



# YOUR MEDICARE COVERAGE OPTIONS

Offering a range of affordable plans to meet your health care needs, now and in the future.

Medicare **Advantage**

Medicare **Supplement**

Medicare**Blue Rx**

Dental**Essentials**

Additional options:

- Accident
  - Critical Illness
  - Hospital Recovery
- offered through LifeSecure



# THE NAME YOU'VE ALWAYS KNOWN AND TRUSTED.

Blue Cross and Blue Shield of Nebraska (BCBSNE) has been serving the health insurance needs of Nebraskans for over 80 years. We help ensure access to the doctors you trust, coverage for the care you need and support from a team that's right here in Nebraska. We have Medicare options to fit your life and we'll always be here for you when you need us.



## HERE FOR YOU

**Providing peace of mind with affordable health care coverage and personalized service.**

When it comes to your health care, you don't have to settle for less than the coverage that's right for you. That's why BCBSNE has options to fit your needs now and in the future.

Count on us to provide the guidance you need to make an informed decision about your health care coverage. This brochure offers an overview of the medical plans available to you from BCBSNE so you can review and compare your options. You'll also find information about MedicareBlue Rx, DentalEssentials plans and LifeSecure insurance plans to provide additional coverage when you need it most.

### WHAT'S INSIDE

- Pages 4-9** Medicare Advantage plans
- Pages 10-12** Medicare Supplement plans
- Pages 13** MedicareBlue Rx
- Page 14** Important dates
- Pages 15-16** DentalEssentials
- Pages 17** Accident, Critical Illness and Hospital Recovery Insurance plans  
*(underwritten by LifeSecure Insurance Company)*
- Pages 18-19** Glossary



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

**Contact your local agent or call 844-671-2054 (TTY 711).** When you call this number, you'll reach a BCBSNE licensed salesperson who will assist you with answering any plan questions you may have.



# MEDICARE ADVANTAGE INSURANCE PLANS

Find comfort knowing you get  
the benefits you deserve.

Our Medicare Advantage insurance plans are available in most counties in Nebraska.\* With one of these plans, you will enjoy all the coverage of Medicare Parts A and B — plus prescription drug benefits — all in one convenient plan.

## PPO and HMO options available in 68 counties

You may choose from our three plan options: **Medicare Advantage Core (HMO)**, **Medicare Advantage Access (PPO)** and **Medicare Advantage Choice (HMO-POS)**. With these plans, you'll have predictable, easy-to-budget costs for doctor's 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 is best suited to your needs.

Medicare Advantage plans from BCBSNE include:

- Prescription drug coverage, including mail-order benefits, with \$0 generic options
- Over-the-counter (OTC) allowance
- Dental coverage, including an increased reimbursement amount
- Vision and hearing coverage
- Nurse line and telehealth services
- Benefits for when you travel

\*See the list of counties on page 5.

## All-in-one coverage

Medicare Advantage insurance is designed to be the only health care plan you need. No matter which Medicare Advantage plan you choose from BCBSNE, you get coverage for a range of health care services — including doctor visits, hospital care *and* prescription drug coverage — all in one plan.

## Giving you confidence in your health care coverage

You deserve the security of knowing you can get the care you need, whenever you need it. With our Medicare Advantage plans, you get personalized health care services, all coordinated through a primary care physician that you choose from our extensive network of providers. Referrals are not required to see a specialist.

## A variety of benefits beyond Original Medicare

To help lower your out-of-pocket costs even more, our Medicare Advantage plans include coverage for routine eye and hearing exams. Plus, reimbursement for dental costs from any dentist you choose. These OTC benefits provide a quarterly allowance for common items such as hand sanitizer, vitamins, pain relievers, cold remedies and more.

## Helping you now and in the future

Our Medicare plans provide coverage for important preventive care — including immunizations, flu shots and more. Our plans also offer benefits for an annual physical.

## Stay fit with SilverSneakers®

This fitness program helps you take greater control of your health through an innovative and fun blend of exercise, healthy lifestyle and social activities. You'll have access to the amenities of a basic fitness club membership, as well as SilverSneakers classes designed for older adults — all at **no additional cost** to you!

