

Blue Cross Blue Shield Nebraska Medicare Advantage Core HMO

2024

SUMMARY OF BENEFITS

Jan. 1, 2024 – Dec. 31, 2024

This information is not a complete description of the benefits. Call 1-888-488-9850/TTY 711 for more information. A complete list of services is available in the *Evidence of Coverage*. You may review the *Evidence of Coverage* online or by calling Customer Service (The website and phone numbers are printed on the back cover of this booklet).

To join **Blue Cross Blue Shield Nebraska Medicare Advantage Core HMO**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

There are two service areas for the **Blue Cross Blue Shield Nebraska Medicare Advantage Core HMO** plan: Metro and Central. **Metro** includes these counties in Nebraska: Cass, Dodge, Douglas, Lancaster, Otoe, Sarpy, Saunders and Washington. **Central** includes these counties in Nebraska: Adams, Antelope, Arthur, Blaine, Boone, Buffalo, Burt, Butler, Cedar, Chase, Clay, Colfax, Cuming, Custer, Dawson, Deuel, Dundy, Fillmore, Franklin, Frontier, Furnas, Gage, Garden, Garfield, Gosper, Grant, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Hooker, Howard, Jefferson, Johnson, Kearney, Keith, Knox, Lincoln, Logan, Loup, Madison, McPherson, Merrick, Nance, Nemaha, Nuckolls, Pawnee, Perkins, Phelps, Pierce, Platte, Polk, Red Willow, Saline, Seward, Sherman, Stanton, Thayer, Thomas, Thurston, Valley, Wayne, Webster, Wheeler and York.

Blue Cross Blue Shield Nebraska Medicare Advantage Core HMO has 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 plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of Nebraska Medicare Advantage depends on contract renewal.

Premiums	Core HMO Metro	Core HMO Central	What You Should Know
Monthly Plan Premium	You pay \$0		You must continue to pay your Medicare Part B premium.
Medical Benefits	Core HMO Metro	Core HMO Central	What You Should Know
Deductible	You pay \$0		These plans do not have a Medical deductible.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$3,900 annually		<p>If you reach the limit for Medicare-covered services on out-of-pocket costs, and you keep getting Medicare-covered hospital and medical services 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>

Blue Cross Blue Shield Nebraska Medicare Advantage Core HMO Metro and Core HMO Central

As a supplemental benefit, medical services are covered at in-network cost shares outside of the service area and within the U.S. and territories. With limited exceptions, there is no medical coverage for services provided by an out-of-network provider within the service area.

Please contact the plan for assistance in locating a provider outside of the service area.

Medical Benefits	Core HMO Metro	Core HMO Central	What You Should Know
Inpatient Hospital Coverage	<p>The copays for Medicare-covered hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. There's no limit to the number of benefit periods.</p> <p>Our plan covers an unlimited number of days for Medicare-covered inpatient hospital stay.</p> <p>You pay a \$400 copay per day for days 1 through 4. You pay a \$0 copay for additional days.</p>		Services may require prior authorization.
Outpatient Hospital Coverage	You pay a \$395 copay for Medicare-covered outpatient hospital surgical services.		<p>Services may require prior authorization.</p> <p>We cover medically-necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury.</p>
Ambulatory Surgical Center (ASC) Services	You pay a \$300 copay for Medicare-covered ambulatory surgical center services.		Services may require prior authorization.
<p>Doctor Visits</p> <ul style="list-style-type: none"> • Primary Care Providers • Specialists 	<p>You pay a \$0 copay, in-person and by telehealth.</p> <p>You pay a \$40 copay, in-person and by telehealth.</p>		



