

2017 Blue Cross Blue Shield Nebraska MA Core HMO and Choice HMO-POS

Summary of Benefits

January 1, 2017 — December 31, 2017

This information is not a complete description of benefits. Contact the plan for more information. To get a complete list of services we cover, call Customer Service and ask for the *Evidence of Coverage* (phone numbers are printed on the back cover of this booklet).

To join **Blue Cross Blue Shield Nebraska MA Core HMO** or **Blue Cross Blue Shield Nebraska MA Choice HMO-POS**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Nebraska: Cass, Dodge, Douglas, Lancaster, Sarpy and Saunders.

Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

Blue Cross Blue Shield Nebraska MA Core HMO and **Blue Cross Blue Shield Nebraska MA Choice HMO-POS** have a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

For more detailed information about our providers and our provider directory, you can call Customer Service (phone numbers are printed on the back cover of this booklet) or visit our website at **medicare.nebraskablue.com**.



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.

medicare.nebraskablue.com

Additional Information about Medicare Advantage Choice (HMO-POS)

What does “point-of-service” mean?

This is an HMO-POS plan. HMO means Health Maintenance Organization; POS means Point-of-Service. You can use certain providers outside the Medicare Advantage Choice (HMO-POS) network when traveling, often for your in-network cost-sharing amount.

If you need care when you're traveling outside of Nebraska, you can access the Point-of-Service (POS) benefit, offered through BlueCard® via the Blue Cross Blue Shield Association, which allows you to receive certain covered services from providers who participate with Medicare and Blues plans within the United States, the District of Columbia and Puerto Rico. Services in the District of Columbia and Puerto Rico are only covered if you go to a Medicare-approved provider. Dialysis services in the District of Columbia and Puerto Rico are only covered if you go to a Medicare-approved provider.

Note: POS is not the same as out-of-network; you pay all costs for services from out-of-network providers.

Multi-language Interpreter Services

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-899-6060 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-899-6060 (TTY: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。
請致電 1-844-899-6060 (TTY: 711)。

Arabic: ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-899-6060 (رقم هاتف الصم والبكم: 711).

Karen: ၵံးသ့ၵ်းသး- နမ့ၵ်းကတိၵ်း ကညိၵ်း ကျိၵ်းအသိ, နမ့ၵ်း ကျိၵ်းအတၢ်မၤစၢၤလၢ တလၢၵ်းသ့ၵ်းသးန့ၵ်းလိၵ်း. ကိး
1-844-899-6060 (TTY: 711)

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-899-6060 (ATS: 711).

Cushite: XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-844-899-6060 (TTY: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-899-6060 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-844-899-6060 (TTY: 711) 번으로 전화해 주십시오.

Nepali: ध्यान दिनुहोस्: यदि तपाईंले नेपाली बोल्नुहुन्छ भने, तपाईंको लागि भाषा सहायता सेवाहरू नि:शुल्क उपलब्ध छन्। 1-844-899-6060 (TTY: 711) मा फोन गर्नुहोस्।

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-899-6060 (телетайп: 711).

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-844-899-6060 (TTY: 711).

Kurdish: ناگاداری: ئه‌گهر به زمانى كوردى قهسه، دهكهیت خزمهتگوزاریهكانى یارمهتی، زمان بهخۆرایى بو تو بهردهسته. پهپههندی به 1-844-899-6060 (TTY: 711) بکه.

Persian: توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات و کمک‌های زبانی رایگان برای شما موجود است. برای کسب اطلاعات بیشتر، با شماره 1-844-899-6060 (TTY: 711) تماس بگیرید.

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
1-844-899-6060 (TTY: 711) まで、お電話にてご連絡ください。

Discrimination is Against the Law

Blue Cross and Blue Shield of Nebraska complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Nebraska does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Nebraska:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at 1-888-488-9850, TTY 711.

