




# 2025 Summary of Benefits Medicare Advantage Access (PPO), Connect (PPO) and Secure (PPO)

## Need Help?

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

## Already a Member?

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

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

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

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

## Need to Enroll?

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

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

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

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



# WHAT YOU SHOULD KNOW

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

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

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

**Blue Cross and Blue Shield of Nebraska Medicare Advantage Connect (PPO), Access (PPO), and Secure (PPO)** have a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

For more detailed information about our providers and our provider directory, you can call Member Services or visit our website at **NebraskaBlue.com/MedicareProviders**.

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

Premium, Deductible, and Maximum Out-of-Pocket (MOOP)			
	Connect	Access	Secure
<b>Monthly Plan Premium</b> You must continue to pay your Medicare Part B premium.	\$0	\$25	\$91
<b>Part B Premium Reduction</b>	\$12	\$0	\$0
<b>Deductible</b>	These plans have no medical deductible.		
<b>MOOP</b> <ul style="list-style-type: none"> <li>In-Network</li> <li>Combined In- and Out-of-Network</li> </ul> If you reach the limit for out-of-pocket costs and you continue getting Medicare-covered hospital and medical services, we will pay the full cost for the rest of the year.	\$4,900	\$3,900	\$2,500
	\$8,000	\$6,200	\$4,500
Medical Benefits			
	Connect	Access	Secure
<b>Inpatient Hospital Services*</b> Our plan covers an unlimited number of days for Medicare-covered inpatient hospital stays.	\$400 copay per day for days 1-4 \$0 copay for days 5+	\$390 copay per day for days 1-4 \$0 copay for days 5+	\$250 copay per day for days 1-4 \$0 copay for days 5+
<b>Outpatient Hospital Services*</b> <ul style="list-style-type: none"> <li>Outpatient hospital services</li> <li>Observation services</li> </ul>	\$350 copay \$350 copay	\$350 copay \$350 copay	\$175 copay \$175 copay
<b>Ambulatory Surgical Center (ASC) Services*</b>	\$300 copay	\$295 copay	\$125 copay
<b>Doctor Visits</b> <ul style="list-style-type: none"> <li>Primary Care Providers</li> <li>Specialists</li> </ul>	\$0 copay in person and by telehealth, in-network \$15 copay in person and by telehealth, out-of-network \$35 copay in person and by telehealth, in-network 50% coinsurance in person and by telehealth, out-of-network	\$0 copay in person and by telehealth, in-network \$15 copay in person and by telehealth, out-of-network \$35 copay in person and by telehealth, in-network 50% coinsurance in person and by telehealth, out-of-network	\$0 copay in person and by telehealth, in-network \$15 copay in person and by telehealth, out-of-network \$20 copay in person and by telehealth, in-network \$40 copay in person and by telehealth, out-of-network

Medical Benefits			
	Connect	Access	Secure
<p><b>Preventive Care</b> Any additional preventive services approved by Medicare during the year will be covered.</p>	<p>There is no coinsurance, copayment, or deductible for the following Medicare-covered and supplemental preventive services:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Annual physical exam</li> <li>• Annual wellness visit</li> <li>• Bone mass measurement</li> <li>• Breast cancer screenings (mammograms)</li> <li>• Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)</li> <li>• Cardiovascular disease testing</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screening</li> <li>• Depression screening</li> <li>• Diabetes screening</li> <li>• Glaucoma screening</li> <li>• Hepatitis C screening</li> <li>• HIV screening</li> <li>• Immunizations (COVID-19, flu, pneumonia and Hepatitis B)</li> <li>• Medical nutrition therapy</li> <li>• Medicare Diabetes Prevention Program (MDPP)</li> <li>• Obesity screening and therapy to promote sustained weight loss</li> <li>• Prostate cancer screening exams</li> <li>• Screening and counseling to reduce alcohol misuse</li> <li>• Screening for lung cancer with low dose computed tomography (LDCT)</li> <li>• Screening for sexually transmitted infections (STIs) and counseling to prevent STIs</li> <li>• Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)</li> <li>• “Welcome to Medicare” preventive visit</li> </ul>		
<p><b>Emergency Care</b></p> <ul style="list-style-type: none"> <li>• Within the U.S.</li> </ul> <p>The emergency room copay will be waived if you are admitted to the hospital within three days for the same condition.</p> <ul style="list-style-type: none"> <li>• Outside of the U.S.</li> </ul> <p>\$50,000 lifetime limit inclusive of emergency, urgent care and transportation outside of the U.S.</p>	<p>\$125 copay</p> <p>\$125 copay</p>	<p>\$125 copay</p> <p>\$125 copay</p>	<p>\$115 copay</p> <p>\$115 copay</p>



