

NEBRASKA HEALTH ADVANTAGE

2027 Summary of Benefits

Nebraska Health Advantage (HMO I-SNP)
January 1, 2027 – December 31, 2027

Toll-free: 1-866-327-0523 (TTY/TDD users call 1-833-312-0046)
Hours: October 1st through March 31st 8:00 A.M. to 8:00 P.M., seven days a week;
April 1st through September 30th 8:00 A.M. to 8:00 P.M., Monday through Friday
NebraskaHealthAdvantage.com

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This is a summary of drug and health services covered by

Nebraska Health Advantage (HMO I-SNP)

January 1, 2027 – December 31, 2027

Nebraska Health Advantage (HMO I-SNP), offered by American Health Plan of Iowa, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the Nebraska Health Advantage (HMO I-SNP) depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage" by calling Member Services at 1-866-327-0523 (TTY/TDD users call 1-833-312-0046). Hours October 1 through March 31 are 8:00 A.M. to 8:00 P.M. seven (7) days per week; April 1 through September 30 are 8:00 A.M. to 8:00 P.M. Monday to Friday. You may also visit our website at NebraskaHealthAdvantage.com.

To join Nebraska Health Advantage (HMO I-SNP) you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. You must live in one of our network nursing homes, or live at home and/or in a contracted assisted living facility and Nebraska has certified that you need the type of care that is usually provided in a nursing home. Our service area includes the following Nebraska Counties: Antelope, Burt, Cedar, and Nance.

Nebraska Health Advantage (HMO I-SNP) 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.

Premiums and Benefits	Nebraska Health Advantage (HMO I-SNP)	What You Should Know
Monthly Plan Premium (includes both medical and drugs)	You pay $24.60	You must continue to pay your Medicare Part B premium.
Deductible	You pay $283 annually. These are the 2026 cost-sharing amounts and may change for 2027. The plan will provide updated rates as soon as they are released.	

Premiums and Benefits	Nebraska Health Advantage (HMO I-SNP)	What You Should Know
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	You pay $9,850 annually.	The most you pay for copays, coinsurance and other costs for In-Network Medicare-covered services in a year.
Inpatient Hospital (including mental health services)	You pay: • $1,736 deductible each benefit period. • $ copayment for each day for days 1-60. • $434 copayment each day for days 61-90. • $868 copayment each day for days 91 & beyond. A benefit period consists of 60 days. These are the 2026 cost sharing amounts and may change for 2027. The plan will provide updated rates as soon as they are released.	*Prior authorization is required.* Cost sharing is applied starting on the first day of admission and does not include the date of discharge.
Outpatient Hospital	You pay 20% of the cost for Medicare covered services.	*Prior authorization is required.*
Ambulatory Surgery Center	You pay 20% of the cost for Medicare covered services.	*Prior authorization is required.*
Doctor Visits	**Primary care visits:** You pay nothing. **Specialist visits:** You pay 20% of the cost for Medicare-covered services.	
Preventive Care (e.g. flu vaccine, diabetic screenings)	You pay nothing.	Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	You pay 20% of the cost for Medicare-covered services up to $115.	If you are admitted to the hospital within one (1) day, you do not have to pay.
Urgently Needed Services	You pay 20% of the cost for Medicare-covered services up to $40.	If you are admitted to the hospital within one (1) day, you do not have to pay.

Premiums and Benefits	Nebraska Health Advantage (HMO I-SNP)	What You Should Know
Diagnostic Services/Labs/ Imaging • Diagnostic Radiology Services (e.g. MRI) • Lab Services • Diagnostic Tests and Procedures • Outpatient X-Rays	You pay: • 20% of the cost for Medicare-covered Diagnostic Radiology Services (e.g. MRI). • nothing for Medicare-covered lab services. • 20% of the cost for Medicare-covered Diagnostic Tests and Procedures. • 20% of the cost for Medicare-covered Outpatient X-Ray.	*Prior authorization is required for some services.*
Hearing Services *Supplemental Benefit:* • Routine Hearing Exam • Fitting/Evaluation • Hearing Aids	You pay: • 20% of the cost for Medicare-covered services. • nothing for Routine Hearing Exam and Fitting/ Evaluations.	One routine Hearing Exam per year. The plan will cover two hearing aids per year, one per ear. There is an annual maximum amount up to $500 per ear, per year. Must use a Plan approved provider/supplier.
Dental Services	You pay 20% of the cost for Medicare-covered services.	In general, preventive dental services (such as cleaning, routine dental exams, and dental x-rays) are not covered by Original Medicare.
Vision Services *Supplemental Benefit:* • Routine Eye Exam • Eyewear (contact lenses and eyeglasses (lenses and/or frames); upgrades	You pay: • 20% of the cost for Medicare-covered services. • nothing for routine eye exam. • nothing for eyewear.	One exam per year. Up to $300 per year for eyewear.