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Medical Benefits	Core HMO Metro	Core HMO Central	What You Should Know
Preventive Care	<p>There is no coinsurance, copayment, or deductible for the following Medicare-covered and supplemental preventive services.</p> <p>Our plan covers many preventive services, including, but not limited to:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Annual physical exam • Annual wellness visit • Bone mass measurement • Breast cancer screenings (mammograms) • Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes screening • Glaucoma screening • Hepatitis C screening • HIV screening • Immunizations (COVID-19, flu, pneumonia and Hepatitis B) • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening exams • Screening and counseling to reduce alcohol misuse • Screening for lung cancer with low dose computed tomography (LDCT) • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • “Welcome to Medicare” preventive visit 		Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	<p style="text-align: center;">Within the U.S.</p> <p style="text-align: center;">You pay a \$120 copay.</p> <p style="text-align: center;">The emergency room copay will be waived if you are admitted to the hospital within 3 days for the same condition.</p> <p style="text-align: center;">Outside of the U.S.</p> <p style="text-align: center;">You pay a \$120 copay.</p> <p style="text-align: center;">\$50,000 lifetime limit inclusive of emergency, urgent care and transportation outside of the U.S.</p>		

Medical Benefits	Core HMO Metro	Core HMO Central	What You Should Know
Urgently Needed Services	<p align="center">Within the U.S.</p> <p align="center">You pay a \$60 copay, in-person and telehealth services.</p> <p align="center">Outside of the U.S.</p> <p align="center">You pay a \$120 copay.</p> <p align="center">\$50,000 lifetime limit inclusive worldwide emergency, urgent care and transportation</p>		
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> • Diagnostic radiology service (e.g., MRI) • Lab services • Diagnostic tests and procedures • Outpatient X-rays • Therapeutic radiology services 	<p align="center">You pay a \$195 copay for Medicare-covered diagnostic radiology services.</p> <p align="center">You pay a \$0 copay for Medicare-covered lab services.</p> <p align="center">You pay a \$30-395 copay for Medicare-covered diagnostic tests and procedures.</p> <p align="center">You pay a \$25 copay for Medicare-covered X-rays.</p> <p align="center">You pay 20% of the approved amount for Medicare-covered therapeutic radiology services.</p>		<p>Services may require prior authorization.</p> <p>For Medicare-covered diagnostic tests and procedures: the minimum cost sharing applies to procedures performed in a professional office setting, the maximum applies to procedures performed in an outpatient setting.</p>
Hearing Services <ul style="list-style-type: none"> • Medicare-covered • Routine hearing exam • Hearing aid • Hearing aid fitting and evaluation 	<p align="center">You pay a \$0 copay when seen by a Primary Care Provider and a \$40 copay when seen by a Specialist.</p> <p align="center">You pay a \$10 copay.</p> <p align="center">\$500 allowance per ear toward one new standard (analog or basic digital) hearing aid every three years</p> <p align="center">You pay a \$0 copay once every three years.</p>		<p>One routine hearing exam per year is covered.</p>



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Medical Benefits	Core HMO Metro	Core HMO Central	What You Should Know
<p>Dental Services</p> <ul style="list-style-type: none"> • Medicare-covered • Supplemental Preventive and Comprehensive Dental Services 	<p>You pay a \$40 copay.</p> <p>The Dental Services benefit provides a combined Preventive and Comprehensive \$1,425 max benefit every plan year.</p> <p>The Preventive Dental Services benefit provides oral exams, routine cleanings, fluoride treatment and X-rays. Emergency Dental exams are covered as Preventive Dental Services oral exams.</p> <p>The Comprehensive Dental Services benefit provides diagnostic services, restorative services, endodontics, periodontics, extractions and prosthodontics.</p> <p>Preventive and comprehensive dental services must be provided by a licensed dental provider.</p>		<p>Preventive and Comprehensive Dental Services are covered as a member-reimbursed benefit. Dental forms can be downloaded at Medicare.NebraskaBlue.com/MedicareAdvantage/Resources.</p>
<p>Vision Services</p> <ul style="list-style-type: none"> • Medicare-covered • Supplemental eyewear when provided by a VSP provider www.VSP.com • Routine eye exam when provided by a VSP provider • Medicare-covered Eyeglasses or contact lenses after cataract surgery • Medicare-covered Glaucoma Screening 	<p>You pay a \$40 copay.</p> <p>\$200 plan coverage limit every year for elective contact lenses or eyeglass frames through a VSP provider. Standard lenses for glasses are covered in full.</p> <p>You pay a \$10 copay.</p> <p>You pay a \$0 copay.</p> <p>You pay a \$0 copay.</p>		<p>One routine eye exam per year is covered. Routine eye exams must be provided by a VSP provider to be considered in-network.</p> <p>One pair of eyeglasses or contact lenses after each cataract surgery that includes the 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>

