BlueCross BlueShield Nebraska

Blue Cross and Blue Shield of Nebraska Medicare Advantage

2026 RESOURCE GUIDE

myNebraskaBlue.com

Resources to help you get the most of your Medicare Advantage Plan

We're happy you are a member of Blue Cross and Blue Shield of Nebraska. Use this guide to get started and help understand your health care plan.

If you have questions, you can access detailed information through your online member account at **myNebraskaBlue.com**, or to get more personalized service, you can call the number below to speak to one of our helpful Member Service representatives.

888-488-9850
TTY users call **711.**

Hours:
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

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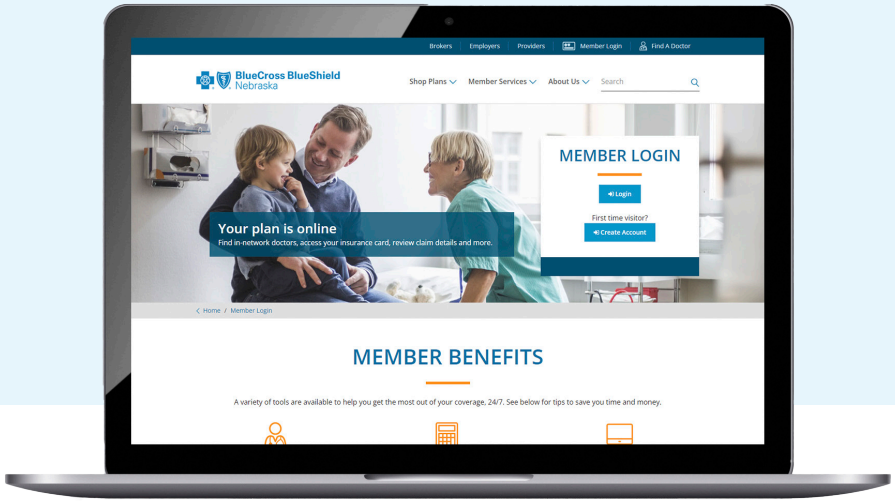
Take an active role in your care

Whether you are new to Medicare or have been on Medicare for more than a year, there things you can do that will help you live a healthier life. Your Medicare Advantage plan covers preventive care at 100% - no additional cost for you to pay if you see an in-network doctor.



Get started on the right track and plan to do these things:

- Schedule a New to Medicare exam if you have been on Medicare for less than a year
- Schedule an annual wellness visit and physical with your primary care doctor
- Complete the Health Assessment (can be found on your online member account at **myNebraskaBlue.com**)
- Create a list of all your doctors and their specialty
- Keep your medication list up to date

TIP: Use the doctor finder on your online member account at **myNebraskaBlue.com** to ensure your doctor is in-network.

You may also want to understand your pharmacy benefits and the cost of your medications. Changes in the industry may have affected some of the costs you pay, and you may want to be prepared before going to the pharmacy.

In sickness and in health: we've got you covered

Your coverage is designed to work for you at every stage. Your benefits aren't just for when you're feeling sick or coping with a chronic condition. They can help you take charge of your health.

