BlueCross BlueShield Nebraska

2027 Summary of Benefits
Medicare Advantage Assure (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

MA.NebraskaBlue.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 2027

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 Assure (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, Buffalo, Cass, Cedar, Chase, Clay, Colfax, Custer, Deuel, Dodge, Douglas, Dundy, Fillmore, Franklin, Frontier, Furnas, Gage, Garden, Garfield, Grant, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock, Hooker, Howard, Jefferson, Kearney, Keith, Knox, Lancaster, Lincoln, Logan, Loup, Madison, McPherson, Nance, Nemaha, Nuckolls, Otoe, Perkins, Platte, Polk, Red Willow, Sarpy, Saunders, Seward, Sherman, Thomas, Thurston, Valley, Washington, Wayne, Webster, Wheeler and York.

Blue Cross and Blue Shield of Nebraska Medicare Advantage Assure (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.
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.	$5,900

Medical Benefits	
Inpatient Hospital Care* Our plan covers an unlimited number of days for Medicare-covered inpatient hospital stays.	$525 copay per day for days 1-5 $0 copay for days 6+
Outpatient Hospital Services*	
• Outpatient hospital services	$525 copay
• Observation services	$525 copay
Ambulatory Surgical Center (ASC) Services*	$475 copay
Doctor Visits	
• Primary Care Providers	$0 copay, in person and by telehealth
• Specialists	$45 copay, in person and by telehealth
Preventive Care Any additional preventive services approved by Medicare during the year will be covered.	There is no coinsurance, copayment, or deductible for the following Medicare-covered and supplemental preventive services: • Abdominal aortic aneurysm screening • Annual physical exam • Annual wellness visit • Bone mass measurement • Breast cancer screenings (mammograms) • Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) • Cardiovascular disease screening tests • Cervical and vaginal cancer screening

Medical Benefits	
	• Colorectal cancer screening • Depression screening • Diabetes screening • Diabetes self-management training, diabetic services, and supplies • Glaucoma screening • HIV screening • Immunizations (COVID-19, flu, pneumonia and Hepatitis B) • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and therapy to promote sustained weight loss • Pre-exposure prophylaxis (PrEP) for HIV prevention • Prostate cancer screening exams • Screening and counseling to reduce alcohol misuse • Screening for lung cancer with low dose computed tomography (LDCT) • Screening for Hepatitis C Virus infection • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • "Welcome to Medicare" preventive visit
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.	$130 copay $130 copay

Medical Benefits	
Urgently Needed Services • Within the U.S. • Outside of the U.S. $50,000 lifetime limit inclusive of emergency, urgent care and transportation outside of the U.S.	 $40 copay, in person and by telehealth $130 copay

Diagnostic Services/Labs/Imaging*
• Diagnostic radiology service (e.g., MRI, CT scan)
  ◦ Diagnostic mammograms
• Lab services
• Diagnostic tests and procedures
  ◦ Provided in an office setting
  ◦ Provided in an outpatient setting
  ◦ Diagnostic colonoscopies
• Outpatient X-rays
• Therapeutic radiology
	
	$225 copay
	$0 copay
	$0 copay
	
	$30 copay
	$525 copay
	$0 copay
	$40 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
  ◦ Basic
  ◦ Standard
  ◦ Advanced
  ◦ Premium
• Hearing aid fitting and evaluation from a TruHearing provider
	
	$0 copay
	$45 copay
	$0 copay once per year
	
	$495 copay per ear
	$895 copay per ear
	$1,295 copay per ear
	$1,695 copay per ear
	$0 copay for the year following your hearing aid purchase

Dental Care • Medicare-covered • Supplemental Preventive Dental Services Covered preventive services include exams, cleanings, and dental x-rays. Preventive dental services must be provided by a licensed dental provider.	 $45 copay $500 maximum benefit every year

Medical Benefits	
Vision Care • Medicare-covered • Medicare-covered eyewear post-cataract surgery • Routine eye exam from an EyeMed provider • Eyewear provided by an EyeMed provider	 $45 copay $0 copay $0 copay once per year Reimbursement up to $70 once every year out-of-network $150 allowance towards frame and pairs of lenses or the purchase of elective contacts
Mental Health Care • Inpatient visit* Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. • Outpatient Therapy Visit	 $400 copay per day for days 1-5 $0 copay per day for days 6-90 $35 copay, in person and by telehealth
Skilled Nursing Facility (SNF) Care* Our plan covers 100 days for a benefit period.	$0 copay per day for days 1-10 $10 copay per day for days 11-20 $218 copay per day for days 21-100
Physical Therapy*	$45 copay
Ambulance (Air and Ground)* • Within the U.S. • Outside the U.S. $50,000 lifetime limit for worldwide coverage inclusive of emergency, urgent care and transportation.	 $325 copay one-way, ground 20% coinsurance, air $130 copay one-way
Routine Transportation	Not covered
Medicare Part B Drugs* • Chemotherapy and other Part B drugs You may pay less than 20% coinsurance for certain drugs. • Part B Insulins	 20% coinsurance $35 copay

