gap Stage	You pay 25% for generic and brand drugs.					
<b>PHASE 4:</b> Catastrophic Coverage Stage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the <b>greater</b> of \$3.70 generic/\$9.20 brand <b>or</b> 5%					



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## Discrimination is Against the Law

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

### Blue Cross and Blue Shield of Nebraska:

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 at 1-888-488-9850, TTY 711.

If you believe that Blue Cross and Blue Shield of Nebraska 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 with:

Manager, Corporate Compliance  
Blue Cross and Blue Shield of Nebraska  
P.O. Box 3248  
Omaha, NE 68180-0001  
1-888-488-9850, TTY: 711  
Fax: 1-402-392-4130  
CivilRights@NebraskaBlue.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Manager, Corporate Compliance, is available to help you.

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 <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Multi-language Interpreter Services

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-899-6060 (TTY: 711).

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-899-6060 (TTY: 711).

**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-899-6060 (TTY: 711)。

**Arabic:** ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-899-6060 (رقم هاتف الصم والبكم: 711).

**Karen:** ၵံၵုၵ်းမိၵ်း- မုၢ်ကတိၢ် ကညိၣ် ကျိၣ်ဆၢယိၣ်. မုၢ်မၤန့ၢ် ကျိၣ်ဆၢတၢ်မၤတၢ်လၢ တလၢတၢ်တၢ်လၢတၢ်တၢ် နိတၢ်မၤတၢ်တၢ်တၢ်လၢ. ကိၣ်: 1-844-899-6060 (TTY: 711)

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-899-6060 (ATS: 711).

**Cushite:** XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-844-899-6060 (TTY: 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-899-6060 (TTY: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-899-6060 (TTY: 711) 번으로 전화해 주십시오.

**Nepali:** ध्यान दिनुहोस्: यदि तपाईंले नेपाली बोल्नुहुन्छ भने, तपाईंको लागि भाषा सहायता सेवाहरू नि:शुल्क उपलब्ध छन्। 1-844-899-6060 (TTY: 711) मा फोन गर्नुहोस्।

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-899-6060 (телетайп: 711).

**Laotian:** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄ່າມາດຕະຖານໃຫ້ທ່ານ. ໂທ 1-844-899-6060 (TTY: 711).

**Kurdish:** ناگاداری: نهگهر به زمانی کوردی قهسه، دهکههت خزمهتگوزاریهکانی یارمهتی، زمان بهخواری بی تو بهردهسته. پهیهندی به 1-844-899-6060 (TTY: 711) بکه.

**Persian:** توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات و کمک‌های زبانی رایگان برای شما موجود است. برای کسب اطلاعات بیشتر، با شماره 1-844-899-6060 (TTY: 711) تماس بگیرید.

**Japanese:** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-844-899-6060 (TTY: 711) まで、お電話にてご連絡ください。

## Need more information?

For more information, please call us at the phone number below or visit us at **Medicare.NebraskaBlue.com**.

If you are a member of this plan, call toll-free **1-888-488-9850 (TTY users should call 711)**.

If you are not a member of this plan, call toll-free **1-844-899-6060 (TTY users should call 711)**.

From Oct. 1 to Mar. 31, you can call us 7 days a week, 8:00 a.m. to 8:00 p.m. CT.

From Apr. 1 to Sept. 30, you can call us Monday through Friday, 8:00 a.m. to 8:00 p.m. CT.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at **www.medicare.gov** or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. **TTY users should call 1-877-486-2048**.

This document is available in other formats, such as large print by calling the customer service phone number.

Out-of-network/non-contracted providers are under no obligation to treat Blue Cross Blue Shield Nebraska Medicare Advantage Choice HMO-POS members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.



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NOTES

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QUESTIONS? TALK TO US!

For more information about our plan choices, call toll-free 844-899-6060 (TTY 711). Email: [GetStarted@NebraskaBlue.com](mailto:GetStarted@NebraskaBlue.com). Or visit, [Medicare.NebraskaBlue.com](http://Medicare.NebraskaBlue.com).



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**Omaha Office (Main Office):**

1919 Aksarben Drive  
Omaha, NE 68180

**Lincoln Office:**

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Lincoln, NE 68508

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Call **844-899-6060 (TTY 711)**

8 a.m. to 8 p.m. Central time, Monday through Friday

- Reserve a seat at an informational meeting in your area. Please see the enclosed schedule of seminars or visit our website for a listing. For accommodations of persons with special needs at meetings, call **844-899-6060 (TTY 711)**.
- Arrange a personal consultation with a local BCBSNE agent.

### Visit us online

Visit **Medicare.NebraskaBlue.com** to learn more about our plans.



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