



MedicareBlueSM Solutions

Compare Medicare plans to find the best solution for you
2010

Blue Cross and Blue Shield of Nebraska has a Medicare solution for you

When it comes to Medicare, it is important to know what options for coverage are available to you. Blue Cross and Blue Shield of Nebraska is a not-for-profit company that has been providing health coverage to Nebraskans since 1939 and helping people with Medicare since the program began in 1965.

The benefit information provided is not comprehensive. Additional information should be requested before making a decision about your coverage.

Where to get your questions answered

Your Blue Cross and Blue Shield sales representative

We have knowledgeable, licensed agents throughout Nebraska who are certified to sell Blue Cross and Blue Shield Medicare plans. Check your local listings under Blue Cross and Blue Shield.

Blue Cross and Blue Shield

For more information about MedicareBlueSM PPO (Regional PPO), BlueSenior Classic or MedicareBlue Rx (PDP) plans:

Toll free **1-888-294-0798, ext. 40901**

TTY for the hearing impaired **1-866-456-1550**

8 a.m. to 8 p.m., daily, Central and Mountain Time

www.bcbsne.com

You have the option to speak with a licensed sales representative when you call the number above.

Medicare information

For information about Part A (hospital insurance), Part B (medical insurance) or Part D (prescription drug coverage):

Toll free **1-800-MEDICARE (1-800-633-4227)**

TTY for the hearing-impaired **1-877-486-2048**

24 hours a day, 7 days a week

www.medicare.gov



Why choose a Medicare plan from Blue Cross and Blue Shield?

When it comes to Medicare, you can count on Blue Cross and Blue Shield for knowledge and experience to help you understand your options

Your out-of-pocket expenses can quickly add up for hospital, medical and prescription drugs not covered by Original Medicare. That's why people with Original Medicare enroll in health plans, such as those offered by Blue Cross and Blue Shield, to help pay for these expenses.

When you choose a Medicare plan from Blue Cross and Blue Shield, you get protection from expenses that Original Medicare does not cover. You also get peace of mind knowing that you can see any participating provider in our extensive networks, with no referrals needed. Plus, you're covered for medical emergencies when you travel.

What is Original Medicare?

Original Medicare is a national health insurance program for people age 65 and older and people with certain disabilities, including permanent kidney failure. Established in 1965, Medicare is administered by the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. federal government.

Original Medicare has two parts:

Medicare Part A is hospital insurance that helps pay for inpatient care in hospitals and skilled nursing facilities.

Medicare Part B is medical insurance that helps pay for doctor visits, physicians' services, lab tests, durable medical equipment and outpatient hospital treatment.

But Original Medicare does not cover everything. There are deductibles, copayments and coinsurance you must pay when you receive health care services.

Blue Cross and Blue Shield has coverage to fit your needs

Whether you're looking for one plan that covers both medical and prescription drug needs, a combination of plans, or you just want stand-alone drug or medical coverage, we've got a plan for you. Blue Cross and Blue Shield offers flexible Medicare solutions with various premiums to choose from. These plans help pay for coverage gaps in Original Medicare and more. When you enroll in BlueSenior Classic, MedicareBlue PPO (Regional PPO) or MedicareBlue Rx (PDP), you must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.

Solution 1	Medical and prescription drug coverage	
Medical and drug benefits in one easy plan	MedicareBlue PPO (Regional PPO): A Medicare Advantage plan <ul style="list-style-type: none"> • Covers both Original Medicare Part A and Part B deductibles • Features a broad network of participating doctors, specialists and hospitals in Nebraska and six nearby states • Includes coverage for out-of-network providers, although you will pay more for these services • Includes a travel benefit • Emergency and urgent care benefits • Part D prescription drug coverage at over 59,000 participating pharmacies nationwide 	
Solution 2	Medical coverage	Prescription drug coverage
Combine Nebraska's popular Medicare supplement plan with a Medicare prescription drug plan	BlueSenior Classic plans: Basic Medicare plans <ul style="list-style-type: none"> • Choose from five standardized plans • Broad provider network • Guaranteed renewable coverage. Your contract cannot be cancelled because of the number of claims you file or the amount of benefits you collect. 	MedicareBlue Rx (PDP): A Part D prescription drug plan <ul style="list-style-type: none"> • Accepted at over 59,000 participating pharmacies nationwide • Helps pay for generic, brand-name and specialty drugs • Three plan options with various premiums
Solution 3	Medical coverage	Prescription drug coverage
Add prescription drug coverage to medical coverage you already have	Original Medicare Part A and/or Part B and/or other medical coverage	MedicareBlue Rx (PDP): A Part D prescription drug plan <ul style="list-style-type: none"> • Works for people who want to add prescription drug coverage to their Original Medicare or a stand-alone medical plan • Accepted at over 59,000 participating pharmacies nationwide • Helps pay for generic, brand-name and specialty drugs • Three plan options with various premiums

