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

Annual Notice of Changes for 2025

You are currently enrolled as a member of Blue Cross and Blue Shield of Nebraska Medicare Advantage Core (HMO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at **Medicare.NebraskaBlue.com**. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. **ASK:** Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to medical care costs (doctor, hospital).
- Review the changes to our drug coverage, including coverage restrictions and cost-sharing.
- Think about how much you will spend on premiums, deductibles, and cost-sharing.
- Check the changes in the 2025 Drug List to make sure the drugs you currently take are still covered.
- Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.

☐ Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.

☐ Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for "Extra Help" from Medicare.

☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the **www.medicare.gov/plan-compare** website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will stay in Blue Cross and Blue Shield of Nebraska Medicare Advantage Core.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Blue Cross and Blue Shield of Nebraska Medicare Advantage Core.
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Additional Resources

- Please contact our Member Services number at 888-488-9850 for additional information. (TTY users should 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 information is available in other formats for free, including large print, braille, and audio. Please call Member Services at the number listed above.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at **www.irs.gov/Affordable-Care-Act/Individuals-and-Families** for more information.

About Blue Cross and Blue Shield of Nebraska Medicare Advantage Core

- Blue Cross and Blue Shield of Nebraska is an HMO plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of Nebraska Medicare Advantage depends on contract renewal.
- When this document 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 Core.

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Blue Cross and Blue Shield of Nebraska Medicare Advantage Core in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	$0	$0
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	$3,900	$3,900
Doctor office visits	Primary care visits: $0 copay per visit Specialist visits: $40 copay per visit	Primary care visits: $0 copay per visit Specialist visits: $35 copay per visit
Inpatient hospital stays	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: $400 copay per day for days 1 through 4. $0 copay per day for days 5 and beyond.
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: $0 Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: You pay $4 per prescription.	Deductible: $0 Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: You pay $4 per prescription.

Cost	2024 (this year)	2025 (next year)
Part D prescription drug coverage (continued)	• Drug Tier 2: You pay $14 per prescription. • Drug Tier 3: You pay $47 per prescription. You pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 4: You pay $100 per prescription You pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 5: You pay 33% of the total cost. Catastrophic Coverage: • During this payment stage, the plan pays the full cost for your covered Part D drugs. • You may have cost sharing for drugs that are covered under our enhanced benefit.	• Drug Tier 2: You pay $14 per prescription. • Drug Tier 3: You pay $47 per prescription. You pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 4: You pay $100 per prescription. You pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 5: You pay 33% of the total cost. Catastrophic Coverage: • During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0	$0
Medicare Part B premium reduction	$0	$1

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription 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 reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$3,900	$3,900 Once you have paid $3,900 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may 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.

Updated directories are located on our website at **Medicare.NebraskaBlue.com**. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 *Provider Directory* at NebraskaBlue.com/MedicareProviders to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2025 *Pharmacy Directory* at NebraskaBlue.com/MedicarePharmacies** to see which pharmacies are in our network.

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)	2025 (next year)
Dental services	You pay a $40 copay for each Medicare-covered dental service. You receive a maximum reimbursement of $1,425 for supplemental preventive and comprehensive dental services.	You pay a $35 copay for each Medicare-covered dental service. You receive a maximum reimbursement of $1,950 for supplemental preventive and comprehensive dental services.
Diabetes self-management training, diabetic services and supplies	You pay 20% coinsurance for continuous glucose monitors.	You pay a $0 copay for preferred Continuous Glucose Monitor (CGM) products. Preferred products are Dexcom G6, Dexcom G7 when used with a Dexcom Receiver, Abbott Freestyle Libre and

Cost	2024 (this year)	2025 (next year)
Diabetes self-management training, diabetic services and supplies (continued)		Freestyle Libre 2, and Freestyle Libre 3 when used with a Freestyle Libre receiver. You pay 20% coinsurance for non-preferred products.
Emergency care	You pay a $120 copay for each emergency room visit. You do not pay this amount if you are admitted to the hospital on an inpatient basis within three days for the same condition.	You pay a $125 copay for each emergency room visit. You do not pay this amount if you are admitted to the hospital on an inpatient basis within three days for the same condition.
Hearing services	You pay a $40 copay for Medicare-covered hearing services from a specialist. You pay a $10 copay for routine hearing exams, up to once every year. You receive up to a $500 allowance per ear toward one new standard (analog or basic digital) hearing aid every three years. You pay a $0 copay for hearing aid fittings and evaluations, up to once every three years.	You pay a $35 copay for Medicare-covered hearing services from a specialist. You pay a $0 copay for routine hearing exams, up to once every year from a TruHearing provider. For Hearing Aids provided by a TruHearing Provider annually: Basic: $395 copay per ear Standard: $795 copay per ear Advanced: $1,195 copay per ear Premium: $1,595 copay per ear You pay a $0 copay for hearing aid fittings and evaluations for the year following your hearing aid purchase.
Home health agency care	Prior authorization is not required.	Services may require prior authorization.
Inpatient hospital care	A benefit period begins the day you are admitted to a hospital or skilled nursing facility as an inpatient and ends after you have not been an inpatient of a	Cost-sharing is charged for each inpatient stay. Medicare benefit periods do not apply.

