



# **2026** MEDICARE ADVANTAGE PLANS

CORE (HMO) | CONNECT (PPO) | ACCESS (PPO) | SECURE (PPO)



# MEDICARE



# 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 Part A (hospital insurance), Part B (medical insurance) and in many cases, Part D (prescription drug) coverage.

They may also include extra benefits and services like dental, vision, hearing and wellness programs not covered by Original Medicare.

### MEDICARE PART C: Medicare Advantage



### Why choose a BCBSNE 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 dental, hearing, vision, wellness, telehealth services and over-the-counter (OTC) benefits.
- **Financial protection:** Medicare Advantage plans limit your maximum out-of-pocket expense on copayments and coinsurance for Medicare-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 February 2024 more than 33.8 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 BCBSNE ID card for care. You should put your red, white and blue Medicare card away for safekeeping.

## OUR MEDICARE ADVANTAGE PLANS

Enjoy more coverage than Original Medicare, with predictable costs.

Our Medicare Advantage insurance plans are available in 76 counties throughout Nebraska. These plans are partially funded by the federal government. This ensures your premiums are kept affordable, while you enjoy all the coverage of Medicare Parts A and B – plus prescription drug benefits. With coverage from BCBSNE, you'll have predictable, easy-to-budget costs for doctor office visits, prescription drugs and more. Each plan offers a different level of benefits and out-of-pocket costs, so you can choose the one that suits your needs.

Medicare Advantage Core (HMO)	Medicare Advantage Connect (PPO)	Medicare Advantage Access (PPO)	Medicare Advantage Secure (PPO)
<ul style="list-style-type: none"> <li>• \$0 monthly premium</li> <li>• \$0 medical deductible</li> <li>• \$4,100 maximum out-of-pocket in-network</li> <li>• \$0 24/7 Nurse Advice Line</li> <li>• No out-of-network benefits for HMO</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>	<ul style="list-style-type: none"> <li>• \$0 monthly premium</li> <li>• \$0 medical deductible</li> <li>• \$4,900 maximum out-of-pocket in-network</li> <li>• \$0 24/7 Nurse Advice Line</li> <li>• In- and out-of-network benefits</li> <li>• No referrals required to see a specialist</li> <li>• Additional benefits such as dental, hearing, vision, OTC, telehealth services and travel benefits</li> </ul>	<ul style="list-style-type: none"> <li>• \$30 monthly premium</li> <li>• \$0 medical deductible</li> <li>• \$3,900 maximum out-of-pocket in-network</li> <li>• \$0 24/7 Nurse Advice Line</li> <li>• In- and out-of-network benefits</li> <li>• No referrals required to see a specialist</li> <li>• Additional benefits such as dental, hearing, vision, OTC, telehealth services and travel benefits</li> </ul>	<ul style="list-style-type: none"> <li>• \$91 monthly premium</li> <li>• \$0 medical deductible</li> <li>• \$2,500 maximum out-of-pocket in-network</li> <li>• \$0 24/7 Nurse Advice Line</li> <li>• In- and out-of-network benefits</li> <li>• No referrals required to see a specialist</li> <li>• Additional benefits such as dental, hearing, vision, OTC, telehealth services and travel benefits</li> </ul>

**PPO & HMO PLANS AVAILABLE IN:** Adams, Antelope, Arthur, Blaine, Boone, Buffalo, Burt, Butler, Cass, Cedar, Chase, Clay, Colfax, Cuming, Custer, Dawson, Deuel, Dodge, Douglas, Dundy, Fillmore, Franklin, Frontier, Furnas, Gage, Garden, Garfield, Gosper, Grant, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Hooker, Howard, Jefferson, Johnson, Kearney, Keith, Knox, Lancaster, Lincoln, Logan, Loup, Madison, McPherson, Merrick, Nance, Nemaha, Nuckolls, Otoe, Pawnee, Perkins, Phelps, Pierce, Platte, Polk, Red Willow, Saline, Sarpy, Saunders, Seward, Sherman, Stanton, Thayer, Thomas, Thurston, Valley, Washington, Wayne, Webster, Wheeler and York counties.

# Convenient care that can save you money.

## Preventive Care Coverage

All 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><li>• Abdominal aortic aneurysm screening</li><li>• Cardiovascular disease testing</li></ul>	<ul style="list-style-type: none"><li>• Depressions screening</li><li>• HIV/STI screenings</li><li>• Medical nutrition therapy</li><li>• Medicare Diabetes Prevention Program</li><li>• Obesity screening</li></ul>
Immunizations	<ul style="list-style-type: none"><li>• COVID-19</li><li>• Flu</li></ul>	<ul style="list-style-type: none"><li>• Pneumococcal</li><li>• Hepatitis B</li></ul>
Annual Wellness Visit	<ul style="list-style-type: none"><li>• Medicare will cover a one-time “Welcome to Medicare” routine exam within the first 12 months that you are enrolled in Part B coverage</li><li>• Medicare-covered Annual Wellness Visit</li></ul>	
Routine Exam	<ul style="list-style-type: none"><li>• Physical exam, one every calendar year</li></ul>	
Health Screenings	<ul style="list-style-type: none"><li>• Mammograms</li><li>• Prostate cancer screening</li></ul>	<ul style="list-style-type: none"><li>• Colonoscopy</li><li>• Pap smear</li></ul>

## Prescription Coverage

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

## Programs to Help with Medication Costs

The Extra Help program from Medicare helps pay for your prescription drug plan costs, and your monthly plan premium will be lower.

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

**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:

- ➔ **1-800-MEDICARE (800-633-4227)**. TTY users call **877-486-2048** (24 hours a day/seven 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 7 p.m., Monday through Friday.

## Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option to help you manage your out-of-pocket drug costs. This payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December). This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs. Learn more at **Medicare.NebraskaBlue.com**.







Frequently used benefits	Medicare Advantage Core (HMO)	Medicare Advantage Connect (PPO)
	In-network	In-network
Premium	\$0 monthly premium	\$0 monthly premium
Part B Premium Reduction	No	No
Maximum out of pocket for Medicare-covered medical services	\$4,100 annually	In-network: \$4,900 annually
Medical deductible	No deductible	No deductible
Referrals required	No	No
Office visits or telehealth: primary care	\$0 copay	\$0 copay
Office visits or telehealth: specialists	\$35 copay	\$35 copay
24/7 Nurse Advice Line	\$0 copay	\$0 copay
Dental	\$1,200 annual maximum reimbursement benefit for covered services	\$1,200 annual maximum reimbursement benefit for covered services
EyeMed vision benefits	\$0 copay for a routine eye exam \$300 allowance for frame, lens, and lens options annually	\$0 copay for a routine eye exam \$300 allowance for frame, lens, and lens options annually and is inclusive of both in-network and out-of-network
Medicare-covered vision services	\$35 copay for Medicare-covered exams \$0 copay for Medicare-covered eyewear after each cataract surgery	\$35 copay for Medicare-covered exams \$0 copay for Medicare-covered eyewear after each cataract surgery
Supplemental hearing Routine hearing exam Hearing aid copay per ear Hearing aid fitting and evaluation	\$0 copay, one per year Up to two hearing aids from the applicable TruHearing Catalog every year (limit 1 hearing aid per ear): Basic: \$395 copay; Standard: \$795 copay; Advanced: \$1,195 copay; Premium: \$1,595 copay \$0 copay for the year following your hearing aid purchase	\$0 copay, one per year Up to two hearing aids from the applicable TruHearing Catalog every year (limit 1 hearing aid per ear): Basic: \$495 copay; Standard: \$895 copay; Advanced: \$1,295 copay; Premium: \$1,695 copay \$0 copay for the year following your hearing aid purchase
Medicare-covered hearing Hearing exam with a primary care provider Hearing exam with a specialist	\$0 copay \$35 copay	\$0 copay \$35 copay
Urgent care within the U.S. Emergency care within the U.S. Emergency and urgent care outside the U.S.	\$55 copay \$135 copay \$135 copay, \$50,000 lifetime maximum	\$50 copay \$125 copay \$125 copay, \$50,000 lifetime maximum
Outpatient ambulatory surgical center Outpatient hospital services	\$300 copay \$350 copay	\$300 copay \$350 copay
Ambulance services (ground and air)	\$350 copay	\$350 copay
Inpatient acute hospital care	\$400 copay per day for days 1-4 \$0 copay for days 5+	\$400 copay per day 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 21-60: \$214 copay per day Days 61-100: \$0 copay	Days 1-20: \$0 copay Days 21-70: \$214 copay per day Days 71-100: \$0 copay
Durable medical equipment	20% coinsurance	20% coinsurance
Diabetic supplies and services	0%-20%; no cost-share for preferred brands	0%-20%; no cost-share for preferred brands
Preventive services	\$0 copay	\$0 copay
Chiropractic care	\$20 copay for Medicare-covered services and routine care \$0 copay annually for one set of X-rays; up to three views	\$15 copay for Medicare-covered services and routine care \$0 copay annually for one set of X-rays; up to three views
Over-the-Counter (OTC) benefit	\$50 quarterly allowance; allowance balance does not roll over to next quarter	\$50 quarterly allowance; allowance balance does not roll over to next quarter