Benefits, plan premiums, copayments and coinsurance may change January 1, 2011.

Other health plans are available. Talk to your Blue Cross and Blue Shield sales representative to learn more.

Find the right solution for you

Asking the right questions up front will help you identify what's most important to you in a health plan. Here are some points you may want to consider.

Which plan premium best meets your needs?

- BlueSenior Classic members pay more in monthly plan premium, but do not have to pay copayments at the time of service.
- MedicareBlue PPO (Regional PPO) members have a lower monthly plan premium and a copayment or coinsurance when they use health care services.

Do you want a medical plan with or without a built-in drug plan?

- For all-in-one convenience, there's MedicareBlue PPO (Regional PPO), which combines health care and prescription drug coverage into a single plan.
- BlueSenior Classic covers hospital and medical benefits, but not prescription drugs.
- If you just need a drug plan, MedicareBlue Rx (PDP) fits the bill.
- You can also enroll in both BlueSenior Classic and MedicareBlue Rx (PDP) to get complete coverage.

Do you travel?

- MedicareBlue PPO (Regional PPO) members have a travel benefit. Members pay in-network cost-sharing for medical care anywhere in the United States when outside of the seven-state service area. For worldwide travel, MedicareBlue PPO (Regional PPO) members pay a <\$50> copayment for emergency care.

Do you plan to move out of Nebraska?

- You can keep your MedicareBlue PPO (Regional PPO) plan if you move within the seven-state service area. If you permanently move out of the service area, you would have to enroll in a new plan in your new resident state.

What about access to doctors and hospitals?

- BlueSenior Classic members have access to a large network, which includes many doctors and hospitals in Nebraska.
- The MedicareBlue PPO (Regional PPO) network includes a growing number of Nebraska doctors and hospitals.

We feature a large network of health care providers. Each provider is an independent contractor and is not our agent. It may cost more to see providers who are not considered in-network.

Your Medicare plan options at a glance

Here are side-by-side coverage highlights for Blue Cross and Blue Shield's Medicare plans. Compare them to coverage from Original Medicare. Note that benefits, premium amounts, copayments and coinsurance are subject to change January 1, 2011. The MedicareBlue PPO (Regional PPO) benefits reflect in-network coverage. Generally, you will pay more for services received out of the network. For complete benefit information, call your Blue Cross and Blue Shield sales representative to request a Summary of Benefits.

You'll still pay your Part B premium

To be eligible for MedicareBlue PPO (Regional PPO) or BlueSenior Classic plans, you must permanently live in the plan's service area. In addition to the plan premium, you must continue to pay your monthly premium for Medicare Part B coverage. This Part B amount is usually deducted from your Social Security check.

2010 Benefits

Monthly plan premium –
amount you pay

**Annual deductible for
medical services**

Annual out-of-pocket maximum

Doctor office visits

- Primary care
- Specialists

Preventive services

(including routine physicals and cancer screenings)

Emergency care

Travel benefit

Inpatient care
(per benefit period)

Skilled nursing

Outpatient care

- Therapy/outpatient visits, certain lab services
- Outpatient or ambulatory surgical center visits