Additional Benefits	
Chiropractic Care*	
Manual manipulation of the spine to correct a subluxation	$15 copay
Diabetes Management	
• Diabetes monitoring supplies	$0 copay for diabetic testing supplies (meters, strips, and lancets) obtained through a network pharmacy. Limited to Ascensia (Contour) products. 20% coinsurance for approved exceptions for all other diabetic testing supplies (meters, strips, lancets) $0 copay for preferred Continuous Glucose Monitor (CGM) products when purchased from a network pharmacy. Preferred products are Dexcom G6 Dexcom G7 when used with a Dexcom Receiver, Abbott Freestyle Libre and Freestyle Libre 2, and Freestyle Libre 3 when used with a Freestyle Libre receiver 20% coinsurance for non-preferred products and/or products purchased through a DME supplier
• Diabetes self-management training	$0 copay
• Therapeutic shoes or inserts	20% coinsurance
Fitness Allowance	
Fitness allowance can be used toward a monthly gym membership, fitness classes, home workout videos and apps, or fitness equipment from a catalog.	$300 per year The annual allowance does not rollover into the next year.
Home Health Care*	$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

Additional Benefits	
Nurse Advice Line Available 24 hours a day, seven days a week by calling 844-908-4535.	$0 copay
Outpatient Substance Abuse • Outpatient therapy visit	$35 copay, in person and by telehealth
Over-the-Counter (OTC) Allowance Members may purchase personal health items from a program that delivers to their home.	$20 quarterly allowance The quarterly allowance does not rollover into the next quarter.
Podiatry Services* Medicare-covered podiatry benefits are for medically necessary foot care.	$45 copay, in person and by telehealth
Post-Discharge Meals Members may access their meal benefit up to three times post-discharge per year.	$0 copay for meals following discharge from an inpatient hospital or skilled nursing facility stay. Limited to 2 meals per day for 14 days per discharge.
Rehabilitation Services* • Pulmonary • Cardiac • Intensive cardiac • Occupational, speech and language therapy	 $25 copay $30 copay $30 copay $45 copay
Renal Dialysis	20% coinsurance

*Services may require prior authorization.

Blue Cross and Blue Shield of Nebraska Medicare Advantage Assure (HMO)

Prescription Drug Coverage				
Deductible	$400 deductible for Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), and Tier 5 (Specialty Tier)			
Initial Coverage	In this stage, you pay your copay or coinsurance, and the plan covers the rest.			
	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**

Prescription Drug Coverage				
TIER 1 Preferred generic	$0 copay	$0 copay	$0 copay	$6 copay
TIER 2 Generic	$5 copay	$15 copay	$0 copay	$15 copay
TIER 3 Preferred brand	15% coinsurance	15% coinsurance	15% coinsurance	15% coinsurance
TIER 4 Non-preferred drug	27% coinsurance	A long term supply is not available for drugs in Tier 4.	A long term supply is not available for drugs in Tier 4.	A long term supply is not available for drugs in Tier 4.
TIER 5 Specialty	25% 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 $2,400, 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 (BCBSNE) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. BCBSNE does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

BCBSNE:

- 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 BCBSNE 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.

Y0139_50101MANDN080326_C
50-101-MA-NDN (08-03-26)
Blue Cross and Blue Shield of Nebraska is an independent licensee of the Blue Cross Blue Shield Association.

Notice of Availability

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

Arabic:

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

Farsi:

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

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

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

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

Karen: ဆူ– နမ့်ကတိၤ ထၢနှာ်လီၤဖဲအံၤ အဃိ, တၢ်အိဉ်ဒီး ကျိာ်တၢ်ဆီဉ်ထွဲမၤစၢၤ လၢတလာ်ဘူဉ်လာ်စ့ၤလၢနဂီၢ်လီၤ. တၢ်အိဉ်ဒီး တၢ်မၤစၢၤတၢ်နှၤ်ဟူပီးလိဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအ ကြၢးအဘဉ် လၢကဟ့ဉ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢ်မၤနှ့်အီၤသ့တဖဉ် လၢတလာ်ဘူဉ်လာ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး 1-888-488-9850 (TTY: 711) မ့တမ့် ကတိၤတၢ်ဒီး နပှၤလၢဟ့ဉ် နၤတၢ်ကွၢ်ထွဲမၤစၢၤတက့ၢ်.

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

Laos: ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ

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

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

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

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

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

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

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

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

Y0139_50101MA080326_C
50-101-MA (08-03-26)
Blue Cross and Blue Shield of Nebraska is an independent licensee of the Blue Cross Blue Shield Association.

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

MA.NebraskaBlue.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 Assure HMO members, except in emergency situations. Please call our Member Services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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

Y0139_89232HMO072826_M

89-232-HMO-508 (07-28-26)