

2026 West Central Medicare Advantage and Cost Plans

Below is a list of counties and the plans available in each county. The following pages contain the plan details for each plan.

Arthur County

Blue Cross and Blue Shield of Nebraska MA Access (PPO)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Core (HMO)
Blue Cross and Blue Shield of Nebraska MA Secure (PPO)

Chase County

Blue Cross and Blue Shield of Nebraska MA Access (PPO)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Core (HMO)
Blue Cross and Blue Shield of Nebraska MA Secure (PPO)

Dawson County

Blue Cross and Blue Shield of Nebraska MA Access (PPO)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Core (HMO)
Blue Cross and Blue Shield of Nebraska MA Secure (PPO)
Wellcare Assist Open (PPO)
Wellcare Giveback (HMO-POS)
Wellcare Patriot Giveback Open (PPO)
Wellcare Simple (HMO-POS)

Dundy County

Blue Cross and Blue Shield of Nebraska MA Access (PPO)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Core (HMO)
Blue Cross and Blue Shield of Nebraska MA Secure (PPO)

Frontier County

Blue Cross and Blue Shield of Nebraska MA Access (PPO)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Core (HMO)
Blue Cross and Blue Shield of Nebraska MA Secure (PPO)
Medica Advantage Preferred (PPO)
Medica Advantage Select (PPO)
Medica Advantage Solution H8889-009 (PPO)
Medica Advantage Value (PPO)
Wellcare Assist Open (PPO)
Wellcare Giveback (HMO-POS)
Wellcare Patriot Giveback Open (PPO)
Wellcare Simple (HMO-POS)
Wellcare Simple Open (PPO)

Gosper County

Blue Cross and Blue Shield of Nebraska MA Access (PPO)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Core (HMO)
Blue Cross and Blue Shield of Nebraska MA Secure (PPO)
Medica Advantage Preferred (PPO)
Medica Advantage Select (PPO)
Medica Advantage Solution H8889-009 (PPO)
Medica Advantage Value (PPO)
Wellcare Assist Open (PPO)
Wellcare Giveback (HMO-POS)
Wellcare Patriot Giveback Open (PPO)
Wellcare Simple (HMO-POS)
Wellcare Simple Open (PPO)

Grant County

Blue Cross and Blue Shield of Nebraska MA Access (PPO)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Core (HMO)
Blue Cross and Blue Shield of Nebraska MA Secure (PPO)

Hayes County

Blue Cross and Blue Shield of Nebraska MA Access (PPO)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Core (HMO)
Blue Cross and Blue Shield of Nebraska MA Secure (PPO)

Hitchcock County

Blue Cross and Blue Shield of Nebraska MA Access (PPO)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Core (HMO)
Blue Cross and Blue Shield of Nebraska MA Secure (PPO)

Hooker County

Blue Cross and Blue Shield of Nebraska MA Access (PPO)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Core (HMO)
Blue Cross and Blue Shield of Nebraska MA Secure (PPO)

Keith County

Blue Cross and Blue Shield of Nebraska MA Access (PPO)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Core (HMO)
Blue Cross and Blue Shield of Nebraska MA Secure (PPO)

Below is a list of counties and the plans available in each county. The following pages contain the plan details for each plan.

Lincoln County

Blue Cross and Blue Shield of Nebraska MA Access (PPO)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Core (HMO)
Blue Cross and Blue Shield of Nebraska MA Secure (PPO)

Logan County

Blue Cross and Blue Shield of Nebraska MA Access (PPO)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Core (HMO)
Blue Cross and Blue Shield of Nebraska MA Secure (PPO)
Medica Prime Solution Core (Cost)
Medica Prime Solution Premier (Cost)
Medica Prime Solution Standard (Cost)
Medica Prime Solution Thrift (Cost)

McPherson County

Blue Cross and Blue Shield of Nebraska MA Access (PPO)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Core (HMO)
Blue Cross and Blue Shield of Nebraska MA Secure (PPO)

