

# CHAPTER 2

*Important phone numbers  
and resources*

## **Chapter 2. Important phone numbers and resources**

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**SECTION 1 Blue Cross Blue Shield Nebraska MA Core HMO and Blue Cross Blue Shield Nebraska MA Choice HMO-POS contacts** (how to contact us, including how to reach Customer Service at the plan)

**How to contact our plan’s Customer Service**

For assistance with claims, billing, or member card questions, please call or write to Blue Cross Blue Shield Nebraska MA Core HMO or Blue Cross Blue Shield Nebraska MA Choice HMO-POS Customer Service. We will be happy to help you.

<b>Method</b>	<b>Customer Service – Contact Information</b>
<b>CALL</b>	1-888-488-9850  Calls to this number are free. Hours are 8:00 a.m. to 8:00 p.m., Central time, seven days a week. You may receive a messaging service on weekends and holidays from April 1 through September 30. Please leave a message and your call will be returned the next business day.  Customer Service also has free language interpreter services available for non-English speakers.
<b>TTY</b>	711  Calls to this number are free. Hours are 8:00 a.m. to 8:00 p.m., Central time, seven days a week. You may receive a messaging service on weekends and holidays from April 1 through September 30. Please leave a message and your call will be returned the next business day.
<b>FAX</b>	1-210-568-4364
<b>WRITE</b>	Blue Cross and Blue Shield of Nebraska P.O. Box 261279 Plano, TX 75026
<b>WEBSITE</b>	<a href="http://medicare.nebraskablue.com">medicare.nebraskablue.com</a>

## How to contact us when you are asking for a coverage decision about your medical care

A coverage decision is a decision we make about your benefits and coverage or about the amount we will pay for your medical services. For more information on asking for coverage decisions about your medical care, see Chapter 9 (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints)*).

You may call us if you have questions about our coverage decision process.

<b>Method</b>	<b>Coverage Decisions For Medical Care – Contact Information</b>
<b>CALL</b>	1-888-488-9850 Calls to this number are free. Hours are 8:00 a.m. to 8:00 p.m., Central time, seven days a week. You may receive a messaging service on weekends and holidays from April 1 through September 30. Please leave a message and your call will be returned the next business day.
<b>TTY</b>	711 Calls to this number are free. Hours are 8:00 a.m. to 8:00 p.m., Central time, seven days a week. You may receive a messaging service on weekends and holidays from April 1 through September 30. Please leave a message and your call will be returned the next business day.
<b>FAX</b>	1-877-482-9749
<b>WRITE</b>	Blue Cross and Blue Shield of Nebraska P.O. Box 261289 Plano, TX 75026
<b>WEBSITE</b>	<a href="http://medicare.nebraskablue.com">medicare.nebraskablue.com</a>

### How to contact us when you are making an appeal about your medical care

An appeal is a formal way of asking us to review and change a coverage decision we have made. For more information on making an appeal about your medical care, see Chapter 9 (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints)*).

<b>Method</b>	<b>Appeals For Medical Care – Contact Information</b>
<b>CALL</b>	1-888-488-9850  Calls to this number are free. Hours are 8:00 a.m. to 8:00 p.m., Central time, seven days a week. You may receive a messaging service on weekends and holidays from April 1 through September 30. Please leave a message and your call will be returned the next business day.
<b>TTY</b>	711  Calls to this number are free. Hours are 8:00 a.m. to 8:00 p.m., Central time, seven days a week. You may receive a messaging service on weekends and holidays from April 1 through September 30. Please leave a message and your call will be returned the next business day.
<b>FAX</b>	1-877-482-9749
<b>WRITE</b>	Blue Cross and Blue Shield of Nebraska P.O. Box 261289 Plano, TX 75026
<b>WEBSITE</b>	<b><a href="http://medicare.nebraskablue.com">medicare.nebraskablue.com</a></b>

### How to contact us when you are making a complaint about your medical care

You can make a complaint about us or one of our network providers, including a complaint about the quality of your care. This type of complaint does not involve coverage or payment disputes. (If your problem is about the plan’s coverage or payment, you should look at the section above about making an appeal.) For more information on making a complaint about your medical care, see Chapter 9 (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints)*).