\*The availability for Blue Cross and Blue Shield of Nebraska Medicare Advantage Core HMO plans have been divided into Metro/Central regional areas.

The Core HMO Metro region includes Cass, Dodge, Lancaster, Otoe, Sarpy, Saunders and Washington counties.

The Core HMO Central region includes Adams, Antelope, Arthur, Blaine, Buffalo, Burt, Butler, Chase, Clay, Colfax, Cuming, Customer, Dawson, Fillmore, Franklin, Frontier, Furnas, Gage, Garfield, Gosper, Grant, Greely, Hall, Hamilton, Harlan, Hayes, Hitchcock, Hooker, Howard, Jefferson, Johnson, Kearney, Keith, Knox, Lincoln, Logan, Madison, McPherson, Merrick, Nance, Nemaha, Nuckolls, Pawnee, Perkins, Phelps, Pierce, Platte, Polk, Saline, Seward, Sherman, Stanton, Thayer, Thomas, Valley, Wayne, Webster, Wheeler and York counties.

Choice HMO-POS plans are available in Burt, Butler, Cass, Colfax, Cuming, Dodge, Douglas, Gage, Lancaster, Otoe, Saline, Sarpy, Saunders, Seward and Washington counties.

Access PPO plans are available in all 68 counties listed above.

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# MEDICARE ADVANTAGE PLANS

Choice of three plan options – including \$0 premium

Benefit	Medicare Advantage Core (HMO) Metro/Central	Medicare Advantage Access (PPO)	Medicare Advantage Choice (HMO-POS)
When in-and out-of-network costs are applicable, costs are listed as follows: In-network/Out-of-network			
Monthly premium	\$0	\$26	\$44
Maximum out-of-pocket limit	\$6,250	\$4,500 / \$6,900	\$5,700 / \$6,700
Primary care doctor visits*	\$10/\$5	\$5 / \$15	\$10
Referrals required	No	No	No
Specialist office visit copay	\$45	\$30 / \$40	\$40
Urgent care copay	\$65	\$65	\$65
Inpatient hospital stay copay	\$420 per day for days 1-4 \$0 per day for days 5+	\$420 per day for days 1-4 \$0 per day for days 5+	\$380 copay for days 1-4 \$0 per day for days 5+
Outpatient hospital surgery	\$300 per day	\$200 per day	\$200 per day
Emergency care copay	\$90	\$90	\$90
Dental benefit*	\$650/\$900 annual maximum reimbursement	\$1,350 annual maximum reimbursement	\$700 annual maximum reimbursement
Routine eye exam	\$10	\$0 / 40% coinsurance	\$0
Routine hearing exam	\$10	\$0	\$0
Over-the-counter allowance	\$25 per quarter	\$50 per quarter	\$25 per quarter
Travel coverage	Yes	Yes	Yes
Fitness benefit	SilverSneakers	SilverSneakers	SilverSneakers

\*Blue Cross and Blue Shield of Nebraska Medicare Advantage Core HMO plans have been divided into Metro/Central regional areas. This applies to primary care visit costs and dental benefit reimbursements.

For a full list of counties available in each regional service area, see page 5.

# PRESCRIPTION DRUG COVERAGE

Options included with your Medicare Advantage plan



## \$0 CORE HMO PLAN

Medicare Advantage Core HMO				
Drug Tiers	Rx deductible	Copayment/Coinsurance		
		30-day supply: Preferred pharmacy	30-day supply: Standard pharmacy	90-day supply: Mail order
<b>TIER 1</b> (Preferred generic)	\$0	\$3	\$14	\$0
<b>TIER 2</b> (Generic)	\$0	\$8	\$18	\$0
<b>TIER 3</b> (Preferred brand)	\$250	\$37	\$47	\$111
<b>TIER 4</b> (Non-preferred brand)		\$100	\$100	\$300
<b>TIER 5</b> (Specialty tier)		28%	28%	N/A

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

Core HMO prescription drug plans are available in the Metro eight counties and 60 Central regional counties.