Medicare Advantage Access (PPO)	Medicare Advantage Secure (PPO)
In-network	In-network
\$30 monthly premium	\$91 monthly premium
No	No
In-network: \$3,900 annually	In-network: \$2,500 annually
No deductible	No deductible
No	No
\$0 copay	\$0 copay
\$35 copay	\$20 copay
\$0 copay	\$0 copay
\$1,500 annual maximum reimbursement benefit for covered services	\$1,700 annual maximum reimbursement benefit for covered services
\$0 copay for a routine eye exam \$300 allowance for frame, lens, and lens options annually and is inclusive of both in-network and out-of-network	\$0 copay for a routine eye exam \$300 allowance for frame, lens, and lens options annually and is inclusive of both in-network and out-of-network
\$35 copay for Medicare-covered exams \$0 copay for Medicare-covered eyewear after each cataract surgery	\$20 copay for Medicare-covered exams \$0 copay for Medicare-covered eyewear after each cataract surgery
\$0 copay, one per year Up to two hearing aids from the applicable TruHearing Catalog every year (limit 1 hearing aid per ear): Basic: \$395 copay; Standard: \$795 copay; Advanced: \$1,195 copay; Premium: \$1,595 copay \$0 copay for the year following your hearing aid purchase	\$0 copay, one per year Up to two hearing aids from the applicable TruHearing Catalog every year (limit 1 hearing aid per ear): Basic: \$295 copay; Standard: \$695 copay; Advanced: \$1,095 copay; Premium: \$1,495 copay \$0 copay for the year following your hearing aid purchase
\$0 copay \$35 copay	\$0 copay \$20 copay
\$55 copay \$125 copay \$125 copay, \$50,000 lifetime maximum	\$50 copay \$115 copay \$115 copay, \$50,000 lifetime maximum
\$295 copay \$350 copay	\$125 copay \$175 copay
\$350 copay	\$350 copay
\$390 copay per day for days 1-4 \$0 copay for days 5+	\$250 per day for days 1-4 \$0 copay for days 5+
Days 1-20: \$0 copay Days 21-60: \$214 copay per day Days 61-100: \$0 copay	Days 1-20: \$0 copay Days 21-60: \$204 copay per day Days 61-100: \$0 copay
20% coinsurance	20% coinsurance
0%-20%; no cost-share for preferred brands	0%-20%; no cost-share for preferred brands
\$0 copay	\$0 copay
\$20 copay for Medicare-covered services and routine care \$0 copay annually for one set of X-rays; up to three views	\$20 copay for Medicare-covered services and routine care \$0 copay annually for one set of X-rays; up to three views
\$70 quarterly allowance; allowance balance does not roll over to next quarter	\$115 quarterly allowance; allowance balance does not roll over to next quarter







# PRESCRIPTION DRUG COVERAGE

BCBSNE Medicare Advantage plans include prescription drug coverage that's **easy to use and understand**. With a wide selection of in-network pharmacies and the option to have prescriptions delivered directly to your front door, access to your prescriptions is designed to be as convenient as possible. Copays are affordable too, with a \$0, 100-day mail order copay option on generic drugs. No matter where you live in the 76-county service area (listed on page 5), you can count on copayments and coinsurance outlined in the charts below.



All BCBSNE Medicare Advantage plans have the same cost-shares

Drug Tiers	Rx Deductible	Copayment/Coinsurance	
		In-network Pharmacy 30-Day Supply:	Preferred Mail-Order 100-Day Supply:
<b>TIER 1</b> (Preferred generic) <sup>1</sup>	\$0	\$0	\$0
<b>TIER 2</b> (Generic)		\$14	\$0
<b>TIER 3</b> (Preferred brand)		\$47	\$131
<b>TIER 4</b> (Non-preferred drug)	\$400	\$100	\$290
<b>TIER 5</b> (Specialty)		28%	N/A
Initial coverage limit	You pay copays and coinsurance until your total yearly drug costs reach \$2,100		
Catastrophic coverage	After paying \$2,100 you pay a \$0 cost-share for all medications.		

Members won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

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

## Amazon Pharmacy is the Preferred Mail-Order Pharmacy.

Enjoy the convenience of having your 100-day supply of medications delivered directly to your home. It's easy, reliable, and designed to help you stay on track with your health.



## QUESTIONS? WE'RE HERE FOR YOU!

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



## 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 from the dentist of your choice:**

- Two oral exams
- One set of dental X-rays
- Two cleanings
- One fluoride treatment
- Restorative services, endodontics, periodontics, prosthodontics, implant services and oral and maxillofacial surgery

#### Vision Care

Original Medicare doesn't cover routine eye exams (eye refractions) for eyeglasses or contact lenses. Our additional vision benefits through EyeMed complements Original Medicare coverage by adding routine eye exams and an eyewear allowance every 12 months.



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

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





## Hearing Benefit with TruHearing

TruHearing provides members with a valuable comprehensive hearing care solution. Hearing aids can be expensive, but your hearing aid benefit minimizes out-of-pocket costs by offering members four technology and copay options.

Medicare Advantage Core (HMO)	Medicare Advantage Connect (PPO)	Medicare Advantage Access (PPO)	Medicare Advantage Secure (PPO)
<ul style="list-style-type: none"> <li>Basic: \$395 copay</li> <li>Standard: \$795 copay</li> <li>Advanced: \$1,495 copay</li> <li>Premium: \$1,595 copay</li> </ul>	<ul style="list-style-type: none"> <li>Basic: \$495 copay</li> <li>Standard: \$895 copay</li> <li>Advanced: \$1,295 copay</li> <li>Premium: \$1,695 copay</li> </ul>	<ul style="list-style-type: none"> <li>Basic: \$395 copay</li> <li>Standard: \$795 copay</li> <li>Advanced: \$1,195 copay</li> <li>Premium: \$1,595 copay</li> </ul>	<ul style="list-style-type: none"> <li>Basic: \$295 copay</li> <li>Standard: \$695 copay</li> <li>Advanced: \$1,095 copay</li> <li>Premium: \$1,495 copay</li> </ul>

## 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 take a drug-free, hands-on approach to health care that includes patient examination, diagnosis and treatment.

- \$15 for Connect (PPO) and \$20 copay all other plans for office visit
- \$0 copay for first set of routine X-rays

## Over-the-Counter (OTC) Allowance

You qualify for up to \$460/year to spend in our OTC Benefit Catalog. Spend it on items from our catalog, like toothpaste, vitamins, denture cleaner and much more. Shop in-store, online, by telephone or via mail-order.

Medicare Advantage Core (HMO)	Medicare Advantage Connect (PPO)	Medicare Advantage Access (PPO)	Medicare Advantage Secure (PPO)
\$200/year \$50/quarter	\$200/year \$50/quarter	\$280/year \$70/quarter	\$460/year \$115/quarter

Once your FlexCard is activated, you will be able to use it to purchase approved OTC products and to access other benefit allowances in your plan.



## 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 BCBSNE. 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 nationwide network of Blue Card providers available through the Blue Cross Blue Shield Association (BCBSA). The travel benefits of your Medicare Advantage plan allow you to receive certain covered services from participating providers. Participating providers are those who accept Medicare and are considered an in-network provider with the local Blue Cross and Blue Shield Plan.

Members of BCBSNE 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 travel outside the state of 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.

### Worldwide emergency and urgent care coverage.

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

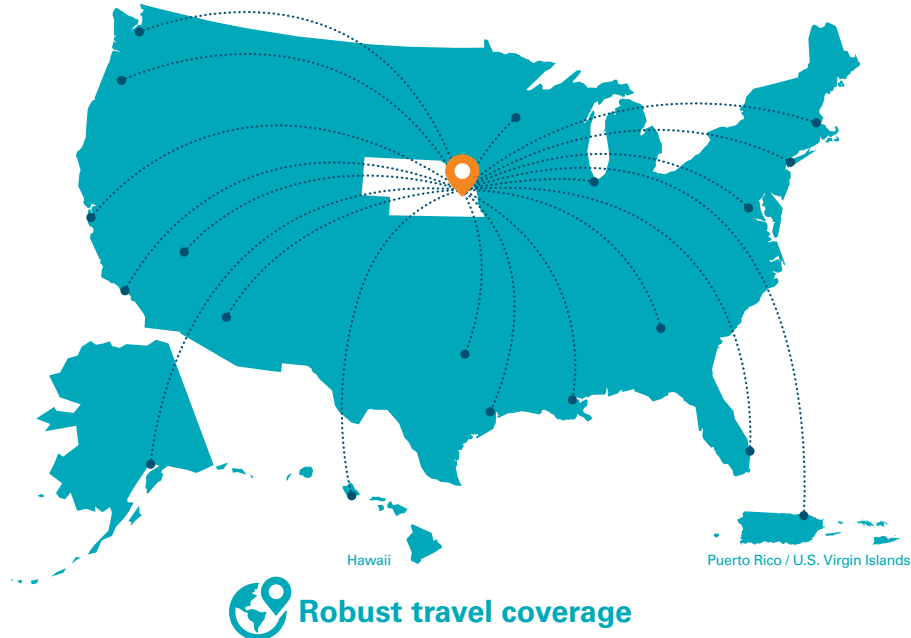
You can access emergency or urgently needed care whenever and wherever you may need it. With Blue Cross Blue Shield Global® Core, worldwide coverage is just another way we give you the confidence that comes with being a member. Through the Blue Cross Blue Shield Global Core program, you have access to medical assistance services, doctors and hospitals in more than 200 countries and territories around the world.

The Blue Cross Blue Shield Association is an association of independent Blue Cross and Blue Shield companies.