<b>Method</b>	<b>Complaints About Medical Care – Contact Information</b>
<b>CALL</b>	1-888-488-9850 Calls to this number are free. Hours are 8:00 a.m. to 8:00 p.m., Central time, seven days a week. You may receive a messaging service on weekends and holidays from April 1 through September 30. Please leave a message and your call will be returned the next business day.
<b>TTY</b>	711 Calls to this number are free. Hours are 8:00 a.m. to 8:00 p.m., Central time, seven days a week. You may receive a messaging service on weekends and holidays from April 1 through September 30. Please leave a message and your call will be returned the next business day.
<b>FAX</b>	1-877-482-9749
<b>WRITE</b>	Blue Cross and Blue Shield of Nebraska P.O. Box 261289 Plano, TX 75026
<b>MEDICARE WEBSITE</b>	You can submit a complaint about Blue Cross Blue Shield Nebraska MA Core HMO or Blue Cross Blue Shield Nebraska MA Choice HMO-POS directly to Medicare. To submit an online complaint to Medicare go to <a href="https://www.medicare.gov/MedicareComplaintForm/home.aspx">https://www.medicare.gov/MedicareComplaintForm/home.aspx</a> .

## **How to contact us when you are asking for a coverage decision about your Part D prescription drugs**

A coverage decision is a decision we make about your benefits and coverage or about the amount we will pay for your prescription drugs covered under the Part D benefit included in your plan. For more information on asking for coverage decisions about your Part D prescription drugs, see Chapter 9 (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints)*).

<b>Method</b>	<b>Coverage Decisions for Part D Prescription Drugs – Contact Information</b>
<b>CALL</b>	1-855-457-1349 Calls to this number are free. Office hours are 24 hours per day, 7 days per week.
<b>TTY</b>	711 Calls to this number are free. Office hours are 24 hours per day, 7 days per week.
<b>FAX</b>	1-800-693-6703
<b>WRITE</b>	Blue Cross Blue Shield of Nebraska Attn: Clinical Review Department 2900 Ames Crossing Road Eagan, MN 55121
<b>WEBSITE</b>	<a href="http://www.myprime.com">www.myprime.com</a>

### How to contact us when you are making an appeal about your Part D prescription drugs

An appeal is a formal way of asking us to review and change a coverage decision we have made. For more information on making an appeal about your Part D prescription drugs, see Chapter 9 (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints)*).

Method	Appeals for Part D Prescription Drugs – Contact Information
<b>CALL</b>	1-855-457-1349 Calls to this number are free. Office hours are 24 hours per day, 7 days per week.
<b>TTY</b>	711 Calls to this number are free. Office hours are 24 hours per day, 7 days per week.
<b>FAX</b>	1-800-693-6703
<b>WRITE</b>	Blue Cross Blue Shield of Nebraska Attn: Clinical Review Department 2900 Ames Crossing Road Eagan, MN 55121
<b>WEBSITE</b>	<a href="http://www.myprime.com">www.myprime.com</a>

### How to contact us when you are making a complaint about your Part D prescription drugs

You can make a complaint about us or one of our network pharmacies, including a complaint about the quality of your care. This type of complaint does not involve coverage or payment disputes. (If your problem is about the plan’s coverage or payment, you should look at the section above about making an appeal.) For more information on making a complaint about your Part D prescription drugs, see Chapter 9 (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints)*).

Method	Complaints about Part D Prescription Drugs – Contact Information
<b>CALL</b>	1-888-488-9850 Calls to this number are free. Hours are 8:00 a.m. to 8:00 p.m., Central time, seven days a week. You may receive a messaging service on weekends and holidays from April 1 through September 30. Please leave a message and your call will be returned the next business day.



<b>Method</b>	<b>Complaints about Part D Prescription Drugs – Contact Information</b>
<b>TTY</b>	711 Calls to this number are free. Hours are 8:00 a.m. to 8:00 p.m., Central time, seven days a week. You may receive a messaging service on weekends and holidays from April 1 through September 30. Please leave a message and your call will be returned the next business day.
<b>FAX</b>	1-877-898-5921
<b>WRITE</b>	Blue Cross and Blue Shield of Nebraska Mailcode 1610 P.O. Box 32877 Detroit, MI 48232-0877
<b>MEDICARE WEBSITE</b>	You can submit a complaint about Blue Cross Blue Shield Nebraska MA Core HMO or Blue Cross Blue Shield Nebraska MA Choice HMO-POS directly to Medicare. To submit an online complaint to Medicare go to <a href="https://www.medicare.gov/MedicareComplaintForm/home.aspx">https://www.medicare.gov/MedicareComplaintForm/home.aspx</a> .