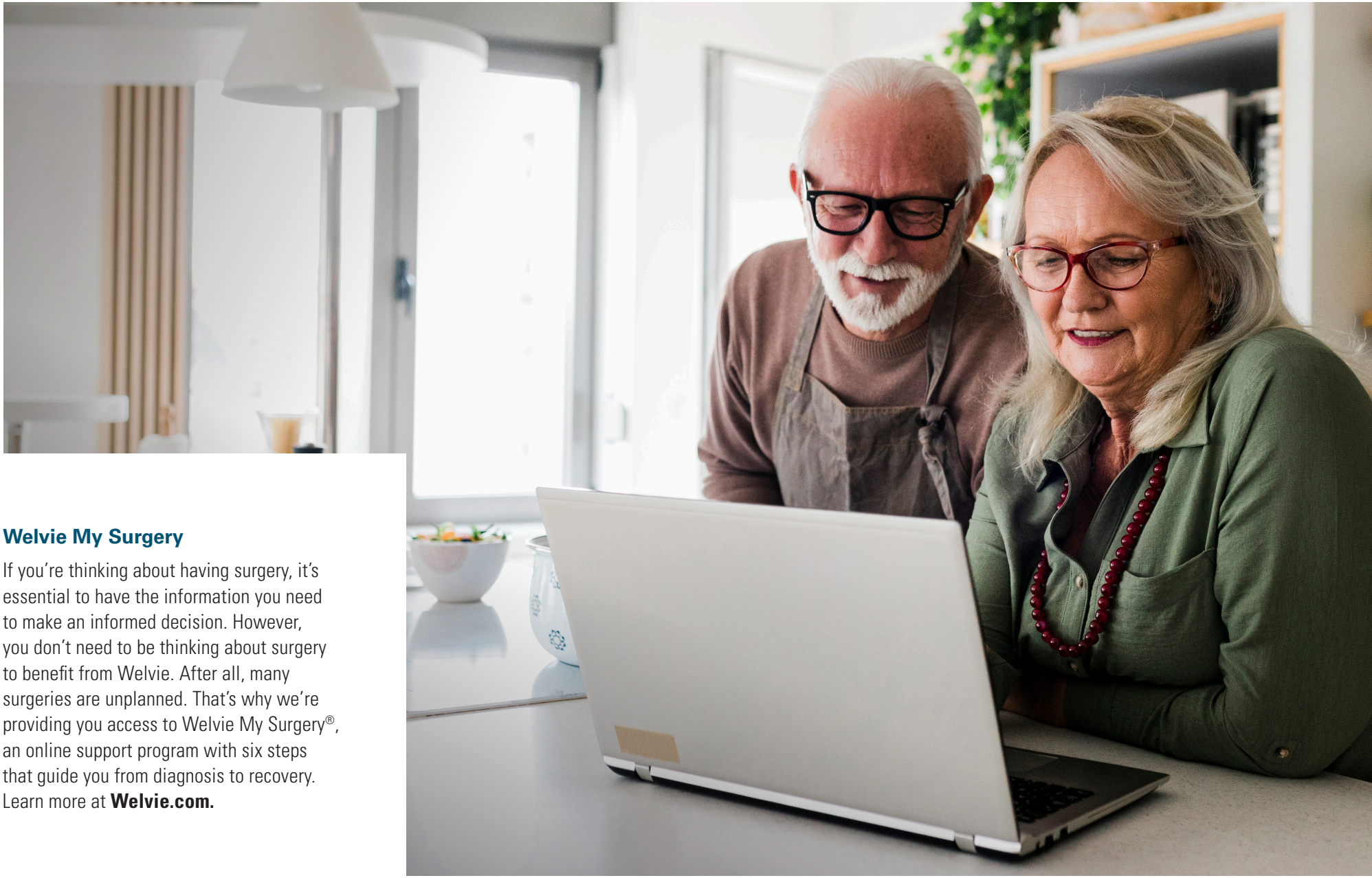
Nurse-supported programs for complex and chronic health conditions

Our nurse-supported programs help members manage complex and chronic conditions such as diabetes, heart disease, chronic obstructive pulmonary disease and kidney disease. We may assign a nurse to work with you, your family, your doctor and other health professionals. Your nurse will counsel you, offer educational materials, reminders and other support to teach you about your condition. They will follow your treatment and make sure your care is well coordinated.

We offer follow-up care when you leave a hospital. A nurse will contact you as soon as possible after you've left the hospital, to answer questions and help with the transition home. They may:

- Help you understand how to take your medications and what you need to know and do to stay healthy when you return home
- Assist in arranging prescribed services or equipment after discharge
- Provide information about available community resources that may be helpful
- Connect you with GA Foods to schedule two weeks of meals delivered to your home after your hospital stay

To connect with a nurse, call **877-399-1675**.



Welvie My Surgery

If you're thinking about having surgery, it's essential to have the information you need to make an informed decision. However, you don't need to be thinking about surgery to benefit from Welvie. After all, many surgeries are unplanned. That's why we're providing you access to Welvie My Surgery®, an online support program with six steps that guide you from diagnosis to recovery. Learn more at **Welvie.com.**

Welvie is an independent company contracted by Blue Cross and Blue Shield of Nebraska to provide surgery decision support services to our members.

Healthy savings

Your health plan includes programs and services so you can get healthy on a budget.

Over-the-Counter (OTC) FlexCard

To help you pay for over-the-counter (OTC) items, you will get a FlexCard in the mail. We add money to the card so you can buy health and wellness items at certain stores.