Cost	2024 (this year)	2025 (next year)
Inpatient hospital care (continued)	hospital (or received skilled care in a SNF) for 60 consecutive days. Once the benefit period ends, a new benefit period begins when you have an inpatient admission to a hospital or SNF. New benefit periods do not begin due to a change in diagnosis, condition or calendar year.	
Inpatient services in a psychiatric hospital	Prior authorization is not required.	Services may require prior authorization.
Mental health services individual/ group	You pay a $40 copay for each mental health individual/group therapy service.	You pay a $35 copay for each mental health individual/group therapy service.
Opioid treatment program services	You pay a $40 copay for each opioid treatment program service.	You pay a $35 copay for each opioid treatment program service.
Outpatient diagnostic tests and therapeutic services and supplies	You pay a $30 copay for Medicare-covered outpatient diagnostic tests and procedures performed in a professional office setting. You pay a $395 copay for Medicare-covered outpatient diagnostic tests and procedures performed in an outpatient hospital setting.	You pay a $30 copay for Medicare-covered outpatient diagnostic tests and procedures performed in a professional office setting. You pay a $350 copay for Medicare-covered outpatient diagnostic tests and procedures performed in an outpatient hospital setting.
Outpatient hospital observation	You pay a $395 copay for Medicare-covered outpatient hospital observation services.	You pay a $350 copay for Medicare-covered outpatient hospital observation services.

Cost	2024 (this year)	2025 (next year)
Outpatient hospital services	You pay a $395 copay for Medicare-covered outpatient hospital services.	You pay a $350 copay for Medicare-covered outpatient hospital services.
Outpatient rehabilitation services	You pay a $40 copay for Medicare-covered outpatient rehabilitation services. Prior authorization is not required.	You pay a $35 copay for Medicare-covered outpatient rehabilitation services. Services may require prior authorization.
Outpatient substance abuse services individual/ group	You pay a $40 copay for each outpatient substance abuse individual/group service.	You pay a $35 copay for each outpatient substance abuse individual/group service.
Over the Counter (OTC) Allowance	You receive a maximum benefit of $50 per quarter.	You receive a maximum benefit of $60 per quarter.
Physician/ Practitioner services, including doctor's office visits	You pay a $40 copay for each physician specialist service.	You pay a $35 copay for each physician specialist service.
Podiatry services	You pay a $40 copay for each podiatry service.	You pay a $35 copay for each podiatry service.
Post-discharge meals	Not covered.	Members may receive two meals per day for 14 days immediately following a discharge from an inpatient hospital or skilled nursing facility stay. Maximum benefit up to three discharges per year.

Cost	2024 (this year)	2025 (next year)
Psychiatric services individual/group	You pay a $40 copay for each psychiatric individual/group therapy service.	You pay a $35 copay for each psychiatric individual/group therapy service.
Skilled nursing facility (SNF) care	You pay a $0 copay per day for Medicare-covered SNF care coverage for days 1-20. You pay a $196 copay per day for days 21-53. You pay a $0 copay per day for days 54-100.	You pay a $0 copay per day for Medicare-covered SNF care coverage for days 1-20. You pay a $186 copay per day for days 21-53. You pay a $0 copay per day for days 54-100.
Urgently needed services	You pay a $60 copay for Medicare-covered urgently needed services.	You pay a $55 copay for Medicare-covered urgently needed services.
Vision care	You pay a $40 copay for Medicare-covered vision services. You pay a $10 copay for routine vision exams, once per year through a VSP provider. Standard lenses for glasses are covered in full. Up to $200 allowance for elective contact lenses or eyeglass frames by VSP annually.	You pay a $35 copay for Medicare-covered vision services. You pay a $0 copay for routine vision exams, once per year through an EyeMed provider. $300 allowance towards frame and pairs of lenses or the purchase of elective contacts through an EyeMed provider annually.
Worldwide emergency coverage	You pay a $120 copay for each worldwide emergency service. You pay a $120 copay for each worldwide emergency transportation service. You pay a $120 copay for each worldwide urgently needed service.	You pay a $125 copay for each worldwide emergency service. You pay a $125 copay for each worldwide emergency transportation service. You pay a $125 copay for each worldwide urgently needed service.

