

**Blue Cross and Blue Shield of Nebraska
Medicare Advantage Connect (PPO) offered by
SAPPHIRE EDGE, INC.**

Annual Notice of Change for 2027

You're enrolled as a member of Blue Cross and Blue Shield of Nebraska Medicare Advantage Connect (PPO).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in Blue Cross and Blue Shield of Nebraska Medicare Advantage Connect.
- To change to a **different plan**, visit **Medicare.gov** or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at **MA.NebraskaBlue.com** or call Member Services at 888-488-9850 (TTY users call 711) to get a copy by mail.

More Resources

- Call Member Services at 888-488-9850 (TTY users call 711). Hours are 8 a.m. to 9 p.m., Central time, seven days a week from Oct. 1 through March 31; 8 a.m. to 9 p.m., Central time, Monday through Friday, April 1 through Sept. 30. This call is free.
- This document is available for free in large print, braille, and audio. Please call Member Services at the number listed above.

About Blue Cross and Blue Shield of Nebraska Medicare Advantage Connect

- Blue Cross and Blue Shield of Nebraska is a PPO plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of Nebraska Medicare Advantage depends on contract renewal.
- When this material says "we," "us," or "our," it means SAPPHIRE EDGE, INC. (Blue Cross and Blue Shield of Nebraska). When it says "plan" or "our plan," it means Blue Cross and Blue Shield of Nebraska Medicare Advantage Connect.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in Blue Cross and Blue Shield of Nebraska Medicare Advantage Connect.** Starting January 1, 2027, you'll get your medical and drug coverage through Blue Cross and Blue Shield of Nebraska Medicare Advantage Connect. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1 for details.	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered services. (Go to Section 1.2 for details.)	From network providers: \$4,900 From network and out-of-network providers combined: \$8,000	From network providers: \$6,650 From network and out-of-network providers combined: \$9,000
Primary care office visits	\$0 copay per visit, in-network. \$15 copay per visit, out-of-network.	\$0 copay per visit for services performed in-network. \$15 copay per visit for services performed out-of-network.
Specialist office visits	\$35 copay per visit, in-network. 50% coinsurance per visit, out-of-network.	\$50 copay per visit for services performed in-network. 40% coinsurance per visit for services performed out-of-network.
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	For Medicare-covered hospital stays: \$400 copay per day for days 1 through 4 \$0 copay per day for days 5 and beyond.	For Medicare-covered hospital stays: \$550 copay per day for days 1 through 5 \$0 copay per day for days 6 and beyond. 40% coinsurance per day for days 1-90 and beyond.

	2026 (this year)	2027 (next year)
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible \$400 on Tier 4 and Tier 5 except for covered insulin products and most adult Part D vaccines Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1: \$0 copay per prescription Drug Tier 2: \$14 copay per prescription Drug Tier 3: \$47 copay per prescription You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: \$100 copay per prescription You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: 28% coinsurance per prescription Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are	Part D drug coverage deductible \$400 on Tier 3, Tier 4, and Tier 5 except for covered insulin products and most adult Part D vaccines Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1: \$0 copay per prescription Drug Tier 2: \$5 copay per prescription Drug Tier 3: 15% coinsurance per prescription (after deductible) You pay no more than \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: 27% coinsurance per prescription (after deductible) You pay no more than \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: 25% coinsurance per prescription (after deductible) Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered

	2026 (this year)	2027 (next year)
Part D drug coverage (continued)	covered under our enhanced benefit.	under our enhanced benefit.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

Factors that could change your Part D Premium Amount

- **Late Enrollment Penalty** - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- **Higher Income Surcharge** - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from network providers count toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$4,900	\$6,650 Once you've paid \$6,650 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs don't count toward your maximum out-of-pocket amount for medical services.	\$8,000	\$9,000 Once you've paid \$9,000 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* **NebraskaBlue.com/MedicareProviders** to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at **NebraskaBlue.com/MedicareProviders**.
- Call Member Services at 888-488-9850 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 888-488-9850 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