**Where to send a request asking us to pay for our share of the cost for medical care or a drug you have received**

For more information on situations in which you may need to ask us for reimbursement or to pay a bill you have received from a provider, see Chapter 7 (*Asking us to pay our share of a bill you have received for covered medical services or drugs*).

**Please note:** If you send us a payment request and we deny any part of your request, you can appeal our decision. See Chapter 9 (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints)*) for more information.

<b>Method</b>	<b>Payment Requests for Part C Medical – Contact Information</b>
<b>CALL</b>	1-888-488-9850 Calls to this number are free. Hours are 8:00 a.m. to 8:00 p.m., Central time, seven days a week. You may receive a messaging service on weekends and holidays from April 1 through September 30. Please leave a message and your call will be returned the next business day.
<b>TTY</b>	711 Calls to this number are free. Hours are 8:00 a.m. to 8:00 p.m., Central time, seven days a week. You may receive a messaging service on weekends and holidays from April 1 through September 30. Please leave a message and your call will be returned the next business day.

<b>Method</b>	<b>Payment Requests for Part C Medical – Contact Information</b>
<b>FAX</b>	1-210-568-4364
<b>WRITE</b>	Blue Cross and Blue Shield of Nebraska P.O. Box 261279 Plano, TX 75026
<b>WEBSITE</b>	<a href="http://medicare.nebraskablue.com">medicare.nebraskablue.com</a>

<b>Method</b>	<b>Payment Requests for Part D Prescription Drugs – Contact Information</b>
<b>CALL</b>	1-855-457-1349 Calls to this number are free. Office hours are 24 hours per day, 7 days per week.
<b>TTY</b>	711 Calls to this number are free. Office hours are 24 hours per day, 7 days per week.
<b>FAX</b>	1-210-568-4364
<b>WRITE</b>	Prime Therapeutics P.O. Box 20970 Lehigh Valley, PA 18002-0970
<b>WEBSITE</b>	<a href="http://www.myprime.com">www.myprime.com</a>

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## **SECTION 2 Medicare (how to get help and information directly from the Federal Medicare program)**

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Medicare is the Federal health insurance program for people 65 years of age or older, some people under age 65 with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

The Federal agency in charge of Medicare is the Centers for Medicare & Medicaid Services (sometimes called “CMS”). This agency contracts with Medicare Advantage organizations including us.

<b>Method</b>	<b>Medicare – Contact Information</b>
<b>CALL</b>	1-800-MEDICARE, or 1-800-633-4227 Calls to this number are free. 24 hours a day, 7 days a week.
<b>TTY</b>	1-877-486-2048 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free.
<b>WEBSITE</b>	<p><b><a href="https://www.medicare.gov">https://www.medicare.gov</a></b>  This is the official government website for Medicare. It gives you up-to-date information about Medicare and current Medicare issues. It also has information about hospitals, nursing homes, physicians, home health agencies, and dialysis facilities. It includes booklets you can print directly from your computer. You can also find Medicare contacts in your state.</p> <p>The Medicare website also has detailed information about your Medicare eligibility and enrollment options with the following tools:</p> <ul style="list-style-type: none"> <li>● <b>Medicare Eligibility Tool:</b> Provides Medicare eligibility status information.</li> <li>● <b>Medicare Plan Finder:</b> Provides personalized information about available Medicare prescription drug plans, Medicare health plans, and Medigap (Medicare Supplement Insurance) policies in your area. These tools provide an estimate of what your out-of-pocket costs might be in different Medicare plans.</li> </ul> <p>You can also use the website to tell Medicare about any complaints you have about Blue Cross Blue Shield Nebraska MA Core HMO or Blue Cross Blue Shield Nebraska MA Choice HMO-POS:</p> <ul style="list-style-type: none"> <li>● <b>Tell Medicare about your complaint:</b> You can submit a complaint about Blue Cross Blue Shield Nebraska MA Core HMO or Blue Cross Blue Shield Nebraska MA Choice HMO-POS directly to Medicare. To submit a complaint to Medicare, go to <b><a href="https://www.medicare.gov/MedicareComplaintForm/home.aspx">https://www.medicare.gov/MedicareComplaintForm/home.aspx</a></b>. Medicare takes your complaints seriously and will use this information to help improve the quality of the Medicare program.</li> </ul> <p>If you don't have a computer, your local library or senior center may be able to help you visit this website using its computer. Or, you can call</p>

<b>Method</b>	<b>Medicare – Contact Information</b>
	Medicare and tell them what information you are looking for. They will find the information on the website, print it out, and send it to you. (You can call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.)