# TRAVEL BENEFITS

## Nationwide coverage area



Product	Travel within the NE service area	Travel outside of NE and inside the U.S.	Travel outside the U.S.
<b>Core (HMO)</b>	In-network providers are covered with a \$4,100 maximum out of pocket; out-of-network coverage for emergency care (\$125 copay) and urgent care (\$55 copay)	Covered at in-network costs with a \$4,100 maximum out of pocket	Emergency \$135 copay Urgent care \$55 copay Lifetime maximum \$50,000
<b>Connect (PPO)</b>	In-network providers are covered with a \$4,900 maximum out of pocket; out-of-network providers are covered with a \$8,000 combined in- and out-of-network maximum out of pocket	Covered at in-network costs with a \$4,900 maximum out of pocket; out-of-network providers are covered with a \$8,000 combined in- and out-of-network maximum out of pocket	Emergency \$125 copay Urgent care \$50 copay Lifetime maximum \$50,000
<b>Access (PPO)</b>	In-network providers are covered with a \$3,900 maximum out of pocket; out-of-network providers are covered with a \$6,200 combined in- and out-of-network maximum out of pocket	Covered at in-network costs with a \$3,900 maximum out of pocket; out-of-network providers are covered with a \$6,200 combined in- and out-of-network maximum out of pocket	Emergency \$125 copay Urgent care \$55 copay Lifetime maximum \$50,000
<b>Secure (PPO)</b>	In-network providers are covered with a \$2,500 maximum out of pocket; out-of-network providers are covered with a \$4,000 combined in- and out-of-network maximum out of pocket	Covered at in-network costs with a \$2,500 maximum out of pocket; out-of-network providers are covered with a \$4,500 combined in- and out-of-network maximum out of pocket	Emergency \$115 copay Urgent care \$50 copay Lifetime maximum \$50,000

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

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



# ADDITIONAL HEALTH AND WELLNESS PROGRAMS

## Supporting your well-being every step of the way.

### **Fitness**

Annual fitness allowance of \$300 lets you spend funds on fitness how you would like. The yearly allowance can be spent on:

- Gym membership
- Fitness classes
- Home workout videos and apps
- Fitness equipment from a catalog

### **Post-Hospital Stay Meals**

GA Foods, they go beyond frozen meal delivery at home and congregate meals for seniors. They nourish healthy well-being — as the most trusted and experienced meal benefit solution partner.

Nutrition can play an important role in patient recovery after their hospital stay. GA Foods' home-delivered meals provide two weeks' worth of nutritionally balanced meals to aid in recovery.

### **Nurse Line**

Nurse-first triage solutions help you make informed health care decisions and get the right care at the right place and time at no additional cost. Triage services are available by phone for all the hours you need support, any time of day or night.

Nurse triage helps members:

- Lower health care costs
- Prevent hospital readmissions
- Reduce unnecessary emergency department visits
- Access care in rural areas
- Get answers to questions during and after-hours

### **Diabetes Support**

Virta is a provider-led, research-backed treatment program that can help reverse type 2 diabetes. Patients can lower their blood sugar and A1c, all while reducing the need for diabetes medications and losing weight.

To be eligible for the diabetes program, you must have a type 2 diabetes diagnosis from your doctor.

Virta and GA Foods are independent companies that provide digital fitness and health services to Blue Cross and Blue Shield of Nebraska.

Nurse Line, powered by Conduit, is an independent company that provides after-hours nurse support for Blue Cross and Blue Shield of Nebraska.





## 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. With your Medicare Advantage plan from BCBSNE, nurse line and telehealth services are covered. Office visit copays applied to some services through telehealth.

### Help with surgical decisions.

**Welvie® is an independent company contracted by BCBSNE to provide surgery decision support services to our members.**

Welvie My Surgery is a six-step online program that guides members through the decision-making process if they're considering an elective surgery. The program offers information, videos, Q&A and more to help members work with their doctors to make sure they have the correct diagnosis while evaluating the risks and benefits of available treatment options.

If surgery is the decision, the program helps participants prepare and recover, to avoid complications and have the best results. And even for those who are not considering surgery right now, completing the program ahead of time will help prepare them when they do have to make those decisions.

Behind every great health care outcome is an informed decision.

Health care can be confusing — and intimidating. Welvie breaks down the complex and make it understandable.

Their online decision-making programs give you clarity and confidence to work with your doctors to become more informed and more engaged in your health, for the benefit of a better life.

### 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.




# 2026 Summary of Benefits Medicare Advantage Core (HMO)

## Need Help?

We're here to help you select, better understand and use your health and prescription benefits.

## Already a Member?

 **888-488-9850, TTY 711**

8 a.m. to 9 p.m. Central time, seven days a week from Oct. 1 through March 31

8 a.m. to 9 p.m. Central time, Monday through Friday from April 1 through Sept. 30

 **[myNebraskaBlue.com](https://myNebraskaBlue.com)**

## Need to Enroll?

 **844-899-6060, TTY 711**

8 a.m. to 9 p.m. Central time, seven days a week from Oct. 1 through March 31

8 a.m. to 9 p.m. Central time, Monday through Friday from April 1 through Sept. 30

 **[Medicare.NebraskaBlue.com](https://Medicare.NebraskaBlue.com)**



# WHAT YOU SHOULD KNOW

# 2026

This information is not a complete description of the benefits. A complete list of services is available in the Evidence of Coverage. You may review the Evidence of Coverage online at **Medicare.NebraskaBlue.com** or by calling Member Services at 888-488-9850 (TTY 711).

To join **Blue Cross and Blue Shield of Nebraska Medicare Advantage Core (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area include these counties in Nebraska: Adams, Antelope, Arthur, Blaine, Boone, Buffalo, Burt, Butler, Cass, Cedar, Chase, Clay, Colfax, Cuming, Custer, Dawson, Deuel, Dodge, Douglas, Dundy, Fillmore, Franklin, Frontier, Furnas, Gage, Garden, Garfield, Gosper, Grant, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Hooker, Howard, Jefferson, Johnson, Kearney, Keith, Knox, Lancaster, Lincoln, Logan, Loup, Madison, McPherson, Merrick, Nance, Nemaha, Nuckolls, Otoe, Pawnee, Perkins, Phelps, Pierce, Platte, Polk, Red Willow, Saline, Sarpy, Saunders, Seward, Sherman, Stanton, Thayer, Thomas, Thurston, Valley, Washington, Wayne, Webster, Wheeler and York.

**Blue Cross and Blue Shield of Nebraska Medicare Advantage Core (HMO)** 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 Member Services or visit our website at **NebraskaBlue.com/MedicareProviders**.

As a supplemental benefit, medical services are covered at in-network cost shares outside of the service area and within the U.S. and territories when provided by an in-network Blue Card provider. Please contact Member Services for assistance in locating a provider outside of the service area. With limited exceptions, there is no medical coverage for services provided by an out-of network provider within the service area.



## QUESTIONS? WE'RE HERE FOR YOU!

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

## Premium, Deductible, and Maximum Out-of-Pocket (MOOP)

<b>Monthly Plan Premium</b> You must continue to pay your Medicare Part B premium.	\$0
<b>Deductible</b>	This plan has no medical deductible.
<b>MOOP</b> <i>(does not include prescription drugs)</i> If you reach the limit for out-of-pocket costs and you continue getting Medicare-covered hospital and medical services, we will pay the full cost for the rest of the year.	\$4,100

## Medical Benefits

<b>Inpatient Hospital Care*</b> Our plan covers an unlimited number of days for Medicare-covered inpatient hospital stays.	\$400 copay per day for days 1-4 \$0 copay for days 5+
<b>Outpatient Hospital Services*</b> <ul style="list-style-type: none"> <li>Outpatient hospital services</li> <li>Observation services</li> </ul>	\$350 copay \$350 copay
<b>Ambulatory Surgical Center (ASC) Services*</b>	\$300 copay
<b>Doctor Visits</b> <ul style="list-style-type: none"> <li>Primary Care Providers</li> <li>Specialists</li> </ul>	\$0 copay, in person and by telehealth \$35 copay, in person and by telehealth



## Medical Benefits

### Preventive Care

Any additional preventive services approved by Medicare during the year will be covered.

There is no coinsurance, copayment, or deductible for the following Medicare-covered and supplemental preventive services:

- Abdominal aortic aneurysm screening
- Annual physical exam
- Annual wellness visit
- Bone mass measurement
- Breast cancer screenings (mammograms)
- Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)
- Cardiovascular disease screening tests
- Cervical and vaginal cancer screening
- Colorectal cancer screening
- Depression screening
- Diabetes screening
- Diabetes self-management training, diabetic services, and supplies
- Glaucoma screening
- HIV screening
- Immunizations (COVID-19, flu, pneumonia and Hepatitis B)
- Medical nutrition therapy
- Medicare Diabetes Prevention Program (MDPP)
- Obesity screening and therapy to promote sustained weight loss
- Pre-exposure prophylaxis (PrEP) for HIV prevention
- Prostate cancer screening exams
- Screening and counseling to reduce alcohol misuse
- Screening for lung cancer with low dose computed tomography (LDCT)
- Screening for Hepatitis C Virus infection
- Screening for sexually transmitted infections (STIs) and counseling to prevent STIs
- Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)
- “Welcome to Medicare” preventive visit

## Medical Benefits

<b>Emergency Care</b> <ul style="list-style-type: none"> <li>Within the U.S.</li> </ul> <p>The emergency room copay will be waived if you are admitted to the hospital within three days for the same condition.</p> <ul style="list-style-type: none"> <li>Outside of the U.S.</li> </ul> <p>\$50,000 lifetime limit inclusive of emergency, urgent care and transportation outside of the U.S.</p>	<p>\$135 copay</p> <p>\$135 copay</p>
<b>Urgently Needed Services</b> <ul style="list-style-type: none"> <li>Within the U.S.</li> <li>Outside of the U.S.</li> </ul> <p>\$50,000 lifetime limit inclusive of emergency, urgent care and transportation outside of the U.S.</p>	<p>\$55 copay, in person and by telehealth</p> <p>\$135 copay</p>
<b>Diagnostic Services/Labs/Imaging*</b> <ul style="list-style-type: none"> <li>Diagnostic radiology service (e.g., MRI, CT scan) <ul style="list-style-type: none"> <li>Diagnostic mammograms</li> </ul> </li> <li>Lab services</li> <li>Diagnostic tests and procedures <ul style="list-style-type: none"> <li>Provided in an office setting</li> <li>Provided in an outpatient setting</li> <li>Diagnostic colonoscopies</li> </ul> </li> <li>Outpatient X-rays</li> <li>Therapeutic radiology</li> </ul>	<p>\$195 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$30 copay</p> <p>\$350 copay</p> <p>\$0 copay</p> <p>\$25 copay</p> <p>20% coinsurance</p>
<b>Hearing Services</b> <ul style="list-style-type: none"> <li>Medicare-covered <ul style="list-style-type: none"> <li>Primary Care Provider</li> <li>Specialist</li> </ul> </li> <li>Routine hearing exam from a TruHearing provider</li> <li>Hearing aids provided by a TruHearing provider <ul style="list-style-type: none"> <li>Basic</li> <li>Standard</li> <li>Advanced</li> <li>Premium</li> </ul> </li> <li>Hearing aid fitting and evaluation from a TruHearing provider</li> </ul>	<p>\$0 copay</p> <p>\$35 copay</p> <p>\$0 copay once per year</p> <p>\$395 copay per ear</p> <p>\$795 copay per ear</p> <p>\$1,195 copay per ear</p> <p>\$1,595 copay per ear</p> <p>\$0 copay for the year following your hearing aid purchase</p>



