



**NSEA-Retired** **BlueSenior Classic**

**GROUP MEDICARE SUPPLEMENT  
WITH OPTIONAL DENTAL COVERAGE**

2018 Outline of Coverage

## Now That You're Eligible For Medicare

Your employer health plan has provided you with valuable protection against the high cost of medical care. Now that you are retired and age 65 or older, you need a different kind of health plan.

As a retiree, the **NSEA-Retired BlueSenior Classic** plan is being offered to you through your employer to provide you valuable protection for expenses not covered by Medicare Parts A and B.

The federal Medicare program pays benefits for a wide variety of services. It's divided into two parts: Part A, which pays for covered hospital services, and Part B, which pays for covered doctor and other medical services.

Medicare only pays a portion of your medical bill, and that can result in significant out-of-pocket costs for you. For example, if you need to be hospitalized, Part A benefits are subject to an inpatient deductible. In 2018, that amount is \$1,340. That's a lot of money, and unfortunately, it isn't the only gap left by Medicare.



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## The NSEA-Retired BlueSenior Classic Plan

The **NSEA-Retired BlueSenior Classic plan** fills the majority of gaps Medicare Part A and B do not pay. This plan covers your Part A deductible and Part A daily coinsurance amounts, also known as your cost sharing amount. This plan provides you with up to 365 days of additional Part A hospital coverage after Medicare benefits end.

Medicare Part B services are also covered under the **NSEA-Retired BlueSenior Classic plan**. The plan pays your Part B deductible and coinsurance/cost sharing amounts for physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment. The plan also covers your cost sharing amount for preventive services.

If you should require skilled nursing facility care, the **NSEA-Retired BlueSenior Classic plan** pays the daily coinsurance amount not paid by Medicare. It also provides benefits for the cost sharing for certain home health care and hospice services and pays for emergency medical care you might require while traveling outside the United States.

## Important Information

Review the Benefit Summary on the following pages for details about the benefits available under this plan.

To enroll in this group Medicare Supplement plan, you must:

- Be age 65 or older
- Be enrolled in Medicare Part A and Part B

When you enroll in the **NSEA-Retired BlueSenior Classic plan**, you will have access to exclusive discounts through our Blue365<sup>®</sup> program. Blue365 provides valuable information and discounts on well-known health and wellness products and services.

## Optional Dental Coverage

The NSEA-Retired plan offers you optional dental PPO coverage. PPO stands for preferred provider organization. PPOs are special arrangements between insurers and a network of dentists to pay for covered services. As a result of these arrangements, you save money, because in most cases, you pay less in deductible and coinsurance when you use in-network dentists. If you use out-of-network dentists, you'll pay more money out of pocket.

**Note:** If you do not select the optional dental coverage when you first enroll in the **NSEA-Retired BlueSenior Classic plan**, you will not be able to add it at a later date.

## What NSEA-Retired BlueSenior Classic Does Not Cover

- Services which are not considered a Medicare-eligible expense; or services which are not covered by Medicare.
- Prescription drugs.
- Benefits which would duplicate those provided by Medicare.
- Services which are not specifically listed as covered under the **NSEA-Retired BlueSenior Classic plan**.
- Services provided prior to the start date of coverage, or after your coverage has ended.
- Services for which you have no obligation to pay. This contract does not pay for charges which are in excess of the amount a physician can lawfully collect under Medicare.
- Services for an illness or injury for which benefits are provided or are available under any worker's compensation, employer's liability or similar law, or motor vehicle no-fault plan, unless prohibited by law.

## Conversion Coverage

If this group contract is terminated by your employer and not replaced with another, we will offer you coverage under one of our individual Medicare Supplemental plans. You will not be subject to medical underwriting if we receive your application for conversion coverage within 31 days of the end of your employer coverage.

**Please note:** The benefits provided under the conversion coverage may not be the same as those provided under this plan.

