Blue Cross Blue Shield Nebraska Medicare Advantage Choice HMO-POS

2021

SUMMARY OF BENEFITS

Jan. 1, 2021 – Dec. 31, 2021

This information is not a complete description of 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 on-line 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 Choice HMO-POS, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

The service area for the **Blue Cross Blue Shield Nebraska Medicare Advantage Choice HMO-POS** plan includes these counties in Nebraska: Burt, Butler, Cass, Colfax, Cuming, Dodge, Douglas, Gage, Lancaster, Otoe, Saline, Sarpy, Saunders, Seward and Washington.

Blue Cross Blue Shield Nebraska Medicare Advantage Choice HMO-POS 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-POS plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of Nebraska Medicare Advantage depends on contract renewal.

BlueCross BlueShield Nebraska

An independent licensee of the Blue Cross and Blue Shield Association

Make the most of Medicare

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.

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

Premiums	Choice HMO-POS	What You Should Know
Monthly Plan Premium	You pay $44	You must continue to pay your Medicare Part B premium.
Medical Benefits	**Choice HMO-POS**	**What You Should Know**
Deductible	You pay $0	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	**In-Network:** $5,700 annually **Combined In-Network and POS (BlueCard) Coordinated Services:** $6,700 annually for services you receive from any provider both in-network and out-of-state using the POS (BlueCard) benefit. Your limit for services received from in-network and POS (BlueCard) providers will count toward this limit.	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. You will still need to pay your monthly plan premiums, Medicare Part B premiums, and cost sharing for your Part D drugs.
Blue Cross Blue Shield Nebraska Medicare Advantage Choice HMO-POS **Out-of-network:** Inside Nebraska, 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 Medicare Advantage Choice HMO-POS. Outside of Nebraska, except for urgent or emergency care, medical services are coordinated through BlueCard services.		

QUESTIONS? WE'RE HERE FOR YOU!

For more information about our plan choices, call toll-free **844-899-6060 (TTY 711)**. email: **getstarted@nebraskablue.com**. or visit **Medicare.NebraskaBlue.com.**

Medical Benefits	Choice HMO-POS	What You Should Know
Inpatient Hospital Coverage	The copays for 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. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods. Our plan covers an unlimited number of days for an inpatient hospital stay.	Services may require prior authorization.
	You pay a $420 copay per day for days 1 through 4 You pay $0 for additional days	
Outpatient Hospital Coverage	You pay a $350 copay for Medicare-covered outpatient hospital non-surgical services. You pay a $350 copay for Medicare-covered outpatient hospital surgical services.	Services may require prior authorization. We cover medically-necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury.
Doctor Visits • Primary Care Providers • Specialists	 You pay a $10 copay, in-person and by telehealth You pay a $40 copay, in-person and by telehealth	
Preventive Care	There is no coinsurance, copayment, or deductible for Medicare-covered preventive services.	Any additional preventive services approved by Medicare during the contract year will be covered.
	Our plan covers many preventive services, including: • 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 • Health and wellness education programs • Hepatitis C screening • HIV screening • Immunizations (flu, pneumonia and Hepatitis B) • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and therapy to promote sustained weight loss	

Medical Benefits	Choice HMO-POS	What You Should Know
	• 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	
Emergency Care	**Within U.S.** You pay a $90 copay If you are admitted to the hospital within 3 days for the same condition, you will pay a $0 copay for the emergency room visit. **Outside of the U.S.** You pay a $90 copay $50,000 lifetime limit for worldwide coverage inclusive of emergency, urgent care and transportation.	
Urgently Needed Services	**Within U.S.** You pay a $65 copay, in-person and by telehealth **Outside of the U.S.** You pay a $90 copay $50,000 lifetime limit inclusive of worldwide emergency, urgent care and transportation	
Diagnostic Services/ Labs/Imaging • Diagnostic radiology service (e.g., MRI) • Lab services • Diagnostic tests and procedures • Outpatient X-rays • Therapeutic radiology services	You pay a $150 copay You pay a $10 copay You pay a $20 copay You pay a $20 copay You pay 20% of the approved amount	Services may require prior authorization. For Medicare-covered diagnostic radiological services, Medicare-covered diagnostic tests and procedures and Medicare-covered X-ray services performed in an outpatient setting, refer to Outpatient Surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers.