The card works like a debit card. Money is added at the beginning of each quarter and doesn't carry over to the next quarter. You can use the FlexCard for approved products like cold medicine and first aid supplies. Just swipe the card at a participating store or order items online at **myNebraskaBlue.com**.

You can buy almost 90,000 items with your card, including cold and allergy medications, hearing aid batteries, oral care products, and pain relievers. However, if an OTC item is not accepted at checkout, you will need to pay out of pocket.

Please note that the pricing for items in the catalog may be higher compared to purchasing in a store. Additionally, the selection of items in the catalog is limited.

You can also use the FlexCard for incentives you earn by completing health-related activities. These incentive amounts never expire as long as you are a member. They are separate from your OTC allowance and can be used on other items, not just OTC items.

An additional fitness benefit of $300 will be added to your FlexCard to cover gym memberships, classes, and other related expenses. These funds will expire at the end of year and will not roll over to the next year.

To learn more about your plan benefits and view your FlexCard balance, please visit **myNebraskaBlue.com** and log in to your online member account.

Have questions about your FlexCard?

We're here to help!
For assistance with:

- Over-the-counter (OTC) product availability
- Registering your FlexCard
- Setting up or accessing the member portal
- Placing online orders
- Checking your balance
- Finding participating stores
- Any other general questions Please call **844-451-1003**.

FlexCard is provided by Payforward, an independent company that provides over-the-counter items for Blue Cross and Blue Shield of Nebraska.

To help you get the most out of your **Medicare Advantage** plan, the following benefits are included with your coverage:

BENEFIT	DESCRIPTION	CONTACT INFORMATION
Routine Vision	Vision exams and eyewear through EyeMed	**844-844-0918**
Routine Hearing	Hearing exams and hearing aids through TruHearing	**855-739-4244**
Nurse Line	24/7 nurse advice	**844-908-4535**
Virta	Type 2 diabetes program	**NebraskaBlue.com/StartVirta**
Post-discharge Meals	Two weeks of nutritionally-balanced meals to aid in recovery after a hospital stay through GA Foods	**One of our nurses will contact members to set up meal delivery**
Member Discounts	Discounts on health and wellness products and services available through Blue365®	**855-511-2583** or visit **NebraskaBlue.com/Blue365**

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

FitOn, EyeMed, TruHearing, 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 nurse support for Blue Cross and Blue Shield of Nebraska.

Instructions for Dental Expense Reimbursement

Step-by-Step Guide to Submit Your Dental Expenses

STEP 1: GATHER REQUIRED DOCUMENTATION

Submitting your dental expenses must include:

- Date of service
- Provider Name
- Total charge amount
- ADA Procedure Code/Service Code(s) with corresponding charge amount(s)

Your dental office can provide this information. Without it, your claim cannot be processed and will be returned.

Keep copies of original documents for your records. Originals will not be returned.

STEP 2: COMPLETE THE REIMBURSEMENT FORM

For faster processing, submit your reimbursement via your **myNebraskaBlue.com** member account.

Within the portal, you can either go to "Forms" or "Contact Us" to complete the claim reimbursement form and upload documentation. Once you enter all the necessary information, hit submit for payment review.

Paper claim forms are available online at **NebraskaBlue.com/MAForms**. Paper claim forms should be mailed to P.O. Box 3248, Omaha, NE 68180-0001.

STEP 3: TRACK YOUR REIMBURSEMENT

- Monitor the status of your reimbursement through your myNebraskaBlue member portal. Accepted claims will be visible within 5-7 business days of submission.

STEP 4: RECEIVING YOUR PAYMENT

- Reimbursement checks will be mailed to the address on file with BCBSNE, not the address on the form
- If you need to update your address, contact Member Services at 888-488-9850:
- Oct. 1 – March 31: 8 a.m. to 9 p.m., CST seven days a week
- April 1 – Sept. 30: 8 a.m. to 9 p.m., CST, Monday–Friday

TIPS FOR FASTER PROCESSING

- Submit your claim via your myNebraskablue member portal.
- Keep copies for your records.

By following these instructions, you can help ensure your dental expense reimbursement is processed smoothly and promptly.

Part D prescription drug coverage tips

Make your own drug list

Check to see if your medications are covered on your online member account at **myNebraskaBlue.com** by selecting Find Drugs and Pricing. Keep a list of your current medications, strength and dosage with you. Make sure you have your doctor's name and phone number too. Share this information with a family member so they have it in case of an emergency.

