

## Ending your Blue Cross and Blue Shield of Nebraska Medicare Advantage membership

Ending your membership in Blue Cross Blue Shield Nebraska MA Core HMO or Blue Cross Blue Shield Nebraska MA Choice HMO-POS may be **voluntary** (your own choice) or **involuntary** (not your own choice):

- You might leave our plan because you have decided that you *want* to leave.
  - There are only certain times during the year, or certain situations, when you may voluntarily end your membership in the plan. The section below tells you *when* you can end your membership in the plan.
  - The process for voluntarily ending your membership varies depending on what type of new coverage you are choosing. The section below tell you *how* to end your membership in each situation.
- There are also limited situations where you do not choose to leave, but we are required to end your membership. The section below tells you about situations when we must end your membership.

If you are leaving our plan, you must continue to get your medical care through our plan until your membership ends.

### When can you end your membership in our plan?

You may end your membership in our plan only during certain times of the year, known as enrollment periods. All members have the opportunity to leave the plan during the Annual Enrollment Period and during the annual Medicare Advantage Disenrollment Period. In certain situations, you may also be eligible to leave the plan at other times of the year.

### You can end your membership during the Annual Enrollment Period

You can end your membership during the **Annual Enrollment Period** (also known as the “Annual Coordinated Election Period”). This is the time when you should review your health and drug coverage and make a decision about your coverage for the upcoming year.

- **When is the Annual Enrollment Period?** This happens from October 15 to December 7.
- **What type of plan can you switch to during the Annual Enrollment Period?** During this time, you can review your health coverage and your prescription drug coverage. You can choose to keep your current coverage or make changes to your coverage for the upcoming year. If you decide to change to a new plan, you can choose any of the following types of plans:
  - Another Medicare health plan. (You can choose a plan that covers prescription drugs or one that does not cover prescription drugs.)
  - Original Medicare *with* a separate Medicare prescription drug plan.
  - – *or* – Original Medicare *without* a separate Medicare prescription drug plan.
    - **If you receive “Extra Help” from Medicare to pay for your prescription drugs:** If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.

**Note:** If you disenroll from Medicare prescription drug coverage and go without creditable prescription drug coverage, you may need to pay a late enrollment penalty if you join a Medicare drug plan later. (“Creditable” coverage means the coverage is expected to pay, on average, at least as much as Medicare’s standard

prescription drug coverage.) Please refer to the Evidence of Coverage, see Chapter 6, Section 9 for more information about the late enrollment penalty.

- **When will your membership end?** Your membership will end when your new plan's coverage begins on January 1.

### **You can end your membership during the annual Medicare Advantage Disenrollment Period, but your choices are more limited**

You have the opportunity to make *one* change to your health coverage during the annual **Medicare Advantage Disenrollment Period**.

- **When is the annual Medicare Advantage Disenrollment Period?** This happens every year from January 1 to February 14.
- **What type of plan can you switch to during the annual Medicare Advantage Disenrollment Period?** During this time, you can cancel your Medicare Advantage Plan enrollment and switch to Original Medicare. If you choose to switch to Original Medicare during this period, you have until February 14 to join a separate Medicare prescription drug plan to add drug coverage.
- **When will your membership end?** Your membership will end on the first day of the month after we get your request to switch to Original Medicare. If you also choose to enroll in a Medicare prescription drug plan, your membership in the drug plan will begin the first day of the month after the drug plan gets your enrollment request.

### **In certain situations, you can end your membership during a Special Enrollment Period**

In certain situations, members of Blue Cross Blue Shield Nebraska MA Core HMO or Blue Cross Blue Shield Nebraska MA Choice HMO-POS may be eligible to end their membership at other times of the year. This is known as a **Special Enrollment Period**.