Section 1.5 – Changes to Part D Prescription 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 provided electronically.

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 plan 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 are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. You can also contact Member Services for more information.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your Evidence of Coverage. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: **https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients**. You may also contact Member Services or ask your health care provider, prescriber, or pharmacist for more information.

Changes to Prescription Drug Benefits and Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you**. We have sent you a separate insert, called the *Evidence of Coverage Rider for People Who Get "Extra Help" Paying for Prescription Drugs (also called the Low-Income Subsidy Rider or the LIS Rider)*, which tells you about your drug costs. If you receive "Extra Help" and haven't received this insert by October 1st, please call Member Services and ask for the *LIS Rider*.

Beginning in 2025, there are three **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost-Sharing in the Initial Coverage Stage

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost.** The costs in this chart are for a one-month (30-day) supply when you fill your prescription at a network pharmacy.	Your cost for a one-month supply filled at a network pharmacy: **Tier 1 (Preferred Generic):** You pay $4 per prescription.	Your cost for a one-month supply filled at a network pharmacy: **Tier 1 (Preferred Generic):** You pay $4 per prescription.

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage (continued) For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*. 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.	**Tier 2 (Generic):** You pay $14 per prescription. **Tier 3 (Preferred Brand):** You pay $47 per prescription. You pay $35 per month supply of each covered insulin product on this tier. **Tier 4 (Non-Preferred Drug):** You pay $100 per prescription. You pay $35 per month supply of each covered insulin product on this tier. **Tier 5 (Specialty):** You pay 33% of the total cost. _____ Once you have paid $5,030, you will move to the next stage (the Coverage Gap Stage).	**Tier 2 (Generic):** You pay $14 per prescription. **Tier 3 (Preferred Brand):** You pay $47 per prescription. You pay $35 per month supply of each covered insulin product on this tier. **Tier 4 (Non-Preferred Drug):** You pay $100 per prescription. You pay $35 per month supply of each covered insulin product on this tier. **Tier 5 (Specialty):** You pay 33% of the total cost. _____ Once you have paid $2,000, you will move to the next stage (the Catastrophic Coverage Stage).

Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

This section outlines administrative changes that impact members.

Description	2024 (this year)	2025 (next year)
Member Services	No member portal **Fax:** 210-568-4364 **Address:** Blue Cross and Blue Shield of Nebraska P.O. Box 211136 Eagan, MN 55121	**Member Portal: myNebraskaBlue.com** **Fax:** 402-807-0426 **Address:** Blue Cross and Blue Shield of Nebraska P.O. Box 3248 Omaha, NE 68180-0001
Preferred Prescription Drug Home Delivery	No preferred home delivery pharmacies.	**Amazon Pharmacy** **Phone:** 866-238-5935 **Amazon.com/ NebraskaBlueMedicare**
Routine Vision Services	**Phone:** 800-877-7195 **Address:** VSP P.O. Box 385018 Birmingham, AL 35238-0518 **VSP.com**	**Phone:** 844-844-0918 **Address:** EyeMed Vision Care 4000 Luxottica Place Mason, OH 45040 **EyeMed.com**
24/7 Nurse Advice Hotline	**Phone:** 833-968-1764	**Phone:** 844-908-4535
Fitness	**Phone:** 866-678-0828 **SilverSneakers.com**	**Phone:** 855-706-2284 **FitOnHealth.com/BCBSNE**
Hearing Vendor	**N/A**	**Phone:** 855-739-4244 **TruHearing.com**