Medical Benefits	Core HMO Metro	Core HMO Central	What You Should Know
<p>Mental Health Services</p> <ul style="list-style-type: none"> • Inpatient visit • Outpatient therapy visit 	<p>The copays for Medicare-covered inpatient psychiatric hospital care benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care for 60 days in a row. If you go into a hospital after one benefit period has ended, a new benefit period begins. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for a benefit period.</p> <p>You pay a \$420 copay per day for days 1 through 4. You pay a \$0 copay per day for days 5 through 90. You pay a \$0 copay for days 91 through 190 until the lifetime limitation is exhausted.</p> <p>You pay a \$40 copay for Medicare-covered outpatient group/individual therapy visit, in-person and by telehealth.</p>		<p>In addition to the 90 days of coverage in each benefit period, the beneficiary receives 100 lifetime reserve days for inpatient hospital psychiatric stays. Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental health services provided in a general hospital.</p>
<p>Skilled Nursing Facility (SNF)</p>	<p>The copays for Medicare-covered hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. There's no limit to the number of benefit periods.</p> <p>Our plan covers 100 days for a benefit period.</p> <p>You pay a \$0 copay per day for days 1 through 20. You pay a \$196 copay per day for days 21 through 53. You pay a \$0 copay per day for days 54 through 100.</p>		<p>Services may require prior authorization.</p>
<p>Physical Therapy</p>	<p>You pay a \$40 copay for a Medicare-covered physical therapy visit.</p>		
<p>Ambulance (Air and Ground)</p>	<p>In the U.S., including the District of Columbia and Puerto Rico:</p> <p>You pay a \$350 copay for each Medicare-covered, one-way ground or air ambulance trip.</p> <p>Outside the U.S.:</p> <p>You pay a \$120 copay for worldwide emergency transportation, one-way ground or air ambulance trip.</p> <p>\$50,000 lifetime limit for worldwide coverage inclusive of emergency, urgent care and transportation.</p>		<p>Non-emergency ambulance trips may require prior authorization.</p>



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Medical Benefits	Core HMO Metro	Core HMO Central	What You Should Know
Transportation	Not covered		
Medicare Part B Drugs	<p>You pay 0%-20% of the cost for Medicare Part B chemotherapy drugs and other Medicare Part B drugs.</p> <p>You may pay less than 20% coinsurance for certain Medicare Part B drugs if their prices have increased higher than the rate of inflation. The specific drugs and potential savings change every quarter.</p> <p>You pay \$35 for Medicare Part B Insulins.</p>		Some drugs may require prior authorization and/or step therapy.
Chiropractic Care <ul style="list-style-type: none"> • Manual manipulation of the spine to correct a subluxation • Routine office visits • One set of X-rays (up to 3 views) when performed by a chiropractor. 	<p>You pay a \$20 copay for each Medicare-covered visit.</p> <p>You pay a \$20 copay for routine care visits.</p> <p>You pay a \$0 copay for one annual set of X-rays.</p>		You are covered for unlimited routine chiropractic visits.
Foot Care (podiatry services) <ul style="list-style-type: none"> • Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions 	You pay a \$40 copay for Medicare-covered visits, in-person and by telehealth.		Medicare-covered podiatry benefits are for medically necessary foot care.
Home Health Care	You pay a \$0 copay.		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	You pay a \$0 copay for hospice care from a Medicare-certified hospice program.		<p>Hospice is covered outside of our plan.</p> <p>Please contact Customer Service for more details (phone numbers are on the back of this booklet).</p>