- **Who is eligible for a Special Enrollment Period?** If any of the following situations apply to you, you are eligible to end your membership during a Special Enrollment Period. These are just examples, for the full list you can contact the plan, call Medicare, or visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)):
  - Usually, when you have moved.
  - If you have Medicaid.
  - If you are eligible for “Extra Help” with paying for your Medicare prescriptions.
  - If we violate our contract with you.
  - If you are getting care in an institution, such as a nursing home or long-term care (LTC) hospital.
  - If you enroll in the Program of All-inclusive Care for the Elderly (PACE).
- **When are Special Enrollment Periods?** The enrollment periods vary depending on your situation.
- **What can you do?** To find out if you are eligible for a Special Enrollment Period, please call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users call 1-877-486-2048. If you are eligible to end your membership because of a special situation, you can choose to change both your Medicare health coverage and prescription drug coverage. This means you can choose any of the following types of plans:
  - Another Medicare health plan. (You can choose a plan that covers prescription drugs or one that does not cover prescription drugs.)
  - Original Medicare *with* a separate Medicare prescription drug plan.
  - – *or* – Original Medicare *without* a separate Medicare prescription drug plan
    - **If you receive “Extra Help” from Medicare to pay for your prescription drugs:** If you switch to Original Medicare and do not enroll in a separate Medicare prescription

drug plan, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.

**Note:** If you disenroll from Medicare prescription drug coverage and go without creditable prescription drug coverage, you may need to pay a late enrollment penalty if you join a Medicare drug plan later. (“Creditable” coverage means the coverage is expected to pay, on average, at least as much as Medicare’s standard prescription drug coverage.) Please refer to the Evidence of Coverage, see Chapter 6, Section 9 for more information about the late enrollment penalty.

- **When will your membership end?** Your membership will usually end on the first day of the month after your request to change your plan is received.

### **Where can you get more information about when you can end your membership?**

If you have any questions or would like more information on when you can end your membership:

- You can **call Customer Service**, see below for information
- You can find the information in the *Medicare & You 2017* Handbook.
  - Everyone with Medicare receives a copy of *Medicare & You* each fall. Those new to Medicare receive it within a month after first signing up.
  - You can also download a copy from the Medicare website ([www.medicare.gov](http://www.medicare.gov)). Or, you can order a printed copy by calling Medicare at the number below.
- You can contact **Medicare** at 1-800-MEDICARE (1-800-633-4227), 24 hours a day 7 days a week. TTY users should call 1-877-486-2048.

### **How do you end your membership in our plan?**

#### **Usually, you end your membership by enrolling in another plan**

Usually, to end your membership in our plan, you simply enroll in another Medicare plan during one of the enrollment periods (see below for information about the enrollment periods). However, if you want to switch from our plan to Original Medicare *without* a Medicare prescription drug plan, you must ask to be disenrolled from our plan. There are two ways you can ask to be disenrolled:

- You can make a request in writing to us. Contact Customer Service if you need more information on how to do this.
- --or-- You can contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**Note:** If you disenroll from Medicare prescription drug coverage and go without creditable prescription drug coverage, you may need to pay a late enrollment penalty if you join a Medicare drug plan later. (“Creditable” coverage means the coverage is expected to pay, on average, at least as much as Medicare’s standard prescription drug coverage.) Please refer to the Evidence of Coverage, see Chapter 6, Section 9 for more information about the late enrollment penalty.

The table below explains how you should end your membership in our plan.

If you would like to switch from our plan to:	This is what you should do:
<ul style="list-style-type: none"> <li>• Another Medicare health plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Enroll in the new Medicare health plan. You will automatically be disenrolled from Blue Cross Blue Shield Nebraska MA Core HMO or Blue Cross Blue Shield Nebraska MA Choice HMO-POS when your new plan's coverage begins.</li> </ul>
<ul style="list-style-type: none"> <li>• Original Medicare <i>with</i> a separate Medicare prescription drug plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Enroll in the new Medicare prescription drug plan. You will automatically be disenrolled from Blue Cross Blue Shield Nebraska MA Core HMO or Blue Cross Blue Shield Nebraska MA Choice HMO-POS when your new plan's coverage begins.</li> </ul>
<ul style="list-style-type: none"> <li>• Original Medicare <i>without</i> a separate Medicare prescription drug plan. <ul style="list-style-type: none"> <li>○ <b>Note:</b> If you disenroll from a Medicare prescription drug plan and go without creditable prescription drug coverage, you may need to pay a late enrollment penalty if you join a Medicare drug plan later. †</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Send us a written request to disenroll.</b> Contact Customer Service if you need more information on how to do this (phone numbers are printed on the back cover of this booklet).</li> <li>• You can also contact <b>Medicare</b>, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.</li> <li>• You will be disenrolled from Blue Cross Blue Shield Nebraska MA Core HMO or Blue Cross Blue Shield Nebraska MA Choice HMO-POS when your coverage in Original Medicare begins.</li> </ul>

