YOUR MEDICARE COVERAGE OPTIONS

A choice of affordable ways to lower your out-of-pocket health care costs

Medicare Advantage Insurance

Medicare Supplement Insurance

Dental Essentials
CHOOSE EXPERIENCE AND RELIABILITY

Blue Cross and Blue Shield of Nebraska (BCBSNE) has been serving the health insurance needs of Nebraskans for more than 80 years. Our name has come to mean stability and respect in the health care industry. Count on us for reliable coverage and member service with a personalized touch.
FOCUSED ON YOUR NEEDS

Health care coverage with greater freedom, choice, and peace of mind.

When it comes to your health care, you don’t have to settle for less than the coverage that’s right for you. That’s why BCBSNE has options to fit your needs.

Count on us to provide the facts and guidance you need to make an informed decision about your health care coverage. This brochure offers an overview of the plans available to you from BCBSNE so that you can review and compare your options. You’ll also find information about our popular DentalEssentials plan, offering affordable dental coverage.

WHAT’S INSIDE

- Pages 4-7  Medicare Advantage plans
- Pages 8-10  Medicare Supplement plans
- Page 11  Important dates
- Pages 12-13  DentalEssentials
- Pages 14-15  Glossary

QUESTIONS? TALK TO US!

For more information about our plan choices, call 844-671-2054 (TTY 711), or contact your local agent. When you call this number, you’ll reach a BCBSNE licensed sales person who will assist you with answering any plan questions you may have.
Enjoy more total coverage than Original Medicare, with predictable costs.

Our Medicare Advantage insurance plans are available in select counties in Nebraska.* You enjoy all the coverage of Medicare Parts A and B — plus prescription drug benefits — all in one convenient plan.

Choice of plan options – including $0 premium!

You may choose from our three plan options: Medicare Advantage Core (HMO), Medicare Advantage Access (PPO) and Medicare Advantage Choice (HMO-POS). With these plans, you’ll have predictable, easy-to-budget costs for doctor office visits, prescription drugs and more. Each plan offers a different level of benefits and out-of-pocket costs, so that you can choose the one that is best suited to your needs.

Medicare Advantage plans from BCBSNE include:

- Affordable premiums for a variety of budgets
- Prescription drug coverage and an over-the-counter (OTC) allowance for a variety of eligible items
- Dental, hearing, vision and other supplemental benefits that go beyond Original Medicare
- Travel benefits that provide coverage when you are away from home

All-in-one coverage

Medicare Advantage insurance is designed to be the only health care plan you need. No matter which Medicare Advantage plan you choose from BCBSNE, you get coverage for a wide array of health care services — including doctor visits, hospital care and prescription drug coverage — all in one plan.
Medicare Advantage Plans

Coordinated care
With our Medicare Advantage plans, you get highly personalized health care services, all coordinated through a primary care physician that you choose from our extensive network of providers. Referrals are not required to see a specialist.

Benefits beyond Original Medicare
To help lower your out-of-pocket costs even more, our Medicare Advantage plans include coverage for routine eye and hearing exams. Plus, reimbursement for dental costs from any dentist you choose. Our OTC benefit provides a quarterly allowance for common items such as vitamins, pain relievers, cold remedies and more.

Preventive care coverage
Like Medicare, these plans provide coverage for important preventive care — including immunizations, flu shots and more. Our plans also offer benefits for an annual physical.

Stay fit with Tivity Health’s SilverSneakers®
This fitness program helps you take greater control of your health through an innovative and fun blend of exercise, healthy lifestyle and social activities. You’ll have access to the amenities of a basic fitness club membership, as well as SilverSneakers classes designed for older adults — all at no additional cost to you!

Blue Cross and Blue Shield of Nebraska Medicare Advantage HMO and PPO plans are available in Adams, Buffalo, Burt, Butler, Cass, Colfax, Cuming, Dodge, Douglas, Gage, Hall, Hamilton, Johnson, Lancaster, Madison, Merrick, Nemaha, Otoe, Platte, Polk, Saline, Sarpy, Saunders, Seward, Washington, York.