## Medical Benefits

<b>Dental Care</b> <ul style="list-style-type: none"> <li>• Medicare-covered</li> <li>• Supplemental Preventive and Comprehensive Dental Services</li> </ul> <p>Covered preventive and comprehensive services include exams, cleanings, fillings, crowns, bridges, dentures, and more.</p> <p>Preventive and comprehensive dental services must be provided by a licensed dental provider.</p>	<p>\$35 copay</p> <p>\$1,200 maximum benefit every year</p>
<b>Vision Care</b> <ul style="list-style-type: none"> <li>• Medicare-covered</li> <li>• Medicare-covered eyewear post-cataract surgery</li> <li>• Routine eye exam from an EyeMed provider</li> <li>• Eyewear provided by an EyeMed provider</li> </ul>	<p>\$35 copay</p> <p>\$0 copay</p> <p>\$0 copay once per year</p> <p>\$300 allowance towards frame and pairs of lenses or the purchase of elective contacts</p>
<b>Mental Health Care</b> <ul style="list-style-type: none"> <li>• Inpatient visit*</li> </ul> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.</p> <ul style="list-style-type: none"> <li>• Outpatient Therapy Visit</li> </ul>	<p>\$420 copay per day for days 1-4</p> <p>\$0 copay per day for days 5-90</p> <p>\$35 copay, in person and by telehealth</p>
<b>Skilled Nursing Facility (SNF) Care*</b> <p>Our plan covers 100 days for a benefit period.</p>	<p>\$0 copay per day for days 1-20</p> <p>\$214 copay per day for days 21-60</p> <p>\$0 copay per day for days 61-100</p>
<b>Physical Therapy*</b>	<p>\$35 copay</p>
<b>Ambulance (Air and Ground)*</b> <ul style="list-style-type: none"> <li>• Within the U.S.</li> <li>• Outside the U.S.</li> </ul> <p>\$50,000 lifetime limit for worldwide coverage inclusive of emergency, urgent care and transportation.</p>	<p>\$350 copay one-way</p> <p>\$135 copay one-way</p>
<b>Routine Transportation</b>	<p>Not covered</p>



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## Medical Benefits

**Medicare Part B Drugs\***

- Chemotherapy and other Part B drugs

You may pay less than 20% coinsurance for certain drugs.

- Part B Insulins

- You may pay less than 20% coinsurance for certain drugs.

20% coinsurance

\$35 copay

\$20 copay

\$20 copay

\$0 copay

### **Chiropractic Care**

- Manual manipulation of the spine to correct a subluxation
- Routine office visits
- One set of X-rays performed by a chiropractor

- \$20 copay
- \$20 copay
- \$0 copay

\$0 copay

## Diabetes Management

- Diabetes monitoring supplies
- Diabetes self-management training
- Therapeutic shoes or inserts

- \$0 copay for diabetic testing supplies (meters, strips, and lancets) obtained through a network pharmacy.  
Limited to Ascensia (Contour) products.
- 20% coinsurance for approved exceptions for all other diabetic testing supplies (meters, strips, lancets)
- \$0 copay for preferred Continuous Glucose Monitor (CGM) products when purchased from a network pharmacy. Preferred products are Dexcom G6 Dexcom G7 when used with a Dexcom Receiver, Abbott Freestyle Libre and Freestyle Libre 2, and Freestyle Libre 3 when used with a Freestyle Libre receiver
- 20% coinsurance for non-preferred products and/or products purchased through a DME supplier
- \$0 copay
- 20% coinsurance

20% coinsurance

- \$300 per year**
- The annual allowance does not rollover into the next year.

<p><b>Fitness Allowance</b></p> <p>Fitness allowance loaded to the Flexcard can be used toward a monthly gym membership, fitness classes, home workout videos and apps, or fitness equipment from a catalog.</p>
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The annual allowance does not rollover into the next year.

## Home Health Care\*

\$0 copay

<b>Hospice</b>
Hospice is covered outside of our plan by Original Medicare.

\$0 copay



## Medical Benefits

<b>Medical Equipment/Supplies*</b> <ul style="list-style-type: none"> <li>Durable Medical Equipment (e.g., wheelchairs, oxygen)</li> <li>Prosthetics (e.g., braces, artificial limbs)</li> </ul>	20% coinsurance  20% coinsurance
<b>Nurse Advice Line</b>  Available 24 hours a day, seven days a week by calling 844-908-4535.	\$0 copay
<b>Outpatient Substance Abuse</b> <ul style="list-style-type: none"> <li>Outpatient therapy visit</li> </ul>	\$35 copay, in person and by telehealth
<b>Over-the-Counter (OTC) Allowance</b>  Members may purchase personal health items from participating retailers, including a program that delivers to their home.	\$50 quarterly allowance The quarterly allowance does not rollover into the next quarter.
<b>Podiatry Services</b>  Medicare-covered podiatry benefits are for medically necessary foot care.	\$35 copay, in person and by telehealth
<b>Rehabilitation Services</b> <ul style="list-style-type: none"> <li>Pulmonary</li> <li>Cardiac</li> <li>Intensive cardiac</li> <li>Occupational, speech and language therapy*</li> </ul>	\$15 copay \$35 copay \$60 copay \$35 copay
<b>Renal Dialysis</b>	20% coinsurance

\*Services may require prior authorization.



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## Blue Cross and Blue Shield of Nebraska Medicare Advantage Core (HMO)

Prescription Drug Coverage				
<b>Deductible</b>	\$400 deductible for Tier 4 (Non-Preferred Drug) and Tier 5 (Specialty Tier)			
<b>Initial Coverage</b>	In this stage, you pay your copay or coinsurance, and the plan covers the rest.			
	<b>In-Network Retail Rx 30-Day Supply*</b>	<b>In-Network Retail Rx 100-Day Supply</b>	<b>Preferred Mail Order Rx 100-Day Supply</b>	<b>Standard Mail Order Rx 100-Day Supply</b>
<b>TIER 1</b> Preferred generic	\$0 copay	\$0 copay	\$0 copay	\$6 copay
<b>TIER 2</b> Generic	\$14 copay	\$42 copay	\$0 copay	\$42 copay
<b>TIER 3</b> Preferred brand	\$47 copay	\$141 copay	\$131 copay	\$141 copay
<b>TIER 4</b> Non-preferred drug	\$100 copay	\$300 copay	\$290 copay	\$300 copay
<b>TIER 5</b> Specialty	28% coinsurance	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>Catastrophic Coverage</b>	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and mail order) reach \$2,100, the plan pays the full cost for your covered Part D drugs. You pay nothing.			

\* Including 31-day supplies for those living in a Long-Term Care (LTC) facility.

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 855-457-1349 (TTY users dial 711) or access our Evidence of Coverage online at **Medicare.NebraskaBlue.com/MedicareAdvantage**.

You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.



# Need more information?

## Member Services

 **888-488-9850, TTY 711**

8 a.m. to 9 p.m. Central time, seven days a week from Oct. 1 through March 31

8 a.m. to 9 p.m. Central time, Monday through Friday from April 1 through Sept. 30

 **myNebraskaBlue.com**

## Ready to Enroll?

 **844-899-6060, TTY 711**

8 a.m. to 9 p.m. Central time, seven days a week from Oct. 1 through March 31

8 a.m. to 9 p.m. Central time, Monday through Friday from April 1 through Sept. 30

 **Medicare.NebraskaBlue.com**

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 Medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven 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 Member Services phone number.

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

Blue Cross and Blue Shield of Nebraska is an HMO plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of Nebraska Medicare Advantage depends on contract renewal. Blue Cross and Blue Shield of Nebraska is an independent licensee of the Blue Cross Blue Shield Association.

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89-232-HMO (06-12-25)



# 2026 Summary of Benefits Medicare Advantage Access (PPO), Connect (PPO) and Secure (PPO)

## Need Help?

We're here to help you select, better understand and use your health and prescription benefits.

## Already a Member?

 **888-488-9850, TTY 711**

8 a.m. to 9 p.m. Central time, seven days a week from Oct. 1 through March 31

8 a.m. to 9 p.m. Central time, Monday through Friday from April 1 through Sept. 30

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## Need to Enroll?

 **844-899-6060, TTY 711**

8 a.m. to 9 p.m. Central time, seven days a week from Oct. 1 through March 31

8 a.m. to 9 p.m. Central time, Monday through Friday from April 1 through Sept. 30

 **[Medicare.NebraskaBlue.com](https://Medicare.NebraskaBlue.com)**



# WHAT YOU SHOULD KNOW

# 2026

This information is not a complete description of the benefits. A complete list of services is available in the Evidence of Coverage. You may review the Evidence of Coverage online at **Medicare.NebraskaBlue.com** or by calling Member Services at 888-488-9850 (TTY 711).

