BlueCross BlueShield Nebraska

Blue Cross and Blue Shield of Nebraska MA Access and Connect PPO

# 2024 Resource Guide

Medicare.NebraskaBlue.com

# You have a new plan. Now what?

We are happy to have you as a member. Whether you joined for the first time this year or have been with the Blue Cross and Blue Shield of Nebraska (BCBSNE) family for years, you might be wondering what you should do to get the most out of your coverage this year. Here's an easy guide to get you up to speed so you can start taking advantage of your new health plan and new benefits.



# You're a member of a PPO plan

We cover everything Original Medicare does, plus more, all in one plan. A Preferred Provider Organization (PPO) provides personalized care coordinated by a primary care provider (PCP) whom you select from our network of doctors.

# We'll keep you informed

Part of our commitment to you is to help you get the most out of your plan. You'll hear from us throughout the year as we keep you informed about your benefits.

**Member ID card**

**Start using your ID card**

**New members:** We sent you a member ID card. You can put your red, white and blue Medicare card away in a safe place and use your BCBSNE member ID card instead.

Show your doctor and other providers this card every time you need care.

**Welcome kit and plan materials**

**New members:** You receive plan materials in this mailing, including a complete description of your plan coverage and other important plan information. You'll find helpful tools, resources and tips in this *Resource Guide*.

**Renewing members:** This *Resource Guide* is part of your annual renewal mailing. You also receive the *Annual Notice of Changes* and other important plan information for the coming year in the fall. You'll want to keep these documents handy so you can reference them throughout the year.

**Your bill**

**You'll receive a bill each month** for the next month's premium if you have a plan with a plan premium.

**You won't receive a bill if:**

- You have your premium deducted from your Social Security payment
- You have your premium automatically paid from your checking or savings account
- You prepaid your premium or have a credit on your account

**Welcome call**

When you are a new member, we call you to make sure you received your welcome kit and member ID card, help answer any questions about your coverage and tell you about programs we offer to help you stay healthy.

**24-Hour Nurse Line**

Your BCBSNE member benefits give you access to our 24-Hour Nurse Line. Whether you're experiencing a minor illness or injury, or have a general health question, connect with a registered nurse without leaving your home.

**Advice and more**

- Health information — Ask health care questions and discuss your concerns.
- Symptom management — Report your symptoms and ask the nurse to determine the appropriate level of care and medical follow-up needed. The nurse can also provide self-care tips so you can feel better faster.
- Health decision support — Ask about treatment options for a condition or disease.

Call the 24-Hour Nurse Line for help from our registered nurses.
**833-968-1764** (TTY: **711**)



**Built-in fitness program**

SilverSneakers® Fitness program is an exercise and wellness program offered by Tivity Health that helps you live a healthy, active lifestyle through exercise. Access more than 15,000 facilities nationwide. To locate a participating fitness center near you, call **866-678-0828**, 8 a.m. to 8 p.m. EST, Monday through Friday. TTY users call 711. Or visit **SilverSneakers.com**.*

**Doctor visit**

Make an appointment for your Annual Wellness Visit and Annual Routine Physical with your doctor so you can begin taking advantage of your preventive benefits. **Earn a $50 Walmart grocery-only gift card once your Annual Wellness Visit is completed.**

If you don't have one, pick a primary care doctor. To see a listing of doctors, you can:

- View the online searchable directory at **NebraskaBlue.com/Find-a-Doctor**
- Call Customer Service at the number on the back cover of this booklet (this number is also on your BCBSNE member ID card)

**Explanation of Benefits**

When you use your medical coverage, we'll send you a detailed statement. It is not a bill. Instead, it lists the services you received, what your provider billed, what your plan paid, and how much you may owe. It is the source of truth on your cost share. You'll receive an Explanation of Benefits the month after the claim is processed.

**Special information**

**or**

There may be events during the year that you should be aware of, so we'll send you notices and updates as needed.

If you need help with a chronic illness, such as heart disease or diabetes, we may send you materials or call you about a specific program.

**Surveys**

You may receive surveys asking for your opinion of our plan, our network doctors and the care you receive. We're always looking for ways to provide better coverage and service.

Your answers are confidential and don't affect your coverage or costs. We appreciate your honest feedback.



Gift cards may be reported to the IRS as taxable income. Walmart is an independent third party not affiliated with the offerings or promotions detailed herein.

# Take an active role in your care

If you are new to Medicare, schedule a Welcome to Medicare Exam. If you've been enrolled in Medicare for more than a year, you can take advantage of your Annual Wellness Visit. It includes a personalized prevention plan, screening schedules, referrals and education based on your specific health situation.