# NSEA-Retired BlueSenior Classic

MEDICARE (PART A)  
HOSPITAL SERVICES – PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	BLUESENIOR CLASSIC PAYS	YOU PAY
<b>HOSPITALIZATION</b> <sup>1</sup>			
Semiprivate room and board, general nursing, miscellaneous services and supplies.			
First 60 days	All but \$1,340	\$1,340 (Part A deductible)	\$0
61st through 90th day	All but \$335 a day	\$335 a day	\$0
91st day and after:			
• While using 60 lifetime reserve days	All but \$670 a day	\$670 a day	\$0
• Once lifetime reserve days are used:			
- 365 additional days	\$0	100% of Medicare-eligible expenses	\$0 <sup>2</sup>
- Beyond the additional 365 days	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE</b> <sup>1</sup>			
You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$167.50 a day	Up to \$167.50 a day	\$0
101st day and after	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.			
	All but very limited coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	Balance

<sup>1</sup> A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

<sup>2</sup> When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

## NSEA-Retired BlueSenior Classic

MEDICARE (PART B)  
MEDICAL SERVICES – PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	BLUESENIOR CLASSIC PAYS	YOU PAY
<b>MEDICAL EXPENSES IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b>			
such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment.			
First \$183 of Medicare-approved amounts <sup>2</sup>	\$0	\$183 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	20%	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	100%	\$0
<b>BLOOD</b>			
First 3 pints	\$0	All costs	\$0
Next \$183 of Medicare-approved amounts <sup>2</sup>	\$0	\$183 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES</b>			
	100%	\$0	\$0
<b>PARTS A AND B HOME HEALTH CARE – MEDICARE-APPROVED SERVICES</b>			
Medically-necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment: First \$183 of Medicare-approved amounts	\$0	\$183 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	20%	\$0

<sup>2</sup> Once you have been billed \$183 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Medicare benefits are subject to change. Please consult the latest *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*, available at [www.medicare.gov](http://www.medicare.gov). (Search for "02110")

# NSEA-Retired BlueSenior Classic

## OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	BLUESENIOR CLASSIC PAYS	YOU PAY
<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b>			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.A.			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

## Optional Dental Benefits

NOT COVERED BY MEDICARE

	IN-NETWORK	OUT-OF-NETWORK
<b>DEDUCTIBLE</b> (the amount you pay each year for combined covered services before the coinsurance is payable)		
Individual	\$25	\$50
Calendar year deductible applies to the following coverages	B and C services	B and C Services
<b>COINSURANCE BENEFITS</b> (the percentage of the bill you pay after your deductible has been met)		
Coverage A (Preventive and Diagnostic Dentistry)	0% of allowable charges	50% of allowable charges
Coverage B (Maintenance and Simple Restorative Dentistry; Oral Surgery, Periodontic & Endodontic Services)	25% of allowable charges	50% of allowable charges
Coverage C (Complex Restorative Dentistry)	50% of allowable charges	50% of allowable charges

### How to find an in-network dentist

By Phone: 1-877-721-2583

On the Web: [nebraskablue.com/find-a-doctor](http://nebraskablue.com/find-a-doctor)



## Coverage For Dental Services

### COVERAGE A – Preventive and Diagnostic

- Comprehensive and/or periodic oral exams<sup>1</sup>
- Prophylaxis (cleaning, scaling and polishing)<sup>1</sup>
- Sealants (permanent first or second molar teeth)  
*(covered persons up to age 16)*  
*once every four calendar years*
- Pulp vitality tests
- Fluoride varnishes<sup>1</sup>
- Topical fluoride *(covered persons up to age 16)*<sup>1</sup>
- Space maintainers, including re-cementation (prematurely lost primary teeth)  
*(covered persons up to age 16)*
- X-rays (bitewing, intraoral, occlusal, periapical, extraoral)
  - supplement bitewings, including vertical bitewings  
*one set of four every calendar year*
  - intraoral, occlusal, periapical and extraoral
  - panorex or full mouth series  
*one every three calendar years*

### COVERAGE B – Maintenance, Simple Restorative, Oral Surgery, Periodontic, Endodontics

#### Oral surgery consisting of:

- simple extractions, including root removal  
1st and 2nd bicuspids (orthodontic extractions are not covered)
- impacted extractions
- transeptal fiberotomy/supra crestal fiberotomy
- bone replacement graft
- appliance removal not by dentist who placed device
- oroantral fistula closure
- primary closure of a sinus perforation
- alveoplasty
- frenectomy/frenuloplasty
- removal of torus
- root removal
- tooth replantation
- excision of hyperplastic tissue

#### Periodontic services (non-surgical):

- periodontic cleanings  
*four per calendar year*
- scaling and root planing  
*four every two calendar years*
- periodontal evaluations<sup>1</sup>

#### Periodontic services (non-surgical) continued:

- provisional or permanent periodontal splinting
- treatment of acute infection and oral lesions
- full mouth debridement  
*one every three calendar years*