There are no changes to our network of pharmacies for next year.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 855-457-1349 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Ambulance services	\$350 copay one-way	\$400 copay one-way, ground 20% coinsurance one-way, air
Cardiac rehabilitation services	\$35 copay for Medicare-covered in- and out-of-network cardiac rehabilitation services. \$50 copay for Medicare-covered in-network intensive cardiac rehabilitation services. \$60 copay for Medicare-covered out-of-network intensive cardiac rehabilitation services. \$15 copay for Medicare-covered in- and out-of-network pulmonary rehabilitation services. \$25 copay for Medicare-covered in- and out-of-network supervised exercise therapy services.	\$30 copay for Medicare-covered in-network cardiac rehabilitation services. 40% coinsurance for Medicare-covered out-of-network cardiac rehabilitation services. \$30 copay for Medicare-covered in-network intensive cardiac rehabilitation services. 40% coinsurance for Medicare-covered out-of-network intensive cardiac rehabilitation services. \$25 copay for Medicare-covered in-network pulmonary rehabilitation services. 40% coinsurance for Medicare-covered out-of-network pulmonary rehabilitation services. \$25 copay for Medicare-covered in-network supervised exercise therapy services. 40% coinsurance for Medicare-covered out-of-network supervised exercise therapy services.

	2026 (this year)	2027 (next year)
Chiropractic services	\$15 copay for Medicare-covered in- and out-of-network chiropractic services. \$15 copay for routine chiropractic services. \$0 copay for one annual set of chiropractic X-rays.	\$15 copay for Medicare-covered in-network chiropractic services. 40% coinsurance for Medicare-covered out-of-network chiropractic services. Routine chiropractic services are <u>not</u> covered. Chiropractic x-rays are <u>not</u> covered.
Dental services	\$35 copay for Medicare-covered in-network dental services. 50% coinsurance for each out-of-network Medicare-covered service. You receive a maximum member reimbursement of \$1,200 for supplemental preventive and comprehensive dental services. Covered Comprehensive Dental Services: • Diagnostic Services • Restorative Services • Endodontics • Periodontics • Extractions • Prosthodontics	\$50 copay for Medicare-covered in-network dental services. 40% coinsurance for each out-of-network Medicare-covered service. You receive a maximum member reimbursement of \$250 for supplemental preventive dental services. Comprehensive Dental Services are <u>not</u> covered.
Diabetes supplies	20% coinsurance for all out-of-network CGMs and diabetic supplies.	40% coinsurance for all out-of-network CGMs and diabetic supplies.

	2026 (this year)	2027 (next year)
Durable medical equipment (DME) and related supplies	20% coinsurance for Medicare-covered in- and out-of-network equipment and supplies.	20% coinsurance for Medicare-covered in-network equipment and supplies. 40% coinsurance for Medicare-covered out-of-network equipment and supplies.
Emergency care	\$125 copay for each Medicare-covered emergency room visit.	\$130 copay for each Medicare-covered emergency room visit.
Health fitness program	You receive a \$300 annual Fitness Allowance on your FlexCard.	You receive a \$200 annual fitness allowance that can be used for fitness memberships and classes through member reimbursement or to order eligible fitness equipment from our fitness catalog.
Hearing services	\$35 copay for Medicare-covered in-network hearing services from a specialist. 50% coinsurance for Medicare-covered out-of-network hearing services from a specialist. Out-of-network routine hearing exams are <u>not</u> covered. Out-of-network hearing aids are <u>not</u> covered.	\$50 copay for Medicare-covered in-network hearing services from a specialist. 40% coinsurance for Medicare-covered out-of-network hearing services from a specialist. 80% coinsurance for out-of-network routine hearing exams. 80% coinsurance for out-of-network hearing aids.

