

How to get care from out-of-network providers

Blue Cross Blue Shield Nebraska MA Core HMO

The only services we cover from out-of-network providers without an authorization are medical emergencies and urgently needed services. **Note:** enrollees are entitled to receive services from out-of-network providers for emergency or out of area urgently needed services. In addition, we cover dialysis services for ESRD enrollees who have traveled outside the plans service area and are not able to access contracted ESRD providers.

If you need medical care when you're **inside the service area, but seeking services from an out-of-network provider or are outside of the service area**, your coverage is limited to medical emergencies, urgently needed services and renal dialysis, unless Blue Cross Blue Shield Nebraska MA Core HMO has approved the out-of-network services in advance. If providers of specialized services are not available in-network, you can request authorization for out-of-network care. Members can request approval in advance (authorization) for out-of-network services by calling Customer Service, see below for information.

Please refer to the Evidence of Coverage document, See Chapter 4 for more detailed information about your medical benefits and Chapter 7 for information about payment for services given by out-of-network providers. If you have questions about what medical care is covered when you travel, please call Customer Service, see below for information.

Blue Cross Blue Shield Nebraska MA Choice HMO-POS

The only services we cover from out-of-network providers without an authorization are medical emergencies and urgently needed services.

If you need medical care when you are **inside the service area, but seeking services from an out-of-network provider**, your coverage is limited unless Blue Cross Blue Shield Nebraska MA Choice HMO-POS has approved the out-of-network services in advance.

If you need medical care when you're **outside of the service area and inside Nebraska**, your coverage is limited to medical emergencies, urgently needed services and renal dialysis, unless Blue Cross Blue Shield Nebraska MA Choice HMO-POS has approved the out-of-network services in advance.

If you need medical care when you're **outside of Nebraska**, our point-of-service benefit (offered through BlueCard via the Blue Cross and Blue Shield Association) allows you to receive prearranged routine and follow-up care as necessary from providers who participate with Blues plans. To locate participating providers outside of Nebraska or obtain prior authorization, call BlueCard Worldwide 1-800-810-2583, 24 hours a day 7 days a week. TTY users call 711. This phone number is on the back of your ID card.

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

How to get covered services when you have an emergency or urgent need for care or during a disaster

Getting care if you have a medical emergency

What is a “medical emergency” and what should you do if you have one?

A “medical emergency” is when you, or any other prudent layperson with an average knowledge of health and medicine, believe that you have medical symptoms that require immediate medical attention to prevent loss of life, loss of a limb, or loss of function of a limb. The medical symptoms may be an illness, injury, severe pain, or a medical condition that is quickly getting worse.

If you have a medical emergency:

Get help as quickly as possible. Call 911 for help or go to the nearest emergency room or hospital. Call for an ambulance if you need it. You do *not* need to get approval or a referral first from your PCP.

What is covered if you have a medical emergency?

You may get covered emergency medical care whenever you need it, anywhere in the United States or its territories. Our plan covers ambulance services in situations where getting to the emergency room in any other way could endanger your health. For more information, please refer to the Evidence of Coverage document, see the Medical Benefits Chart in Chapter 4.

We cover emergency medical services outside of the country; please refer to the Evidence of Coverage document, see Chapter 4 for more information.

If you have an emergency, we will talk with the doctors who are giving you emergency care to help manage and follow up on your care. The doctors who are giving you emergency care will decide when your condition is stable and the medical emergency is over.

After the emergency is over you are entitled to follow-up care to be sure your condition continues to be stable. Your follow-up care will be covered by our plan. If your emergency care is provided by out-of-network providers, we will try to arrange for network providers to take over your care as soon as your medical condition and the circumstances allow.

What if it wasn't a medical emergency?

Sometimes it can be hard to know if you have a medical emergency. For example, you might go in for emergency care – thinking that your health is in serious danger – and the doctor may say that it wasn't a medical emergency after all. If it turns out that it was not an emergency, as long as you reasonably thought your health was in serious danger, we will cover your care.

However, after the doctor has said that it was *not* an emergency, we will cover additional care *only* if you get the additional care in one of these two ways:

- You go to a network provider to get the additional care.
- – *or* – The additional care you get is considered “urgently needed services” and you follow the rules for getting this urgently needed service (for more information about this, see section below).

Getting care when you have an urgent need for services

What are “urgently needed services”?

“Urgently needed services” are non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care. Urgently needed services may be furnished by network providers or by out-of-network

providers when network providers are temporarily unavailable or inaccessible. The unforeseen condition could, for example, be an unforeseen flare-up of a known condition that you have.

What if you are in the plan's service area when you have an urgent need for care?

You should always try to obtain urgently needed services from network providers. However, if providers are temporarily unavailable or inaccessible and it is not reasonable to wait to obtain care from your network provider when the network becomes available, we will cover urgently needed services that you get from an out-of-network provider. If you need to locate an urgent care provider, you can use the Find a Doctor tool on our website by visiting medicare.nebraskablue.com or call Customer Service at 1-888-488-9850, Hours are 8 a.m. to 8 p.m., Central time, seven days a week from October 1 through February 14; 8 a.m. to 8 p.m., Central time, Monday through Friday from February 15 through September 30.

What if you are outside the plan's service area when you have an urgent need for care?

When you are outside the service area and cannot get care from a network provider, our plan will cover urgently needed services that you get from any provider.

Our plan covers urgently needed services or any other emergency services if you receive the care outside of the United States.

Getting care during a disaster

If the Governor of your state, the U.S. Secretary of Health and Human Services, or the President of the United States declares a state of disaster or emergency in your geographic area, you are still entitled to care from your plan.

Generally, during a disaster, your plan will allow you to obtain care from out-of-network providers at in-network cost-sharing. If you cannot use a network pharmacy during a disaster, you may be able to fill your prescription drugs at an out-of-network pharmacy. If the Governor of your state, the U.S. Secretary of Health and Human Services, or the President of the United States declares a state of disaster or emergency in your geographic area, you are still entitled to care from your plan.

Blue Cross Blue Shield Nebraska MA Core HMO and Blue Cross Blue Shield Nebraska MA Choice HMO-POS Customer Services

Method	Customer Service – Contact Information
CALL	1-888-488-9850 Calls to this number are free. Hours are 8 a.m. to 8 p.m., Central time, seven days a week from October 1 through February 14; 8 a.m. to 8 p.m., Central time, Monday through Friday from February 15 through September 30. Customer Service also has free language interpreter services available for non-English speakers.
TTY	711 Calls to this number are free. Hours are 8 a.m. to 8 p.m., Central time, seven days a week from October 1 through February 14; 8 a.m. to 8 p.m., Central time, Monday through Friday from February 15 through September 30.
FAX	1-210-568-4364
WRITE	Blue Cross and Blue Shield of Nebraska P.O. Box 696564 San Antonio, TX 78269
WEBSITE	medicare.nebraskablue.com