You can take charge of your health and get more out of your doctor visits by:

- Writing down questions you want to ask as well as symptoms you want your doctor to be aware of
- Taking notes as the doctor answers your questions
- Reviewing your medications (dose, side effects and over-the-counter supplements)
- Speaking up if you have any health concerns
- Being involved in your care decisions



# Communication with your care team

**If you're looking for better dialogue with your doctor, try this:** Pick at least one question from each row to ask every time you visit your doctor.

| | | | | |
|---|---|---|---|---|
| **What ...** | exercise is right for me? | is a healthy weight for me? | chronic conditions am I most at risk for? | are my treatment options? |
| **How ...** | healthy am I? -or- serious is my condition? | will I know if the treatment is working? | much does this cost? | do my medications, blood pressure and cholesterol level affect my diabetes? |
| **When do I need preventive care ...** | vaccines for flu or pneumonia? | bone density screenings for osteoporosis? | cancer screenings? | diabetes screenings? |
| **Why ...** | do I need this treatment? | does my medication make me feel weak or dizzy? | am I forgetting things or feeling sad? | am I on this medication? |

# In sickness and in health: we've got you covered

Your coverage is designed to work for you at every stage. Your benefits aren't just for when you're feeling sick or coping with a chronic condition. They can help you take charge of your health.

### Meet Welvie My Surgery

If you're thinking about having surgery, it's essential to have the information you need to make an informed decision. However, you don't need to be thinking about surgery to benefit from Welvie. After all, many surgeries are unplanned. That's why we're providing you access to Welvie My Surgery®, an online support program with six steps that guide you from diagnosis to recovery. Learn more at **Welvie.com**.*

### Managing complex and chronic health conditions

Our case management programs help members manage complex and chronic conditions such as diabetes, heart disease, chronic obstructive pulmonary disease and kidney disease. We may assign a nurse to work with you, your family, your doctor and other health professionals. Your nurse will counsel you, offer educational materials, reminders and other support to teach you about your condition. They will follow your treatment and make sure your care is well coordinated.

**877-399-1675**,
TTY users call **711**,
8 a.m. to 4:30 p.m. CT,
Monday through Thursday
8:30 a.m. to 4:30 p.m. CT,
Friday

### Transitional Care

We offer follow-up care when you leave a hospital. A nurse will contact you as soon as possible after you've left the hospital, to answer questions and help with the transition home. They may:

- Help you understand how to take your medications and what you need to know and do to stay healthy when you return home
- Assist in arranging prescribed services or equipment after discharge
- Provide information about available community resources that may be helpful

### Medicare Advantage Health Assessments

You will receive a letter asking you to complete a free health questionnaire. Completing it is optional, but there are important reasons for members to fill it out and return it to us:

- It helps you better prepare for your next visit by informing you of important topics to discuss with your doctor
- It helps us better understand how we can help you and how to connect you with programs and services available to you

It's easy to complete, either by mail or online. The information doesn't affect your enrollment or costs and is kept confidential.

*Welvie is an independent company contracted by BCBSNE to provide surgery decision support services to our members.

