2025 MEDICARE ADVANTAGE PLAN

CORE (HMO)

BlueCross BlueShield Nebraska

MEDICARE

THE NAME YOU KNOW AND TRUST.

Blue Cross and Blue Shield of Nebraska has been serving the health insurance needs of Nebraskans for 85 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'll always be here for you when you need us.

Medicare Advantage: A Smart Choice

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

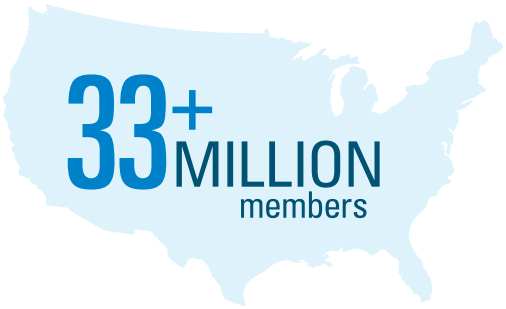
Why choose a BCBSNE Medicare Advantage plan vs. Original Medicare?

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

- $0 monthly premium
- $0 medical deductible
- $3,900 maximum out-of-pocket
- $0 24/7 Nurse Advice Line
- No deductible for all drug tiers
- Open access – referrals are not required to see a specialist
- Additional benefits such as dental, hearing, vision, OTC, telehealth services and travel benefits

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.

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**.

Convenient care that can save you money.

Preventive Care Coverage

All plans provide coverage for important preventive care including:

Preventive Benefits	• Bone density test • Glaucoma testing • Diabetes prevention program • Hepatitis C screening • Abdominal aortic aneurysm screening • Cardiovascular disease testing • Depressions screening • HIV/STI screenings • Medical nutrition therapy • Medicare Diabetes Prevention Program • Obesity screening
Immunizations	• COVID-19 • Flu • Pneumococcal • Hepatitis B
Annuall Wellness Visit	• Medicare will cover a one-time "Welcome to Medicare" routine exam within the first 12 months that you are enrolled in Part B coverage • Medicare-covered Annual Wellness Visit
Routine Exam	• Physical exam, one every calendar year
Health Screenings	• Mammograms • Prostate cancer screening • Colonoscopy • Pap smear

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 new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new 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 In-network
Premium	$0 monthly premium
Part B Premium Reduction	$1/month
Maximum out-of-pocket for Medicare-covered medical services	$3,900 annually
Medical deductible	No deductible
Referrals required	No
Office visits or telehealth: primary care	$0 copay
Office visits or telehealth: specialists	$35 copay
24/7 Nurse Advice Line	$0 copay
Dental	$1,950 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
Medicare-covered vision services	$35 copay for Medicare-covered exams $0 copay for Medicare-covered eyewear after each cataract surgery
Routine hearing from TruHearing 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 heading aid purchase
Medicare-covered hearing Hearing exam with a primary care provider Hearing exam with a specialist	$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 $125 copay $125 copay, $50,000 lifetime maximum
Outpatient ambulatory surgical center services Outpatient hospital services	$300 copay $350 copay
Ambulance services (ground and air)	$350 copay
Inpatient acute hospital care	$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 21-53: $186 copay per day Days 54-100: $0 copay
Durable medical equipment	20% coinsurance
Diabetic supplies and services	0%-20%; no cost-share for preferred brands
Preventive services (services include but are not limited to the list on page 6)	$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
Acupuncture services	$20 copay for Medicare-covered services
Over-the-Counter (OTC) benefit	$60 quarterly allowance; allowance balance does not roll over to next quarter

EyeMed and TruHearing are independent companies providing supplemental vision and hearing products for Blue Cross and Blue Shield of Nebraska.

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 as outlined in the charts below.

Drug Tiers	Rx Deductible	Copayment/Coinsurance	
		In-network Pharmacy 30-Day Supply:	Preferred Mail-Order 100-Day Supply:
TIER 1 (Preferred generic)[1]	$0	$4	$0
TIER 2 (Generic)		$14	$0
TIER 3 (Preferred brand)		$47	$131
TIER 4 (Non-preferred drug)		$100	$290
TIER 5 (Specialty)		33%	N/A
Initial coverage limit	You pay copays and coinsurance until your total yearly drug costs reach $2,000		
Catastrophic coverage	After paying $2,000, you pay $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.