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

For more information on our Medicare Advantage Insurance plans, call **844-671-2054 (TTY 711)** or **contact your local agent.**

# PRESCRIPTION DRUG COVERAGE

Options included with your Medicare Advantage plan

## \$26 ACCESS PPO PLAN

Medicare Advantage Access PPO				
Drug Tiers	Rx deductible	Copayment/Coinsurance		
		30-day supply: Preferred pharmacy	30-day supply: Standard pharmacy	90-day supply: Mail order
<b>TIER 1</b> (Preferred generic)	\$0	\$0	\$12	\$0
<b>TIER 2</b> (Generic)	\$0	\$8	\$18	\$0
<b>TIER 3</b> (Preferred brand)	\$100	\$37	\$47	\$111
<b>TIER 4</b> (Non-preferred brand)		\$100	\$100	\$300
<b>TIER 5</b> (Specialty tier)		31%	31%	N/A

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

Rates applicable in all 68 counties for Access PPO prescription drug coverage.

## \$44 CHOICE HMO-POS PLAN

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

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

Rates applicable in 15 counties for Choice HMO-POS prescription drug coverage.







# MEDICARE SUPPLEMENT INSURANCE PLANS

**Providing affordable rates, personalized service and peace of mind.**

For traditional coverage that picks up where Medicare leaves off, choose one of our Medicare Supplement insurance plans. These plans help pay the deductibles, copayments and coinsurance you would normally have to pay yourself.

## **Choose from a variety of plans**

Blue Cross and Blue Shield of Nebraska offers standardized Medicare Supplement Plans A, B, C, F, G, L and N.\* Each of our plans provides a different level of coverage to meet your unique needs and budget, giving you the ability to easily bundle with your dental and prescription drug coverage plans. (See the enclosed Medicare Supplement Benefit sheet for a comparison of plan options.)

## **Freedom to choose your doctor**

With our Medicare Supplement plans, you are free to see any Medicare-participating doctor or hospital. You do not have to designate a primary care physician to receive benefits, and referrals are not required to see a specialist.

## **Household premium discount**

You are eligible for a household premium discount if you currently have a person residing in your home (but no more than three people, age 60 or older), who is: a) your legal spouse; or b) a person at least 18 years of age with whom you have resided continuously for the last 12 months. The policy's household premium discount will be removed if the other adult or spouse no longer resides with you (other than in the case of their death).

\*Plans C and F are only available to those who were Medicare eligible prior to Jan. 1, 2020.

## Value-added extras for greater peace of mind

Our Medicare Supplement insurance offers members access to

- Blue365<sup>®</sup>, exclusive member discounts on fitness, nutrition, hearing and vision products, travel and more.
- Identity protection and credit monitoring to help you resolve identity theft issues and protect your good name.

For specific benefit information about Medicare Supplement plans, see the benefit chart on page 12.

Blue Cross and Blue Shield of Nebraska is not connected with or endorsed by the United States government or the federal Medicare program. This is a solicitation for insurance and an agent may contact you.

MedicareBlue<sup>®</sup> Rx (PDP) is a prescription drug plan with a Medicare contract. Enrollment in MedicareBlue Rx depends on contract renewal.

These value-added programs are not insurance, and may be discontinued at any time.



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

For more information on our Medicare Supplement Insurance plans, call **844-671-2054 (TTY 711)** or **contact your local agent.**

The Blue365 program is brought to you by the Blue Cross and Blue Shield Association.

# MEDICARE SUPPLEMENT

Providing affordable rates, personalized service and peace of mind in your coverage.

First eligible for Medicare before 2021.