If you believe that Blue Cross and Blue Shield of Nebraska has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Manager, Corporate Compliance
Blue Cross and Blue Shield of Nebraska
P.O. Box 3248
Omaha, NE 68180-0001
1-888-488-9850, TTY: 711
Fax: 1-402-392-4130
civilrights@nebraskablue.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Manager, Corporate Compliance, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Premiums and Benefits	Blue Cross Blue Shield Nebraska MA Core HMO	Blue Cross Blue Shield Nebraska MA Choice HMO-POS	What you should know
Monthly Plan Premium	You pay \$0	You pay \$44	You must continue to pay your Medicare Part B premium.
Deductible	You pay \$0		This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility for Medicare-covered services (<i>does not include prescription drugs</i>)	\$5,950 annually	<p>In-Network: \$5,000 annually</p> <p>Combined In-Network and BlueCard Coordinated services: \$6,700 annually for services you receive from any provider both In-network and Out of state using the POS benefit. Your limit for services received from in-network providers will count toward this limit.</p>	<p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>You will still need to pay your monthly plan premiums, Medicare Part B premiums, and cost sharing for your Part D drugs.</p>
<p>Blue Cross Blue Shield Nebraska MA Core HMO Out-of-network: Medical services are not covered outside of our provider service area, except for urgent and emergency care or unless authorized by Blue Cross Blue Shield Nebraska MA Core HMO.</p> <p>Blue Cross Blue Shield Nebraska MA Choice HMO-POS Out-of-network: Medical services are not covered outside of our provider service area, except for urgent and emergency care or unless authorized by Blue Cross Blue Shield Nebraska MA Choice HMO-POS or through BlueCard coordinated services.</p>			
<p>Note: Services with a ¹ may require prior authorization</p>			
Inpatient Hospital Coverage ¹	<p>\$360 copay per day for days 1 through 5</p> <p>You pay \$0 per day for days 6 and beyond</p>	<p>\$300 copay per day for days 1 through 5</p> <p>You pay \$0 per day for days 6 and beyond</p>	Our plan covers an unlimited number of days for an inpatient hospital stay.
<p>Doctor Visits</p> <ul style="list-style-type: none"> ○ Primary ○ Specialists 	<p>You pay \$15 copay</p> <p>You pay \$50 copay</p>	<p>You pay \$10 copay</p> <p>You pay \$45 copay</p>	

Premiums and Benefits	Blue Cross Blue Shield Nebraska MA Core HMO	Blue Cross Blue Shield Nebraska MA Choice HMO-POS	What you should know
Preventive Care	<p>There is no coinsurance, copayment, or deductible for Medicare-covered preventive services.</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Annual gynecological exam • Annual physical exam • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes screenings • Diabetes self-management training • Glaucoma screening • Health and wellness education programs • Hepatitis C screening • HIV screening • Immunizations • Medical nutrition therapy • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screenings (PSA) • Screening and counseling to reduce alcohol misuse • Screening for lung cancer with low dose computed tomography • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • Vision care • “Welcome to Medicare” preventive visit (one-time) 		Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	You pay \$75 copay		If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care.
Urgently Needed Services	You pay \$45 copay		

Premiums and Benefits	Blue Cross Blue Shield Nebraska MA Core HMO	Blue Cross Blue Shield Nebraska MA Choice HMO-POS	What you should know
Diagnostic Services/Labs/ Imaging ¹ <ul style="list-style-type: none"> ○ Diagnostic radiology service (e.g., MRI) ○ Lab services ○ Diagnostic tests and procedures ○ Outpatient X-rays ○ Therapeutic radiology services 	You pay \$200 copay You pay \$20 copay You pay \$20 copay You pay \$30 copay You pay 20% of the approved amount	You pay \$180 copay You pay \$10 copay You pay \$20 copay You pay \$25 copay You pay 20% of the approved amount	Prior authorization is required for some services by your doctor or other network providers. Please contact the plan for more information.
Hearing Services <ul style="list-style-type: none"> ○ Hearing exam ○ Medicare covered ○ Hearing Aid 	You pay \$20 copay You pay \$20-\$50 copay \$400 allowance per ear toward one new standard hearing aid every three years	You pay \$0 copay You pay \$10-\$45 copay \$500 allowance per ear toward one new standard hearing aid every three years	One hearing exam per year is covered.
Dental Services	You pay \$50 copay	You pay \$45 copay	These are only Medicare covered benefits. This does not include services in connection with care or treatment of teeth.