To join **Blue Cross and Blue Shield of Nebraska Medicare Advantage Connect (PPO), Access (PPO), and Secure (PPO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area include these counties in Nebraska: Adams, Antelope, Arthur, Blaine, Boone, Buffalo, Burt, Butler, Cass, Cedar, Chase, Clay, Colfax, Cuming, Custer, Dawson, Deuel, Dodge, Douglas, Dundy, Fillmore, Franklin, Frontier, Furnas, Gage, Garden, Garfield, Gosper, Grant, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Hooker, Howard, Jefferson, Johnson, Kearney, Keith, Knox, Lancaster, Lincoln, Logan, Loup, Madison, McPherson, Merrick, Nance, Nemaha, Nuckolls, Otoe, Pawnee, Perkins, Phelps, Pierce, Platte, Polk, Red Willow, Saline, Sarpy, Saunders, Seward, Sherman, Stanton, Thayer, Thomas, Thurston, Valley, Washington, Wayne, Webster, Wheeler and York.

**Blue Cross and Blue Shield of Nebraska Medicare Advantage Connect (PPO), Access (PPO), and Secure (PPO)** 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 Member Services or visit our website at **NebraskaBlue.com/MedicareProviders**.

As a supplemental benefit, medical services are covered at in-network cost shares outside of the service area and within the U.S. and territories when provided by an in-network Blue Card provider. Please contact Member Services for assistance in locating a provider outside of the service area. Out-of-network cost shares apply to covered medical services provided by an out-of-network provider within the service area. Out-of-network cost shares are the same as in-network cost shares unless specifically noted.



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Premium, Deductible, and Maximum Out-of-Pocket (MOOP)			
	Connect	Access	Secure
<b>Monthly Plan Premium</b> You must continue to pay your Medicare Part B premium.	\$0	\$30	\$91
<b>Deductible</b>	This plan has no medical deductible.		
<b>MOOP</b> <ul style="list-style-type: none"> <li>In-Network</li> <li>Combined In- and Out-of-Network</li> </ul> If you reach the limit for out-of-pocket costs and you continue getting Medicare-covered hospital and medical services, we will pay the full cost for the rest of the year.	\$4,900 \$8,000	\$3,900 \$6,200	\$2,500 \$4,500

Medical Benefits			
	Connect	Access	Secure
<b>Inpatient Hospital Services*</b> Our plan covers an unlimited number of days for Medicare-covered inpatient hospital stays.	\$400 copay per day for days 1-4 \$0 copay for days 5+	\$390 copay per day for days 1-4 \$0 copay for days 5+	\$250 copay per day for days 1-4 \$0 copay for days 5+
<b>Outpatient Hospital Services*</b> <ul style="list-style-type: none"> <li>Outpatient hospital services</li> <li>Observation services</li> </ul>	\$350 copay \$350 copay	\$350 copay \$350 copay	\$175 copay \$175 copay
<b>Ambulatory Surgical Center (ASC) Services*</b>	\$300 copay	\$295 copay	\$125 copay



Medical Benefits			
	Connect	Access	Secure
<b>Doctor Visits</b> <ul style="list-style-type: none"> <li>Primary Care Providers</li> <li>Specialists</li> </ul>	\$0 copay in person and by telehealth, in-network \$15 copay in person and by telehealth, out-of-network  \$35 copay in person and by telehealth, in-network 50% coinsurance in person and by telehealth, out-of-network	\$0 copay in person and by telehealth, in-network \$15 copay in person and by telehealth, out-of-network  \$35 copay in person and by telehealth, in-network 50% coinsurance in person and by telehealth, out-of-network	\$0 copay in person and by telehealth, in-network \$15 copay in person and by telehealth, out-of-network  \$20 copay in person and by telehealth, in-network \$40 copay in person and by telehealth, out-of-network
<b>Preventive Care</b> Any additional preventive services approved by Medicare during the year will be covered.	There is no coinsurance, copayment, or deductible for the following Medicare-covered and supplemental preventive services: <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 screening tests</li> <li>Cervical and vaginal cancer screening</li> <li>Colorectal cancer screening</li> <li>Depression screening</li> <li>Diabetes screening</li> <li>Diabetes self-management training, diabetic services, and supplies</li> <li>Glaucoma screening</li> <li>HIV screening</li> <li>Immunizations (COVID-19, 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> <li>Pre-exposure prophylaxis (PrEP) for HIV prevention</li> <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 Hepatitis C Virus infection</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>		



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Medical Benefits			
	Connect	Access	Secure
<b>Emergency Care</b> <ul style="list-style-type: none"> <li>Within the U.S. The emergency room copay will be waived if you are admitted to the hospital within three days for the same condition.</li> <li>Outside of the U.S. \$50,000 lifetime limit inclusive of emergency, urgent care and transportation outside of the U.S.</li> </ul>	\$125 copay       \$125 copay	\$125 copay       \$125 copay	\$115 copay       \$115 copay
<b>Urgently Needed Services</b> <ul style="list-style-type: none"> <li>Within the U.S.</li> <li>Outside of the U.S.</li> </ul> \$50,000 lifetime limit inclusive of emergency, urgent care and transportation outside of the U.S.	\$50 copay in person and by telehealth \$125 copay	\$55 copay in person and by telehealth \$125 copay	\$50 copay in person and by telehealth \$115 copay
<b>Diagnostic Services/Labs/Imaging*</b> <ul style="list-style-type: none"> <li>Diagnostic radiology service (e.g., MRI, CT scan)               <ul style="list-style-type: none"> <li>Diagnostic mammograms</li> </ul> </li> <li>Lab services</li> <li>Diagnostic tests and procedures               <ul style="list-style-type: none"> <li>Provided in an office setting</li> <li>Provided in an outpatient setting</li> <li>Diagnostic colonoscopies</li> </ul> </li> <li>Outpatient X-rays</li> <li>Therapeutic radiology services</li> </ul>	\$195 copay  \$0 copay  \$0 copay in-network \$20 copay out-of-network  \$30 copay  \$350 copay  \$0 copay  \$25 copay in-network \$30 copay out-of-network 20% coinsurance	\$195 copay  \$0 copay  \$0 copay in-network \$20 copay out-of-network  \$30 copay  \$350 copay  \$0 copay  \$20 copay in-network \$30 copay out-of-network 20% coinsurance	\$195 copay  \$0 copay  \$0 copay in-network \$20 copay out-of-network  \$30 copay  \$175 copay  \$0 copay  \$20 copay in-network \$30 copay out-of-network 20% coinsurance

Medical Benefits			
	Connect	Access	Secure
<b>Hearing Services</b> <ul style="list-style-type: none"> <li>Medicare-covered               <ul style="list-style-type: none"> <li>Provided by a Primary Care Provider</li> <li>Provided by a Specialist</li> </ul> </li> <li>Routine hearing exam from a TruHearing provider</li> <li>Hearing aids provided by a TruHearing provider               <ul style="list-style-type: none"> <li>Basic</li> <li>Standard</li> <li>Advanced</li> <li>Premium</li> </ul> </li> <li>Hearing aid fitting and evaluation from a TruHearing provider</li> </ul>	\$0 copay in-network \$15 copay out-of-network \$35 copay in-network 50% coinsurance out-of-network \$0 copay once per year	\$0 copay in-network \$15 copay out-of-network \$35 copay in-network 50% coinsurance out-of-network \$0 copay once per year	\$0 copay in-network \$15 copay out-of-network \$20 copay in-network \$40 copay out-of-network \$0 copay once per year
<b>Dental Care</b> <ul style="list-style-type: none"> <li>Medicare-covered</li> <li>Supplemental Dental Services</li> </ul> <p>Covered preventive and comprehensive services include exams, cleanings, fillings, crowns, bridges, dentures, and more.</p> <p>Supplemental Dental Services must be provided by a licensed dental provider.</p>	\$35 copay in-network 50% coinsurance out-of-network \$1,200 maximum benefit every year	\$35 copay in-network 50% coinsurance out-of-network \$1,500 maximum benefit every year	\$20 copay in-network \$40 copay out-of-network \$1,700 maximum benefit every year



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Medical Benefits			
	Connect	Access	Secure
<b>Vision Care</b> <ul style="list-style-type: none"> <li>Medicare-covered</li> <li>Medicare-covered eyewear post-cataract surgery</li> <li>Routine eye exam from an EyeMed provider</li> <li>Eyewear provided by an EyeMed provider</li> </ul>	\$35 copay in-network 50% coinsurance out-of-network \$0 copay  \$0 copay once per year in-network Reimbursement up to \$70 once per year out-of-network  \$300 allowance towards frame and pairs of lenses or the purchase of elective contacts, inclusive of both in-network and out-of-network coverage.	\$35 copay in-network 50% coinsurance out-of-network \$0 copay  \$0 copay once per year in-network Reimbursement up to \$70 once per year out-of-network  \$300 allowance towards frame and pairs of lenses or the purchase of elective contacts, inclusive of both in-network and out-of-network coverage.	\$20 copay in-network \$40 copay out-of-network  \$0 copay  \$0 copay once per year in-network Reimbursement up to \$70 once per year out-of-network  \$300 allowance towards frame and pairs of lenses or the purchase of elective contacts, inclusive of both in-network and out-of-network coverage.
<b>Mental Health Services</b> <ul style="list-style-type: none"> <li>Inpatient visit* Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.</li> <li>Outpatient therapy visit</li> </ul>	\$420 copay per day for days 1-4 \$0 copay per day for days 5-90  \$35 copay in person and by telehealth	\$420 copay per day for days 1-4 \$0 copay per day for days 5-90  \$35 copay in person and by telehealth	\$270 copay per day for days 1-4 \$0 copay per day for days 5-90  \$20 copay in person and by telehealth
<b>Skilled Nursing Facility (SNF)*</b> Our plan covers 100 days for a benefit period. <ul style="list-style-type: none"> <li>In-Network</li> <li>Out-of-Network</li> </ul>	\$0 copay per day for days 1-20 \$214 copay per day for days 21-70 \$0 copay per day for days 71-100  \$0 copay per day for days 1-20 \$214 copay per day for days 21-90 \$0 copay per day for days 91-100	\$0 copay per day for days 1-20 \$214 copay per day for days 21-60 \$0 copay per day for days 61-100  \$0 copay per day for days 1-20 \$214 copay per day for days 21-80 \$0 copay per day for days 81-100	\$0 copay per day for days 1-20 \$204 copay per day for days 21-60 \$0 copay per day for days 61-100  \$0 copay per day for days 1-20 \$204 copay per day for days 21-80 \$0 copay per day for days 81-100
<b>Physical Therapy*</b>	\$35 copay	\$35 copay	\$20 copay