**Until your membership ends, you must keep getting your medical services and drugs through our plan**

**Until your membership ends, you are still a member of our plan**

If you leave Blue Cross Blue Shield Nebraska MA Core HMO or Blue Cross Blue Shield Nebraska MA Choice HMO-POS, it may take time before your membership ends and your new Medicare coverage goes into effect. During this time, you must continue to get your medical care and prescription drugs through our plan.

- **You should continue to use our network pharmacies to get your prescriptions filled until your membership in our plan ends.** Usually, your prescription drugs are only covered if they are filled at a network pharmacy including through our mail-order pharmacy services.

- **If you are hospitalized on the day that your membership ends, your hospital stay will usually be covered by our plan until you are discharged** (even if you are discharged after your new health coverage begins).

### **Blue Cross Blue Shield Nebraska MA Core HMO or Blue Cross Blue Shield Nebraska MA Choice HMOPOS must end your membership in the plan in certain Situations**

#### **When must we end your membership in the plan?**

#### **Blue Cross Blue Shield Nebraska MA Core HMO or Blue Cross Blue Shield Nebraska MA Choice HMO-POS must end your membership in the plan if any of the following happen:**

- If you do not stay continuously enrolled in Medicare Part A and Part B.
- If you move out of our service area
  - If you are away from our service area for more than six months.
  - If you move or take a long trip, you need to call Customer Service, see below for information, to find out if the place you are moving or traveling to is in our plan's area.
- If you become incarcerated (go to prison).
- If you are not a United States citizen or lawfully present in the United States.
- If you lie about or withhold information about other insurance you have that provides prescription drug coverage.
- If you intentionally give us incorrect information when you are enrolling in our plan and that information affects your eligibility for our plan. (We cannot make you leave our plan for this reason unless we get permission from Medicare first.)
- If you continuously behave in a way that is disruptive and makes it difficult for us to provide medical care for you and other members of our plan. (We cannot make you leave our plan for this reason unless we get permission from Medicare first.)
- If you let someone else use your membership card to get medical care. (We cannot make you leave our plan for this reason unless we get permission from Medicare first.)
  - If we end your membership because of this reason, Medicare may have your case investigated by the Inspector General.
- If you do not pay the plan premiums for two calendar months
  - We must notify you in writing that you have two calendar months to pay the plan premium before we end your membership.
- If you are required to pay the extra Part D amount because of your income and you do not pay it, Medicare will disenroll you from our plan and you will lose prescription drug coverage.

#### **Where can you get more information?**

If you have questions or would like more information on when we can end your membership:

- You can call **Customer Service** for more information, see below

#### **We cannot ask you to leave our plan for any reason related to your health**

Blue Cross Blue Shield Nebraska MA Core HMO or Blue Cross Blue Shield Nebraska MA Choice HMO-POS is not allowed to ask you to leave our plan for any reason related to your health.

#### **What should you do if this happens?**

If you feel that you are being asked to leave our plan because of a health-related reason, you should call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877- 486-2048. You may call 24 hours a day, 7 days a week.

### **You have the right to make a complaint if we end your membership in our plan**

If we end your membership in our plan, we must tell you our reasons in writing for ending your membership. We must also explain how you can file a grievance or make a complaint about our decision to end your membership. Please refer to the Evidence of Coverage, Chapter 9, Section 10 for information about how to make a complaint.

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

<b>Method</b>	<b>Customer Service – Contact Information</b>
<b>CALL</b>	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.
<b>TTY</b>	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.
<b>FAX</b>	1-210-568-4364
<b>WRITE</b>	Blue Cross and Blue Shield of Nebraska P.O. Box 696564 San Antonio, TX 78269
<b>WEBSITE</b>	<a href="http://medicare.nebraskablue.com">medicare.nebraskablue.com</a>