Benefits Medicare does NOT pay	Plan A pays	Plan B pays	Plan G pays	Plan L pays	Plan N pays	Plan C pays	Plan F pays
<b>Part A Hospital Services</b>							
Medicare Part A coinsurance and hospital costs	✓	✓	✓	✓	✓	✓	✓
Additional days of hospitalization (up to 365 after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	75%	✓	✓	✓
Skilled nursing facility care coinsurance			✓	75%	✓	✓	✓
Medicare Part A deductible		✓	✓	75%	✓	✓	✓
<b>Part B Physician Care and Medical Services</b>							
Medicare Part B coinsurance or copayment	✓	✓	✓	75%	✓	✓	✓
Medicare Part B deductible						✓	✓
Medicare Part B excess charges			✓				✓
<b>Valuable Extras</b>							
Blood (first 3 pints)	✓	✓	✓	75%	✓	✓	✓
Emergency care received in a foreign country			80%		80%	80%	80%
Out-of-pocket limit				\$2,940			

# MEDICAREBLUE<sup>®</sup> RX DRUG COVERAGE

Original Medicare will help cover hospital and medical expenses, but when it comes to prescription drugs, you may need additional coverage. MedicareBlue Rx provides prescription drug coverage for the drugs you take today and can protect you from unexpected costs for drugs you may need to take in the future. We offer two prescription drug plan options: a Standard option and a Premier option.

Benefits		Standard	Premier	
Monthly premium		\$66	\$105	
Initial coverage		\$4,130	\$4,130	
Coverage gap	25% for all other generic drugs 25% on some brand (drugs based on CMS agreement with drug manufacturers)	<b>Preferred pharmacy</b>		<b>Standard pharmacy</b>
		\$0 copay -Tier 1 preferred generic \$0 copay -Tier 2 generic		\$15 copay -Tier 1 preferred generic \$20 copay -Tier 2 generic
		25% for all other generic 25% on some brand (based on CMS agreement with drug manufacturers)		
*Catastrophic coverage	Amount you pay after paying \$6,550 out of pocket for covered drugs. The greater of \$3.70 copay for generic drugs and \$9.20 copay for all other covered drugs OR 5% coinsurance.			
*Catastrophic coverage: amount you pay for a 30-day supply after you have paid \$6,350 in out-of-pocket prescription drug costs.				

Plan	Standard			Premier		
	Deductible	Preferred	Standard	Deductible	Preferred	Standard
<b>PHARMACY</b>						
<b>TIER 1</b> (Preferred generic)	\$0	\$1	\$10	\$0	\$0	\$15
<b>TIER 2</b> (Generic)		\$7	\$15		\$0	\$20
<b>TIER 3</b> (Preferred brand)	\$445	\$29	\$46		17%	25%
<b>TIER 4</b> (Non-preferred)		31%	36%		40%	45%
<b>TIER 5</b> (Specialty tier)		25%	25%		33%	33%

MedicareBlue<sup>®</sup> Rx (PDP) is a prescription drug plan with a Medicare contract. Enrollment in MedicareBlue Rx depends on contract renewal.



## IMPORTANT DATES

### For Nebraskans on Medicare Supplement or Medicare Advantage

#### Initial Coverage Election Period (ICEP)

The period during which an individual is newly eligible for a Medicare 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.

#### Annual Election Period (AEP): Oct. 15 – Dec. 7

The 2021 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 starting Jan. 1. The AEP applies to Medicare Advantage or Medicare prescription drug coverage only.

#### Open Enrollment Period (OEP): Jan. 1 – March 31

After the Annual Election Period, individuals enrolled in a Medicare Advantage (MA) plan will have an additional three months where you can switch to another MA plan or return to Original Medicare coverage. For more information, please speak with an agent.



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

For more information on our Medicare Supplement Insurance plans, call **844-671-2054 (TTY 711)** or **contact your local agent.**



# DENTAL ESSENTIALS

## Affordable coverage for the high cost of dental care

Regular dental care is an important part of an overall healthy lifestyle. Many Americans, however, lack dental coverage and must pay for visits to the dentist on their own or put off getting the care they need.

BCBSNE has an affordable solution. With our DentalEssentials options, you can select a plan that best meets your coverage needs and your budget. You'll enjoy the convenience of having your medical and dental coverage from the same insurance provider.