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Medical Benefits	Choice HMO-POS	What You Should Know
Hearing Services • Medicare-covered	You pay a $10 copay (Primary Care Provider) and a $40 copay (Specialist)	One routine hearing exam per year is covered.
• Routine hearing exam	You pay a $0 copay	
• Hearing aid	$500 allowance per ear toward one new standard (analog or basic digital) hearing aid every three years	
• Hearing aid fitting and evaluation	You pay a $0 copay once every three years	
Dental Services • Medicare-covered	You pay a $40 copay	Preventive and Comprehensive Dental Services are covered as a member-reimbursed benefit. Dental forms can be downloaded **Medicare.NebraskaBlue.com/MedicareAdvantage/Resources**.
• Supplemental preventive and comprehensive dental services	The Dental Services benefit provides a combined Preventive and Comprehensive $700 max benefit every plan year and may be used for: (a) 2 Oral Exams, (b) 2 Prophylaxis (cleaning), and / or (c) Dental X-rays. The Preventive Dental Services benefit provides routine cleanings and periodontal maintenance are covered under prophylaxis (cleaning). Emergency Dental exams are covered as Preventive Dental Services oral exams. The Comprehensive Dental Services benefit provides diagnostic services, restorative services, endodontics, periodontics, extractions and prosthodontics. Preventive and comprehensive dental services must be provided by a licensed dental provider.	
Vision Services • Medicare-covered	You pay a $40 copay	One routine eye exam per year is covered. Routine vision care must be provided by a VSP provider. 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.)
• Medicare-covered Diabetic Retinopathy exam	You pay a $0 copay for a non-VSP specialist office visit (a Medicare-covered Diabetic Retinopathy exam is included in the routine eye exam provided by a VSP provider)	
• Supplemental eyewear when provided by a VSP provider www.VSP.com	You pay a $0 copay for a VSP provider exam $100 plan coverage limit every 24 months for elective contact lenses or eyeglass frames through VSP provider. Standard lenses for glasses are covered in full.	
• Routine eye exam when provided by a VSP provider	You pay $0	
• Eyeglasses or contact lenses after cataract surgery	You pay $0	
• Glaucoma Screening	You pay $0	

Medical Benefits	Choice HMO-POS	What You Should Know
Mental Health Services • Inpatient visit • Outpatient therapy visit	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. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods. Our plan covers 90 days for a benefit period. You pay a $420 copay per day for days 1 through 4 You pay $0 per day for days 5 through 90 You pay $0 for days 91 through 190 until lifetime limitation is exhausted You pay a $40 copay for outpatient group/individual therapy visit, in-person and telehealth services	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.
Skilled Nursing Facility (SNF)	The copays for 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. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods. Our plan covers 100 days for a benefit period. You pay $0 copay per day for days 1 through 20 $184 copay per day for days 21 through 57 $0 copay per day for days 58 through 100	Services may require prior authorization.
Physical Therapy	You pay a $40 copay	
Ambulance (Air and Ground)	**In U.S., including the District of Columbia and Puerto Rico:** $325 copay for each Medicare-covered, one-way ground or air ambulance trip. **Outside U.S.:** $90 copay for worldwide emergency transportation, one-way ground or air ambulance trip. $50,000 lifetime limit for worldwide coverage inclusive of emergency, urgent care and transportation.	Non-emergency ambulance trips may require prior authorization. Copay is for each one-way trip for Medicare-covered services.