Premiums and Benefits	Nebraska Health Advantage (HMO I-SNP)	What You Should Know
Mental Health Services • Outpatient Group Therapy Visit • Outpatient Individual Therapy Visit	You pay 20%of the cost for Medicare-covered services.	
Skilled Nursing Facility (SNF)	Services performed in member's residence setting: • You pay nothing. Services performed outside member's residence setting: • You pay nothing for the first 20 days of each benefit period. • You pay nothing per day for days 21-100. • You pay all costs for each day after day 100.	*Prior authorization is required.* Zero (0) hospital days required prior to SNF admission.
Physical Therapy Services	You pay: • nothing for Medicare-covered Physical Therapy (PT) services performed in a Skilled Nursing Facility (SNF) or Long Term Care setting. • 20% of the cost of the cost for Medicare-covered PT services in any other outpatient setting.	*Prior authorization is required for any Medicare-covered services performed in any setting other than a Skilled Nursing Facility (SNF) or Long Term Care.*
Ambulance	You pay 20% of the cost for Medicare-covered services.	*Prior authorization is required for Medicare-covered non-emergent ambulance transport (excludes nursing home/ residence to/from hospital).*

Premiums and Benefits	Nebraska Health Advantage (HMO I-SNP)	What You Should Know
Supplemental Benefit: **Transportation Services** (Non-Emergent) • Van or Medical Transport	You pay nothing for up to 36 one-way trips per year to any health-related location.	
Medicare Part B Drugs Coinsurance for Part B rebatable drugs will be reduced, if the drug's price has increased at a rate faster than the rate of inflation. You will pay no more than the amount of the Original Medicare adjusted beneficiary coinsurance and may receive a refund from the plan. Note: A Medicare Part B rebatable drug is a drug or biological product that is generally injectable and/ or infused by a physician in a doctor's office or hospital outpatient setting.	You pay: • nothing for Medicare Part B Drugs purchased in a retail pharmacy. • 20% of the cost for Medicare Part B Drugs purchased in any other setting. • $35 for a one-month supply of insulin product covered by our plan. Plan deductible does not apply.	*Prior authorization is required for each service/transaction for billed charges in excess of $250.*

Outpatient Prescription Drugs	
• **Standard Retail Cost-Sharing** (up to 90-day supply) • **Standard Mail Order Cost-Sharing** (up to 90-day supply) • **Long-Term Care Cost-Sharing** (up to 31-day supply)	
Stage 1: Yearly Deductible Stage	$700 for all Part D prescription drugs. • You begin in this payment stage when you fill your first prescription for the year. • During this stage, you pay the full cost for your prescription drugs until you have paid $700. • The deductible does not apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines. • You stay in this stage until you have paid $700 for your prescription drugs. The deductible does not apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.
Stage 2: Initial Coverage Stage	25% coinsurance cost-sharing for covered prescription drugs • During this stage, the Plan pays its share of the cost of your prescription drugs, and you pay your share of the cost. • You will not pay more than $35 for a one-month supply of insulin product covered by our plan. • You pay nothing for most adults Part D Vaccines. • You stay in this stage until your year-to-date “total prescription drug costs” total $2,400.
Stage 3: Catastrophic Coverage Stage	After your yearly out-of-pocket drug costs reach $2,400 you pay nothing for covered Part D drugs.

Other Covered Benefits		
	Nebraska Health Advantage (HMO I-SNP)	**What You Should Know**
Occupational Therapy and Speech Language Therapy	You pay: • nothing for Medicare-covered Occupational Therapy (OT) and Speech Language Therapy (ST) services performed in a Skilled Nursing Facility (SNF) or Long Term Care setting. • 20% of the cost for Medicare-covered OT/ST services in any other outpatient setting.	*Prior authorization is required for any Medicare-covered services performed in any setting other than a Skilled Nursing Facility (SNF) or Long Term Care.*
Foot Care (Podiatry Services) *Supplemental Benefit:* Up to six (6) non-Medicare-covered routine podiatry services per year	You pay: • 20% of the cost for Medicare-covered services. • nothing for the supplemental benefit.	
Medical Equipment/Supplies • Durable Medical Equipment (e.g. wheelchairs, oxygen) • Prosthetics (e.g. braces, artificial limbs) • Diabetic Supplies	You pay: • 20% of the cost for Medicare-covered DME and Supplies. • nothing for Diabetic Supplies.	*Prior authorization is required for each service/transaction billed charges in excess of $250.*
Supplemental Benefit: **In Home Support Services** • Companion to assist with medical appointments outside of facility • Supervised visits	You pay nothing for up to 40 hours per calendar year.	
Important Message About What You Pay for Vaccines	Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible.	Call Member Services for more information.

Other Covered Benefits		
Important Message About What You Pay for Insulin	You won’t pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on, even if you haven't paid your deductible.	

For more information, contact Nebraska Health Advantage (HMO I-SNP) from 8:00 A.M. to 8:00 P.M. October 1 through March 31, 7 days a week (April 1 through September 30 8:00 A.M. to 8:00 P.M., Monday to Friday) at 1-866-327-0523 (TTY/TDD users call 1-833-312-0046) or visit our website at NebraskaHealthAdvantage.com.

You can access the Nebraska Health Advantage (HMO I-SNP) provider or pharmacy directory on our website at NebraskaHealthAdvantage.com or call Member Services and ask us to send you a provider or pharmacy directory.

For 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 per day/7 days per week. TTY users should call 1-877-486-2048.

This information is not a complete description of benefits. Call 1-866-327-0523 (TTY/TDD users call 1-833-312-0046) for more information.

You must continue to pay your Medicare Part B premium.

This plan is an Institutional Special Needs plan (I-SNP). Your ability to enroll will be based on verification that you, for 90 days or longer, have had or are expected to need the level of services provided in a long-term care (LTC) skilled nursing facility (SNF), a LTC nursing facility (NF), a SNF/NF, an intermediate care facility for individuals with intellectual disabilities (ICF/IDD), or an inpatient psychiatric facility.

This plan is an Institutional Special Needs plan (I-SNP). Your ability to enroll will be based on verification that your condition makes it likely that either the length of stay or the need for an institutional level of care would be at least 90 days.

Nebraska Health Advantage (HMO I-SNP) has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 12/31/2028 based on a review of the Nebraska Health Advantage (HMO I-SNP) Model of Care.

The pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat members, except in emergency situations. Please call Member Services or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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