Perkins County

Blue Cross and Blue Shield of Nebraska MA Access (PPO)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Core (HMO)
Blue Cross and Blue Shield of Nebraska MA Secure (PPO)

Red Willow County

Blue Cross and Blue Shield of Nebraska MA Access (PPO)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Core (HMO)
Blue Cross and Blue Shield of Nebraska MA Secure (PPO)

Thomas County

Blue Cross and Blue Shield of Nebraska MA Access (PPO)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Core (HMO)
Blue Cross and Blue Shield of Nebraska MA Secure (PPO)

Understanding Medicare Advantage Plan Benefits

Plan Overview

Monthly Premium - The dollar amount you owe to have this insurance. Part B premiums are paid in addition to this monthly premium.

Medicare Deductible - The amount you pay for health care services before your insurance begins to pay. Reach out to the plan for details on what applies to the deductible. Prescription drug costs do not count towards this deductible.

Out-of-Pocket Limit - The most you could pay for covered services in the year. After you spend this amount on deductibles, copayments, and coinsurance, your plan pays 100% of the costs of covered benefits. The out-of-pocket limit doesn't include monthly premiums or the cost of prescriptions.

Benefits and Copays / Coinsurance

Copays - A set amount that you pay for a specific health care service. Each service has its own unique copay. Typically you pay copays after your deductible has been met.

Coinsurance - A percentage you pay for a specific health care service. Typically you pay coinsurance after your deductible has been met.

Costs shown are in-network values unless noted as 'out'. Out-of-network costs may be higher.

Prescription Coverage

Most Medicare Advantage plans have prescription coverage included, therefore you cannot purchase a separate Part D plan. In some instances, such as a Cost Plan, a Part D plan may be added. Deductibles, copays and coinsurance will apply to prescriptions and do not count towards the Medical Deductible or out-of-pocket limit.

	Nebraska Sample MA Plan (PPO)
Phone Number	800-555-5757
Contract & Plan ID	H5555-005
Evidence of Coverage Link	Click for more details
Plan Overview	
Monthly Premium	\$0
Medical Deductible	\$800
Out-of-pocket Limit	\$3,800 in / 8,900 out
Benefits and Copay / Coinsurance	
Primary Doctor	\$0 in / \$15 out
Specialist Doctor	\$0 - 35 in / \$50 out
Labs / Tests / X-rays	\$0 / \$50 / \$15
Emergency Room	\$135
Urgent Care	\$0 - 40
Inpatient Hospital Care	\$350 per day for days 1-6
Outpatient Hospital Care	\$0 - 350 per visit
Skilled Nursing Facility Care	\$0/day 1-20, \$203/day 21-100
Ground Ambulance	\$275
Physical Therapy	\$0 - 25
Prescription Coverage	
Drug Coverage Deductible	\$340
Extra Benefits	
Dental Coverage	Yes - up to \$1,250
Vision Coverage	Yes - up to \$250
Additional Benefits	Hearing, Fitness, OTC

Plan Name and Type

HMO - This type of plan has a network of providers (doctors, hospitals, specialist, etc.). Enrollees must use in-network providers in order for the plan to cover the service, some plans may offer exceptions to this policy.

PPO - This type of plan has a network of providers. Enrollees who use in-network providers typically pay less out-of-pocket. If an out-of-network provider is used, the service will be more expensive.

PFF - This type of plan does NOT have a network of providers. Enrollees must check with their providers before each visit to ensure they will accept the plan.

Cost - This type of plan has a network of providers. Enrollees who use in-network providers typically pay less out-of-pocket. If an out-of-network provider is used, standard Medicare Parts A and B costs apply.

Extra Benefits

Dental Coverage - Coverage for dental expenses. The amount listed is the total the plan will pay for dental care in the calendar year. Some plans require the use of network dentists, others offer reimbursement for any dentist. Contact plan for details.

Vision Coverage - Coverage for vision expenses. The amount listed is the total the plan will pay for vision care in the calendar year. Some plans require the use of network providers, others offer reimbursement for any provider. Contact plan for details.