	2026 (this year)	2027 (next year)
Hearing services (continued)	Out-of-network hearing aid fittings and evaluations are <u>not</u> covered.	80% coinsurance out-of-network for hearing aid fittings and evaluations.
Home health agency care	\$0 copay for Medicare-covered out-of-network home health agency services.	40% coinsurance for Medicare-covered out-of-network home health agency services.
Inpatient hospital care	\$400 copay per day for days 1-4, in- and out-of-network \$0 copay per day for days 5 and beyond, in- and out-of-network	\$550 copay per day for days 1-5, in-network \$0 copay per day for days 6 and beyond, in-network 40% coinsurance out-of-network
Inpatient services in a psychiatric hospital	\$420 copay per day for days 1-5, in- and out-of-network \$0 copay per day for days 6-90, in- and out-of-network	\$400 copay per day for days 1-5, in-network \$0 copay per day for days 6-90, in-network 40% coinsurance for days 1-90, out-of-network
Medicare Part B prescription drugs	0%-20% for Medicare-covered out-of-network Medicare Part B chemotherapy drugs and other Medicare Part B drugs.	40% coinsurance for Medicare-covered out-of-network Medicare Part B chemotherapy drugs and other Medicare Part B drugs.
Occupational therapy services	\$35 copay for each Medicare-covered in- and out-of-network occupational therapy service.	\$50 copay for each Medicare-covered in-network occupational therapy service.

	2026 (this year)	2027 (next year)
Occupational therapy services (continued)		40% coinsurance for each Medicare-covered out-of-network occupational therapy service.
Opioid treatment program services	50% coinsurance for each Medicare-covered out-of-network opioid treatment service.	40% coinsurance for each Medicare-covered out-of-network opioid treatment service.
Outpatient diagnostic colonoscopies and mammograms	\$25 copay for Medicare-covered in-network x-ray services. \$30 copay for Medicare-covered out-of-network x-ray services. \$0 copay for Medicare-covered out-of-network diagnostic mammograms. \$195 copay for Medicare-covered in- and out-of-network diagnostic radiological service. 20% coinsurance for Medicare-covered out-of-network radiation therapy services. \$0 copay for Medicare-covered out-of-network diagnostic colonoscopies. \$30 copay for Medicare-covered out-of-network	\$50 copay for Medicare-covered in-network x-ray services. 40% coinsurance for Medicare-covered out-of-network x-ray services. 40% coinsurance for Medicare-covered out-of-network diagnostic mammograms. \$225 copay for Medicare-covered in-network diagnostic radiological service. 40% coinsurance for Medicare-covered out-of-network diagnostic radiological service. 40% coinsurance for Medicare-covered out-of-network radiation therapy services. 40% coinsurance for Medicare-covered out-of-network diagnostic colonoscopies. 40% coinsurance for Medicare-covered

	2026 (this year)	2027 (next year)
Outpatient diagnostic colonoscopies and mammograms (continued)	diagnostic tests and procedures provided in a professional office setting. \$350 copay for Medicare-covered in- and out-of-network diagnostic tests and procedures provided in an outpatient hospital setting. \$300 copay for Medicare-covered in- and out-of-network diagnostic tests and procedures provided in an ambulatory surgical center setting.	out-of-network diagnostic tests and procedures provided in a professional office setting. \$550 copay for Medicare-covered in-network diagnostic tests and procedures provided in an outpatient hospital setting. 40% coinsurance for Medicare-covered out-of-network diagnostic tests and procedures provided in an outpatient hospital setting. \$500 copay for Medicare-covered in-network diagnostic tests and procedures provided in an ambulatory surgical center setting. 40% coinsurance for Medicare-covered out-of-network diagnostic tests and procedures provided in an ambulatory surgical center setting.
Outpatient hospital observation	\$350 copay for Medicare-covered in- and out-of-network hospital observation services.	\$550 copay for Medicare-covered in-network hospital observation services. 40% coinsurance for Medicare-covered

	2026 (this year)	2027 (next year)
Outpatient hospital observation (continued)		out-of-network hospital observation services.
Outpatient hospital services	\$350 copay for Medicare-covered in- and out-of-network outpatient hospital services.	\$550 copay for Medicare-covered in-network outpatient hospital services. 40% coinsurance for Medicare-covered out-of-network outpatient hospital services.
Outpatient mental health care	\$35 copay for each Medicare-covered in- and out-of-network outpatient individual or group therapy visit.	\$40 copay for each Medicare-covered in-network outpatient individual or group therapy visit. 40% coinsurance for each Medicare-covered out-of-network outpatient individual or group therapy visit.
Outpatient rehabilitation services	\$35 copay for each Medicare-covered in- and out-of-network outpatient rehabilitation service visit.	\$50 copay for each Medicare-covered in-network outpatient rehabilitation service visit. 40% coinsurance for each Medicare-covered out-of-network outpatient rehabilitation service visit.
Outpatient substance abuse services	\$35 copay for each Medicare-covered out-of-network outpatient individual or group therapy visit.	40% coinsurance for each Medicare-covered out-of-network outpatient individual or group therapy visit.