[1] Includes coverage for generic Viagra (Sildenafil)

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 for eyeglasses or contact lenses. Our additional vision benefits through an EyeMed complements Original Medicare coverage by adding routine eye exams and an eyewear allowance every year.

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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.

- Basic: $395 copay
- Standard: $795 copay
- Advanced: $1,195 copay
- Premium: $1,595 copay

Hearing aid purchase includes:

- First year of follow-up provider visits
- 60-day trial period
- 3-year extended warranty
- 80 batteries per aid for non-rechargeable models

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.

- $20 copay for office visit
- $0 copay for annual set of routine X-rays

Over-the-Counter (OTC) Allowance

You qualify for $240/year to spend in our OTC Benefit Catalog. That's $60 every quarter. 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.

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.

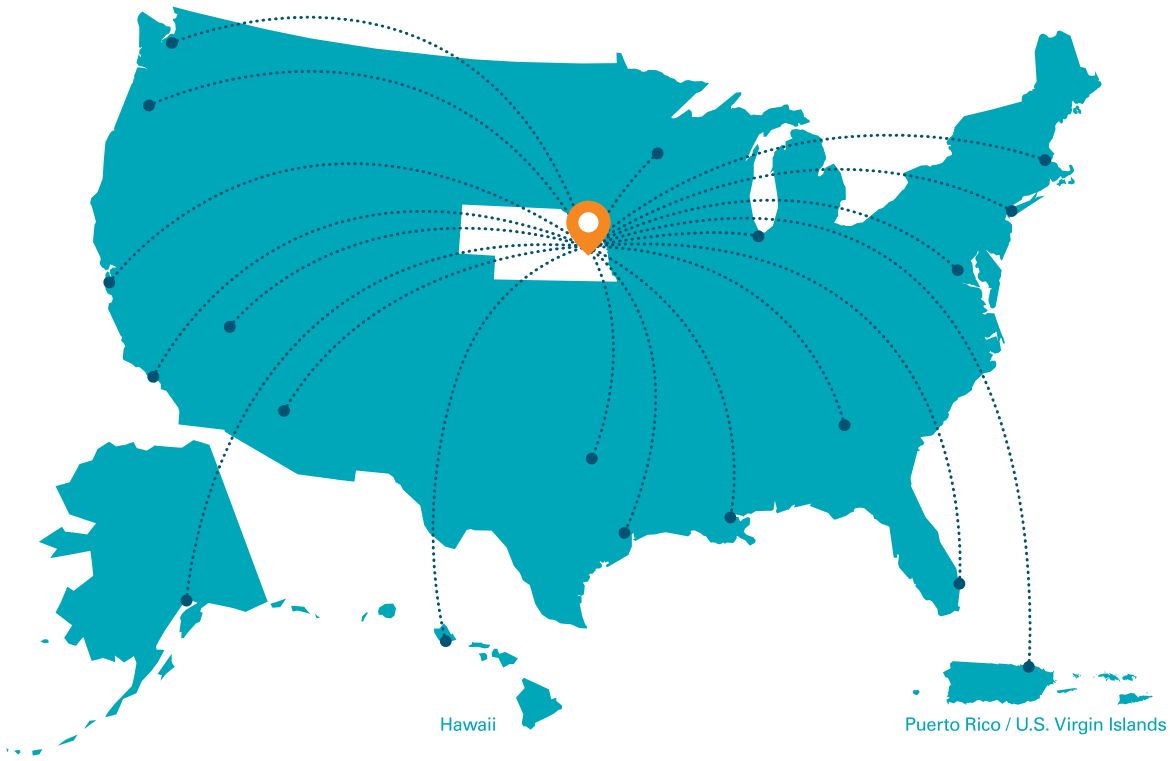
Worldwide emergency and urgent care coverage.

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.

TRAVEL BENEFITS

Nationwide coverage area



Robust travel coverage

Product	Travel within the NE service area	Travel outside of NE and inside the U.S.	Travel outside the U.S.
Core	In-network providers are covered with a $3,900 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 $3,900 maximum out of pocket	Emergency $125 copay Urgent care $125 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.