Premiums and Benefits	Blue Cross Blue Shield Nebraska MA Core HMO	Blue Cross Blue Shield Nebraska MA Choice HMO-POS	What you should know
<p>Vision Services</p> <ul style="list-style-type: none"> ○ Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening) <ul style="list-style-type: none"> • PCP • Specialist ○ Supplemental Eyewear ○ Routine eye exam ○ Eyeglasses or contact lenses after cataract surgery 	<p>You pay \$20 copay</p> <p>You pay \$50 copay</p> <p>Not covered</p> <p>You pay \$20 copay</p> <p>You pay \$0</p>	<p>You pay \$10 copay</p> <p>You pay \$45 copay</p> <p>\$100 plan coverage limit for eyewear every two years. Must be provided by a VSP provider.</p> <p>You pay \$0</p> <p>You pay \$0</p>	<p>One vision exam per year is covered.</p> <p>One pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens is covered. (If you have two separate cataract operations, you cannot reserve the benefit after the first surgery and purchase two eyeglasses after the second surgery.)</p>
<p>Mental Health Services¹</p> <ul style="list-style-type: none"> ○ Inpatient visit ○ Outpatient therapy visit 	<p>\$315 copay per day for days 1 through 5</p> <p>You pay \$0 per day for days 6 through 90</p> <p>You pay \$40 copay for outpatient group/ individual therapy visit</p>	<p>\$300 copay per day for days 1 through 5</p> <p>You pay \$0 per day for days 6 through 90</p> <p>You pay \$40 copay for outpatient group/ individual therapy visit</p>	<p>Prior authorization is required if the inpatient mental health services are provided in a general hospital. In addition to the 90 days of coverage in each benefit period, the beneficiary receives 100 lifetime reserve days for Inpatient Hospital Psychiatric stays. 190 days lifetime limit in psychiatric hospital.</p>
<p>Skilled Nursing Facility (SNF)¹</p>	<p>You pay \$0 per day for days 1 through 20</p> <p>\$164.50 copay per day for days 21 through 100</p>	<p>You pay \$0 per day for days 1 through 20</p> <p>\$160 copay per day for days 21 through 100</p>	<p>Plan covers 100 days each benefit period.</p>

Premiums and Benefits	Blue Cross Blue Shield Nebraska MA Core HMO	Blue Cross Blue Shield Nebraska MA Choice HMO-POS	What you should know
Rehabilitation Services <ul style="list-style-type: none"> ○ Pulmonary ○ Cardiac ○ Intensive cardiac ○ Occupational, Physical, speech and language therapy visit 	You pay \$30 copay You pay \$45 copay You pay \$45 copay You pay \$40 copay for each Medicare-covered therapy service		
Ambulance	You pay \$300 copay	You pay \$225 copay	Copay is for each one-way trip for Medicare covered services.
Transportation	Not covered		
Foot Care (podiatry services) <ul style="list-style-type: none"> ○ Foot exams and treatment 	You pay \$50 copay	You pay \$45 copay	Medicare covered podiatry benefits are for medically necessary foot care.
Medical Equipment/Supplies ¹ <ul style="list-style-type: none"> ○ Durable Medical Equipment (e.g., wheelchairs, oxygen) ○ Prosthetics (e.g., braces, artificial limbs) ○ Diabetes supplies (e.g., monitoring, shoes or inserts) 	You pay 20% of the approved amount You pay 20% of the approved amount You pay 20% of the approved amount		
Wellness Programs (e.g., fitness)	All members can join the SilverSneakers® Fitness program at no cost. SilverSneakers is a leading fitness program for people with Medicare. <ul style="list-style-type: none"> • Locations nationwide • Low-impact classes to improve strength and balance • Health education events • SilverSneakers Steps® at-home program You must use network facilities to obtain this benefit. Healthways is an independent company not associated with the Blue Cross Blue Shield Association. Blue Cross Blue Shield of Nebraska contracts with Healthways to offer the SilverSneakers fitness program benefit. SilverSneakers® is a registered mark of Healthways, Inc.		

Premiums and Benefits	Blue Cross Blue Shield Nebraska MA Core HMO	Blue Cross Blue Shield Nebraska MA Choice HMO-POS	What you should know
Medicare Part B Drugs ¹	<p>You pay 20% of the approved amount for chemotherapy drugs</p> <p>You pay 20% of the approved amount for other Part B drugs</p> <p>You pay 20% of the approved amount for infusion therapy</p>		Some drugs require prior authorization.
Chiropractic Care <ul style="list-style-type: none"> o Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position) 	You pay \$20 copay		
Home Health Care	You pay \$0		A doctor must certify that you need home health services and will order home health services to be provided by a home health agency.
Hospice	<p>You pay \$0 for hospice care from a Medicare-certified hospice.</p> <p>You may have to pay part of the cost for drugs and respite care.</p> <p>Hospice is covered outside of our plan.</p> <p>Please contact us for more details (phone numbers are on the back of this booklet).</p>		
Outpatient Substance Abuse <ul style="list-style-type: none"> o Individual or Group therapy visit 	You pay \$40 copay each visit		
Outpatient Surgery ¹ <ul style="list-style-type: none"> o Ambulatory surgical center o Outpatient hospital 	<p>You pay \$250 copay for Medicare-covered outpatient surgical services and \$75 for non-surgical services</p> <p>You pay \$350 copay for Medicare-covered outpatient surgical services and \$125 for non-surgical services</p>	<p>You pay \$175 copay for Medicare-covered outpatient surgical services and \$75 for non-surgical services</p> <p>You pay \$175 copay for Medicare-covered outpatient surgical services and \$100 for non-surgical services</p>	Services require prior authorization.
Renal dialysis	You pay 20% of the approved amount		