#### Periodontic services (surgical):

- gingivectomy<sup>3</sup>
- gingival flap procedures<sup>3</sup>
- osseous surgery, including flap entry and closure<sup>3</sup>
- osseous graft<sup>3</sup>
- guided tissue regeneration including biologic materials
- pedicle tissue graft procedures<sup>3</sup>
- free soft tissue grafts<sup>3</sup>
- connective tissue graft and double pedicle graft<sup>3</sup>
- bone graft<sup>3</sup>
- biologic materials to aid in soft and osseous tissue regeneration<sup>3</sup>
- distal or proximal wedge procedures<sup>3</sup>
- soft tissue allografts<sup>3</sup>
- crown exposure
- crown lengthening<sup>4</sup>

*Continued*

<sup>1</sup> two every calendar year

<sup>2</sup> one per tooth every five calendar years

<sup>3</sup> four every five calendar years

<sup>4</sup> once per tooth while covered under the Plan

**COVERAGE B – Maintenance, Simple Restorative, Oral Surgery, Periodontic, Endodontics continued**

**Other services**

- General anesthesia (medically necessary)
- Limited oral evaluation
- Restorations  
*one per tooth every two calendar years*
- Pin retention
- Palliative treatment
- Dry socket treatment
- Repair and re-cement of dentures, bridges, crowns, inlays/onlays and cast restorations
- Emergency oral examinations
- Consultation with dental consultant (medically necessary)
- Pre-formed crowns<sup>2</sup>
- Temporary crown (within 72 hours of accident)

**Endodontic services (non-surgical):**

- pulp cap
- vital pulpotomy<sup>4</sup>
- pulpal therapy<sup>4</sup>

**Endodontic services (non-surgical) continued:**

- pulpal debridement<sup>4</sup>
- root canal therapy (treatment plan, diagnostic x-rays, clinical procedures and follow up care)
- retreatment of previous root canal therapy covered after six months when performed by a different provider
- apexification

**Endodontic services (surgical):**

- apicoectomy<sup>4</sup>
- retrograde filling<sup>4</sup>
- bone graft<sup>4</sup>
- biologic materials to aid in soft/osseous tissue regeneration in connection with periradicular surgery<sup>4</sup>
- guided tissue regeneration<sup>4</sup>
- periradicular surgery<sup>4</sup>
- root amputation<sup>4</sup>
- hemisection<sup>4</sup>

**COVERAGE C – Complex Restorative Dentistry**

- Pontics<sup>2</sup>
- Retainer (cast metal for resin bonded fixed prosthesis)  
*one every five calendar years*
- Inlays/onlays (used as abutments for fixed bridgework)<sup>2</sup>
- Inlays/onlay restorations<sup>2</sup>
- Sedative filling
- Crowns<sup>2</sup>
- Permanent bridge installation  
*one every five calendar years*

- Dentures – full and partial  
*one every five calendar years*
- Denture adjustments  
*after six months from the date of installation*
- Denture relining  
*one every three calendar years*
- Post and core
- Core buildup

**COVERAGE D – Orthodontic Dentistry (NOT COVERED)**

- Surgical access, exposure or immobilization (unerupted teeth)
- Placement of device to facilitate eruption (impacted teeth)
- Diagnostic casts  
*one every two calendar years*
- Orthodontic appliances (initial and subsequent installations)
- Cephalometric x-rays
- Extractions
- Casts and models

<sup>1</sup> two every calendar year

<sup>2</sup> one per tooth every five calendar years

<sup>3</sup> four every five calendar years

<sup>4</sup> once per tooth while covered under the Plan

# Monthly Premiums

EFFECTIVE JANUARY 1, 2018

AGE BRACKET	NSEA-Retired BlueSenior Classic without Dental Coverage	NSEA-Retired BlueSenior Classic with Dental Coverage
Through age 66	\$153.41	\$197.72
Age 67-69	\$169.63	\$213.94
Age 70-74	\$199.34	\$243.65
Age 75-79	\$232.06	\$276.37
Age 80-84	\$247.63	\$291.94
Age 85+	\$256.97	\$301.28

## Questions?

If you have any questions about your coverage, please call our Member Services Department.

A representative will be happy to help you. Our hours are 7:30 a.m. to 6 p.m. CST Monday through Friday.

Blue Cross and Blue Shield of Nebraska  
P.O. Box 3248  
Omaha, NE 68180-0001

Phone: 1-877-721-2583

Website: [nebraskablue.com/contact](http://nebraskablue.com/contact)



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92-027 (11-27-17)