**SECTION 3 State Health Insurance Assistance Program (free help, information, and answers to your questions about Medicare)**

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Nebraska, the SHIP is called Nebraska Senior Health Insurance Information Program.

Nebraska Senior Health Insurance Information Program is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare.

Nebraska Senior Health Insurance Information Program counselors can help you with your Medicare questions or problems. They can help you understand your Medicare rights, help you make complaints about your medical care or treatment, and help you straighten out problems with your Medicare bills. Nebraska Senior Health Insurance Information Program counselors can also help you understand your Medicare plan choices and answer questions about switching plans.

<b>Method</b>	<b>Nebraska Senior Health Insurance Information Program</b>
<b>CALL</b>	1-800-234-7119
<b>TTY</b>	1-800-833-7352 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
<b>WRITE</b>	Nebraska Senior Health Insurance Information Program 941 O Street P.O. Box 82089 Lincoln, NE 68508
<b>WEBSITE</b>	<a href="http://www.doi.nebraska.gov/shiip/">www.doi.nebraska.gov/shiip/</a>

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**SECTION 4 Quality Improvement Organization (paid by Medicare to check on the quality of care for people with Medicare)**

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There is a designated Quality Improvement Organization for serving Medicare beneficiaries in each state. For Nebraska, the Quality Improvement Organization is called KEPRO.

KEPRO has a group of doctors and other health care professionals who are paid by the Federal government. This organization is paid by Medicare to check on and help improve the quality of care for people with Medicare. KEPRO is an independent organization. It is not connected with our plan.

You should contact KEPRO in any of these situations:

- You have a complaint about the quality of care you have received.
- You think coverage for your hospital stay is ending too soon.
- You think coverage for your home health care, skilled nursing facility care, or Comprehensive Outpatient Rehabilitation Facility (CORF) services are ending too soon.

<b>Method</b>	<b>KEPRO: (Nebraska’s Quality Improvement Organization)</b>
<b>CALL</b>	1-855-408-8557 Hours are 9:00 a.m. to 5:00 p.m., Eastern, Central, and Mountain time, Monday through Friday. 11:00 a.m. to 5:00 p.m., Eastern, Central, and Mountain time, Saturday and Sunday.
<b>TTY</b>	1-855-843-4776 Hours are 9:00 a.m. to 5:00 p.m., Eastern, Central, and Mountain time, Monday through Friday. 11:00 a.m. to 5:00 p.m., Eastern, Central, and Mountain time, Saturday and Sunday. This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
<b>WRITE</b>	KEPRO 5201 West Kennedy Boulevard, Suite 900 Tampa, Florida 33609
<b>WEBSITE</b>	<b><a href="http://www.keproqio.com">www.keproqio.com</a></b>

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## **SECTION 5 Social Security**

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Social Security is responsible for determining eligibility and handling enrollment for Medicare. U.S. citizens and lawful permanent residents who are 65 or older, or who have a disability or End-Stage Renal Disease and meet certain conditions, are eligible for Medicare. If you are already getting Social Security checks, enrollment into Medicare is automatic. If you are not getting Social Security checks, you have to enroll in Medicare. Social Security handles the enrollment process for Medicare. To apply for Medicare, you can call Social Security or visit your local Social Security office.

Social Security is also responsible for determining who has to pay an extra amount for their Part D drug coverage because they have a higher income. If you got a letter from Social Security telling you that you have to pay the extra amount and have questions about the amount or if your income went down because of a life-changing event, you can call Social Security to ask for reconsideration.

If you move or change your mailing address, it is important that you contact Social Security to let them know.

<b>Method</b>	<b>Social Security – Contact Information</b>
<b>CALL</b>	1-800-772-1213 Calls to this number are free. Available 7:00 am to 7:00 pm, Monday through Friday. You can use Social Security’s automated telephone services to get recorded information and conduct some business 24 hours a day.
<b>TTY</b>	1-800-325-0778 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. Available 7:00 am to 7:00 pm, Monday through Friday.
<b>WEBSITE</b>	<a href="https://www.ssa.gov">https://www.ssa.gov</a>

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## **SECTION 6 Medicaid (a joint Federal and state program that helps with medical costs for some people with limited income and resources)**

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Medicaid is a joint Federal and state government program that helps with medical costs for certain people with limited incomes and resources. Some people with Medicare are also eligible for Medicaid.