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Medical Benefits	Choice HMO-POS	What You Should Know
Transportation	Not covered	
Medicare Part B Drugs	You pay 20% of the approved amount for Part B drugs	Some drugs may require prior authorization.
Chiropractic Care • Manual manipulation of the spine to correct subluxation • Routine office visits • One set of X-rays (up to 3 views) when performed by a chiropractor	You pay a $20 copay for each Medicare-covered visit You pay a $20 copay for routine care visits You pay a $0 copay for one annual set of X-rays (up to 3 views) when performed by a chiropractor	
Foot Care (podiatry services) • Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions	You pay a $40 copay for each Medicare-covered visit, 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.	Hospice is covered outside of our plan. Please contact Customer Service for more details (phone numbers are on the back of this booklet).
Medical Equipment/ Supplies • 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 You pay a $0 copay for Contour/Breeze/Ascensia blood glucose monitors, blood glucose test strips, lancet devices, and lancets. You pay a $0 copay for solutions and urine/ketone tests.	Medical equipment/ supplies may require prior authorization.

Medical Benefits	Choice HMO-POS	What You Should Know
Outpatient Substance Abuse • Outpatient therapy visit	You pay a $40 copay for Medicare-covered group/individual therapy visit, in-person and by telehealth	
Outpatient Surgery • Ambulatory surgical center • Outpatient hospital	You pay a $200 copay for Medicare-covered outpatient surgical services You pay a $350 copay for Medicare-covered outpatient surgical services	Services may require prior authorization.
Rehabilitation Services • Pulmonary • Cardiac • Intensive cardiac • Occupational, speech and language therapy	You pay a $30 copay each visit You pay a $50 copay each visit You pay a $50 copay each visit You pay a $40 copay each visit	
Renal Dialysis	You pay 20% of the approved amount	
Wellness Programs (e.g., fitness)	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 our nationwide fitness network, a variety of programming options and activities beyond the gym that incorporate physical well-being and social interaction. • A no-added-cost fitness benefit with access to thousands of locations nationwide both in person and virtual • SilverSneakers FLEX classes offered outside the traditional gym setting • SilverSneakers.com online resources including, SilverSneakers Live classes & Live workshops, On-Demand, fitness location directory, articles, and more • Guidance from dedicated fitness staff • Adjustable workout programs tailored to individual fitness levels, schedule reminders for favorite activities, find convenient locations and more with the SilverSneakers GOTM app • Signature SilverSneakers classes designed for all fitness levels and led by trained instructors • The ability to enroll at multiple locations at any time - national reciprocity • Social connections through events such as shared meals, holiday celebrations, and class socials 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 trade mark of Tivity Health, Inc. © *2020 Tivity Health, Inc. All rights reserved.*	To locate a participating fitness center near you, call 1-866-678-0828, 8 a.m. to 8 p.m. Central time Monday through Friday. TTY users call 711. Or visit SilverSneakers.com.

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Medical Benefits	Choice HMO-POS	What You Should Know
Acupuncture	You pay a $20 copay for up to 20 Medicare-covered acupuncture treatments annually for chronic lower back pain.	Services may require prior authorization. Covered services include: Up to 12 visits in 90 days are covered for Medicare beneficiaries under the following circumstances: For the purpose of this benefit, chronic low back pain is defined as: Lasting 12 weeks or longer; nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease); not associated with surgery; and not associated with pregnancy. An additional eight sessions will be covered for those patients demonstrating an improvement. No more than 20 acupuncture treatments may be administered annually. Treatment must be discontinued if the patient is not improving or is regressing.
Nurse Hotline	You pay $0 for calls to the Nurse Hotline.	The Nurse Hotline is available 24 hours a day, 7 days a week.
Telehealth Visits for:	Urgently needed services $65 copay Visits with a Primary Care Physician $10 copay Visits with a specialist $40 copay Individual and group mental health and psychiatric services $40 copay Podiatry services $40 copay Opioid treatment $40 copay Individual and group outpatient substance abuse services $40 copay Kidney disease education services $0 copay Other Health Care Professionals $10-$40 copay	Medicare-covered Telehealth visits are medical visits delivered to you by a provider that uses compliant technology capabilities. 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.