Medical Benefits			
	Connect	Access	Secure
<b>Ambulance (Air and Ground)*</b> <ul style="list-style-type: none"> <li>Within the U.S.</li> <li>Outside the U.S.</li> </ul> \$50,000 lifetime limit for worldwide coverage inclusive of emergency, urgent care and transportation.	\$350 copay one-way \$125 copay one-way	\$350 copay one-way \$125 copay one-way	\$350 copay one-way \$115 copay one-way
<b>Routine Transportation</b>	Not covered		
<b>Medicare Part B Drugs*</b> <ul style="list-style-type: none"> <li>Chemotherapy and other Part B drugs</li> </ul> You may pay less than 20% coinsurance for certain drugs. <ul style="list-style-type: none"> <li>Part B Insulins</li> </ul>	20% coinsurance  \$35 copay		
<b>Chiropractic Care</b> <ul style="list-style-type: none"> <li>Manual manipulation of the spine to correct a subluxation</li> <li>Routine office visits</li> <li>One set of X-rays performed by a chiropractor</li> </ul>	\$15 copay  \$15 copay \$0 copay	\$20 copay  \$20 copay \$0 copay	\$20 copay  \$20 copay \$0 copay
<b>Diabetes Management</b> <ul style="list-style-type: none"> <li>Diabetes monitoring supplies</li> <li>Diabetes self-management training</li> <li>Therapeutic shoes or inserts</li> </ul>	\$0 copay for diabetic testing supplies (meters, strips, and lancets) obtained through a network pharmacy. Limited to Ascensia (Contour) products. 20% coinsurance for approved exceptions for all other diabetic testing supplies (meters, strips, lancets)  \$0 copay for preferred Continuous Glucose Monitor (CGM) products when purchased from a network pharmacy. Preferred products are Dexcom G6 Dexcom G7 when used with a Dexcom Receiver, Abbott Freestyle Libre and Freestyle Libre 2, and Freestyle Libre 3 when used with a Freestyle Libre receiver 20% coinsurance for non-preferred products and/or products purchased through a DME supplier \$0 copay  20% coinsurance		



## QUESTIONS? WE'RE HERE FOR YOU!

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

Medical Benefits			
	Connect	Access	Secure
<b>Fitness Allowance</b> Fitness allowance loaded to the FlexCard can be used toward a monthly gym membership, fitness classes, home workout videos and apps, or fitness equipment from a catalogue.	\$300 per year The annual allowance balance does not rollover into the next year.		
<b>Home Health Care*</b>	\$0 copay		
<b>Hospice</b> Hospice is covered outside of our plan by Original Medicare.	\$0 copay		
<b>Medical Equipment/Supplies*</b> <ul style="list-style-type: none"> <li>Durable Medical Equipment (e.g., wheelchairs, oxygen)</li> <li>Prosthetics (e.g., braces, artificial limbs)</li> </ul>	20% coinsurance  20% coinsurance		
<b>Nurse Advice Line</b> Available 24 hours a day, seven days a week by calling 844-908-4535.	\$0 copay		
<b>Outpatient Substance Abuse</b> <ul style="list-style-type: none"> <li>Outpatient therapy visit</li> </ul>	\$35 copay, in person and by telehealth	\$35 copay, in person and by telehealth	\$20 copay, in person and by telehealth, in-network  \$20 copay in person and by telehealth, out-of-network
<b>Over-the-Counter (OTC) Allowance</b> Members may purchase personal health items from participating retailers, including a program that delivers to their home.	\$50 per quarter The quarterly allowance does not rollover into the next quarter.	\$70 per quarter The quarterly allowance does not rollover into the next quarter.	\$115 per quarter The quarterly allowance does not rollover into the next quarter.



Medical Benefits			
	Connect	Access	Secure
<b>Podiatry Services</b> Medicare-covered podiatry benefits are for medically necessary foot care.	\$35 copay, in person and by telehealth, in-network  50% coinsurance in person and by telehealth, out-of-network	\$35 copay, in person and by telehealth, in-network  50% coinsurance in person and by telehealth, out-of-network	\$20 copay, in person and by telehealth, in-network  \$40 copay in person and by telehealth, out-of-network
<b>Post-Discharge Meals</b> Members may access their meal benefit up to three times post discharge per year.	\$0 copay for meals following discharge from an inpatient hospital or skilled nursing facility stay. Limited to 2 meals per day for 14 days per discharge.		
<b>Rehabilitation Services</b> <ul style="list-style-type: none"> <li>Pulmonary</li> <li>Cardiac</li> <li>Intensive cardiac</li> <li>Occupational, speech and language therapy*</li> </ul>	\$15 copay \$35 copay \$50 copay in-network \$60 copay out-of-network \$35 copay	\$15 copay \$35 copay \$60 copay \$35 copay	\$15 copay \$35 copay \$60 copay \$20 copay
<b>Renal Dialysis</b>	20% coinsurance		

\*Services may require prior authorization.



## QUESTIONS? WE'RE HERE FOR YOU!

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

## Blue Cross and Blue Shield of Nebraska Medicare Advantage Connect (PPO), Access (PPO), and Secure (PPO)

Prescription Drug Coverage				
<b>Prescription Deductible</b>	\$400 deductible for Tier 4 (Non-Preferred Drug) and Tier 5 (Specialty Tier)			
<b>Initial Coverage</b>	In this stage, you pay your copay or coinsurance, and the plan covers the rest.			
	<b>In-Network Retail Rx 30-Day Supply*</b>	<b>In-Network Retail Rx 100-Day Supply</b>	<b>Preferred Mail Order Rx 100-Day Supply</b>	<b>Standard Mail Order Rx 100-Day Supply</b>
<b>TIER 1</b> Preferred generic	\$0 copay	\$0 copay	\$0 copay	\$6 copay
<b>TIER 2</b> Generic	\$14 copay	\$42 copay	\$0 copay	\$42 copay
<b>TIER 3</b> Preferred brand	\$47 copay	\$141 copay	\$131 copay	\$141 copay
<b>TIER 4</b> Non-preferred drug	\$100 copay	\$300 copay	\$290 copay	\$300 copay
<b>TIER 5</b> Specialty	28% coinsurance	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>Catastrophic Coverage</b>	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and mail order) reach \$2,100, the plan pays the full cost for your covered Part D drugs. You pay nothing.			

\* Including 31-day supplies for those living in a Long-Term Care (LTC) facility.

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 855-457-1349 (TTY users dial 711) or access our Evidence of Coverage online at **Medicare.NebraskaBlue.com/MedicareAdvantage**.

You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

# Need more information?

## Member Services

 **888-488-9850, TTY 711**

8 a.m. to 9 p.m. Central time, seven days a week from Oct. 1 through March 31

8 a.m. to 9 p.m. Central time, Monday through Friday from April 1 through Sept. 30

 **myNebraskaBlue.com**

## Ready to Enroll?

 **844-899-6060, TTY 711**

8 a.m. to 9 p.m. Central time, seven days a week from Oct. 1 through March 31

8 a.m. to 9 p.m. Central time, Monday through Friday from April 1 through Sept. 30

 **Medicare.NebraskaBlue.com**

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 Medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven 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 Member Services phone number.

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

Blue Cross and Blue Shield of Nebraska is a PPO plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of Nebraska Medicare Advantage depends on contract renewal. Blue Cross and Blue Shield of Nebraska is an independent licensee of the Blue Cross Blue Shield Association.

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89-232-PPO (06-12-25)





## 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 Enrollment Period (Oct. 15 to Dec. 7)

If you are eligible for Medicare, you can enroll in or switch plans during the Annual Enrollment 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.

### Medicare Advantage Open Enrollment Period (Jan. 1 to March 31)

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

### Special Enrollment 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:  
Adams, Antelope, Arthur, Blaine, Boone, Buffalo, Burt, Butler, Cass, Cedar, Chase, Clay, Colfax, Cuming, Custer, Dawson, Deuel, Dodge, Douglas, Dundy, Fillmore, Franklin, Frontier, Furnas, Gage, Garden, Garfield, Gosper, Grant, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Hooker, Howard, Jefferson, Johnson, Kearney, Keith, Knox, Lancaster, Lincoln, Logan, Loup, Madison, McPherson, Merrick, Nance, Nemaha, Nuckolls, Otoe, Pawnee, Perkins, Phelps, Pierce, Platte, Polk, Red Willow, Saline, Sarpy, Saunders, Seward, Sherman, Stanton, Thayer, Thomas, Thurston, Valley, Washington, Wayne, Webster, Wheeler and York 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** to enroll online

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

- From Oct. 1 to March 31, you can call us seven days a week, 8 a.m. to 9 p.m. Central time
- From April 1 to Sept. 30, you can call us Monday through Friday, 8 a.m. to 9 p.m. Central time

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.