In addition, there are programs offered through Medicaid that help people with Medicare pay their Medicare costs, such as their Medicare premiums. These “Medicare Savings Programs” help people with limited income and resources save money each year:

- **Qualified Medicare Beneficiary (QMB):** Helps pay Medicare Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance, and copayments). (Some people with QMB are also eligible for full Medicaid benefits (QMB+).)
- **Specified Low-Income Medicare Beneficiary (SLMB):** Helps pay Part B premiums. (Some people with SLMB are also eligible for full Medicaid benefits (SLMB+).)
- **Qualified Individual (QI):** Helps pay Part B premiums.
- **Qualified Disabled & Working Individuals (QDWI):** Helps pay Part A premiums.

To find out more about Medicaid and its programs, contact Nebraska Department of Health and Human Services.

<b>Method</b>	<b>Nebraska Department of Health and Human Services – Contact Information</b>
<b>CALL</b>	1-402-471-3121 <b>Automated System:</b> Hours are: 24 hours per day, 7 days per week. <b>Live Support:</b> Hours are: 8:00 a.m. to 5:00 p.m., Central time, Monday through Friday.
<b>TTY</b>	711 Hours are: 8:00 a.m. to 5:00 p.m., Central time, Monday through Friday.
<b>WRITE</b>	Nebraska Department of Health & Human Services P.O. Box 95026 Lincoln, Nebraska 68509-5026
<b>WEBSITE</b>	<a href="http://www.dhhs.ne.gov">www.dhhs.ne.gov</a>

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## **SECTION 7 Information about programs to help people pay for their prescription drugs**

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### **Medicare’s “Extra Help” Program**

Medicare provides “Extra Help” to pay prescription drug costs for people who have limited income and resources. Resources include your savings and stocks, but not your home or car. If you qualify, you get help paying for any Medicare drug plan’s monthly premium, yearly deductible, and prescription copayments. This “Extra Help” also counts toward your out-of-pocket costs.

People with limited income and resources may qualify for “Extra Help.” Some people automatically qualify for “Extra Help” and don’t need to apply. Medicare mails a letter to people who automatically qualify for “Extra Help.”

You may be able to get “Extra Help” to pay for your prescription drug premiums and costs. To see if you qualify for getting “Extra Help,” call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week.
- The Social Security Office at 1-800-772-1213, between 7:00 a.m. to 7:00 p.m., Monday through Friday. TTY users should call 1-800-325-0778 (applications); or
- Your State Medicaid Office (applications) (See Section 6 of this chapter for contact information).

If you believe you have qualified for “Extra Help” and you believe that you are paying an incorrect cost-sharing amount when you get your prescription at a pharmacy, our plan has established a process that allows you to either request assistance in obtaining evidence of your proper copayment level, or, if you already have the evidence, to provide this evidence to us.

- Any of the following documents will provide proof that you qualify for Extra Help. The documents can be provided by you or your pharmacist, advocate, representative, family member or other individual acting on your behalf. Please send a copy of any of these documents to:

Blue Cross and Blue Shield of Nebraska  
P.O. Box 261279  
Plano, TX 75026

- a. A copy of your Medicaid card, which includes your name and an eligibility date during the discrepant period;
- b. A report of contact, including the date a verification call was made to the State Medicaid Agency and the name, title and telephone number of the state staff person who verified the Medicaid status during the discrepant period;
- c. A copy of a state document that confirms active Medicaid status during the discrepant period;
- d. A printout from the State electronic enrollment file showing Medicaid status during the discrepant period;
- e. A screen print from the State’s Medicaid systems showing Medicaid status during the discrepant period;
- f. Other documentation provided by the State showing Medicaid status during the discrepant period;
- g. A remittance from the facility showing Medicaid payment for a full calendar month for you during the discrepant period;



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- h. A copy of a state documentation that confirms Medicaid payment to the facility for a full calendar month on behalf of you;
- i. A screen print from the State's Medicaid system showing that individual's institutional status based on at least a full calendar month stay for Medicaid payment purposes during the discrepant period;

If you cannot provide proof of one of the documents listed above, you will need to contact the plan at 1-888-488-9850; TTY users can call 711. Hours are 8:00 a.m. to 8:00 p.m., Central time, seven days a week. You may receive a messaging service on weekends and holidays from April 1 through September 30. Please leave a message and your call will be returned the next business day. The plan will notify CMS on your behalf to assist in obtaining evidence.