Additional Benefits - Benefits often include assistance with hearing services including hearing aids, fitness benefits such as a gym membership, and over-the-counter (OTC) medication. Use the Evidence of Coverage Link or contact the plan for a full list of their specific additional benefits.

	Blue Cross Blue Shield of Nebraska MA Core (HMO) (Central NE)	Blue Cross Blue Shield of Nebraska MA Access (PPO)	Blue Cross Blue Shield of Nebraska MA Connect (PPO)	Blue Cross Blue Shield of Nebraska MA Secure (PPO)
Phone Number	844-899-6060	844-899-6060	844-899-6060	844-899-6060
Contract & Plan ID	H3170-003-2	H8181-001	H8181-002	H8181-003
Evidence of Coverage Link	Click for more details	Click for more details	Click for more details	Click for more details
Plan Overview				
Monthly Premium	\$0	\$30	\$0	\$91
Medical Deductible	\$0	\$0	\$0	\$0
Out-of-pocket Limit	\$4,100 in	\$3,900 in / \$6,200 out	\$4,900 in / \$8,000 out	\$2,500 in / \$4,500 out
Benefits and Copay / Coinsurance				
Primary Doctor	\$0	\$0 in / \$15 out	\$0 in / \$15 out	\$0 in / \$15 out
Specialist Doctor	\$35	\$35 in / 50% out	\$35 in / 50% out	\$20 in / \$40 out
Labs / Tests / X-rays	\$0 / \$0-350 / \$25	\$0 / \$0-350 / \$20	\$0 / \$0-350 / \$25	\$0 / \$0-175 / \$20
Emergency Room	\$135	\$125	\$125	\$115
Urgent Care	\$55	\$55	\$50	\$50
Inpatient Hospital Care	\$400 per day for days 1-4 \$0 days 5-90 <i>Potential Total = \$1,600</i>	\$390 per day for days 1-4 \$0 days 5-90 <i>Potential Total = \$1,560</i>	\$400 per day for days 1-4 \$0 days 5-90 <i>Potential Total = \$1,600</i>	\$250 per day for days 1-4 \$0 days 5-90 <i>Potential Total = \$1,000</i>
Outpatient Hospital Care	\$350 per visit	\$350 per visit	\$350 per visit	\$175 per visit
Skilled Nursing Facility Care	\$0/day 1-20, \$214/day 21-60, \$0/ day 61-100	\$0/day 1-20, \$214/day 21-60, \$0/day 61-100	\$0/day 1-20, \$214/day 21-70, \$0/day 71-100	\$0/day 1-20, \$204/day 21-60, \$0/day 61-100
Ground Ambulance	\$350	\$350	\$350	\$350
Physical Therapy	\$35	\$35	\$35	\$20
Prescription Coverage				
Drug Coverage Deductible	\$400	\$400	\$400	\$400
Extra Benefits				
Dental Coverage	Yes - up to \$1,200	Yes - up to \$1,500	Yes - up to \$1,200	Yes - up to \$1,700
Vision Coverage	Yes - up to \$300	Yes - up to \$300	Yes - up to \$300	Yes - up to \$300
Additional Benefits	Hearing, Fitness, OTC—\$50/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC—\$70/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC—\$50/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC—\$115/qtr., & other benefits. See Plan materials