Medical Benefits	Choice HMO-POS	What You Should Know
		If you choose to receive one of these services via Telehealth, then you must use a provider that currently offers the service via Telehealth.
Over-the-Counter (OTC) items	$25 quarterly allowance that does not rollover each quarter.	Members may obtain authorized OTC items using a prepaid card and from vendor at retail locations and via mail, phone and website. Members may access their OTC benefit through a program that delivers to their home.

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Blue Cross Blue Shield Nebraska – Choice HMO-POS

Outpatient Prescription Drugs – Short-Term Supply				
PHASE 1: Deductible Stage	$0 for Tiers 1 and 2			
	$150 which applies to Tiers 3 through 5 only			
PHASE 2: Initial Coverage Stage	You pay the following until your total yearly drug costs reach $4,130. 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**	**Long Term Care Rx 31-day supply**	
TIER 1 Preferred generic	You pay $12	You pay $2	You pay $2	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 *Evidence of Coverage* online at **medicare.nebraskablue.com/medicareadvantage/plandetails**.
TIER 2 Generic	You pay $18	You pay $8	You pay $8	
TIER 3 Preferred brand	You pay $47	You pay $37	You pay $37	
TIER 4 Non-preferred	You pay $100	You pay $100	You pay $100	
TIER 5 Specialty	You pay 30%	You pay 30%	You pay 30%	
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 through mail order) reach $6,550, you pay the **greater** of $3.70 generic/$9.20 brand **or** 5%			

Blue Cross Blue Shield Nebraska – Choice HMO-POS

Outpatient Prescription Drugs – Long-Term Supply					
PHASE 1: Deductible Stage	$0 for Tiers 1 and 2 $150 which applies to Tiers 3 through 5 only				
PHASE 2: Initial Coverage Stage	You pay the following until your total yearly drug costs reach $4,130. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.				
	Standard Retail Rx 60-day supply	**Preferred Retail and Mail-Order Rx 60-day supply**	**Standard Retail Rx 90-day supply**	**Preferred Retail and Mail-Order Rx 90-day supply**	
TIER 1 Preferred generic	You pay $24	You pay $4	You pay $36	You pay $6 for 90-day Preferred Retail You pay $0 for 90-day Mail-Order	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 *Evidence of Coverage* online at **medicare.nebraskablue.com/medicareadvantage/plandetails**.
TIER 2 Generic	You pay $36	You pay $16	You pay $54	You pay $24 for 90-day Preferred Retail You pay $0 for 90-day Mail-Order	
TIER 3 Preferred brand	You pay $94	You pay $74	You pay $141	You pay $111	
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	$0 for Tiers 1 and 2 After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $6,550, you pay the **greater** of $3.70 generic/$9.20 brand **or** 5%				

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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

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: ဟ်သူဉ်ဟ်သး– နမ့်ကတိၤ ကညီ ကျိာ်အယိ, နမၤနှ့် ကျိာ်အတ်မၤစၢၤလၢ တလၢာ်ဘူဉ်လၢာ်စ့ၤ နီတမံၤဘဉ်သ့နှဉ်လီၤ. 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, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-844-899-6060 (TTY: 711).

Kurdish: ئاگاداری: ئەگەر بە زمانی کوردی قسە دەکەیت خزمەتگوزاریەکانی یارمەتی، بەخۆڕایی بۆ تۆ بەردەستە. پەیوەندی بە 1-844-899-6060 (TTY: 711) بکە.

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。

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 Mar. 31, you can call us 7 days a week, 8:00 a.m. to 8:00 p.m. CT.
- From Apr. 1 to Sept. 30, you can call us Monday through Friday, 8:00 a.m. to 8:00 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 **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.

Out-of-network/non-contracted providers are under no obligation to treat Blue Cross Blue Shield Nebraska Medicare Advantage Choice HMO-POS 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.

BlueCross BlueShield Nebraska

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