



NSEA-Retired Blue*Senior* Classic

Group Medicare Supplement with Optional Dental Coverage

2017 OUTLINE OF COVERAGE

More Than 75 Years of Experience

Blue Cross and Blue Shield of Nebraska has been an important part of many Nebraskans' lives. Our highest priority when we first began in 1939 — providing quality health care coverage at the most affordable price possible — is still our highest priority today. That hasn't changed.

But some things have changed. The health care industry of today is vastly different from the health care industry of half a century ago. The good news is that medical and technological advancements have cured previously fatal conditions, and allowed people to live longer, healthier lives.

But the news isn't all positive, unfortunately. No one has to tell you about the high cost that comes along with medical care today. Medical expenses for even a minor illness can be overwhelming. And a major illness can wipe out years of hard work and planning.



Now That You're Eligible For Medicare

Your NSEA group 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 protection.

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 2017, that amount is \$1,316. That's a lot of money, and unfortunately, it isn't the only gap left by Medicare.

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 Part A and B.

The NSEA-Retired BlueSenior Classic Plan

The **NSEA-Retired BlueSenior Classic plan** will fill 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® 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 effective date of coverage, or after your coverage has terminated.
- 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 group 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
HOSPITALIZATION ¹			
Semiprivate room and board, general nursing, miscellaneous services and supplies.			
First 60 days	All but \$1,316	\$1,316 (Part A deductible)	\$0
61st through 90th day	All but \$329 a day	\$329 a day	\$0
91st day and after:			
• While using 60 lifetime reserve days	All but \$658 a day	\$658 a day	\$0
• Once lifetime reserve days are used:			
- 365 additional days	\$0	100% of Medicare-eligible expenses	\$0 ²
- Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE ¹			
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 \$164.50 a day	Up to \$164.50 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
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	\$0

¹ 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.

² 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.

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MEDICARE (PART B)
 MEDICAL SERVICES – PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	BLUESENIOR CLASSIC PAYS	YOU PAY
MEDICAL EXPENSES IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT			
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 ²	\$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
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$183 of Medicare-approved amounts ²	\$0	\$183 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	20%	\$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES			
	100%	\$0	\$0
PARTS A AND B HOME HEALTH CARE – MEDICARE-APPROVED SERVICES			
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

² 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 *Guide to Health Insurance for People with Medicare*, available at www.medicare.gov or from Blue Cross and Blue Shield of Nebraska.

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OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	BLUESENIOR CLASSIC PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE			
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
Coverage A		
Preventive and Diagnostic Dentistry		
Calendar year deductible	None	None
Coinsurance	20% of allowable charges	30% of allowable charges
Coverage B		
Maintenance and Simple Restorative Dentistry; Oral Surgery, Periodontic & Endodontic Services		
Calendar year deductible	None	\$50
Coinsurance	20% of allowable charges	30% of allowable charges
Coverage C		
Complex Restorative Dentistry		
Calendar year deductible	\$25	\$50
Coinsurance	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

NSEA-Retired covered dental services are divided into four categories:

Coverage A – Preventive & Diagnostic Dentistry

- Two oral exams per calendar year.
- Consultations when medically necessary.
- Two prophylaxis per calendar year, including cleaning, scaling and polishing of teeth.
- One full-mouth or panorex series of X-rays in any three-consecutive-year period; one set of four supplemental bitewing X-rays in a calendar year.
- Pulp vitality tests.

Coverage B – Maintenance & Simple Restorative Dentistry; Oral Surgery, Periodontic & Endodontic Services

Oral surgery consisting of:

- Simple and impacted extractions (excluding orthodontic extractions).
- Alveoloplasty.
- Removal of dental cysts and tumors.
- Surgical incision and drainage of abscesses.
- Reduction of a complete dislocation or fracture of the temporomandibular joint of the jaw (TMJ) required as the direct result of an accident which occurred while the patient was covered under this contract. Benefits must be provided within 12 months of the injury, and will not be available if the injury is the result of eating, biting or chewing.
- Tooth replantation.
- Excision of hyperplastic tissue.

Periodontic services consisting of:

- Up to four periodontic cleanings per calendar year.
- Gingivectomy.
- Gingival curettage.
- Osseous surgery and grafts.
- Scaling and root planing.
- Provisional or permanent periodontal splinting.
- Mucogingivoplastic surgery.
- Treatment of acute infection and oral lesions.

Endodontic services consisting of:

- Pulp cap.
- Vital pulpotomy.
- Root canal therapy (treatment plan, diagnostic X-rays, clinical procedures and follow-up).
- Apical curettage.
- Root resection and hemisection.

Other covered services:

- General anesthesia for oral/dental surgery when medically necessary.
- Restorations of silver amalgam and/or composite materials (if gold is used, reimbursement will be made as for silver).
- Temporary crowning of teeth as a result of an accident if provided within 72 hours of the accident.
- Preformed stainless steel or acrylic crowns on diseased or damaged teeth.
- Re-cement inlays and crowns on diseased or damaged teeth.
- Palliative treatment limited to opening and drainage of a tooth when no endodontics follows, smoothing down chipped teeth, dry socket treatment, pericoronitis treatment and treatment of canker sores.
- Repair of dentures, bridges, crowns and cast restorations.

Coverage C – Complex Restorative Dentistry

- Crowns.
- Inlays when used as abutments for fixed bridgework.
- Installation of permanent bridges.
- Full and partial dentures.
- One denture relining every 36 months.
- Adjustments of dentures after six months have elapsed from the date of installation.



Noncovered Dental Services

The following is only a partial listing of the exclusions and limitations that apply to the optional dental coverage. A complete list is in the master contract.

- Services not identified as covered under Coverages A, B and C in the contract.
- Dental services related to congenital malformations or primarily for cosmetic purposes.
- Services for orthodontic dentistry and treatment of the temporomandibular jaw joint.
- Supplies, education or training for dietary or nutrition counseling, personal oral hygiene or dental plaque control.
- Services received before the effective date of coverage or after termination of coverage.
- Services determined to be not medically necessary, investigative, or obsolete.
- Charges in excess of our contracted amount.
- Services provided by a person who is not a dentist, or by a dental hygienist not under the dentist's direct supervision.
- Charges made separately for services, supplies and materials considered to be included within the total charge payable.

Monthly Premiums

EFFECTIVE JANUARY 1, 2017

AGE BRACKET	NSEA-Retired BlueSenior Classic <i>without</i> Dental Coverage	NSEA-Retired BlueSenior Classic <i>with</i> Dental Coverage
Through age 66	\$148.94	\$187.81
Age 67-69	\$164.69	\$203.56
Age 70-74	\$193.53	\$232.40
Age 75-79	\$225.30	\$264.17
Age 80-84	\$240.42	\$279.29
Age 85+	\$249.49	\$288.36

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



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