FitOn Health

FitOn Health gives members access to the best digital fitness and wellness content, fitness studios and gyms. The fitness benefit includes:

- Access to an extensive national network of 14,000+ gyms, studios and community facilities
- Widest variety of expert-led content on fitness, nutrition, mindfulness, sleep and more
- Intuitive condition-based courses and programs, targeted for you
- Encouraging social connectivity and challenges

GA Foods

At 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 members 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

Virta Type 2 Reversal Program

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.

FitOn, 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.

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.

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.

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.

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 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 plan with a Medicare contract. Enrollment in a Blue Cross and Blue Shield of Nebraska Medicare Advantage plan depends on contract renewal.

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.

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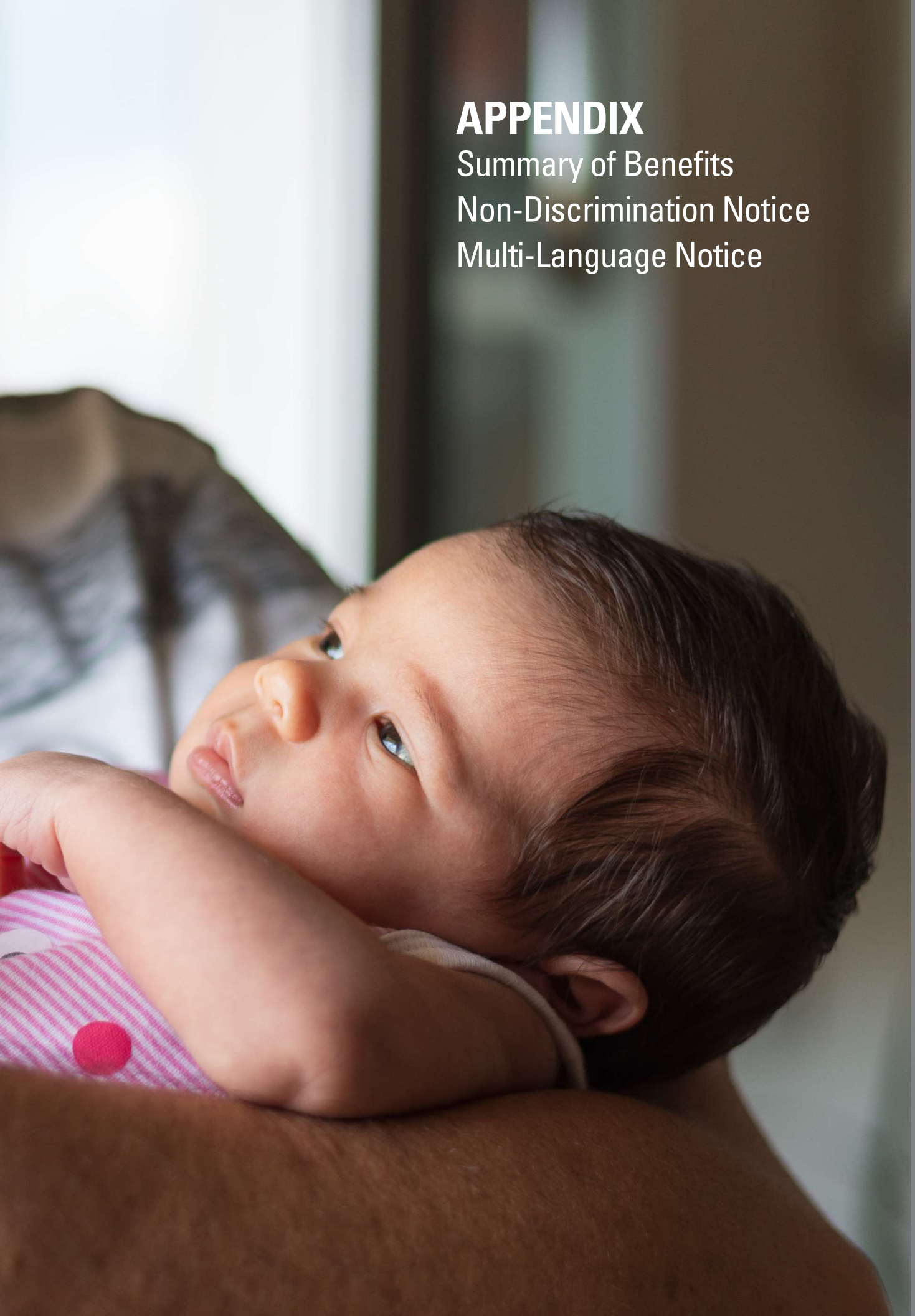