### You may choose from three DentalEssentials options, each with three levels of coverage:

- **Preventive and Diagnostic Dentistry** — including two comprehensive and/or periodic oral examinations per calendar year with \$0 deductible for in-network providers
- **Maintenance and Simple Restorative Dentistry and Oral Surgery** — including simple and impacted extractions
- **Complex Restorative Dentistry, Periodontics and Endodontics** — from crowns to dentures to root canals and more

This document is a brief overview of DentalEssentials dental coverage. It is a general overview only and is not a contract. It does not provide all the details of the coverage including benefits, limitations and contract exclusions. In the event that there are discrepancies between this document and the contract, the terms and conditions of the contract will govern. For more information regarding benefits, limitations, exclusions and other provisions, refer to the product contract.



### Enjoy access to in-network dentists nationwide

Our provider network consists of multiple Blue Cross and Blue Shield Plans that, when combined, gives you access to a large PPO dental network. Participating dentists are located in Nebraska and throughout the nation.

With DentalEssentials, you can lower your out-of-pocket costs whenever you use dentists in our network. These providers have agreed to accept our benefit payment for covered services as payment in full — except for any deductible or coinsurance amounts and charges for non-covered services, which are the member's responsibility. That means our network of providers, under the terms of their contract with us, can't bill you for amounts over our benefit allowance. However, out-of-network providers can bill patients for amounts that exceed of the benefit allowance.

Find dental network providers in Nebraska and anywhere in the U.S. at **[NebraskaBlue.com/Find-A-Doctor](https://www.NebraskaBlue.com/Find-A-Doctor)**

**Even if you don't have health coverage with BCBSNE, you can purchase DentalEssentials coverage!**



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

For more information on our Medicare Supplement Insurance plans, call **844-671-2054 (TTY 711)** or **contact your local agent.**





## LIFESecure

Complement your BCBSNE plan and get cash benefits when you need them most.

### Critical Illness

When a critical illness strikes, you should be focused on your health, not your finances. Unfortunately, in too many cases, illness is only part of the battle. With Critical illness insurance, you can receive important financial support should you experience a heart attack, stroke, cancer or other serious illness.

### Hospital Recovery

Affordable insurance to help with costs following a hospital stay. Hospital Recovery Insurance provides cash benefits regardless of any other insurance you have. Once you leave the hospital, you shouldn't have to worry about unexpected financial setbacks.

### Personal Accident

If you suffer an accidental injury, Personal Accident Insurance can provide cash benefits to help protect your hard-earned savings. Pair this with your BCBSNE medical plan to extend your protection to help with those unexpected costs, so you can focus on healing.

Visit [NebraskaBlue.com/LifeSecure](https://NebraskaBlue.com/LifeSecure) for more information, to run a quote or apply for coverage.

**LifeSecure Insurance Company - Brighton, MI** underwrites and has sole financial responsibility for the Critical Illness, Hospital Recovery and Personal Accident Insurance products. These products have exclusions and limitations. LifeSecure is an independent company providing ancillary products for Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross and Blue Shield Association. This marketing piece is for illustrative purposes only and is not a contract. It is intended only to provide a general overview of our product and services. Please remember only the insurance policy can give actual coverage amounts, terms, and conditions. Refer also to the Outline of Coverage. This is an insurance solicitation.

# GLOSSARY

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

**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.

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

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

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

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

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

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

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

**Gap Coverage** – After your total prescription drug costs reach the \$4,020 initial coverage limit and before they reach \$6,350 in out-of-pocket costs.

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

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

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

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

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

Advantage plans offer prescription drug coverage. (Medicare Part D).

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

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

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

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

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

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

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

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

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



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

To learn more, call **844-671-2054 (TTY 711)** or **contact your local agent.**



## GET STARTED

For more information about our plans,

- ▶ Call **844-671-2054 (TTY 711)**
- ▶ Email **GetStarted@NebraskaBlue.com**
- ▶ Visit **Medicare.NebraskaBlue.com**

For Customer Service, please call **888-488-9850 (TTY 711)**, 8 a.m. to 9 p.m., CT, Monday through Friday from Apr. 1 through Sept. 30, with weekend hours added from Oct. 1 through Mar. 31.