	2026 (this year)	2027 (next year)
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers	\$300 copay for each Medicare-covered in- and out-of-network ambulatory surgical center service. \$350 copay for each Medicare-covered in- and out-of-network outpatient hospital surgery service.	\$500 copay for each Medicare-covered in-network ambulatory surgical center service. 40% coinsurance for each Medicare-covered out-of-network ambulatory surgical center service. \$550 copay for each Medicare-covered in-network outpatient hospital surgery service. 40% coinsurance for each Medicare-covered out-of-network surgery outpatient hospital surgery service.
Over the Counter (OTC) Allowance	\$50 Over-the-Counter Allowance every quarter (remaining dollars do not roll-over each quarter).	<u>Not covered.</u>
Partial hospitalization services and Intensive outpatient services	\$60 copay for Medicare-covered in- and out-of-network partial hospitalization. \$60 copay for Medicare-covered in- and out-of-network intensive outpatient services.	\$60 copay for Medicare-covered in-network partial hospitalization. 40% coinsurance for Medicare-covered out-of-network partial hospitalization. \$60 copay for Medicare-covered in-network intensive outpatient services. 40% coinsurance for Medicare-covered out-of-network intensive outpatient services.

	2026 (this year)	2027 (next year)
Physical therapy and speech-language pathology services	\$35 copay for Medicare-covered in- and out-of-network physical therapy and speech-language pathology services.	\$50 copay for Medicare-covered in-network physical therapy and speech-language pathology services. 40% coinsurance for Medicare-covered out-of-network physical therapy and speech-language pathology services.
Physician/Practitioner services, including doctor's office visits	\$35 copay for Medicare-covered in-network visits with a specialist. 50% coinsurance for Medicare-covered out-of-network visits with a specialist.	\$50 copay for Medicare-covered in-network visits with a specialist. 40% coinsurance for Medicare-covered out-of-network visits with a specialist.
Podiatry services	\$35 copay for each Medicare-covered in-network podiatry service. 50% coinsurance for each Medicare-covered out-of-network podiatry service.	\$50 copay for each Medicare-covered in-network podiatry service. 40% coinsurance for each Medicare-covered out-of-network podiatry service.
Post-Discharge Meals	Out-of-network post-discharge meals are <u>not</u> covered	You may receive up to 28 medically-tailored meals delivered to your home following discharge from an inpatient hospital or skilled nursing facility stay, out-of-network. You pay 80% coinsurance, with a maximum plan benefit of \$620.

	2026 (this year)	2027 (next year)
Prosthetic devices and related supplies	20% coinsurance for Medicare-covered out-of-network devices and supplies.	40% coinsurance for Medicare-covered out-of-network devices and supplies.
Psychiatric services	\$35 copay for Medicare-covered in- and out-of-network psychiatric services.	\$50 copay for Medicare-covered in-network psychiatric services. 40% coinsurance for Medicare-covered out-of-network psychiatric services.
Skilled nursing facility (SNF) care	For Medicare-covered skilled nursing facility (SNF) care: In-Network \$0 copay per day for days 1-20. \$214 copay per day for days 21-70. \$0 copay per day for days 71-100. Out-of-Network \$0 copay per day for days 1-20. \$214 copay per day for days 21-90. \$0 copay per day for days 91-100.	For Medicare-covered skilled nursing facility (SNF) care: In-Network \$0 copay per day for days 1-10. \$10 copay per day for days 11-20. \$218 copay per day for days 21-100. Out-of-Network \$250 copay per day for days 1-100.
Vision care	\$35 copay for Medicare-covered in-network vision services from a specialist. 50% coinsurance for Medicare-covered out-of-network vision	\$50 copay for Medicare-covered in-network vision services from a specialist. 40% coinsurance for Medicare-covered out-of-network vision