APPENDIX

Summary of Benefits
Non-Discrimination Notice
Multi-Language Notice

BlueCross BlueShield Nebraska

2025 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

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

WHAT YOU SHOULD KNOW

2025

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.

Premium, Deductible, and Maximum Out-of-Pocket (MOOP)	
Monthly Plan Premium You must continue to pay your Medicare Part B premium.	$0
Deductible	This plan has no medical deductible.
Part B Premium Reduction	$1
MOOP (does not include prescription drugs) 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.	$3,900
Medical Benefits	
Inpatient Hospital* 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+
Outpatient Hospital* • Outpatient hospital services • Observation services	 $350 copay $350 copay
Ambulatory Surgical Center (ASC) Services*	$300 copay
Doctor Visits • Primary Care Providers • Specialists	 $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 testing • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes screening • Glaucoma screening • Hepatitis C 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 • Prostate cancer screening exams • Screening and counseling to reduce alcohol misuse • Screening for lung cancer with low dose computed tomography (LDCT) • 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
Emergency Care • 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. • Outside of the U.S. $50,000 lifetime limit inclusive of emergency, urgent care and transportation outside of the U.S.	$125 copay $125 copay

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	
Urgently Needed Services • Within the U.S. • Outside of the U.S. $50,000 lifetime limit inclusive worldwide emergency, urgent care and transportation.	$55 copay, in person and by telehealth $125 copay
Diagnostic Procedures/Tests/Lab Services* • Diagnostic radiology service (e.g., MRI, CT scan) • Lab services • Diagnostic tests and procedures ◦ Provided in an office setting ◦ Provided in an outpatient setting • Outpatient X-rays • Therapeutic radiology services	 $195 copay $0 copay $30 copay $350 copay $25 copay 20% coinsurance
Hearing Services • Medicare-covered ◦ Primary Care Provider ◦ Specialist • Routine hearing exam from a TruHearing provider • Hearing aids provided by a TruHearing provider • Hearing aid fitting and evaluation	 $0 copay $35 copay $0 copay once per year Basic: $395 copay per ear Standard: $795 copay per ear Advanced: $1,195 copay per ear Premium: $1,595 copay per ear $0 copay for the year following your hearing aid purchase
Dental Services • Medicare-covered • Supplemental Preventive and Comprehensive Dental Services Covered preventive and comprehensive services include exams, cleanings, fillings, crowns, bridges, dentures, and more Preventive and comprehensive dental services must be provided by a licensed dental provider.	 $35 copay $1,950 maximum benefit every year
Vision Services • Medicare-covered • Medicare-covered eyewear post-cataract surgery • Routine eye exam from an EyeMed provider • Eyewear provided by an EyeMed provider	 $35 copay $0 copay $0 copay once per year $300 allowance towards frame and pairs of lenses or the purchase of elective contacts