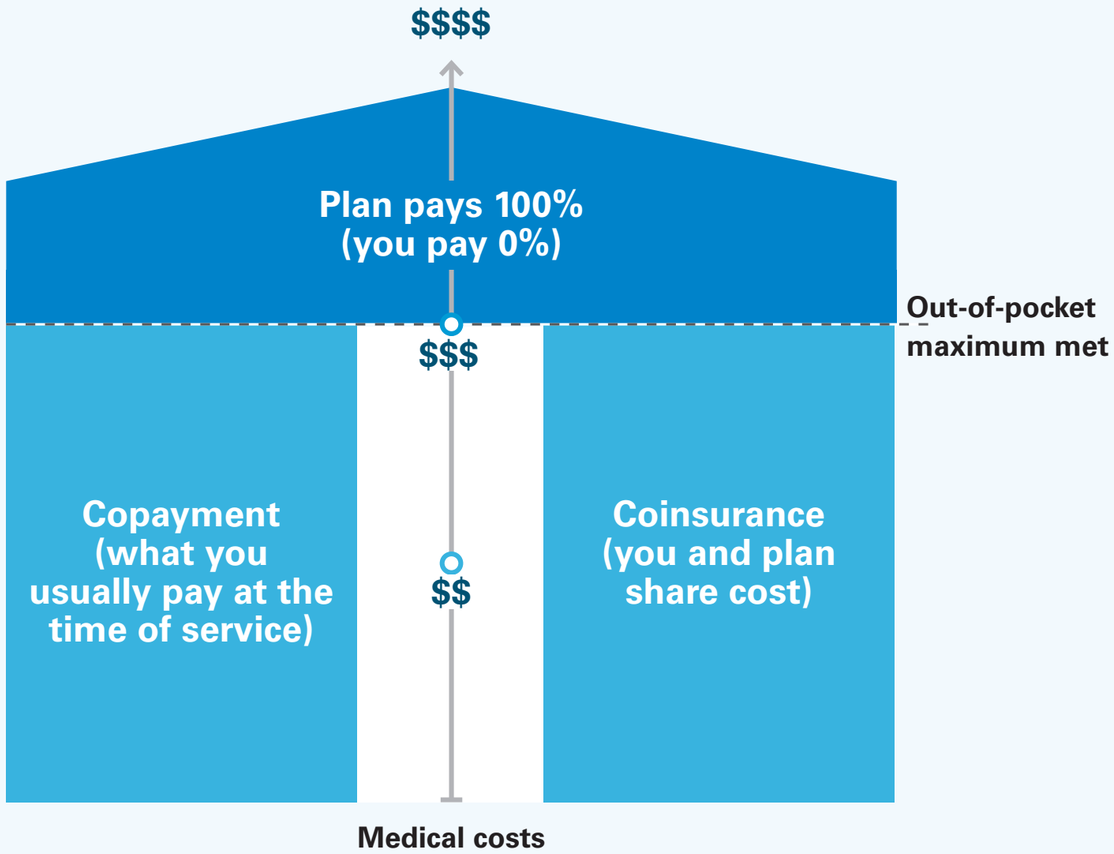


# Get the right care when you need it

| Type of care | Best for | Advantages | Your copay |
|---|---|---|---|
| **Your regular doctor** | • Annual Wellness Visit<br>• Annual Routine Physical<br>• Screenings/vaccines<br>• Minor illnesses or injuries | **Trusted doctor:** Knows you and your medical history<br>Can track and guide all care, including specialist referrals<br>After-hours access by phone or email | $ |
| **Virtual Care** | • When you need advice or are not able to see your doctor in person | Convenient access to benefits from your home | $ |
| **Specialist** | • A particular area of expertise | **Specialized care:** For issues like heart or lung health or geriatric care | $$ |
| **Urgent care center** | • Non-life threatening illnesses or issues when you can't get in to see your regular doctor | **Convenience:** Extended hours, walk-in service, convenient locations | $$ |
| **Emergency room** | • Handles sudden, very serious or life-threatening illness or injury | **Accessibility:** 24 hours a day, seven days a week | $$$ |

# Terms to know

| | |
|---|---|
| **Coinsurance** | A fixed percentage of the costs you pay for health care services (or prescriptions, if applicable). |
| **Copayment** | A fixed amount you pay for health care services or supplies, usually at the time of service (office visits, emergency room, urgent care). |
| **Out-of-pocket maximum** | The maximum dollar amount you will pay in copayments and coinsurance during one plan year. After you reach your out-of-pocket maximum, your plan covers 100% of the cost for covered services you receive the rest of the year. |
| **Hospital-based practice** | Many provider offices, health centers or hospital-based outpatient clinics owned and operated by hospitals may charge an additional hospital usage fee or facility charge when you see any provider in the office, health center or clinic. These offices may cost you more. Additionally, your services may cost a different amount based on where they're performed (in office, outpatient in an ambulatory surgical center, out-patient hospital facility or hospital-owned doctor's office). |
| **Inpatient versus outpatient** | If you are receiving a service in a hospital, you should check with your doctor beforehand to see if the service is inpatient or outpatient, as this will impact your cost sharing. Unless the doctor writes an order to admit you as an inpatient to the hospital and your plan authorizes admission, the service will be outpatient, and you will pay the cost-sharing amounts for outpatient services. Even if you stay in the hospital overnight, the service might still be considered outpatient. If you are not sure if the service is considered outpatient, you should ask the hospital staff. |
| **Prior authorization** | Approval in advance for medical services. Some medical services are covered only if your doctor gets prior approval from our plan. Covered services that need prior authorization are marked in the medical benefits chart included with your Evidence of Coverage booklet. Because your doctor gets the approval before a service takes place, you won't be held responsible for any charges if a claim is denied for not having prior authorization. |



# Healthy savings

You can get healthy on a budget with Blue365®. This program offers you exclusive savings on national and local products and services for a well-balanced lifestyle, including:

- **Fitness and wellness** – health magazines, fitness gear and gym memberships
- **Healthy eating** – cookbooks, cooking classes and weight-loss programs
- **Lifestyle** – travel and recreation
- **Personal care** – Lasik and eye care services, dental care and hearing aids

Enjoy great deals for every aspect of healthy living with savings on top brands like Jenny Craig®, Medisafe and Fitbit®.