Medical Benefits	Core HMO Metro	Core HMO Central	What You Should Know
Medical Equipment/Supplies <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) 	<p>You pay 20% of the approved amount for Medicare-covered durable medical equipment.</p> <p>You pay 20% of the approved amount for Medicare-covered prosthetics.</p> <p>You pay 20% of the approved amount for Medicare-covered Diabetic Therapeutic Shoes or Inserts.</p> <p>You pay a \$0 copay for Medicare-covered diabetes self-management training.</p> <p>You pay 20% coinsurance for Medicare-covered blood glucose monitors, blood glucose test strips, lancet devices, and lancets, but for Contour/Breeze/Ascensia brand blood glucose monitors, blood glucose test strips, lancet devices, and lancets you pay \$0 copay.</p> <p>You pay a \$0 copay for Medicare-covered solutions and urine/ketone tests.</p>		Medical equipment/supplies may require prior authorization.
Outpatient Substance Abuse <ul style="list-style-type: none"> • Outpatient therapy visit 	<p>You pay a \$40 copay for Medicare-covered group/individual therapy visit, in-person and by telehealth.</p>		
Outpatient Surgery <ul style="list-style-type: none"> • Ambulatory surgical center • Outpatient hospital 	<p>You pay a \$300 copay for Medicare-covered outpatient surgical services.</p> <p>You pay a \$395 copay for Medicare-covered outpatient surgical services.</p>		Services may require prior authorization.
Rehabilitation Services <ul style="list-style-type: none"> • Pulmonary • Cardiac • Intensive cardiac • Occupational, speech and language therapy 	<p>You pay a \$15 copay for each Medicare-covered pulmonary visit.</p> <p>You pay a \$35 copay for each Medicare-covered cardiac visit.</p> <p>You pay a \$60 copay for each Medicare-covered intensive cardiac visit.</p> <p>You pay a \$40 copay for each Medicare-covered therapy visit.</p>		
Renal Dialysis	<p>You pay 20% of the approved amount for each Medicare-covered renal dialysis service.</p>		



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Medical Benefits	Core HMO Metro	Core HMO Central	What You Should Know
Wellness Programs (e.g., fitness)	<p>You pay a \$0 copay.</p> <p>Members are covered for a fitness benefit through SilverSneakers®. SilverSneakers is a comprehensive program that can improve overall well-being and social connections. Designed for all levels and abilities, SilverSneakers provides convenient access to a nationwide fitness network, a variety of programming options and activities beyond the gym that incorporate physical well-being and social interaction.*</p>		<p>Fitness services must be provided at SilverSneakers® participating locations. You can find a location or request information at SilverSneakers.com or 1-866-678-0828, 8 a.m. to 8 p.m. ET, Monday through Friday. TTY users call 711.</p> <p>If a member is unable to access a facility, they may receive a fitness kit delivered in the mail.</p>
Acupuncture	<p>You pay a \$20 copay for up to 20 Medicare-covered acupuncture treatments annually.</p>		<p>Services may require prior authorization.</p> <p>Treatment must be discontinued if the patient is not improving or is regressing.</p>
Nurse Hotline	<p>You pay a \$0 copay for calls to the Nurse Hotline.</p>		<p>Available 24 hours a day, 7 days a week.</p>
<p>Telehealth</p> <ul style="list-style-type: none"> • Urgently needed services • Visits with a Primary Care Physician • Visits with a specialist • Individual and group mental health and psychiatric services • Podiatry services • Opioid treatment • Individual and group outpatient substance abuse services • Kidney disease education services • Other Health Care Professionals 	<p>You pay a \$60 copay.</p> <p>You pay a \$0 copay.</p> <p>You pay a \$40 copay.</p> <p>You pay a \$40 copay for each Medicare-covered individual and group mental health and psychiatric service.</p> <p>You pay a \$40 copay for each Medicare-covered podiatry visit.</p> <p>You pay a \$40 copay for each Medicare-covered opioid treatment visit.</p> <p>You pay a \$40 copay for each Medicare-covered individual and group substance abuse service.</p> <p>You pay a \$0 copay for Medicare-covered kidney disease education services.</p> <p>You pay a \$0-\$40 copay.</p>		<p>Telehealth visits are medical visits delivered to you by a provider that uses compliant technology capabilities.</p> <p>Not all medical conditions can be treated through Telehealth visits. The Telehealth doctor will identify if you need to see an in-person doctor for treatment.</p> <p>If you choose to receive one of these services via Telehealth, then you must use a provider that currently offers the service via Telehealth.</p>

* Tivity Health™ is an independent company not associated with the Blue Cross Blue Shield Association. Blue Cross Blue Shield of Nebraska contracts with Tivity Health to offer the SilverSneakers fitness program benefit. SilverSneakers® is a registered trademark of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved.

