

2019

Blue Cross and Blue Shield of Nebraska MA Core and Choice

Resource Guide

Put your coverage to work

medicare.nebraskablue.com

You have a new plan. *Now what?*

We are happy to have you as a member. Whether you joined for the first time this year or have been with the Blue Cross and Blue Shield of Nebraska family for years, you might be wondering what you should do to get the most out of your coverage this year. Here's an easy guide to get you up to speed so you can start taking advantage of your new plan and new benefits.

We'll keep you informed.....	2
Take an active role in your care.....	4
What's up, doc?	5
In sickness and in health: We've got you covered	6
Get the right care when you need it.....	7
Terms to know.....	8
Healthy savings	10
A guide to your <i>Evidence of Coverage</i>	11
Part D prescription drug coverage tips	12
Contact us.....	Back cover

You're a member of an HMO or HMO-POS plan



We cover everything that Original Medicare does, plus more, all in one plan. Health maintenance organizations (HMOs) provide personalized care coordinated by a primary care provider, or PCP, who you select from our network of doctors.

This information is not a complete description of benefits. Call 1-888-488-9850, TTY users call 711, for more information.

We'll keep you informed

Part of our commitment to you is to help you get the most out of your plan. You'll hear from us throughout the year as we keep you informed about your plan.

Membership ID card



Start using your ID card

New members: We sent you a new membership ID card. You can put your red, white and blue Medicare card away in a safe place and use your Blue Cross and Blue Shield of Nebraska membership ID card instead.

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

Welcome kit and plan materials



New members: You receive important plan materials in this mailing, including a complete description of your plan coverage and your member rights in the Evidence of Coverage and other important plan information. You'll find helpful tools, resources and important tips in this *Resource Guide*.

Renewing members: This Resource Guide is part of your annual renewal mailing. You also receive the *Annual Notice of Changes*, *Evidence of Coverage* 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 for the next month's premium, if you have a plan with a premium.

You won't receive a bill if:

- 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

Welcome call



When you are a new member, we call you to make sure you received your welcome kit and membership ID card, help answer any questions about your coverage and tell you about programs we offer to help you stay healthy.

Guide to your costs



Early next year, we will send you a wallet-sized card that lists the out-of-pocket costs for the medical services you use most.

Built-in fitness program



SilverSneakers® Fitness program is an exercise and wellness program offered by Tivity Health that helps you live a healthy, active lifestyle through exercise. Access more than 13,000 facilities nationwide. To locate a participating fitness center near you, call **1-866-678-0828**, 8 a.m. to 8 p.m. Central time Monday through Friday. TTY users call 711. Or visit **www.silversneakers.com**.*

*Tivity Health is an independent company that has a contract with Blue Cross and Blue Shield of Nebraska to offer fitness services.

Doctor visit



Make an appointment for your Annual Wellness Visit and Annual Routine Physical with your doctor so you can begin taking advantage of your preventive benefits.

If you don't have one, pick a primary care doctor.

To see a listing of doctors you can:

- Look in the Provider Directory that we mailed you when you enrolled
- View the list online at **medicare.nebraskablue.com** under Find a Doctor
- Call Customer Service at the number on the back cover of this booklet (this number is also on your Blue Cross and Blue Shield of Nebraska membership ID card)

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. This is the source of truth on your cost share. You'll receive an *Explanation of Benefits* the month after the claim is processed.

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. They don't affect your coverage or costs.

We appreciate your honest feedback.

Take an active role in your care

If you are new to Medicare, schedule a Welcome to Medicare Exam. If you've been enrolled in Medicare for more than a year, you can take advantage of your Annual Wellness Visit, which includes personalized prevention plan, screening schedules, referrals and education based on your specific health situation.



You can take charge of your health and get more out of your doctor visits by:

- Writing down questions you want to ask as well as symptoms you want your doctor to be aware of
- Taking notes as the doctor answers your questions
- Reviewing your medications (dose, side effects and over-the-counter supplements)
- Speaking up if you have any health concerns
- Being involved in your care decisions

What's up, doc?