**Take advantage of these savings:**

- Log in to your member account at **NebraskaBlue.com/Blue365**. If you're a first-time user, you must register. Your BCBSNE member ID card has the information you need to register.
- Search for deals by category and region to find the savings you want at locations near you.

**855-511-2583**
TTY users call **711**.
8 a.m. to 7 p.m. CT,
Monday through Friday

Blue365 is brought to you by the Blue Cross Blue Shield Association. Value-added items and services are not a part of your insurance benefits. For complete terms and conditions, see ***Blue365Deals.com/Terms-Use***.



# A guide to your Evidence of Coverage

Your Evidence of Coverage is an important legal document that explains your coverage and can be found at **Medicare.NebraskaBlue.com/MedicareAdvantage**.

### How much do I pay for …



### Tell me about my plan.



### What am I covered for?



### What if I have a problem with my coverage?

If you want to appeal a medical coverage decision, see Chapter 9, Sections 3 – 5.

### Your plan includes Part D prescription drug coverage

Most of your prescription drug coverage information — including network information and limitations — is covered in Chapters 5 and 6 of the EOC. If you want to appeal a Part D prescription drug coverage decision, see Chapter 9, Section 6.

# Part D prescription drug coverage tips

### Save money with our pharmacy network

For your convenience, most chain pharmacies and many independent pharmacies are in our network. With a few exceptions, your prescriptions must be filled at our network pharmacies to be covered. You save money when you get your medications from a preferred network pharmacy. Refer to your pharmacy directory for locations near you. You can find it on **Medicare.NebraskaBlue.com** under Medicare Advantage plans. Click on **Find a Pharmacy** from the options on the right.

### Check our list of covered drugs (called a drug list or formulary)

Our plans with prescription drug coverage use a drug list that promotes safe, effective and less expensive medications. If you're taking medication, check our drug list to see if it's covered or if it has any restrictions or limits on your coverage.

**Our drug list changes** from year to year and during the current year as new drugs are approved, restricted or recalled by the government. Some changes are made to keep you safe or to keep the cost of your coverage down. We'll let you know if a drug you are prescribed is affected with a notice in your Explanation of Benefits or a letter.

### Convenient 90-day supply

Using your local pharmacy or mail order for your ongoing prescription drug needs is easy and convenient. Allow seven to 10 days for delivery from our mail-order pharmacies. If your mail order is late and you did not receive a call from your mail-order provider, call your mail-order service provider right away. Members who fill their prescriptions using a 90-day mail-order supply could save money on their prescription drug needs.

### How to find a pharmacy

**855-457-1350**, 24 hours a day, seven days a week. TTY users call **711**.

To find a retail pharmacy, contact Prime Therapeutics: **MyPrime.com**

To get your prescriptions shipped to your home or to request mail order forms contact Alliance Rx Walgreens, Amazon, Costco, Express Scripts, or Kroger:

- **AllianceRxWP.com**
- **Amazon.com**
- **Costco.com/home-delivery**
- **Express-Scripts.com**
- **ppsrx.com (Kroger)**

### Over-the-counter (OTC) benefit to come

You will receive a quarterly prepaid OTC card by mail, redeemable for $40 per quarter for the Connect PPO plan and $60 per quarter for the Access PPO plan. The Centers for Medicare & Medicaid Services (CMS) approved card will help purchase nearly 90,000 items like cold and allergy drugs, hearing aid batteries, oral care items and pain relievers. Once the balance has been spent for the quarter, the OTC card converts to a discount card. If a balance remains on the card at the end of the quarter, it does not roll over.

### Make your own drug list

Keep a list of your current medications, strength and dosage with you. Make sure you have your doctor's name and phone number too. Share this information with a family member so they have it in case of an emergency.

Alliance Rx Walgreens Pharmacy, Amazon, Costco, ExpressScripts, Kroger, and Prime Therapeutics are independent companies that provide pharmacy benefit administration services on behalf of Blue Cross and Blue Shield of Nebraska.

## Customer Service

**888-488-9850**. TTY users call **711**.

Hours:
8 a.m. to 9 p.m. CT, seven days a week from Oct. 1 through March 31;

8 a.m. to 9 p.m. CT, Monday through Friday from April 1 through Sept. 30.

## Report fraud

**877-632-2583**. TTY users call **711**.

7:30 a.m. to 6 p.m. CT, Monday through Friday



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