	2026 (this year)	2027 (next year)
Vision care (continued)	services from a specialist. \$300 allowance towards frame and pairs of lenses or the purchase of elective contacts, inclusive of both in- and out-of-network coverage.	services from a specialist. \$100 allowance towards frame and pairs of lenses or the purchase of elective contacts, inclusive of both in- and out-of-network coverage.
Worldwide emergency coverage	\$125 copay for each worldwide emergency service. \$125 copay for each worldwide emergency transportation service. \$125 copay for each worldwide urgently needed service.	\$130 copay for each worldwide emergency service. \$130 copay for each worldwide emergency transportation service. \$130 copay for each worldwide urgently needed service.

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is posted online at **NebraskaBlue.com/MedicareRx**

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or

working to find a new drug. Call Member Services at 855-457-1349 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by October 1st, call Member Services at 888-488-9850 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3, Tier 4 and Tier 5 Part D drugs until you reach the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach \$2,400.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You also pay nothing for excluded drugs that are covered under our enhanced benefit. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	\$400	\$400

	2026 (this year)	2027 (next year)
Yearly Deductible (continued)	During this stage, you pay \$0 cost sharing for drugs on Tier 1, \$14 cost sharing for drugs on Tier 2, \$47 cost sharing for drugs on Tier 3, and the full cost of drugs on Tier 4 and Tier 5 until you've reached the yearly deductible.	During this stage, you pay \$0 cost sharing for drugs on Tier 1, \$5 cost sharing for drugs on Tier 2, and the full cost of drugs on Tier 3, Tier 4 and Tier 5 until you've reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

For drugs on Tier 3 and Tier 4, your cost-sharing in the Initial Coverage Stage is changing from a copayment to coinsurance. Go to the following table for the changes from 2026 to 2027.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1: Preferred Generic We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	\$0 copay per prescription	\$0 copay per prescription
Tier 2: Generic We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different	\$14 copay per prescription	\$5 copay per prescription

	2026 (this year)	2027 (next year)
Tier 2: Generic (continued) tier, look them up on the Drug List.		
Tier 3: Preferred Brand We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	\$47 copay per prescription You pay \$35 per month supply of each covered insulin product on this tier.	15% coinsurance per prescription (after deductible) You pay \$35 per month supply of each covered insulin product on this tier.
Tier 4: Non-Preferred Drug We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	\$100 copay per prescription You pay \$35 per month supply of each covered insulin product on this tier.	27% coinsurance per prescription (after deductible) You pay \$35 per month supply of each covered insulin product on this tier.
Tier 5: Specialty Tier We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	28% coinsurance per prescription	25% coinsurance per prescription (after deductible) You pay \$35 per month supply of each covered insulin product on this tier.

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Appeals - Medical	Fax: 1-877-482-9749 Address: Blue Cross and Blue Shield of Nebraska Attn: MA Appeals Department P.O. Box 3248 Omaha, NE 68180-0001	Fax: 402-392-4134 Address: Blue Cross and Blue Shield of Nebraska Appeal and Grievance Department P.O. Box 5013 Scranton, PA 18505
Claims Submission	Medical Paper Claims Address: Blue Cross and Blue Shield of Nebraska P.O. Box 3248 Omaha, NE 68180-0001 Clinical Claim Review Medical Record Address: Blue Cross and Blue Shield of Nebraska Attn: Medical Record Review P.O. Box 3248 Omaha, NE 68180-0001	Medical Paper Claims Address: Blue Cross and Blue Shield of Nebraska P.O. Box 5012 Scranton, PA 18505 Clinical Claim Review Medical Record Address: Blue Cross and Blue Shield of Nebraska P.O. Box 5012 Scranton, PA 18505
Complaints & Grievances	Fax: 1-866-648-0757 Address: Blue Cross and Blue Shield of Nebraska Attn: Grievances P.O. Box 3248 Omaha, NE 68180-0001	Fax: 402-392-4134 Address: Blue Cross and Blue Shield of Nebraska Appeal and Grievance Department P.O. Box 5013 Scranton, PA 18505
Health fitness program	Phone: 844-451-1003	Catalog phone: 844-451-1003