HMO-POS plans are available in Burt, Butler, Cass, Colfax, Cuming, Dodge, Douglas, Gage, Lancaster, Otoe, Saline, Sarpy, Saunders, Seward and Washington counties.

SilverSneakers and SilverSneakers FLEX are registered trademarks of Tivity Health, Inc. ©2019 Tivity Health, Inc. All rights reserved.
## MEDICARE ADVANTAGE PLANS

Choice of three plan options – including $0 premium

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Medicare Advantage Core (HMO)</th>
<th>Medicare Advantage Access (PPO)</th>
<th>Medicare Advantage Access (HMO-POS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>When in and out-of-network costs are applicable, costs are listed as follows: (In-network/Out-of-network)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly Premium</td>
<td>$0</td>
<td>$26</td>
<td>$44</td>
</tr>
<tr>
<td>Maximum Out-of-pocket Limit</td>
<td>$6,250</td>
<td>$4,500 / $6,900</td>
<td>$5,700 / $6,700</td>
</tr>
<tr>
<td>Primary Care Doctor Visits</td>
<td>$10</td>
<td>$5 / $15</td>
<td>$10</td>
</tr>
<tr>
<td>Specialist Office Visit Copay</td>
<td>$45</td>
<td>$30 / $40</td>
<td>$40</td>
</tr>
<tr>
<td>Urgent Care Copay</td>
<td>$55</td>
<td>$55</td>
<td>$55</td>
</tr>
<tr>
<td>Inpatient Hospital Stay Copay</td>
<td>$395 per day for days 1-4 $0 per day for days 5+</td>
<td>$395 per day for days 1-4 $0 per day for days 5+</td>
<td>$380 copay for days 1-4 $0 copay for days 5+</td>
</tr>
<tr>
<td>Outpatient Hospital Surgery</td>
<td>$300 per day</td>
<td>$200 per day</td>
<td>$200 per day</td>
</tr>
<tr>
<td>Emergency Care Copay</td>
<td>$90</td>
<td>$90</td>
<td>$90</td>
</tr>
<tr>
<td>Dental Benefit</td>
<td>$500 annual maximum reimbursement</td>
<td>$500 annual maximum reimbursement</td>
<td>$500 annual maximum reimbursement</td>
</tr>
<tr>
<td>Routine Eye Exam</td>
<td>$10</td>
<td>$0 / 40% coinsurance</td>
<td>$0</td>
</tr>
<tr>
<td>Routine Hearing Exam</td>
<td>$10</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Over-the-counter Allowance</td>
<td>$25 per quarter</td>
<td>$50 per quarter</td>
<td>$25 per quarter</td>
</tr>
<tr>
<td>Tier 1: Preferred-generic Drug Copay</td>
<td>$3</td>
<td>$0</td>
<td>$2</td>
</tr>
<tr>
<td>Tier 2: Generic Drug Copay</td>
<td>$8</td>
<td>$8</td>
<td>$8</td>
</tr>
<tr>
<td>Travel Coverage</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Fitness Benefit</td>
<td>SilverSneakers®</td>
<td>SilverSneakers®</td>
<td>SilverSneakers®</td>
</tr>
</tbody>
</table>

### HMO / PPO service area:

### HMO-POS service area:

69-208 (12-05-19)
QUESTIONS? TALK TO US!
For more information on our Medicare Advantage Insurance plan choices, call 844-671-2054 (TTY 711), or contact your local agent.

89-208 (12-05-19)
Coverage designed to help pay Original Medicare’s out-of-pocket costs.

For traditional coverage that picks up where Medicare leaves off, choose one of our Medicare Supplement insurance plans. These plans are to help pay the deductibles, copayments and coinsurance you would normally have to pay yourself.