Prescription drug coverage



Original Medicare	MedicareBlue PPO (Regional PPO)	BlueSenior Classic with preventive care
For Part B, \$110.50	\$57.30	\$123.58***
You pay Part A deductible of \$1,100 and Part B deductible of \$155	\$0	\$0 copay
Not applicable	<i>In-network:</i> \$3,350.00 <i>Combined in- and out-of-network:</i> \$8,350.00	\$0 copay
<ul style="list-style-type: none"> • 20% coinsurance • 20% coinsurance 	<ul style="list-style-type: none"> • <i>In-network:</i> \$25.00 copay <i>Out-of-network:</i> 40% coinsurance • <i>In-network:</i> \$35.00 copay <i>Out-of-network:</i> 40% coinsurance 	\$0 copay
20% coinsurance*	<i>In-network:</i> \$0 – \$35.00 copay (office copay applies if you see the physician who ordered the exam) <i>Out-of-network:</i> 40% coinsurance**	\$0 copay
20% coinsurance for emergency care in the United States	\$50.00 copay per visit; in- or out-of-network; copay waived if admitted to hospital within one day; worldwide coverage	\$0 copay
Generally not covered outside the United States	Included – receive in-network benefits anywhere in the United States when traveling outside the seven-state service area (and border counties)	\$0 copay
Days 1 – 60: \$1,100 deductible Days 61 – 90: \$275 copay per day Days 91 – 150: \$550 copay per day	<i>In-network:</i> \$225.00 copay per day for the first three days per admission (regardless of benefit period) Days 4 – 90: \$0 Days 91 – 94: \$225.00 copay per day Days 95 and beyond: \$0 <i>Out-of-network:</i> 40% coinsurance	\$0 copay
Days 1 – 20: \$0 copay per day Days 21 – 100: \$137.50 copay per day	<i>In-network:</i> Days 1 – 20: \$0 copay Days 21 – 100: \$125.00 copay per day <i>Out-of-network:</i> 40% coinsurance	\$0 copay
<ul style="list-style-type: none"> • 20% coinsurance • 20% coinsurance 	<ul style="list-style-type: none"> • <i>In-network:</i> \$35.00 copay for each visit or service; \$0 – \$150.00 copay for lab services <i>Out-of-network:</i> 40% coinsurance • <i>In-network:</i> \$150.00 copay per admission <i>Out-of-network:</i> 40% coinsurance 	\$0 copay
Not included	Included – see page 7 for details	Not included – see page 6 for MedicareBlue Rx (PDP) prescription drug plan options

*You pay 20 percent of Medicare-approved amounts for one physical exam within the first 12 months of your new Part B coverage. You pay 100 percent for any additional routine exams.

**For full information on the plan's routine physical exams, call Customer Service at the number listed on the inside front cover of this brochure.

***Preferred rate for a female, age 65.

Your drug coverage options

MedicareBlue Rx (PDP) is a stand-alone prescription drug plan. It can be purchased separately if you have Original Medicare or are enrolled in BlueSenior Classic or another Medicare health plan with health coverage only. MedicareBlue Rx (PDP) can help you save on your existing medications and offers protection against unexpected drug costs in the future.

MedicareBlue Rx (PDP) prescription drug benefits

2010 Benefits	MedicareBlue Rx (PDP)		
	Standard	Enhanced	Premier
Monthly plan premium – amount you pay	\$43.70	\$37.20	\$96.20
Annual deductible – amount you pay before initial coverage begins	\$310	\$165	\$0
Initial coverage – amount you pay for a 31-day supply <ul style="list-style-type: none"> • Level 1: Covered Generic • Level 2: Covered Preferred Brand • Level 3: Covered Brand • Covered Specialty drugs 	After you pay the deductible: <ul style="list-style-type: none"> • 10% coinsurance • 22% coinsurance • 50% coinsurance • 25% coinsurance 	After you pay the deductible: <ul style="list-style-type: none"> • \$4 copay • \$35 copay • 50% coinsurance • 28% coinsurance 	<ul style="list-style-type: none"> • \$4 copay • \$38 copay • 50% coinsurance • 33% coinsurance
Coverage gap – amount you pay for a 31-day supply after your total yearly covered prescription drug costs reach \$2,830 ¹	100% for all covered drugs	100% for all covered drugs	\$4 copay for Level 1: Covered Generic drugs; 100% for all other levels of covered drugs
Catastrophic coverage – amount you pay for a 31-day supply after you have paid \$4,550 in out-of-pocket prescription drug costs ²	The greater of \$2.50 copay for generic drugs and \$6.30 copay for all other covered drugs OR 5% coinsurance	The greater of \$2.50 copay for generic drugs and \$6.30 copay for all other covered drugs OR 5% coinsurance	The greater of \$2.50 copay for generic drugs and \$6.30 copay for all other covered drugs OR 5% coinsurance

¹Your “total drug costs” means the total amount you have paid for covered drugs plus what the plan has paid for the calendar year. This does not include the plan premium you pay.