If you're looking for better dialogue with your doctor, try this: Pick at least one question from each row to ask every time you visit your doctor.

What ...	exercise is right for me?	is a healthy weight for me?	chronic conditions am I most at risk for?	are my treatment options?
How ...	healthy am I? -or- serious is my condition?	will I know if the treatment is working?	much does this cost?	do my medications, blood pressure and cholesterol level affect my diabetes?
When do I need preventive care ...	vaccines for flu or pneumonia?	bone density screenings for osteoporosis?	cancer screenings?	diabetes screenings?
Why ...	do I need this treatment?	does my medication make me feel weak or dizzy?	am I forgetting things or feeling sad?	am I on this medication?

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.

Considering surgery

If you're thinking about having surgery, it's important to have the knowledge you need to make an informed decision. That's why we're providing you free access to Welvie, an online support program with six steps that guide you from diagnosis to recovery.

Learn more at www.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.*

Managing complex and chronic health conditions

Our case management programs help members with management of 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. He or she will follow your treatment and make sure your care is well coordinated.



1-877-399-1675,
TTY users call **711,**
8 a.m. to 4:30 p.m. Monday through
Thursday, Central time
8:30 a.m. to 4:30 p.m. Friday, Central time

Transitional Care

We offer follow-up care when you leave a hospital. A nurse will contact you while you're in the hospital or as soon as possible after you've left the hospital to answer questions and to 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

Medicare Advantage Health Assessments

You will receive a letter asking you to complete a free health questionnaire. Completing it is optional, but there are important reasons to fill it out and return it to us for members:

- It helps you better prepare for your next visit by informing you of the results and important topics to discuss with your doctor
- It helps us better understand how we can help you and how to connect you with free programs and services available to you
- It's easy to complete, either by mail or online
- The information doesn't affect your enrollment or costs and is kept confidential.

