BlueCross BlueShield Nebraska

Medicare.NebraskaBlue.com

MEDICARE ADVANTAGE *member newsletter*

Fall 2025

Wishing You a Joyful Holiday Season!

As the holidays approach, we want to take a moment to send our heartfelt wishes to all the members in our community. May this season bring you peace, warmth and joy surrounded by loved ones and cherished memories. Happy Holidays and a wonderful New Year!

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5 Things to Know About Your **New Fitness Benefit for 2026**

On January 1, 2026, log into your member portal at **myNebraskaBlue.com** to check your Fitness Allowance FlexCard balance or order fitness equipment from the catalog. You can also call FlexCard Member Services at 844-451-1003 (TTY users call 711).

FlexCard Member Services Hours: Monday through Friday, 7 a.m. – 8 p.m. (Central Time)

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

$300 ADDED TO YOUR FLEXCARD

Starting Jan. 1, 2026, you'll receive a $300 fitness allowance loaded directly onto your FlexCard.

UPDATE YOUR PAYMENT METHOD

- If you currently pay your gym directly, switch your payment method to your FlexCard beginning January 1.
- If FitOn pays your gym, update your backup payment method to your FlexCard to avoid unexpected charges to your bank or credit card.

USE IT YOUR WAY

Your fitness funds can be used for gym memberships, fitness classes, home workout apps and videos or qualifying equipment from the online catalog.

FITNESS THAT FITS YOU

Everyone's fitness journey is different—use your benefit in a way that supports your lifestyle and goals.

DON'T LET IT GO TO WASTE

The $300 expires at the end of 2026. Make the most of it and use every dollar!

FitOn is an independent company that provides digital fitness and health services to Blue Cross and Blue Shield of Nebraska.

What really is your **Evidence of Coverage?**

An Evidence of Coverage (EOC) is a document provided by a health insurance company, such as a Medicare Advantage plan, that details your health benefits, costs, limitations and your rights as a policyholder. Think of it as a guide to understanding your health plan, including what's covered, what's not and how much you can expect to pay for services like premiums, copays and coinsurance. The EOC serves as official proof of your coverage and is essential for understanding your policy and for comparison when choosing or renewing a health plan.

Key Information Found in an EOC

An EOC is a comprehensive document and typically includes the following:

- **Benefits:** What services and treatments are covered by your plan.
- **Limitations:** Restrictions on coverage, such as network limitations or excluded services.
- **Costs:** Information on your premiums, deductibles, copayments, coinsurance and out-of-pocket maximums.
- **How to Use Your Coverage:** Instructions on how to get services, find providers, and use your plan.
- **Member Rights:** Information on your rights, including how to file a complaint or appeal a decision.

How to Use an EOC

- **Understanding Your Plan:** The EOC serves as a detailed reference for your health plan.
- **Comparing Plans:** Use the EOC, along with your Summary of Benefits, to compare the benefits and costs of different health plans to make an informed decision.
- **For Reference:** Keep the EOC handy to refer to it when you have questions about your coverage or costs.

Where to Find Your EOC

- **MyNebraskaBlue.com:** Your EOC is always available on your member portal.
- **Contact Member Services:** You can request a copy of your EOC be mailed or delivered electronically.

Supporting Timely Care and Reducing Reliance on the Emergency Room

While some ER visits are unavoidable, many can be prevented through earlier intervention and better access to care. Our goal is to help you receive the right care at the right time—before conditions escalate. Here are practical ways to support timely care:

1 Schedule Regular Visits with Your Primary Care Provider

Regular visits with a primary care provider help catch health issues early and manage chronic conditions before they escalate. Establishing a relationship with a provider ensures you have someone to call when symptoms arise.

2 Don't Wait Until the Weekend or Monday Morning to Seek Care

If you're feeling unwell, reach out to your provider during the week when you can. Waiting until symptoms worsen over the weekend can lead to an ER visit that might have been avoided. Keep in mind that Monday mornings are often extremely busy for primary care offices, as many patients who delayed care over the weekend are trying to get appointments. Calling earlier in the week improves your chances of being seen promptly.