Check our list of covered drugs (called a drug list or formulary)

All of our plans use a drug list that promotes safe, effective and less expensive medications. If you're taking medication, check our drug list to see if it's covered or if it has any restrictions or limits on your coverage. You can check if a drug is covered and get a cost estimate through your online member account at **myNebraskaBlue.com**.

Our drug list changes from year-to-year and during the current year as new drugs are approved, restricted or recalled by the government. Some changes are made to keep you safe or to keep the cost of your coverage down. We'll let you know if a drug you are prescribed is affected with a notice in your Explanation of Benefits or a letter.

Convenient 100-day supply

You have the option to get a 100-day supply of your ongoing medications home delivered using your local pharmacy or Amazon Pharmacy (our preferred home-delivery pharmacy). Members who fill their prescription using the 100-day home-delivery supply could save money and time getting their prescriptions. Please allow seven to ten days for your medications to be delivered. If your medication delivery is late, please reach out to the pharmacy.

Amazon Pharmacy can provide the lowest out-of-pocket costs on your medications. To set up home-delivery with Amazon, visit **Amazon.com/NebraskaBlueMedicare**.

Other home-delivery pharmacies can be found on your online member account at **myNebraskaBlue.com**.

Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option to help you manage your out-of-pocket drug costs.

This 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.

For more information, visit **NebraskaBlue.com/M3P**

Save money with our pharmacy network

For your convenience, most chain pharmacies and many independent pharmacies are in our network. With a few exceptions, your prescriptions must be filled at our network pharmacies to be covered. You can find your online member account at **myNebraskaBlue.com** in the Pharmacy section.

Amazon, Costco, ExpressScripts, Kroger, and Prime Therapeutics are independent companies that provide pharmacy benefit administration services on behalf of Blue Cross and Blue Shield of Nebraska.

We'll keep you informed

MEMBER ID CARD

Start using your ID card

We sent you a member ID card. You can put your red, white and blue Medicare card away in a safe place and use your BCBSNE member ID card instead.

Show your doctor and other providers this card every time you need care.

YOUR PLAN IS ONLINE

You can view your out-of-pocket amounts, claims status, find an in-network provider and more. If you have a premium to pay, you can also get electronic bills and set up automatic payments.

To get started, create your account at **myNebraskaBlue.com.**

PLAN MATERIALS

New members: You receive plan materials in this mailing, including where to find a complete description of your plan coverage. You'll find helpful tools, resources and tips in this Resource Guide.

Renewing members: You should have received the Annual Notice of Changes and other important plan information for the coming year in the fall. You'll want to keep these documents handy so you can reference them throughout the year.

YOUR BILL

You'll receive a bill each month (if your plan has a premium): Monthly billing statements are mailed out to those members that have elected to pay their premium via direct bill.

You won't receive a bill if:

- You have a plan with no premium and do not have a Part D Late Enrollment Penalty
- You have your premium deducted from your Social Security payment
- You have your premium automatically paid from your checking or savings account
- You prepaid your premium or have a credit on your account

MEMBER SERVICES

Our Member Services representatives are here for you, to answer questions about your benefits, help you find the care you need and much more. When you are a new member, we call you to make sure you received your welcome kit and member ID card, help answer any questions about your coverage and tell you about programs we offer to help you stay healthy.

EXPLANATION OF BENEFITS

When you use your medical coverage, we'll send you a detailed statement. It is not a bill. Instead, it lists the services you received, what your provider billed, what your plan paid, and how much you may owe. It is the source of truth on your cost share. You'll receive an Explanation of Benefits (EOB) the month after the claim is processed. You can elect to get your EOBs electronically through your online member account at **myNebraskaBlue.com.**

SPECIAL INFORMATION

There may be events during the year that you should be aware of, so we'll send you notices and updates as needed.

If you need help with a chronic illness, such as heart disease or diabetes, we may send you materials or call you about a specific program.

SURVEYS

You may receive surveys asking for your opinion of our plan, our network doctors and the care you receive. We're always looking for ways to provide better coverage and service.

Your answers are confidential and don't affect your coverage or costs. We appreciate your honest feedback.

Member Services

888-488-9850
TTY users call **711.**

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