Get the right care when you need it

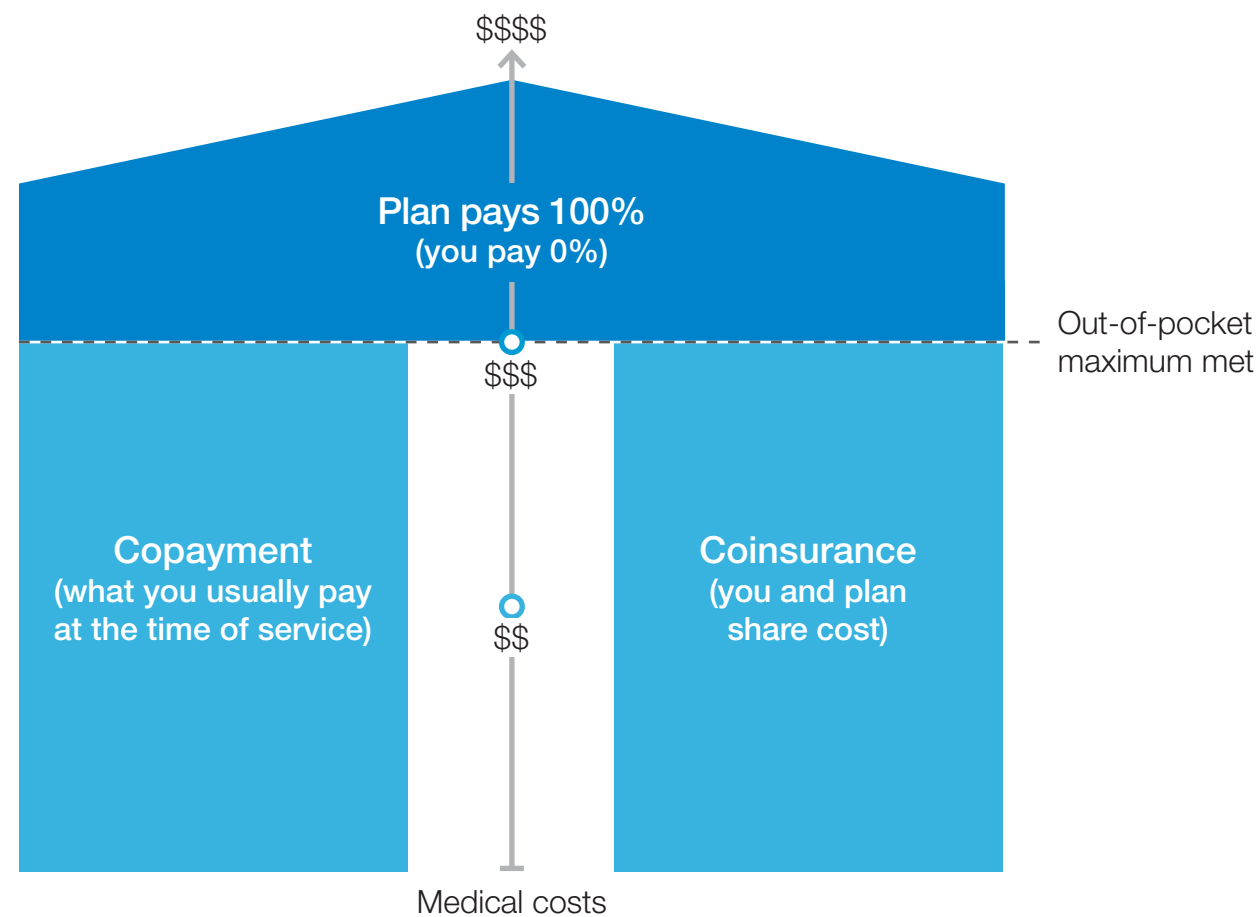
Type of care	Best for	Advantages	Your copay
Your regular doctor	<ul style="list-style-type: none"> • Annual Wellness Visit • Annual Routine Physical • Screenings/vaccines • Minor illnesses or injuries 	<p>Trusted doctor: Knows you and your medical history</p> <p>Can track and guide all care including specialist referrals</p> <p>After-hours access by phone or email</p>	
Specialist	<ul style="list-style-type: none"> • A particular area of expertise 	<p>Specialized care: For issues, like heart or lung health or geriatric care</p>	
Urgent care center	<ul style="list-style-type: none"> • Non-life threatening illnesses or issues when you can't get in to see your regular doctor 	<p>Convenience: Extended hours, walk-in service, convenient locations</p>	
Emergency room	<ul style="list-style-type: none"> • Handles sudden, very serious or life-threatening illness or injury 	<p>Accessibility: 24 hours a day, seven days a week</p>	

Terms to know

Coinsurance — A fixed percentage of the costs you pay for health care services, (or prescriptions, if applicable).

Copayment — A fixed amount you pay for health care services or supplies, usually at the time of service (office visits, emergency room, urgent care).

Out-of-pocket maximum — The maximum dollar amount you will pay in copayments and coinsurance during one plan year. After you reach your out-of-pocket maximum, your plan covers 100 percent of the cost for covered services you receive the rest of the year.



Hospital-based practice — Many provider offices, health centers or hospital-based outpatient clinics owned and operated by hospitals may charge an additional hospital usage fee or facility charge when you see any provider in the office, health center or clinic. These offices may cost you more. Additionally, your services may cost a different amount based on where they're performed (in office, outpatient in an ambulatory surgical center, outpatient hospital facility or hospital-owned doctor office).

Inpatient versus outpatient — If you are having a service in a hospital, you should check with your doctor beforehand to see if the service is inpatient or outpatient as this will impact your cost sharing. Unless the doctor writes an order to admit you as an inpatient to the hospital and your plan authorizes admission, the service will be outpatient and you will pay the cost-sharing amounts for outpatient services. Even if you stay in the hospital overnight, the service might still be considered outpatient. If you are not sure if the service is considered outpatient, you should ask the hospital staff.

Prior authorization — Some medical services are covered only if your doctor gets prior authorization (approval in advance) from our plan. Covered services that need prior authorization are marked in the medical benefits chart included with your Evidence of Coverage booklet. Because your doctor gets the authorization before a service takes place, you won't be held responsible for any charges if a claim is denied for not having prior authorization.