Blue Cross Blue Shield Nebraska MA Core HMO

Outpatient Prescription Drugs						
Phase 1: Deductible Stage	\$400 which applies to tiers 3 through 5 only					
Phase 2: Initial Coverage Stage	You pay the following until your total yearly drug costs reach \$3,700. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.					
	Standard Retail Rx 30-day supply	Preferred Retail and Mail Order Rx 30-day supply and Long Term Care Rx 31-day supply	Standard Retail Rx 90-day supply	Preferred Retail and Mail Order Rx 90-day supply		
	Tier 1: Preferred Generic	You pay \$14	You pay \$4	You pay \$42	You pay \$12	Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us at 1-888-488-9850 or access our <i>Evidence of Coverage</i> online at medicare.nebraskablue.com/medicareadvantage/plandetails .
	Tier 2: Generic	You pay \$18	You pay \$8	You pay \$54	You pay \$24	
	Tier 3: Preferred Brand	You pay \$47	You pay \$37	You pay \$141	You pay \$111	
	Tier 4: Non-Preferred Brand	You pay 50%	You pay 45%	You pay 50%	You pay 45%	
	Tier 5: Specialty	You pay 25%	You pay 25%	You pay 25%	You pay 25%	
Phase 3 & 4: Coverage Gap Stage and Catastrophic Coverage Stage	Most members do not reach the Coverage Gap stage or the Catastrophic Coverage stage. For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the <i>Evidence of Coverage</i> online at medicare.nebraskablue.com/medicareadvantage/plandetails .					

Blue Cross Blue Shield Nebraska MA Choice HMO-POS

Outpatient Prescription Drugs						
Phase 1: Deductible Stage	\$300 which applies to tiers 3 through 5 only					
Phase 2: Initial Coverage Stage	You pay the following until your total yearly drug costs reach \$3,700. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.					
	Standard Retail Rx 30-day supply	Preferred Retail and Mail Order Rx 30-day supply and Long Term Care Rx 31-day supply	Standard Retail Rx 90-day supply	Preferred Retail and Mail Order Rx 90-day supply		
	Tier 1: Preferred Generic	You pay \$12	You pay \$2	You pay \$36	You pay \$6	Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us at 1-888-488-9850 or access our <i>Evidence of Coverage</i> online at medicare.nebraskablue.com/medicareadvantage/plandetails .
	Tier 2: Generic	You pay \$18	You pay \$8	You pay \$54	You pay \$24	
	Tier 3: Preferred Brand	You pay \$47	You pay \$37	You pay \$141	You pay \$111	
	Tier 4: Non-Preferred Brand	You pay 50%	You pay 45%	You pay 50%	You pay 45%	
	Tier 5: Specialty	You pay 27%	You pay 27%	You pay 27%	You pay 27%	
Phase 3 & 4: Coverage Gap Stage and Catastrophic Coverage Stage	Most members do not reach the Coverage Gap stage or the Catastrophic Coverage stage. For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the <i>Evidence of Coverage</i> online at medicare.nebraskablue.com/medicareadvantage/plandetails .					

For certain drugs, you or your provider need to get approval from the plan before we will agree to cover the drug for you. You can see our plan's provider and pharmacy directory at our website at nebraskablue.com/find-a-doctor and myprime.com respectively.

The Formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at medicare.nebraskablue.com.

For more information, please call us at the phone number below or visit us at **medicare.nebraskablue.com**.

If you are a member of this plan, call toll-free 1-888-488-9850.
TTY users should call 711.

If you are not a member of this plan, call toll-free 1-844-899-6060.
TTY users should call 711.

From October 1 to February 14, you can call us 7 days a week from 8 a.m. to 8 p.m. Central time.

From February 15 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. Central time.

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at **www.medicare.gov** or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats, such as large print by calling the customer service phone number.



An independent licensee of the Blue Cross and Blue Shield Association

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