Choose from a variety of plans
Blue Cross and Blue Shield of Nebraska offers standardized Medicare Supplement Plans A, B, C, F, G, L and N.* Each of our plans provides a different level of coverage to meet your unique needs and budget. (See the enclosed Medicare Supplement Benefit Sheet for a comparison of plan options.)

Freedom to choose your doctor
With our Medicare Supplement plans, you are free to see any Medicare-participating doctor or hospital. You do not have to designate a primary care physician in order to receive benefits and referrals are not required to see a specialist.

No plan deductible
You do not have to meet a deductible before receiving Medicare Supplement benefits for covered expenses. Original Medicare still has deductibles, but two of our plans (C and F) cover the Part B deductibles.*

*Plans C and F are only available to those who were Medicare eligible prior to Jan. 1, 2020.
MedicareBlue® Rx drug coverage is also available

While our Medicare Supplement plans do not cover prescription drugs, you can add a stand-alone drug plan that fits nicely into your overall coverage. We offer two prescription drug plan options: a **Standard option** and a **Premier option**. With our Standard option, you have to pay a deductible first before your plan begins paying benefits. Our Premier option does not have a deductible, so your coverage starts right away. Our Premier option also offers additional savings on generic drugs in the coverage gap (also known as the “donut hole”).

**Value-added extras for greater peace of mind**

Our Medicare Supplement insurance offers members access to

- Blue365®, offering exclusive member discounts on fitness, nutrition, hearing and vision products, travel and more.
- Identity protection and credit monitoring to help you resolve identity theft issues and protect your good name.

For specific benefit information about Medicare Supplement, see the enclosed benefit chart.

Blue Cross and Blue Shield of Nebraska is not connected with or endorsed by the United States government or the federal Medicare program. This is a solicitation for insurance and an agent may contact you.

MedicareBlue® Rx (PDP) is a prescription drug plan with a Medicare contract. Enrollment in MedicareBlue Rx depends on contract renewal.

These value added programs are not insurance, and may be discontinued at any time.

QUESTIONS? TALK TO US!

For more information on our Medicare Supplement Insurance plan choices, call **844-671-2054 (TTY 711)**, or contact your local agent.
**MEDICARE SUPPLEMENT**

Coverage designed to help pay Original Medicare’s out-of-pocket costs.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part A Hospital Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare Part A coinsurance</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>and hospital costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional days of hospitalization (up to 365 after Medicare benefits are used up)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Part A hospice care coinsurance or copayment</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>75%</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Skilled nursing facility care coinsurance</td>
<td>✓</td>
<td>75%</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Medicare Part A deductible</td>
<td>✓</td>
<td>✓</td>
<td>75%</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Part B Physician Care and Medical Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare Part B coinsurance or copayment</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>75%</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Medicare Part B deductible</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Medicare Part B excess charges</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td><strong>Valuable Extras</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood (First 3 pints)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>75%</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Emergency care received in a foreign country</td>
<td></td>
<td></td>
<td></td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
</tbody>
</table>

First eligible for Medicare before 2020.
**IMPORTANT DATES**

For Nebraskans on Medicare Supplement or Medicare Advantage

**Initial Coverage Election Period (ICEP)**
The period during which an individual is newly eligible for a Medicare plan. Normally, this period begins three months before the individual’s first entitlement to both Medicare Part A and Part B and ends three months after the month of eligibility. For most individuals, this means the ICEP begins three months before you turn age 65 and ends three months after the month in which you turn 65. However, for individuals who defer their enrollment into Part B (because, for example, they’ve continued to work), the ICEP is only the three months immediately preceding entitlement to Part B.

**Annual Election Period (AEP): Oct. 15 – Dec. 7**
The 2020 AEP is for individuals on Medicare who (a) have not yet joined a plan OR (b) are already enrolled in a plan and want to switch, with coverage effective Jan. 1. The AEP applies to Medicare Advantage or Medicare prescription drug coverage only.