Healthy savings

You can get healthy on a budget with Blue365®. This program offers you exclusive savings on national and local products and services for a well-balanced lifestyle, including:

- **Fitness and wellness** – health magazines, fitness gear and gym memberships
- **Healthy eating** – cookbooks, cooking classes and weight-loss programs
- **Lifestyle** – travel and recreation
- **Personal care** – Lasik and eye care services, dental care and hearing aids

Enjoy great deals for every aspect of healthy living with savings on top brands like Jenny Craig®, Seniorlink Care, Hope Paige Medical ID Marketplace.

Take advantage of these savings:



- Log in to your member account at **www.nebraskablue.com/resources/member-perks/member-discounts**. If you're a first-time user, you must register. Your Blue Cross and Blue Shield of Nebraska membership ID card has the information you need to register.
- Search for deals by category and region to find the savings you want at locations near you.



1-855-511-2583
TTY users call **711**.
8 a.m. to 8 p.m. Central time, Monday through Friday

Blue365 is brought to you by the Blue Cross Blue Shield Association. Value-added items and services are not a part of your insurance benefits. For complete terms and conditions, see www.blue365deals.com/terms-use.

A guide to your *Evidence of Coverage*

Your *Evidence of Coverage* is an important legal document that explains your coverage.

How much do I pay for ...

Monthly premiums?.....	Chapter 1, Section 4.1
Doctor office copayments?	Chapter 4, Section 2
Part D prescription drugs costs?	Chapter 6, Section 5

Tell me about my plan.

Helpful contact information	Chapter 2
How do I use my coverage?.....	Chapter 3
How do I coordinate my coverage with other insurance?.....	Chapter 2, Section 9
Definitions of key terms.....	Chapter 12

What am I covered for?

Medical benefits chart with cost-sharing information	Chapter 4, Section 2
Services that we don't cover	Chapter 4, Section 3
You may ask for reimbursement for a bill for covered services	Chapter 7

What if I have a problem with my coverage?

If you want to appeal a medical coverage decision, see Chapter 9, Sections 3 – 5.



Your plan includes Part D prescription drug coverage ...

Most of your prescription drug coverage information— including network information and limitations — is covered in Chapters 5 and 6 of the EOC. If you want to appeal a Part D prescription drug coverage decision, see Chapter 9, Section 6.

Part D prescription drug coverage tips



Save money with our pharmacy network

For your convenience, most chain pharmacies as well as many independent pharmacies are in our network. With few exceptions, your prescriptions must be filled at our network pharmacies for your medications to be covered. You save money when you get your medications from a preferred network pharmacy. Refer to your provider pharmacy directory for locations near you. You can find it on [medicare.nebraskablue.com](https://www.medicare.nebraskablue.com) under Medicare Advantage plans, click on Learn more then select Find a Pharmacy from the options on the left.

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

Our plans with Part D prescription drug coverage use a drug list that promotes the use of 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.

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 90-day supply

Using your local pharmacy or mail order for your ongoing prescription drug needs is easy and convenient. Allow 7 to 10 days for delivery from our mail-order pharmacies. If your mail order is late and you did not receive a call from your mail-order provider, call your mail-order service provider right away.

To find a preferred retail pharmacy or to request mail order forms, contact Prime Therapeutics:



www.myprime.com



1-855-457-1349, 24 hours a day, seven days a week. TTY users call 711.

Prime Therapeutics is an independent company that provides pharmacy benefit administration services on behalf of Blue Cross and Blue Shield of Nebraska.

Make your own drug list

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.

Contact us

Customer Service

1-888-488-9850. TTY users call **711**.

Hours — 8 a.m. to 8 p.m., Central time, seven days a week from October 1 through March 31; 8 a.m. to 8 p.m., Central time, Monday through Friday from April 1 through September 30.

Report fraud

1-877-632-2583.

TTY users call **711**.

8 a.m. to 4:30 p.m. Central time

Monday through Friday

Blue Cross and Blue Shield of Nebraska is an independent licensee of the Blue Cross and Blue Shield Association.

Blue Cross and Blue Shield of Nebraska is an HMO and HMO-POS plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of Nebraska Medicare Advantage depends on contract renewal.