3 If Your Primary Care Provider Is Fully Booked, Ask About Other Options

If your provider's schedule is full, speak with the scheduler or receptionist. Another provider in the same clinic or practice may have an open appointment.

4 Use Urgent Care for Non-Life-Threatening Illnesses and Injuries

Urgent care centers are ideal for conditions like:

- Minor fractures or sprains
- Flu, colds or sore throats
- Ear infections
- Small cuts or burns

They're typically faster and more affordable than ERs, and many offer extended hours and walk-in availability.

5 Know When the ER Is Truly Necessary

Seek emergency care for:

- Chest pain or pressure
- Difficulty breathing
- Severe bleeding or trauma
- Sudden confusion or slurred speach

→ Understanding the Financial Impact of ER Visits

Emergency care is essential—but it often comes with a significant financial cost, even for insured members:

- → The **average ER visit** in the U.S. costs around **$2,715**, with some bills exceeding **$3,000** depending on the severity of the condition and services provided.
- → For patients **with insurance**, out-of-pocket costs typically range from **$400 to $650**, depending on the plan, deductible and whether the ER is in-network.
- → ER billing may include separate charges for triage, facility use, physician services, diagnostic tests and medications.

As your health care partner, we want to make sure you feel confident about when and where to seek care. Emergency rooms are there for you when you need them most—but we also want to help you avoid reaching that point whenever possible. By staying on top of routine care, acting early when symptoms appear, and using urgent care when appropriate, you can often avoid the stress and cost of an ER visit.

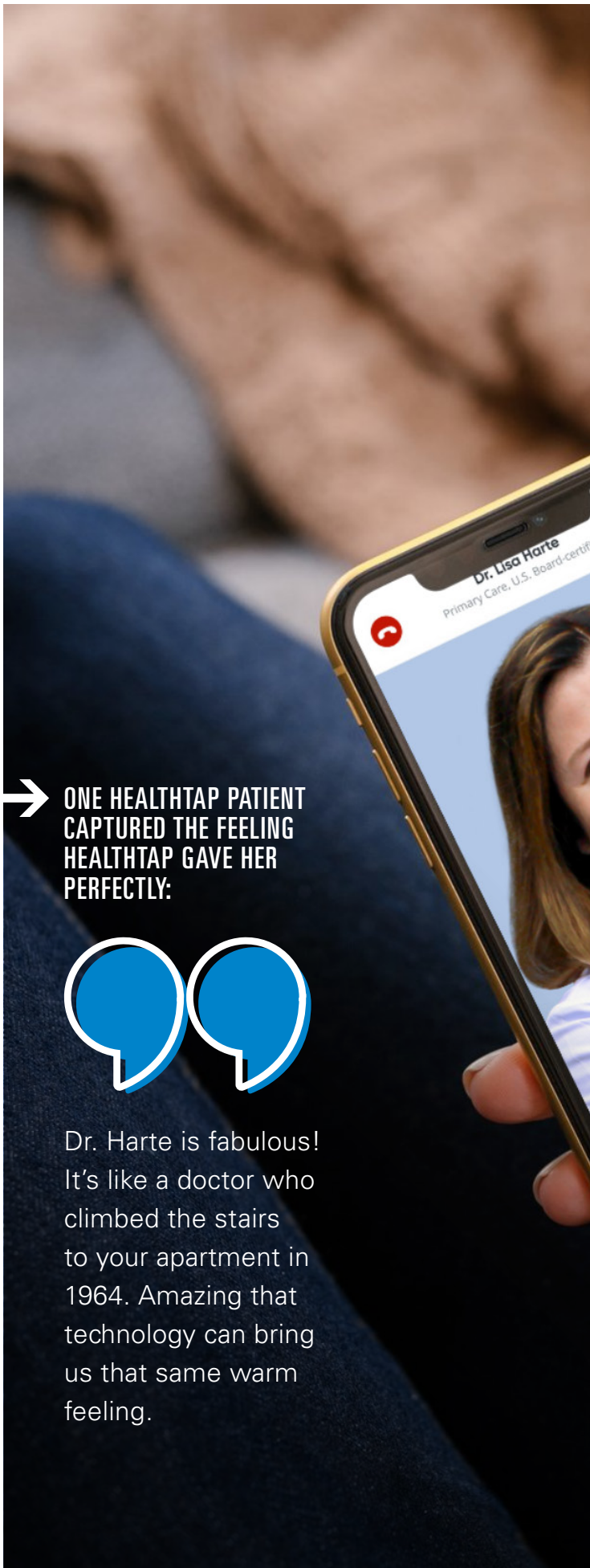
And if you do need emergency care, we're here to support you. Understanding your coverage and the potential costs can help you make informed decisions and avoid surprises. Your health matters—and so does your peace of mind.