## QUESTIONS? WE'RE HERE FOR YOU!

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

## Notice of Availability

**English:** ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-888-488-9850 (TTY: 711) or speak to your provider.

### Arabic:

العربية

كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. تنبيه: أو تحدث إلى مقدم الخدمة". (1-888-488-9850 (TTY: 711) اتصل على الرقم المعلومات بتنسيقات يمكن الوصول إليها مجاناً.

### Farsi:

فارسي

همچنین کمک‌ها و اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. توجه: با شماره خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.-(1-888-488-9850 (TTY: 711) تله‌تایپ:

**French :** ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-888-488-9850 (TTY : 711) ou parlez à votre fournisseur.

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-888-488-9850 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

**Japanese:** 注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-888-488-9850(TTY:711)までお電話ください。または、ご利用の事業者にご相談ください。

**Karen:** ဆူ- နမ့်ကတိၤ ထၢန့ၣ်လီၤဖဲအံၤ အသိ, တၢ်အိၣ်ဒီး ကျိၣ်တၢ်ဆိၣ်ထွဲမၤစၢၤ လၢတလၢ် ဘျုၣ်လၢ်စ့ၤလၢန့ၣ်လီၤ. တၢ်အိၣ်ဒီး တၢ်မၤစၢၤတၢ်န့ၣ်ဟူၤပီးလီၤဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအ ကြးအဘျုး လၢကဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢ်မၤန့ၣ်အိၣ်သ့တဖၣ် လၢတလၢ်ဘျုၣ်လၢ်စ့ၤ လၢန့ၣ်လီၤ. ကိး 1-888-488-9850 (TTY: 711) မ့တမ့ၢ်ကတိၤတၢ်ဒီး နပုၤလၢဟ့ၣ် နတၢ်ကွၢ်ထွဲမၤစၢၤတက့ၢ်.

**Korean:** 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-888-488-9850 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

**Laos:** ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ



ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-888-488-9850 (TTY:711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

**Nepali:** सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-888-488-9850 (TTY:711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

**Polish:** UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-888-488-9850 (TTY:711) lub porozmawiaj ze swoim dostawcą

**Russian:** ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-888-488-9850 (TTY:711) или обратитесь к своему поставщику услуг.

**Spanish:** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-888-488-9850 (TTY:711) o hable con su proveedor.

**Chinese (Traditional):** 注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-888-488-9850 (TTY:711) 或與您的提供者討論。

**Ukrainian:** УВАГА: Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-888-488-9850 (TTY:711) або зверніться до свого постачальника».

**Vietnamese:** LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-488-9850 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.”

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Blue Cross and Blue Shield of Nebraska is an independent licensee of the Blue Cross Blue Shield Association.



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## Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **888-488-9850** from 8 a.m. to 9 p.m. Central time, seven days a week from Oct. 1 through March 31; 8 a.m. to 9 p.m. Central time, Monday through Friday from April 1 through Sept. 30. TTY users should call 711.

### Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **NebraskaBlue.com/MA** or call **844-899-6060** to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

### Understanding Important Rules

- ☐ In addition to your monthly plan premium, if you have one, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/coinsurance may change on January 1, 2026.
- ☐ **For HMO Plans only:** Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ **For PPO Plans only:** Our plans allow you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- ☐ If you are currently enrolled in a Medicare Advantage (MA) plan, your coverage will end when your coverage with Blue Cross Blue Shield of Nebraska starts. If you have other healthcare coverage, your current coverage may be affected by this enrollment.

Blue Cross and Blue Shield of Nebraska is an independent licensee of the Blue Cross Blue Shield Association.



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# Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services (CMS) requires agents to document the scope of a marketing appointment at least 48 hours prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or his/her authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative. **Refer to page 2 for product type descriptions.**

Agents must be licensed, contracted and certified, where applicable, to sell each of the plans listed below:

Please **INITIAL BELOW** in the box beside the type of product(s) you want the agent to discuss:

	Medicare Prescription Drug Plan (PDP)		Ancillary Products
	Medicare Advantage Plan(s)		Medicare Supplement (Medigap) Products

## Beneficiary or Authorized Representative

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare Plan. They do not work directly for the federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current or future enrollment nor will it automatically enroll you in a Medicare plan or any plans discussed.

Beneficiary or authorized representative signature and signature date:

Beneficiary Printed Name

Beneficiary Date of Birth (Optional)

Beneficiary Signature

Date

If you are the **authorized representative**, please sign above and print your name and relationship to the beneficiary

Agent Signature

Date

## To be completed by Agent:

Agent Name	Agent Phone
Beneficiary Address	Beneficiary Phone
Initial Method of Contact (indicate if beneficiary walked in) <b>Required</b>	
Date Appointment Completed <b>Required</b>	Plans the agent represented during this meeting

# Medicare Plan Descriptions

## Stand-Alone Medicare Prescription Drug Plans (Part D)

Medicare Prescription Drug Plan (PDP): A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service plans and Medicare Medical Savings Account Plans.

## Medicare Advantage Plans (Part C)

A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage.

Preferred Provider Organization (PPO): Require you to use doctors and hospitals in the plan's provider network in order to get the most out of your benefits. Referrals are not needed to see a doctor, specialist or out-of-network provider; however, you will likely have to pay more out of pocket.

Health Maintenance Organization (HMO): HMO plans have a network of doctors and hospitals. Many HMO plans are now open access, where you do not have a primary care physician requirement and may not require a referral to see a specialist. In most HMOs, you can only get care from doctors or hospitals that are in the network (except in emergencies).

## Dental/Vision Products

Health Insurance plans offering additional benefits<sup>4</sup> for consumers who are looking to cover needs for dental or other ancillary products. These plans are not affiliated or connected to Medicare.

## Medicare Supplement (Medigap) Products

Health insurance plans offering a supplemental policy to fill "gaps" in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.

Agents are required to submit a Scope of Appointment form with each Medicare Advantage Plan or Medicare Prescription Drug enrollment application. Scope of Appointment documentation is subject to CMS record retention requirements.

*Out-of-network/non-contracted providers are under no obligation to treat Blue Cross and Blue Shield of Nebraska Medicare Advantage 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.*

## How to enroll in Blue Cross and Blue Shield of Nebraska Medicare Advantage

### **Who can use this form?**

People with Medicare who want to join a Medicare Advantage Plan

#### **To join a plan, you must:**

- Be a United States citizen or be lawfully present in the U.S.
  - Live in the plan's service area
- Important:** To join a Medicare Advantage Plan, you must also have both: Medicare Part A (Hospital Insurance)  
Medicare Part B (Medical Insurance)

### **When do I use this form?**

You can join a plan:

- Between Oct. 15 and Dec. 7 each year (for coverage starting Jan. 1)
- Within three months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

### **What do I need to complete this form?**

- Your Medicare number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

**Note:** You must complete all items in Section 1. The items in Section 2 are optional - you can't be denied coverage because you don't fill them out.

#### **Reminders:**

- If you want to join a plan during fall open enrollment (Oct. 15-Dec. 7), the plan must get your completed form by Dec. 7.

- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

### **What happens next?**

Send your completed and signed form to:  
Blue Cross and Blue Shield of Nebraska  
PO Box 3248

Omaha, NE 68172

Once they process your request to join, they'll contact you.

### **How do I get help with this form?**

Call Blue Cross and Blue Shield of Nebraska at **844-899-6060**. TTY users can call **711**.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

**En español:** Llame a Blue Cross and Blue Shield of Nebraska al 844-899-6060/711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

### **Individuals experiencing homelessness**

- If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**IMPORTANT** Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

By providing your telephone numbers, you agree that we, along with our affiliates and/or vendors, may call or text any phone numbers you give us, including a wireless number, using an automatic telephone dialing system and/or a prerecorded message. Without limit, these calls may be about treatment options, other health-related benefits and services, enrollment, payment, or billing.





2026 INDIVIDUAL  
ENROLLMENT FORM  
Medical Coverage  
(Coverage Effective 2026)

Office Use Only:

Please contact Blue Cross and Blue Shield of Nebraska Medicare Advantage at **844-899-6060**, (TTY users should call 711) if you need information in an accessible format or language. We are open 8 a.m. to 9 p.m. CST, seven days a week from Oct. 1 through March 31; 8 a.m. to 9 p.m. CST, Monday-Friday from April 1 through Sept. 30.

**To enroll in Blue Cross and Blue Shield of Nebraska Medicare Advantage**

**please provide the following information.**

**Sec. 1**

**All fields on this page are required (unless marked optional)**

Blue Cross and Blue Shield of Nebraska Medicare Advantage is available in the following counties: Adams, Antelope, Arthur, Blaine, Boone, Buffalo, Burt, Butler, Cass, Cedar, Chase, Clay, Colfax, Cuming, Custer, Dawson, Deuel, Dodge, Douglas, Dundy, Fillmore, Franklin, Frontier, Furnas, Gage, Garden, Garfield, Gosper, Grant, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Hooker, Howard, Jefferson, Johnson, Kearney, Keith, Knox, Lancaster, Lincoln, Logan, Loup, Madison, McPherson, Merrick, Nance, Nemaha, Nuckolls, Otoe, Pawnee, Perkins, Phelps, Pierce, Platte, Polk, Red Willow, Saline, Sarpy, Saunders, Seward, Sherman, Stanton, Thayer, Thomas, Thurston, Valley, Washington, Wayne, Webster, Wheeler, York

Please check which plan you want to enroll in:

- ☐ Option 1 - Blue Cross Blue Shield Nebraska MA Core (HMO) - \$0 monthly premium
- ☐ Option 2 - Blue Cross Blue Shield Nebraska MA Access (PPO) - \$30 monthly premium
- ☐ Option 3 - Blue Cross Blue Shield Nebraska MA Connect (PPO) - \$0 monthly premium
- ☐ Option 4 - Blue Cross Blue Shield Nebraska MA Secure (PPO) - \$91 monthly premium

FIRST name	LAST name	Optional: Middle initial
Birth Date (MM/DD/YYYY)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone number

Optional: Email Address

Permanent residence street address (Do not enter a PO Box)  
Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address

City	Optional: County	State	ZIP code
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**Mailing address - if different from your permanent address - PO Box allowed**

Street address

City	State	ZIP code
------	-------	----------

**Your Medicare information:**

Medicare number: \_\_\_\_\_

**Your Medicare information:**

Some individuals may have other medical or drug coverage, including other private insurance, TRICARE, Federal Employee Health Benefits coverage, VA benefits, or state pharmaceutical assistance programs.