²Your “out-of-pocket” costs means the amount you have paid for covered drugs for the calendar year. This does not include the amount the plan has paid or the plan premium you pay.

MedicareBlue PPO (Regional PPO) includes both medical and prescription drug coverage for one monthly premium. MedicareBlue PPO (Regional PPO) can help you save on your existing medications and provides insurance against higher drug costs in the future. It covers four levels of drugs: Covered Generic, Covered Preferred Brand, Covered Brand and Covered Specialty drugs.

MedicareBlue PPO (Regional PPO) prescription drug benefits

2010 Benefits	MedicareBlue PPO (Regional PPO)
Annual deductible – amount you pay each year before the initial coverage begins	\$310.00
Initial coverage – amount you pay for a 31-day supply after paying the annual deductible <ul style="list-style-type: none"> • Level 1: Covered Generic • Level 2: Covered Preferred Brand • Level 3: Covered Brand • Covered Specialty drugs 	<ul style="list-style-type: none"> • 13% coinsurance • 23% coinsurance • 50% coinsurance • 25% coinsurance
Coverage gap – amount you pay after your total yearly covered prescription drug costs reach \$2,830 ¹	100% for all covered drugs
Catastrophic coverage – amount you pay after you have paid \$4,550 out-of-pocket for covered prescription drugs ²	The greater of \$2.50 copay for generic drugs and \$6.30 copay for all other covered drugs OR 5% coinsurance

Benefits, plan premiums, copayments and coinsurance may change January 1, 2011.

¹Your “total drug costs” means the total amount you have paid for covered drugs plus what the plan has paid for the calendar year, not including premiums.

²Your “out-of-pocket” costs means the amount you have paid for covered drugs in that calendar year. This does not include the amount the plan has paid or the premiums you pay.

What is a drug formulary?

Every Medicare prescription drug plan has a list of drugs it covers. This list is called the drug formulary. The formulary is approved by the federal government.

When comparing drug coverage, it’s important to review the formulary to make sure the prescription drugs you are currently taking are covered.

Our formulary has different “levels” of drugs that are covered. These levels are for Covered Generic, Covered Preferred Brand, Covered Brand and

Covered Specialty drugs. The amount you pay for a prescription drug depends on the plan you choose and the drug’s formulary level.

Certain drugs may require prior approval from the plan, have quantity limits or other restrictions. These restrictions and other information can be found in the formulary. You can search the formulary online at www.YourMedicareSolutions.com.

Save with these discounts

All Blue Cross and Blue Shield Medicare plan members are automatically eligible to receive special services and discounts designed to help you stretch your health care dollars.

The products and services described below are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Blue Cross and Blue Shield plan grievance process.

Eye and ear discounts. Get money-saving discounts on eye exams, eyewear, hearing exams and hearing aids.

Important information

MedicareBlue PPO (Regional PPO) and MedicareBlue Rx (PDP)

Enrollment: Coverage is available to residents of the service area and separately issued by one of the following plans: Wellmark Blue Cross and Blue Shield of Iowa*, Blue Cross and Blue Shield of Minnesota*, Blue Cross and Blue Shield of Montana*, Blue Cross and Blue Shield of Nebraska*, Blue Cross Blue Shield of North Dakota*, Wellmark Blue Cross and Blue Shield of South Dakota*, and Blue Cross Blue Shield of Wyoming.* (*Independent licensees of the Blue Cross and Blue Shield Association.)

Medicare beneficiaries may enroll in MedicareBlue PPO (Regional PPO) or MedicareBlue Rx (PDP) online at www.YourMedicareSolutions.com, or through the Centers for Medicare & Medicaid Services (CMS) Online Enrollment Center located at www.medicare.gov. For more information, contact MedicareBlue Rx (PDP) toll free at **1-866-434-2037** or MedicareBlue PPO (Regional PPO) at **1-866-434-2038**, 8 a.m. to 8 p.m. daily, Central and Mountain Time. TTY/TDD users may call **1-866-456-1550**. You have the option to speak with a licensed sales representative when you call these numbers. You may also contact Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY/TDD users should call **1-877-486-2048**.