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Medical Benefits			
	Connect	Access	Secure
<b>Urgently Needed Services</b> <ul style="list-style-type: none"> <li>• Within the U.S.</li> <li>• Outside of the U.S.</li> </ul> \$50,000 lifetime limit inclusive of emergency, urgent care and transportation outside of the U.S.	\$55 copay in person and by telehealth  \$125 copay	\$55 copay in person and by telehealth  \$125 copay	\$50 copay in person and by telehealth  \$115 copay
<b>Diagnostic Procedures/ Tests/Lab Services*</b> <ul style="list-style-type: none"> <li>• Diagnostic radiology service (e.g., MRI, CT scan)</li> <li>• Lab services</li> <li>• Diagnostic tests and procedures               <ul style="list-style-type: none"> <li>◦ Provided in an office setting</li> <li>◦ Provided in an outpatient setting</li> </ul> </li> <li>• Outpatient X-rays</li> <li>• Therapeutic radiology services</li> </ul>	\$195 copay  \$0 copay in-network \$20 copay out-of-network  \$30 copay \$350 copay  \$25 copay in-network \$30 copay out-of-network  20% coinsurance	\$195 copay  \$0 copay in-network \$20 copay out-of-network  \$30 copay \$350 copay  \$20 copay in-network \$30 copay out-of-network  20% coinsurance	\$195 copay  \$0 copay in-network \$20 copay out-of-network  \$30 copay \$175 copay  \$20 copay in-network \$30 copay out-of-network  20% coinsurance
<b>Hearing Services</b> <ul style="list-style-type: none"> <li>• Medicare-covered               <ul style="list-style-type: none"> <li>◦ Provided by a Primary Care Provider</li> <li>◦ Provided by a Specialist</li> </ul> </li> <li>• Routine hearing exam from a TruHearing provider</li> <li>• Hearing aids provided by a TruHearing provider</li> <li>• Hearing aid fitting and evaluation</li> </ul>	\$0 copay in-network \$15 copay out-of-network  \$35 copay in-network 50% coinsurance out-of-network  \$0 copay once per year  Basic: \$495 copay per ear Standard: \$895 copay per ear Advanced: \$1,295 copay per ear Premium: \$1,695 copay per ear  \$0 copay for the year following your hearing aid purchase	\$0 copay in-network \$15 copay out-of-network  \$35 copay in-network 50% coinsurance out-of-network  \$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	\$0 copay in-network \$15 copay out-of-network  \$20 copay in-network \$40 copay out-of-network  \$0 copay once per year  Basic: \$295 copay per ear Standard: \$695 copay per ear Advanced: \$1,095 copay per ear Premium: \$1,495 copay per ear  \$0 copay for the year following your hearing aid purchase