Medical Benefits	
Mental Health Services*	
• Inpatient visit Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.	$420 copay per day for days 1-4 $0 copay per day for days 5-190
• Outpatient therapy visit	$35 copay in person and by telehealth
Skilled Nursing Facility (SNF)*	
Our plan covers 100 days for a benefit period.	$0 copay per day for days 1-20 $186 copay per day for days 21-53 $0 copay per day for days 54-100
Physical Therapy*	$35 copay
Ambulance (Air and Ground)*	
• Within the U.S.	$350 copay one-way
• Outside the U.S.	$125 copay one-way
$50,000 lifetime limit for worldwide coverage inclusive of emergency, urgent care and transportation.	
Routine Transportation	Not covered
Medicare Part B Drugs	
• Chemotherapy and other Part B drugs	20% coinsurance
You may pay less than 20% coinsurance for certain drugs.	
• Part B Insulins	$35 copay
Chiropractic Care	
• Manual manipulation of the spine to correct a subluxation	$20 copay
• Routine office visits	$20 copay
• One set of X-rays performed by a chiropractor	$0 copay
Podiatry Services Medicare-covered podiatry benefits are for medically necessary foot care.	$35 copay in person and by telehealth
Home Health Care A doctor must certify that you need home health services and will order home health services to be provided by a home health agency.	$0 copay
Hospice Hospice is covered outside of our plan by Original Medicare.	$0 copay
Medical Equipment/Supplies*	
• Durable Medical Equipment (e.g., wheelchairs, oxygen)	20% coinsurance
• Prosthetics (e.g., braces, artificial limbs)	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	
Diabetes Management • Diabetes monitoring supplies	$0 copay for Contour/Breeze Ascensia blood glucose monitors, blood glucose test strips, lancet devices, and lancets 20% coinsurance for approved exceptions of non-preferred brands $0 copay for preferred Continuous Glucose Monitor (CGM) products. 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
• Diabetes self-management training	$0 copay
• Therapeutic shoes or inserts	20% coinsurance
Outpatient Substance Abuse • Outpatient therapy visit	$35 copay in person and by telehealth
Rehabilitation Services • Pulmonary	$15 copay
• Cardiac	$35 copay
• Intensive cardiac	$60 copay
• Occupational, speech and language therapy*	$35 copay
Renal Dialysis	20% coinsurance
Fitness Program Fitness services must be provided at FitOn Health participating locations. You can find a location or request information at **FitOnHealth.com/BCBSNE** or call 855-706-2284, 8 a.m. to 9 p.m. Eastern time, Monday through Friday. TTY users call 711.	$0 copay Members are provided a membership to FitOn Health, a fitness and health platform that provides access to a nationwide network of gyms, local fitness studios, and community centers. Monthly subsidies can be used to cover a variety of options - monthly gym membership with unlimited visits, fitness studio classes, and at-home fitness accessories and equipment. FitOn Health also includes unlimited access to a digital library of at-home workouts, nutrition and meal planning guidance, lifestyle advice, condition management courses, challenges and more.
Acupuncture* Up to 20 Medicare-covered acupuncture treatments annually.	$20 copay
Nurse Advice Line Available 24 hours a day, seven days a week by calling 844-908-4535.	$0 copay

Medical Benefits	
Over-the-Counter (OTC) Allowance Members may purchase personal health items from participating retailers, including a program that delivers to their home.	$60 quarterly allowance. The quarterly allowance balance does not rollover into the next quarter.
Post-Discharge Meals Members may access their meal benefit up to three times 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.

* 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 Core (HMO)

Prescription Drugs				
Prescription Deductible	This plan does not have a prescription drug deductible.			
Initial Coverage	In this stage, the plan pays its share of the cost and you pay your copay or coinsurance.			
	In-Network Retail Rx 30-Day Supply*	**In-Network Retail Rx 100-Day Supply**	**Preferred Mail Order Rx 100-Day Supply**	**Standard Mail Order Rx 100-Day Supply**
TIER 1 Preferred generic	$4 copay	$12 copay	$0 copay	$12 copay
TIER 2 Generic	$14 copay	$42 copay	$0 copay	$42 copay
TIER 3 Preferred brand	$47 copay	$141 copay	$131 copay	$141 copay
TIER 4 Non-preferred drug	$100 copay	$300 copay	$290 copay	$300 copay
TIER 5 Specialty	33% 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.
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and mail order) reach $2,000, 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.

BlueCross BlueShield Nebraska

Discrimination is Against the Law

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

Blue Cross and Blue Shield of Nebraska:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Member Services at 888-488-9850, TTY 711 between 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 April 1 through Sept. 30.

If you believe that Blue Cross and Blue Shield of Nebraska has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

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

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

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

Complaint forms are available at hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf. For quick processing, use the OCR online portal to file a complaint.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-488-9850 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-488-9850 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-488-9850 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-488-9850 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-488-9850 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-488-9850 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-888-488-9850 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-488-9850 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-488-9850 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-488-9850 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه . فوري، ليس عليك سوى الاتصال بنا على 1-888-488-9850 (TTY: 711). سيقوم شخص ما يتحدث العربية خدمة مجانية

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-488-9850 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-488-9850 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-488-9850 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-488-9850 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-488-9850 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-888-488-9850 (TTY: 711)にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

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.