Members may enroll only during specific times of the year. For more information about enrollment periods, please contact your Blue Cross and Blue Shield sales representative or MedicareBlue PPO (Regional PPO) or MedicareBlue Rx (PDP) customer service (see inside front cover for telephone numbers).

Extra help: You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

- **1-800-MEDICARE (1-800-633-4227)**. TTY/TDD users should call **1-877-486-2048**, 24 hours a day/7 days a week;
- The Social Security Administration at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call **1-800-325-0778**; or
- Your State Medicaid Office.



Prescription drugs: MedicareBlue PPO (Regional PPO) and MedicareBlue Rx (PDP) members must use participating network pharmacies to access their prescription drug benefit, except under non-routine circumstances when they cannot reasonably use network pharmacies. Members who use pharmacies outside the network will pay any difference in the non-network pharmacy's charge and the plan's allowable charge. Types of network pharmacies include: retail, mail order, home infusion, long-term care and Indian/Tribal/Urban. The pharmacies in our network can change at any time. To obtain additional information on network pharmacies or about mail order service, call Blue Cross and Blue Shield at **1-866-434-2037**, 8 a.m. to 8 p.m. daily, Central and Mountain Time. TTY users should call **1-866-456-1550**. You may also obtain this information by writing MedicareBlue Rx (PDP) or MedicareBlue PPO (Regional PPO) Customer Service, P.O. Box 155845, Fort Worth, TX 76155-0845.

Benefits and plan details: Benefits, formulary, network pharmacies, premium and/or copayments/coinsurance may change on January 1, 2011. Please contact MedicareBlue PPO (Regional PPO) or MedicareBlue Rx (PDP) for details. For a formulary, pharmacy directory or information about PrimeMail* mail order pharmacy service, please call Customer Service at the number listed below or access our website at **www.YourMedicareSolutions.com**.

*PrimeMail is from Prime Therapeutics, LLC, an independent company providing pharmacy benefit management services.

MedicareBlue PPO (Regional PPO)

Eligibility: You are eligible to enroll in this plan if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the plan service area. You must continue to pay your Medicare Part B premiums (and Part A, if applicable) if not otherwise paid for by Medicaid or another third party. The MedicareBlue PPO (Regional PPO) prescription drug benefit is only available to members of the MedicareBlue PPO (Regional PPO) plan. If you are already enrolled in a Medicare Advantage Prescription Drug plan, you must receive your Medicare prescription drug benefit through that plan.

Network: MedicareBlue PPO (Regional PPO) has formed a network of doctors, specialists and hospitals. You can use any provider who is part of our network or you may go to doctors out of the network. However, you may have to pay more for services received out of the network, except in emergency/urgent care situations. MedicareBlue PPO (Regional PPO) provides reimbursement for all covered benefits regardless of whether they are received in or out of network as long as they are medically necessary. The providers in our network can change at any time. For a current Provider Directory, contact customer service at the number listed on the inside front cover or visit **www.YourMedicareSolutions.com**.

Federal contract: The MedicareBlue PPO (Regional PPO) contract with CMS is renewed annually, so enrollment after December 31, 2010 cannot be guaranteed.

MedicareBlue Rx (PDP)

Eligibility: You are eligible to enroll in MedicareBlue Rx (PDP) if you are entitled to Medicare benefits under Part A and/or enrolled in Medicare Part B. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. You may enroll in only one Part D plan at a time. If you are enrolled in a Medicare Advantage (MA) coordinated care (HMO or PPO) plan or an MA private-fee-for-service (PFFS) plan that includes Medicare prescription drugs, you may not enroll in a prescription drug plan unless you disenroll from the HMO, PPO or MA PFFS plan. You may enroll in a prescription drug plan if you are a member of a PFFS plan that does not provide Medicare prescription drug coverage, or a MA Medicare Savings Account (MSA) plan, or an 1876 Cost Plan. Members may only enroll in MedicareBlue Rx (PDP) during specific times of the year. You cannot enroll in MedicareBlue Rx (PDP) Premier if your current or former employer or union helps you pay for your drugs.

If you have special needs, this document is available in other formats.



BlueCross BlueShield of Nebraska

An Independent Licensee of the Blue Cross and Blue Shield Association.