Will you have other **prescription drug coverage** (like VA, TRICARE) in addition to a Blue Cross and Blue Shield of Nebraska Medicare Advantage Plan? ☐ Yes ☐ No

Name of other coverage:	Member number for this coverage:	Group number for this coverage:
_____	_____	_____

**Special Enrollment Periods: Please check the box that applies to you.**

Typically, you may enroll in a Medicare Advantage Plan only during the annual enrollment period from Oct. 15 through Dec. 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage Plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I am new to Medicare.
- ☐ I am enrolled in a Medicare Advantage Plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date) \_\_\_\_\_.
- ☐ I recently was released from incarceration. I was released on (insert date) \_\_\_\_\_.
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) \_\_\_\_\_.
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date) \_\_\_\_\_.
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) \_\_\_\_\_.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) \_\_\_\_\_.
- ☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- ☐ I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/ will move into/out of the facility on (insert date) \_\_\_\_\_.
- ☐ I recently left a PACE program on (insert date) \_\_\_\_\_.
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) \_\_\_\_\_.
- ☐ I am leaving employer or union coverage on (insert date) \_\_\_\_\_.
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) \_\_\_\_\_.
- ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) \_\_\_\_\_.
- ☐ I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the natural disaster.
- ☐ I requested Medicare information in an accessible format. I got less time to make my decision, or I didn't get it in time to make a choice before my enrollment period ended.
- ☐ Other.

If none of these statements applies to you or you're not sure, please contact Blue Cross and Blue Shield of Nebraska at 888-488-9850 (TTY users should call 711) to see if you are eligible to enroll. We are open 8 a.m. to 9 p.m. CST, seven days a week from Oct. 1 through Mar. 31; 8 a.m. to 9 p.m. CT, Monday-Friday from Apr. 1 through Sep. 30.

**IMPORTANT: Read and sign below:**

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Blue Cross and Blue Shield of Nebraska Medicare Advantage.
- By joining this Medicare Advantage Plan, I acknowledge that Blue Cross and Blue Shield of Nebraska will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA plan at a time - and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- I understand that when my Blue Cross and Blue Shield of Nebraska coverage begins, I must get all of my medical and prescription drug benefits from Blue Cross and Blue Shield of Nebraska. Benefits and services provided by Blue Cross and Blue Shield of Nebraska and contained in my Blue Cross and Blue Shield of Nebraska "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Blue Cross and Blue Shield of Nebraska will pay for benefits or services that are not covered.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that: 1) This person is authorized under State law to complete this enrollment, and 2) Documentation of this authority is available upon request by Medicare.

Signature

Today's date

*If you are the authorized representative of the enrollee (not agent/broker), sign above and fill out these fields:*

Name

Phone number

Address

City

State

ZIP Code

Relationship to enrollee

**Sec. 2****All fields on this page are optional****Answering these questions is your choice. You can't be denied coverage because you don't fill them out.**

Select one if you want us to send you information in an accessible format.

☐ Braille ☐ Large print ☐ Audio CD

Please contact Blue Cross and Blue Shield of Nebraska at 888-488-9850 if you need information in an accessible format or another language. Our office hours are 8 a.m. to 9 p.m. CST, seven days a week from Oct. 1 through March 31; 8 a.m. to 9 p.m. CST, Monday-Friday from April 1 through Sept. 30. TTY users can call 711.

Do you work? ☐ Yes ☐ No Does your spouse work? ☐ Yes ☐ No**List your primary care physician (PCP) if you have one, clinic, or health care center.**

Regular doctor: \_\_\_\_\_

Does the member wish to receive materials electronically (Online)? ☐ Yes ☐ No ☐ No Answer

Member email address: \_\_\_\_\_

**If you are currently enrolled in a Blue Cross and Blue Shield of Nebraska Medicare Supplement plan, by signing this application and enrolling in a Medicare Advantage plan, your Blue Cross and Blue Shield of Nebraska Medicare Supplement plan will be automatically canceled.** For all other carriers, please contact your Medicare supplement plan to disenroll. If you need information in an accessible format or language, please contact Blue Cross and Blue Shield of Nebraska Medicare Advantage at **844-899-6060** (TTY users should call 711) if you need information in an accessible format or language. We are open 8 a.m. to 9 p.m. CST, seven days a week from Oct. 1 through March 31; 8 a.m. to 9 p.m. CST, Monday-Friday from April 1 through Sept. 30.

Part A effective date: \_\_\_\_\_

Part B effective date: \_\_\_\_\_

Requested Coverage Effective Date (pending CMS approval): \_\_\_\_\_

## Paying your plan premium

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail or an automatic withdrawal from your bank account each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month. If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium.** The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DON'T pay Blue Cross and Blue Shield of Nebraska the Part D-IRMAA.

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we'll bill you for the amount that Medicare doesn't cover.

For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at [ssa.gov/medicare/part-d-extra-help](https://ssa.gov/medicare/part-d-extra-help)

If you don't select a payment option, you'll get a bill each month. We encourage you to choose automatic deductions so you don't have to receive a monthly statement or write a check.

You should know that Social Security LIMITS the automatic deduction amount allowed from your benefit check. If you select a plan with a monthly premium over the Social Security limit, the premium can't be taken out of your Social Security check. Instead you must pay your premium directly to us, including any unpaid premiums. Please understand that it may take up to three months for SSA deductions to start. Any unpaid premiums will be billed directly to you.

☐ Automatic withdrawal from your bank account each month.

Please allow up to 60 days to process your request. Please pay any premium bill you may receive while your request is processing.

Future monthly premiums will be automatically withdrawn from your specified account on the first day of each month or next business day.

Please enclose a VOIDED check or provide the following:

Account holder name: \_\_\_\_\_

Bank routing number: \_\_\_\_\_

(first set of numbers located on left side of check)

Bank account number: \_\_\_\_\_

(second set of numbers located in the center of check)

Account type: ☐ Checking ☐ Savings

☐ Get a monthly bill.

☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check. I get monthly benefits from:

☐ Social Security ☐ RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)



**For Individuals helping enrollee with completing this form only (applicants do not complete this section)**

**Note to producing agents:** paper enrollment forms must be keyed into **NebraskaBlue.com/AccessMedicare** within 24 hours of accepting the paper enrollment form.

Date producing agent accepted paper enrollment from Medicare Eligible applicate: \_\_\_\_\_

Print name of producing agent: \_\_\_\_\_  
FIRST name LAST name

Signature of producing agent: \_\_\_\_\_

Email of producing agent: \_\_\_\_\_

Agent number: 

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Agent tax ID: 

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***This section to be completed by an individual other than the agent:***

I helped the applicant by partially or completely filling out the paper enrollment form on behalf of the applicant: ☐ Yes ☐ No

Name of person entering enrollment  
information online (print first/last name): \_\_\_\_\_  
FIRST name LAST name

**PRIVACY ACT STATEMENT**

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

# GLOSSARY

**Annual Enrollment Period** – The Annual Enrollment Period (AEP) is for individuals on Medicare who have not yet joined a plan or 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 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 initial coverage limit of your prescription drug plan and before they reach the maximum 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 three months before the month you turn 65, includes the month you turn 65, and ends three months after the month you turn 65.



## QUESTIONS? WE'RE HERE FOR YOU!

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



**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.

**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 (Jan. 1 - March 31) where individuals have an additional three months when they can make one switch from their current Medicare Advantage plan to another Medicare Advantage plan or back to Original Medicare.

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

**Pharmacy Network** – 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.

**Preferred Provider Organization or PPO** – A PPO allows you to visit any health provider you'd like. You often pay more to see doctors outside the preferred provider network. Referrals aren't usually necessary to see specialists.

**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.





## OTHER IMPORTANT INFORMATION

Blue Cross and Blue Shield of Nebraska is an HMO and PPO plan with a Medicare contract. Enrollment in a Blue Cross and Blue Shield of Nebraska Medicare Advantage plan depends on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat Plan 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.

This information is not a complete description of benefits. Call **844-899-6060 (TTY 711)** for more information.

With a Medicare Advantage plan from Blue Cross and Blue Shield of Nebraska, you will have access to a network of providers. To find a doctor, specialist or location, visit [NebraskaBlue.com/MedicareProviders](https://NebraskaBlue.com/MedicareProviders).

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

For more information about our plans, call toll-free **844-899-6060 (TTY 711)**, email **[GetStarted@NebraskaBlue.com](mailto:GetStarted@NebraskaBlue.com)** or visit **[Medicare.NebraskaBlue.com](https://Medicare.NebraskaBlue.com)**.





## Is a BCBSNE Medicare Advantage plan right plan for you?

**Find out for yourself.**

### Visit us in person

**Blue Cross Centre**

1919 Aksarben Drive  
Omaha, NE 68106

### Give us a call

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

- From Oct. 1 to March 31, you can call us seven days a week, 8 a.m. to 9 p.m. Central time
- From April 1 to Sept. 30, you can call us Monday through Friday, 8 a.m. to 9 p.m. Central time
- Arrange a personal consultation with a local BCBSNE agent.

### Visit us online

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



**BlueCross BlueShield**  
Nebraska

An independent licensee of the Blue Cross Blue Shield Association  
92-220 (09-24-25)