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89-232-HMO (07-30-24)

BlueCross BlueShield Nebraska

P.O. Box 3248
1919 Aksarben Drive

Omaha, NE 68180-0001
NebraskaBlue.com

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 **Medicare.NebraskaBlue.com/MedicareAdvantage** 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, 2025.
- ☐ 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).
- ☐ 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.

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42-425-HMO (07-17-24)

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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) **Required**	
Date Appointment Completed **Required**	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 benefits4 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.

Rev. 06/10/2023

Y0139_24SOAForm_C FVNR 0623

50-187 (08-28-23)

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 October 15 - December 7 each year (for coverage starting January 1)
- Within three months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit 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 (October 15 -December 7), the plan must get your completed form by December 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.

BlueCross BlueShield Nebraska

2025 INDIVIDUAL ENROLLMENT FORM
Medical Coverage
(Coverage Effective 2025)

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. CT, 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.

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) - $25 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 ☐ Male ☐ Female	Phone number

Optional: Email Address

Permanent residence street address (Do not enter a PO Box)

City	Optional: County	State	ZIP code

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 October 15 through December 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. CT, 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.
- 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.

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- ☐ No, not of Hispanic, Latino/a, or Spanish origin
- ☐ Yes, Puerto Rican
- ☐ Yes, another Hispanic, Latino/a, or Spanish origin
- ☐ **I choose not to answer.**

- ☐ No, not of Hispanic, Latino/a, or Spanish origin
- ☐ Yes, Puerto Rican

What's your race? Select all that apply.

- ☐ American Indian or Alaska Native
- ☐ Black or African American

Asian:

- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian

Native Hawaiian and Islander:

- ☐ Guamanian or Chamorro
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Other Pacific Islander

- ☐ White
- ☐ **I choose not to answer.**

Sec. 2 continued **All fields on this page are optional**

What is your gender? Select one.

- ☐ Woman
- ☐ Man
- ☐ Non-binary
- ☐ I use a different term: _____
- ☐ **I choose not to answer**

Which of the following best represents how you think of yourself? Select one.

- ☐ Lesbian or gay
- ☐ Straight, that is, not gay or lesbian
- ☐ Bisexual
- ☐ I use a different term: _____
- ☐ I don't know
- ☐ **I choose not to answer**

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. CT, 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. 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 healthcare 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. CT, 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.

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***

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.

Paying your plan premium

Please select a premium payment option:

☐ 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.)

AGENT/OFFICE USE ONLY (Applicants do not complete this section)

Note to producing agents: *2025 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: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Agent tax ID: ___ ___ ___ ___ ___ ___ ___ ___ ___

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.

NOTES

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**.

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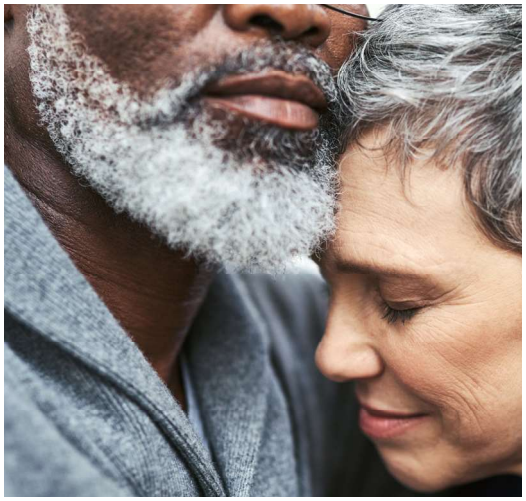

Is a BCBSNE Medicare Advantage plan right plan for you?

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
- Reserve a seat at an informational meeting in your area. Visit **Medicare.NebraskaBlue.com/Seminars** for a listing of all events. For accommodations of persons with special needs at meetings, call **844-899-6060 (TTY 711).**
- Arrange a personal consultation with a local BCBSNE agent.

Visit us online

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

BlueCross BlueShield Nebraska

92-220-HMO (07-02-24)