**Open Enrollment Period (OEP): Jan. 1 – March 31**
After the AEP, individuals will have an additional three months where they can make one switch to another like plan. For instance, if you have Original Medicare and Prescription Drug Plan coverage, you could switch one time in this period to a Medicare Advantage plan. For more information, please speak with an agent.

**QUESTIONS? TALK TO US!**
For more information on our Medicare Supplement Insurance plan choices, call **844-671-2054 (TTY 711)**, or contact your local agent.
DENTAL ESSENTIALS

Affordable coverage for the high cost of dental care

Regular dental care is an important part of an overall healthy lifestyle. Many Americans, however, lack dental coverage and must pay for visits to the dentist on their own or put off getting the care they need.

BCBSNE has an affordable solution. With our DentalEssentials options, you can select a plan that best meets your coverage needs and your budget. You’ll enjoy the convenience of having your medical and dental coverage from the same insurance provider.

You may choose from four DentalEssentials options, each with three levels of coverage:

- **Preventive and Diagnostic Dentistry** — including two comprehensive and/or periodic oral examinations per calendar year with $0 deductible for in-network providers
- **Maintenance and Simple Restorative Dentistry and Oral Surgery** — including simple and impacted extractions
- **Complex Restorative Dentistry, Periodontics and Endodontics** — from crowns to dentures to root canals and more

This document is a brief overview of DentalEssentials dental coverage. It is a general overview only and is not a contract. It does not provide all the details of the coverage including benefits, limitations and contract exclusions. In the event that there are discrepancies between this document and the contract, the terms and conditions of the contract will govern. For more information regarding benefits, limitations, exclusions and other provisions, refer to the product contract.
Enjoy access to in-network dentists nationwide

Our provider network consists of multiple Blue Cross and Blue Shield Plans that, when combined, gives you access to a large PPO dental network. Participating dentists are located in Nebraska and throughout the nation.

With DentalEssentials, you can lower your out-of-pocket costs whenever you use dentists in our network. These providers have agreed to accept our benefit payment for covered services as payment in full — except for any deductible or coinsurance amounts and charges for non-covered services, which are the member’s responsibility. That means our network of providers, under the terms of their contract with us, can’t bill you for amounts over our benefit allowance. However, out-of-network providers can bill patients for amounts in excess of the benefit allowance.

Find dental network providers in Nebraska and anywhere in the U.S. at NebraskaBlue.com/Find-A-Doctor

Even if you don’t have health insurance coverage with BCBSNE, you can purchase DentalEssentials coverage!

QUESTIONS? TALK TO US!
To learn more, call 844-671-2054 (TTY 711), or contact your local agent.
GLOSSARY

**Annual Enrollment Period** – The Annual Election Period (AEP) is for individuals on Medicare who (a) have not yet joined a plan OR (b) are already enrolled in a plan and want to switch, with coverage effective January 1.

**Benefit Period** – The way that Medicare measures your use of hospital and skilled nursing facility (SNF) services. A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you have not received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row.

**BlueCard®** – A Blue Cross and Blue Shield Association program that allows its Blue Cross Blue Shield Nebraska MA Choice HMO-POS members to receive care from providers who participate with Blues plans when traveling outside Nebraska and within the United States, including the District of Columbia and Puerto Rico.

**Blue Cross Blue Shield Global® Core** – A program that allows for reimbursement of funds used for urgent and emergency care obtained when traveling outside of the United States.

**Coinsurance** – An amount you may be required to pay as your share of the cost for services or prescription drugs. Coinsurance is usually a percentage (for example, 20%).

**Copayment** – A fixed dollar amount you pay for health care, such as an office visit, medical test or prescription drug.

**Deductible** – The amount you must pay before your plan begins to pay its share.

**Drug Tiers** – Drugs on a formulary are usually grouped into tiers. The tier that your medication is in determines your portion of the drug cost.

**Extra Help** – A Medicare program to help people with limited income and resources pay Medicare prescription drug program costs, such as premiums, deductibles, and coinsurance.