Get Back to the **Good Old Days of Care**

Remember when health care felt simpler? When the family doctor knew your name, sat down to listen and even would come by and do house calls? This is the personal touch that many people miss in health care today.

Now with HealthTap, you get warm, old-fashioned house calls with modern convenience. It's care that goes where you go by video on your phone, tablet or computer. HealthTap's doctors are highly-trained, vetted and are board-certified. They listen to you and respect your wishes and give you the confidence of knowing you are seeing a doctor and not any provider.

The good news for BCBSNE members is that HealthTap video visits with a doctor are $0 for you. If you can chat with your grandkids on FaceTime, you can do this too!



ONE HEALTHTAP PATIENT CAPTURED THE FEELING HEALTHTAP GAVE HER PERFECTLY:

Dr. Harte is fabulous! It's like a doctor who climbed the stairs to your apartment in 1964. Amazing that technology can bring us that same warm feeling.

HealthTap is an independent company that provides health services to Blue Cross and Blue Shield of Nebraska.

3 ways HealthTap cares for you:

1. **Get care sooner** - see a doctor when you need to, not when you finally get an opening.
2. **Save money & time** - $0 video visit. Save on gas and skip the waiting room fuss.
3. **Keep your doctor** - HealthTap works in-between your regular doctor visits. You can share your visit notes and talk to them about your visit.

HealthTap really brings you simple, personal attention like it used to be. With HealthTap, your doctor helps you care for your conditions, watching your blood sugars, making sure your blood pressure isn't too high, supporting you through diagnoses, and even helps with simple things like the flu, allergies, rashes or even UTIs.

Ready to give HealthTap a try? You could even see a doctor today!

It takes about **two minutes** to book your visit.

Here's how to start:

- **Go to:** healthtap.com and click the blue button that says "Book a video visit."
- **Pick Your Doctor:** Watch videos and read about them until you find the doctor who feels right for you.
- **Schedule:** Choose a time that works for you—mornings, evenings, or weekends.

QUICK TIPS

- Have your **BCBSNE insurance card ready**.
- Make sure your phone, tablet or computer can do **video calls**.
- You can also scan this code to book a visit.

Important **RESOURCES**

Member Services

Update your contact information and ask questions about your plan

888-488-9850 (TTY 711)

Oct. 1 – March 31: Seven days a week from 8 a.m. to 9 p.m. Central Time

April 1 – Sept. 30: Monday – Friday from 8 a.m. to 9 p.m. Central Time

Part D Customer Care

Call for questions related to prescription drug coverage or to set up home delivery for your prescriptions

855-457-1349

24 hours per day / 7 days per week

24/7 Nurse Line

844-908-4535 (TTY 711)

FlexCard Questions

To ask questions about benefits related to the over-the-counter (OTC) pharmacy card

844-451-1003 (TTY 711), available Monday - Friday, 8 a.m. to 8 p.m. CT

BlueCross BlueShield Nebraska

Member Portal

myNebraskaBlue.com