Description	2024 (this year)	2025 (next year)
Over-the-Counter	**Phone:** 800-706-5058 **MyBenefitsCenter.com**	**Phone:** 844-451-1003 **myNebraskaBlue.com**
Dental Reimbursement	Paper form only	Paper form or electronic on **myNebraskaBlue.com**
Premium Payment	**Payment Options:** Check, SSA, or ACH only **Address:** Blue Cross and Blue Shield of Nebraska, Inc./SEI P.O. Box 2994 Omaha, NE 68103-2994 **Overnight Address:** Express Delivery Payments Attn: Lockbox 2994 1620 Dodge St Omaha, NE 68197-2204	**Payment Options:** Check, SSA, ACH, or credit card over the phone, and through the Member portal at **myNebraskaBlue.com** **Address:** Blue Cross and Blue Shield of Nebraska, Inc./SEI P.O. Box 2793 Omaha, NE 68103-2793 **Overnight Address:** First National Bank of Omaha Attn: Blue Cross and Blue Shield of Nebraska, Inc. Lockbox 2793 1620 Dodge St Omaha, NE 68103-2793
Appeals - Medical	**Address:** Blue Cross and Blue Shield of Nebraska P.O. Box 21831 Eagan, MN 55121	**Address:** Blue Cross and Blue Shield of Nebraska Attn: MA Appeals Department P.O. Box 3248 Omaha, NE 68180-0001
Appeals - Part B Prescription Drugs	**Phone:** 855-457-1349 **Fax:** 800-693-6703 **Address:** Prime Therapeutics Clinical Review Department P.O. Box 64813 Saint Paul, MN 55164-0813	**Phone:** 800-424-1709 **Fax:** 888-656-6671 **Address:** Prime Therapeutics Appeals Department ATTN: MP - 3001 P.O. Box 64811 St. Paul, MN 55164-0811

Description	2024 (this year)	2025 (next year)
Complaints & Grievances	**Fax:** 877-482-9749 **Address:** Blue Cross and Blue Shield of Nebraska P.O. Box 21831 Eagan, MN 55121	**Fax:** 866-648-0757 **Address:** Blue Cross and Blue Shield of Nebraska Attn: Grievances P.O. Box 3248 Omaha, NE 68180-0001
Complaints & Grievances - Part D	**Fax:** 877-482-9749 **Address:** Blue Cross and Blue Shield of Nebraska P.O. Box 21831 Eagan, MN 55121	**Fax:** 888-285-2242 **Address:** Blue Cross and Blue Shield of Nebraska Attn: Medicare Grievance Dept P.O. Box 64813 St. Paul, MN 55164
Payment Requests - Medical	**Fax:** 210-568-4364 **Address:** Blue Cross and Blue Shield of Nebraska P.O. Box 211136 Eagan, MN 55121	**Fax:** 402-807-0426 **Address:** Blue Cross and Blue Shield of Nebraska P.O. Box 3248 Omaha, NE 68180-0001
Medicare Prescription Payment Plan	Not applicable	The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). To learn more about this payment option, please contact us at 888-488-9850, visit **NebraskaBlue.com/M3P**, or visit **Medicare.gov**.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Blue Cross and Blue Shield of Nebraska Medicare Advantage Core

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

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- – *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (**www.medicare.gov/plan-compare**), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, SAPPHIRE EDGE, INC. (Blue Cross and Blue Shield of Nebraska) offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Blue Cross and Blue Shield of Nebraska Medicare Advantage Core.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Blue Cross and Blue Shield of Nebraska Medicare Advantage Core.
- To **change to Original Medicare without a prescription drug plan**, you must either:
    - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.

- *– OR –* Contact **Medicare** at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

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

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

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 (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

SECTION 5 Programs That Offer 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.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Nebraska SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Nebraska SHIP at 800-234-7119 (TTY 800-833-7352). You can learn more about Nebraska SHIP by visiting their website (**doi.nebraska.gov/ship-smp**).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- "**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 prescription drug premiums, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
    - The Social Security Office at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
    - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals 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 prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance 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 are currently enrolled how to continue receiving assistance, call 402-471-2101 (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 new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **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 ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 888-488-9850 or visit **Medicare.gov**.

SECTION 7 Questions?

Section 7.1 – Getting Help from Blue Cross and Blue Shield of Nebraska Medicare Advantage Core

Questions? We're here to help. Please call Member Services at 888-488-9850. (TTY only, call 711.) We are 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 *2025 Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for Blue Cross and Blue Shield of Nebraska Medicare Advantage Core. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at **Medicare.NebraskaBlue.com**. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at **Medicare.NebraskaBlue.com**. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/Drug List)*.

Section 7.2 – Getting Help from Medicare

To get information directly 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 should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (**www.medicare.gov**). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to **www.medicare.gov/plan-compare**.

Read *Medicare & You 2025*

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most

frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (**https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf**) or 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.