Medical Benefits	Core HMO Metro	Core HMO Central	What You Should Know
Over-the-Counter (OTC) items	<p>\$50 quarterly allowance.</p> <p>The quarterly allowance balance does not rollover into the next quarter.</p>		<p>Members may obtain authorized OTC items using a prepaid card and from a vendor at retail locations and via mail, phone and website. Members may access their OTC benefit through a program that delivers to their home.</p>



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Blue Cross Blue Shield Nebraska – Core HMO Metro and Core HMO Central

Outpatient Prescription Drugs – Short-Term Supply*				
PHASE 1: Deductible Stage	\$0 as there is no Part D Deductible			
PHASE 2: Initial Coverage Stage	You pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.			
	In-Network Retail Rx 30-day supply	Mail-Order Rx 30-day supply	Long Term Care Rx 31-day supply	
TIER 1 Preferred generic	You pay \$4.	You pay \$4.	You pay \$4.	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 1-855-457-1349 or access our <i>Evidence of Coverage</i> online at Medicare. NebraskaBlue.com/MedicareAdvantage.
TIER 2 Generic	You pay \$14.	You pay \$14.	You pay \$14.	
TIER 3 Preferred brand	You pay \$47.	You pay \$47.	You pay \$47.	
TIER 4 Non-preferred	You pay \$100.	You pay \$100.	You pay \$100.	
TIER 5 Specialty	You pay 33%.	You pay 33%.	You pay 33%.	
PHASE 3: Coverage Gap Stage	You pay 25% for generic and brand drugs.			
PHASE 4: Catastrophic Coverage Stage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and mail order) reach \$8,000, the plan pays the full cost for your covered Part D drugs. You pay nothing.			

* You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

Blue Cross Blue Shield Nebraska – Core HMO Metro and Core HMO Central

Outpatient Prescription Drugs – Long-Term Supply*					
PHASE 1: Deductible Stage	\$0 as there is no Part D Deductible				
PHASE 2: Initial Coverage Stage	You pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.				
	In-Network Retail Rx 60-day supply	Mail-Order Rx 60-day supply	In-Network Retail Rx 90-day supply	Mail-Order Rx 90-day supply	
TIER 1 Preferred generic	You pay \$8.	You pay \$8.	You pay \$12.	You pay \$0.	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 1-855-457-1349 or access our <i>Evidence of Coverage</i> online at Medicare.NebraskaBlue.com/MedicareAdvantage.
TIER 2 Generic	You pay \$28.	You pay \$28.	You pay \$42.	You pay \$0.	
TIER 3 Preferred brand	You pay \$94.	You pay \$94.	You pay \$141.	You pay \$141.	
TIER 4 Non-preferred	You pay \$200.	You pay \$200.	You pay \$300.	You pay \$300.	
TIER 5 Specialty	A long-term supply is not available for drugs in Tier 5.	A long-term supply is not available for drugs in Tier 5.	A long-term supply is not available for drugs in Tier 5.	A long-term supply is not available for drugs in Tier 5.	
PHASE 3: Coverage Gap Stage	You pay 25% for generic and brand drugs.				
PHASE 4: Catastrophic Coverage Stage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and mail order) reach \$8,000, the plan pays the full cost for your covered Part D drugs. You pay nothing.				

* You won't pay more than \$70 for a 60-day supply of each covered insulin product regardless of the cost-sharing tier. You won't pay more than \$105 for a 90-day supply of each covered insulin product regardless of the cost-sharing tier.



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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>.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-488-9850 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-488-9850 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-488-9850 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-488-9850 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-488-9850 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-488-9850 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-488-9850 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-488-9850 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-488-9850 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-488-9850 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-488-9850 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-488-9850 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-488-9850 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-488-9850 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-488-9850 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-488-9850 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-488-9850 (TTY: 711)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Need more information?

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 Oct. 1 to March 31, you can call us 7 days a week, 8 a.m. to 9 p.m. CT.
- From April 1 to Sept. 30, you can call us Monday through Friday, 8 a.m. to 9 p.m. CT.

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 **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.

Out-of-network/non-contracted providers are under no obligation to treat Blue Cross Blue Shield Nebraska Medicare Advantage Core HMO members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.



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