	2026 (this year)	2027 (next year)
	myNebraskaBlue.com	Reimbursement phone: 888-488-9850 MA.NebraskaBlue.com
Medicare Prescription Payment Plan	Phone: 1-888-488-9850 Hours of Operation: 8 a.m. to 9 p.m., Central time, seven days a week from Oct. 1 through March 31; 8 a.m. to 9 p.m., Central time, Monday through Friday April 1 through Sept. 30 Address: Blue Cross and Blue Shield of Nebraska Mailstop: 1001 MPPP Election Dept. 13900 N. Harvey Ave Edmond, OK 73013 Customer Election (enroll) Email: ElectMPPP@RxPayments.com Website: www.RxPayments.com	Phone: 833-892-0475 (TTY: 711) Hours of Operation: Available 24 hours a day, 7 days a week Address: Blue Cross Blue Shield of NE Attn: M3P Elections 9450 SW Gemini Dr., Suite 87234 Beaverton, Oregon 97008-7105 Payment Address: JudiRx Inc. P.O. Box 24945 New York, NY 10087-4945 Customer Election (enroll) Email: M3P-Election@judi.com Website: https://medicare.nebraskablue.com/MedicareAdvantage/MedicarePrescription-PaymentPlan

	2026 (this year)	2027 (next year)
Member Services	Mailing address: Blue Cross and Blue Shield of Nebraska P.O. Box 3248 Omaha, NE 68180-0001	Mailing address: Blue Cross and Blue Shield of Nebraska P.O. Box 5012 Scranton, PA 18505
Quality Improvement Organization	Fax: 1-855-694-2929	Fax: 402-392-4134
Return Mail Address	Return Mail - RRD Processing: P.O. Box 3023 Monroe, WI 53566-3823	Return Mail - RRD Processing: P.O. Box 5012 Scranton, PA 18505

SECTION 3 How to Change Plans

To stay in Blue Cross and Blue Shield of Nebraska Medicare Advantage Connect, you don't need to do anything. Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Blue Cross and Blue Shield of Nebraska Medicare Advantage Connect.

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from Blue Cross and Blue Shield of Nebraska Medicare Advantage Connect. Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from Blue Cross and Blue Shield of Nebraska Medicare Advantage Connect.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 888-488-9850 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (Go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit **Medicare.gov**, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Blue Cross and Blue Shield of Nebraska offers other

Medicare health plans and Medicare drug plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people can have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You can qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users call 1-800-325-0778.

- Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Ryan White Part B Program, Nebraska Department of Health & Human Services. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 402-471-3121 (TTY users call 800-833-7352). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027. You do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 833-892-0475 (TTY users should call 711) or visit **Medicare.gov**.

SECTION 5 Questions?

Get Help from Blue Cross and Blue Shield of Nebraska Medicare Advantage Connect

- **Call Member Services at 888-488-9850. (TTY users call 711.)**

We're available for phone calls 8 a.m. to 9 p.m., Central time, seven days a week from Oct. 1 through March 31; 8 a.m. to 9 p.m., Central time, Monday through Friday, April 1 through Sept. 30. Calls to these numbers are free.

- **Read your 2027 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for Blue Cross and Blue Shield of Nebraska Medicare Advantage Connect. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of*

Coverage on our website at **MA.NebraskaBlue.com** or call Member Services 888-488-9850 (TTY users call 711) to ask us to mail you a copy.

- **Visit Medicare.NebraskaBlue.com**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Nebraska, the SHIP is called Nebraska State Health Insurance Assistance Program.

Call Nebraska SHIP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Nebraska SHIP at 800-234-7119 (TTY 800-833-7352). Learn more about Nebraska SHIP by visiting **doi.nebraska.gov/ship-smp**.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with Medicare.gov**

You can chat live at **Medicare.gov/talk-to-someone**.

- **Write to Medicare**

You can write to Medicare at P.O. Box 1270, Lawrence, KS 66044

- **Visit Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You* 2027**

The *Medicare & You* 2027 handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at **www.Medicare.gov** or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.