- When we receive the evidence showing your copayment level, we will update our system so that you can pay the correct copayment when you get your next prescription at the pharmacy. If you overpay your copayment, we will reimburse you. Either we will forward a check to you in the amount of your overpayment or we will offset future copayments. If the pharmacy hasn't collected a copayment from you and is carrying your copayment as a debt owed by you, we may make the payment directly to the pharmacy. If a state paid on your behalf, we may make payment directly to the state. Please contact Customer Service if you have questions (phone numbers are printed on the back cover of this booklet).

**Medicare Coverage Gap Discount Program**

The Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs to Part D members who have reached the coverage gap and are not receiving "Extra Help." For brand name drugs, the 70% discount provided by manufacturers excludes any dispensing fee for costs in the gap. Members pay 25% of the negotiated price and a portion of the dispensing fee for brand name drugs.

If you reach the coverage gap, we will automatically apply the discount when your pharmacy bills you for your prescription and your Part D Explanation of Benefits (Part D EOB) will show any discount provided. Both the amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs as if you had paid them and move you through the coverage gap. The amount paid by the plan (5%) does not count toward your out-of-pocket costs.

You also receive some coverage for generic drugs. If you reach the coverage gap, the plan pays 63% of the price for generic drugs and you pay the remaining 37% of the price. For generic drugs, the amount paid by the plan (63%) does not count toward your out-of-pocket costs. Only the amount you pay counts and moves you through the coverage gap. Also, the dispensing fee is included as part of the cost of the drug.

If you have any questions about the availability of discounts for the drugs you are taking or about the Medicare Coverage Gap Discount Program in general, please contact Customer Service (phone numbers are printed on the back cover of this booklet).

**What if you have coverage from an AIDS Drug Assistance Program (ADAP)? What is the AIDS Drug Assistance Program (ADAP)?**

The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance. Nebraska's program is operated by the Nebraska Department of Health & Human Services. Note: To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. Nebraska Department of Health & Human Services, 301 Centennial Mall South, P.O. Box 95026, Lincoln, NE 68509.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Nebraska Department of Health & Human Services at 1-402-559-4673.

**What if you get “Extra Help” from Medicare to help pay your prescription drug costs? Can you get the discounts?**

No. If you get “Extra Help,” you already get coverage for your prescription drug costs during the coverage gap.

**What if you don’t get a discount, and you think you should have?**

If you think that you have reached the coverage gap and did not get a discount when you paid for your brand name drug, you should review your next *Part D Explanation of Benefits* (Part D EOB) notice. If the discount doesn’t appear on your *Part D Explanation of Benefits*, you should contact us to make sure that your prescription records are correct and up-to-date. If we don’t agree that you are owed a discount, you can appeal. You can get help filing an appeal from your State Health Insurance Assistance Program (SHIP) (telephone numbers are in Section 3 of this Chapter) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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**SECTION 8 How to contact the Railroad Retirement Board**

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The Railroad Retirement Board is an independent Federal agency that administers comprehensive benefit programs for the nation’s railroad workers and their families. If you have questions regarding your benefits from the Railroad Retirement Board, contact the agency.

If you receive your Medicare through the Railroad Retirement Board, it is important that you let them know if you move or change your mailing address.

<b>Method</b>	<b>Railroad Retirement Board – Contact Information</b>
<b>CALL</b>	1-877-772-5772 Calls to this number are free. Available 9:00 am to 3:30 pm, Monday through Friday. If you have a touch-tone telephone, recorded information and automated services are available 24 hours a day, including weekends and holidays.
<b>TTY</b>	1-312-751-4701 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are <i>not</i> free.
<b>WEBSITE</b>	<a href="https://secure.rrb.gov/">https://secure.rrb.gov/</a>

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## **SECTION 9 Do you have “group insurance” or other health insurance from an employer?**

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If you (or your spouse) get benefits from your (or your spouse’s) employer or retiree group as part of this plan, you may call the employer/union benefits administrator or Customer Service if you have any questions. You can ask about your (or your spouse’s) employer or retiree health benefits, premiums, or the enrollment period. (Phone numbers for Customer Service are printed on the back cover of this booklet.) You may also call 1-800-MEDICARE (1-800-633-4227; TTY: 1-877-486-2048) with questions related to your Medicare coverage under this plan.

If you have other prescription drug coverage through your (or your spouse’s) employer or retiree group, please contact **that group’s benefits administrator**. The benefits administrator can help you determine how your current prescription drug coverage will work with our plan.