Medical Benefits			
	Connect	Access	Secure
<p><b>Dental Services</b></p> <ul style="list-style-type: none"> <li>• Medicare-covered</li> <li>• Supplemental Dental Services</li> </ul> <p>Covered preventive and comprehensive services include exams, cleanings, fillings, crowns, bridges, dentures, and more.</p> <p>Supplemental Dental Services must be provided by a licensed dental provider.</p>	<p>\$35 copay in-network 50% coinsurance out-of-network</p> <p>\$1,500 maximum benefit every year</p>	<p>\$35 copay in-network 50% coinsurance out-of-network</p> <p>\$2,050 maximum benefit every year</p>	<p>\$20 copay in-network \$40 copay out-of-network</p> <p>\$2,050 maximum benefit every year</p>
<p><b>Vision Services</b></p> <ul style="list-style-type: none"> <li>• Medicare-covered</li> <li>• Medicare-covered eyewear post-cataract surgery</li> <li>• Routine eye exam from an EyeMed provider</li> <li>• Eyewear provided by an EyeMed provider</li> </ul>	<p>\$35 copay in-network 50% coinsurance out-of-network</p> <p>\$0 copay</p> <p>\$0 copay once per year in-network Reimbursement up to \$70 once per year out-of-network</p> <p>\$300 allowance towards frame and pairs of lenses or the purchase of elective contacts, inclusive of both in-network and out-of-network coverage.</p>	<p>\$35 copay in-network 50% coinsurance out-of-network</p> <p>\$0 copay</p> <p>\$0 copay once per year in-network Reimbursement up to \$70 once per year out-of-network</p> <p>\$300 allowance towards frame and pairs of lenses or the purchase of elective contacts, inclusive of both in-network and out-of-network coverage.</p>	<p>\$20 copay in-network \$40 copay out-of-network</p> <p>\$0 copay</p> <p>\$0 copay once per year in-network Reimbursement up to \$70 once per year out-of-network</p> <p>\$300 allowance towards frame and pairs of lenses or the purchase of elective contacts, inclusive of both in-network and out-of-network coverage.</p>
<p><b>Mental Health Services</b></p> <ul style="list-style-type: none"> <li>• Inpatient visit Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.</li> <li>• Outpatient therapy visit</li> </ul>	<p>\$420 copay per day for days 1-4 \$0 copay per day for days 5-190</p> <p>\$35 copay in person and by telehealth</p>	<p>\$420 copay per day for days 1-4 \$0 copay per day for days 5-190</p> <p>\$35 copay in person and by telehealth</p>	<p>\$270 copay per day for days 1-4 \$0 copay per day for days 5-190</p> <p>\$20 copay in person and by telehealth</p>



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Medical Benefits			
	Connect	Access	Secure
<b>Skilled Nursing Facility (SNF)*</b> Our plan covers 100 days for a benefit period. <ul style="list-style-type: none"> <li>In-Network</li> <li>Out-of-Network</li> </ul>		\$0 copay per day for days 1-20 \$196 copay per day for days 21-50 \$0 copay per day for days 51-100  \$0 copay per day for days 1-20 \$196 copay per day for days 21-65 \$0 copay per day for days 66-100	
<b>Physical Therapy*</b>	\$35 copay	\$35 copay	\$20 copay
<b>Ambulance (Air and Ground)*</b> <ul style="list-style-type: none"> <li>Within the U.S.</li> <li>Outside the U.S.</li> </ul> \$50,000 lifetime limit for worldwide coverage inclusive of emergency, urgent care and transportation.	\$350 copay one-way \$125 copay one-way	\$350 copay one-way \$125 copay one-way	\$350 copay one-way \$115 copay one-way
<b>Routine Transportation</b>	Not covered		
<b>Medicare Part B Drugs*</b> <ul style="list-style-type: none"> <li>Chemotherapy and other Part B drugs</li> <li>Part B Insulins</li> </ul> You may pay less than 20% coinsurance for certain drugs.		20% coinsurance  \$35 copay	
<b>Chiropractic Care</b> <ul style="list-style-type: none"> <li>Manual manipulation of the spine to correct a subluxation</li> <li>Routine office visits</li> <li>One set of X-rays performed by a chiropractor</li> </ul>		\$20 copay  \$20 copay  \$0 copay	
<b>Podiatry Services</b> Medicare-covered podiatry benefits are for medically necessary foot care.	\$35 copay in person and by telehealth, in-network 50% coinsurance in person and by telehealth, out-of-network	\$35 copay in person and by telehealth, in-network 50% coinsurance in person and by telehealth, out-of-network	\$20 copay in person and by telehealth, in-network \$40 copay in person and by telehealth, out-of-network
<b>Home Health Care</b> 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	