**Formulary** – A list of prescription drugs covered by the plan. The drugs on this list are selected by the plan with the help of doctors and pharmacists. The list includes both brand name and generic drugs.

**Gap Coverage** – After your total prescription drug costs reach the $4,020 initial coverage limit and before they reach $6,350 in out-of-pocket costs.

**Initial Coverage Election Period (ICEP)** – The period during which an individual is newly eligible for a Medicare Advantage plan. Normally, this period begins three months before the individual’s first entitlement to both Medicare Part A and Part B and ends three months after the month of eligibility. For most individuals, this means the ICEP begins three months before you turn age 65 and ends three months after the month in which you turn 65. However, for individuals who defer their enrollment into Part B (because, for example, they’ve continued to work), the ICEP is only the three months immediately preceding entitlement to Part B.

**Initial Enrollment Period** – When you are first eligible for Medicare, the period of time when you can sign up for Medicare Part A and Part B. For example, if you’re eligible for Medicare when you turn 65, your Initial Enrollment Period is the 7-month period that begins 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65.

**Medicare Part A** – Helps cover hospital, skilled nursing facility, hospice care and home health care.

**Medicare Part B** – Helps cover doctor services, outpatient care, durable medical equipment (DME) and some preventive services.

**Medicare Part C** – Insurance plan offered by private companies that include Medicare Parts A and B, plus may cover some additional services.
such as vision, hearing, dental and certain health/wellness programs. Most Medicare Advantage plans offer prescription drug coverage. (Medicare Part D).

**Medicare Part D** – Medicare Part D is prescription drug coverage, and helps cover the cost of many outpatient prescription drugs. If you enroll in a Medicare Advantage Plan this drug coverage is usually included into the plan, otherwise it is offered through insurance companies as a separate plan.

**Medicare Prescription Drug Coverage (Medicare Part D)** – Insurance to help pay for outpatient prescription drugs, vaccines, biologicals, and some supplies not covered by Medicare Part A or Part B.

**Open Access** – Open access health plans do not have a Primary Care Physician (PCP) requirement, which means referrals are not required.

**Open Enrollment Period** – A set time after AEP where individuals have an additional three months when they can make one switch from their current plan to another like plan.

**Out-of-pocket Maximum** – The most you have to spend for copays, coinsurance and deductibles in any given year.

**Point of Service (POS)** – Blue Cross Blue Shield Nebraska MA Choice HMO-POS plan has a Point-of-Service benefit, which allows members to receive pre-authorized care when traveling outside of Nebraska and within the United States including District of Columbia and Puerto Rico. (Also see BlueCard.)

**Preferred/Standard Pharmacy** – Network pharmacy that offers covered Part D drugs to members of our plan that may have lower cost-sharing levels than at other network pharmacies.

**Service Area** – A geographic area where a health plan accepts members if it limits membership based on where people live. For plans that limit which doctors and hospitals you may use, it’s also generally the area where you can get routine (non-emergency) services. The plan may disenroll you if you permanently move out of the plan’s service area.

**Special Enrollment Period** – A set time when members can change their health or drug plans or return to Original Medicare. Situations in which you may be eligible for a Special Enrollment Period include: if you move outside the service area, if you are getting “Extra Help” with your prescription drug costs, if you move into a nursing home, or if we violate our contract with you.

QUESTIONS? TALK TO US!
To learn more, call 844-671-2054 (TTY 711), or contact your local agent.
QUESTIONS? TALK TO US!

For more information about our plan choices, call 844-671-2054 (TTY 711), or contact your local agent.

When you call this number, you’ll reach a Blue Cross and Blue Shield of Nebraska licensed sales person who will assist you with answering any plan questions you may have.

For Customer Service, please call 888-488-9850 (TTY 711), 8 a.m. to 8 p.m., CT, Monday through Friday from April 1 through Sept. 30, with weekend hours from Oct. 1 through March 31.