Medical Benefits			
	Connect	Access	Secure
<b>Hospice</b> Hospice is covered outside of our plan by Original Medicare.	\$0 copay		
<b>Medical Equipment/Supplies*</b> <ul style="list-style-type: none"> <li>Durable Medical Equipment (e.g., wheelchairs, oxygen)</li> <li>Prosthetics (e.g., braces, artificial limbs)</li> </ul>	20% coinsurance		
<b>Diabetes Management</b> <ul style="list-style-type: none"> <li>Diabetes monitoring supplies</li> <li>Diabetes self-management training</li> <li>Therapeutic shoes or inserts</li> </ul>	\$0 copay for 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 CGM products \$0 copay 20% coinsurance		
<b>Outpatient Substance Abuse</b> <ul style="list-style-type: none"> <li>Outpatient therapy visit</li> </ul>	\$35 copay in-person and by telehealth	\$35 copay in-person and by telehealth	\$20 copay in-person and by telehealth, in-network \$40 copay in-person and by telehealth, out-of-network
<b>Rehabilitation Services</b> <ul style="list-style-type: none"> <li>Pulmonary</li> <li>Cardiac</li> <li>Intensive cardiac</li> <li>Occupational, speech and language therapy*</li> </ul>	\$15 copay \$35 copay \$55 copay in-network \$60 copay out-of-network \$35 copay	\$15 copay \$35 copay \$60 copay \$35 copay	\$15 copay \$35 copay \$60 copay \$20 copay in-network \$40 copay out-of-network
<b>Renal Dialysis</b>	20% coinsurance		



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Medical Benefits			
	Connect	Access	Secure
<b>Fitness Program</b> Fitness services must be provided at FitOn Health participating locations. You can find a location or request information at <b>FitOnHealth.com/BCBSNE</b> or call 855-706-2284, 8 a.m. to 8 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.		
<b>Acupuncture*</b> Up to 20 Medicare-covered acupuncture treatments annually.	\$20 copay		
<b>Nurse Advice Line</b> Available 24 hours a day, seven days a week by calling 844-908-4535.	\$0 copay		
<b>Over-the-Counter (OTC) Allowance</b> Members may purchase personal health items from participating retailers, including a program that delivers to their home.	\$50 per quarter  The quarterly allowance balance does not rollover into the next quarter.	\$70 per quarter  The quarterly allowance balance does not rollover into the next quarter.	\$115 per quarter  The quarterly allowance balance does not rollover into the next quarter.
<b>Post-Discharge Meals</b> Members may access their meal benefit up to three times post discharge per year.	\$0 copay for meals following an inpatient surgery or 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.

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

Prescription Drugs				
Deductible Stage	This plan does not have a prescription drug deductible.			
Initial Coverage Stage	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
<b>TIER 1</b> Preferred generic	\$0 copay	\$0 copay	\$0 copay	\$6 copay
<b>TIER 2</b> Generic	\$14 copay	\$42 copay	\$0 copay	\$42 copay
<b>TIER 3</b> Preferred brand	\$47 copay	\$141 copay	\$131 copay	\$141 copay
<b>TIER 4</b> Non-preferred drug	\$100 copay	\$300 copay	\$290 copay	\$300 copay
<b>TIER 5</b> Specialty	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 Stage	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](https://www.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.



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## Discrimination is Against the Law

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

### Blue Cross and Blue Shield of Nebraska:

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

If you need these services, contact 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](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at:

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

Complaint forms are available at [hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf](https://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 panggagamot. 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 quý vị cần thông dịch viên xin gọi 1-888-488-9850 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý 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 대해 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 Italiano 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。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.

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

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