	Medica Advantage Preferred (PPO)	Medica Advantage Select (PPO)	Medica Advantage Solution H8889-009 (PPO)	Medica Advantage Value (PPO)
Phone Number	800-906-5432	800-906-5432	800-906-5432	800-906-5432
Contract & Plan ID	H8889-011	H8889-015	H8889-009	H8889-010
Evidence of Coverage Link	Click for more details	Click for more details	Click for more details	Click for more details
Plan Overview				
Monthly Premium	\$155	\$45	\$0 (Part B giveback \$100)	\$0
Medical Deductible	\$0	\$0	\$0	\$0
Out-of-pocket Limit	\$3,800 in / \$3,800 out	\$4,200 in / \$4,200 out	\$6,750 in / \$6,750 out	\$6,750 in / \$6,750 out
Benefits and Copay / Coinsurance				
Primary Doctor	\$0 in / \$10 out	\$0 in / \$25 out	\$0 in / \$30 out	\$0 in / \$25 out
Specialist Doctor	\$20 in / \$35 out	\$50 in / \$65 out	\$50 in / \$65 out	\$55 in / \$60 out
Labs / Tests / X-rays	\$0 / \$0-95 / \$0	\$0 / \$0-90 / \$25	\$0 / \$0-90 / \$25	\$0 / \$0-250 / \$50
Emergency Room	\$150	\$130	\$130	\$130
Urgent Care	\$0 - 40	\$0 - 45	\$0 - 45	\$25 - 50
Inpatient Hospital Care	\$200 per stay	\$450 per day for days 1-5 \$0 days 6-90	\$405 per day for days 1-6 \$0 days 6-90	\$550 per day for days 1-5 \$0 days 6-90
Outpatient Hospital Care	\$0 - 195 per visit	\$0 - 450 per visit	\$0 - 375 per visit	\$0 - 550 per visit
Skilled Nursing Facility Care	\$0/day 1-20, \$218/day 21-39, \$0/day 40-100	\$0/day 1-20, \$218/day 21-41, \$0/day 42-100	\$0/day 1-20, \$218/day 21-52, \$0/day 53-100	\$0/day 1-20, \$218/day 21-52, \$0/day 53-100
Ground Ambulance	\$250	\$370	\$395	\$375
Physical Therapy	\$20	\$50	\$50	\$55
Prescription Coverage				
Drug Coverage Deductible	\$275	\$355	No Drug Coverage	\$615
Extra Benefits				
Dental Coverage	Yes - up to \$750	Yes - up to \$500	Yes - up to \$800	Yes - up to \$450
Vision Coverage	Yes - up to \$175	Yes - up to \$125	Yes - up to \$100	Yes - up to \$75
Additional Benefits	Hearing, Fitness, OTC-\$50/6-mo., & other benefits. See Plan materials	Hearing, Fitness, OTC-\$40/6-mo., & other benefits. See Plan materials	Hearing, Fitness, OTC-\$50/6-mo., & other benefits. See Plan materials	Hearing, Fitness, OTC-\$40/6-mo., & other benefits. See Plan materials

	Medica Prime Solution Core (Cost)	Medica Prime Solution Premier (Cost)	Medica Prime Solution Standard (Cost)	Medica Prime Solution Thrift (Cost)
Phone Number	800-906-5432	800-906-5432	800-906-5432	800-906-5432
Contract & Plan ID	H2450-046	H2450-043	H2450-044	H2450-030
Summary of Benefits Link	Click for more details	Click for more details	Click for more details	Click for more details
Plan Overview				
Monthly Premium	\$99	\$189	\$0	\$49
Medical Deductible	\$0	\$0	\$0	\$50
Out-of-pocket Limit	\$4,900 in	\$4,200 in	\$5,900 in	\$6,750 in
Benefits and Copay / Coinsur-				
Primary Doctor	\$10	\$0	\$15	20%
Specialist Doctor	\$25	\$0	\$60	20%
Labs / Tests / X-rays	\$0 / \$10-25 / \$10	\$0 / \$0 / \$0	\$0 / \$15-60 / \$60	\$0 / 20% / 20%
Emergency Room	\$125	\$100	\$125	\$125
Urgent Care	\$25	\$0	\$50	\$25
Inpatient Hospital Care	\$400 per stay	\$300 per stay	\$400 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$2,000</i>	\$300 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,500</i>
Outpatient Hospital Care	\$0-150 per visit	\$0-150 per visit	\$0-500 per visit	0-20%
Skilled Nursing Facility Care	\$0/day 1-20, \$150/day 21-100	\$0/day 1-20, \$125/day 21-100	\$0/day 1-20, \$218/day 21-100	\$0/day 1-20, \$218/day 21-100
Ground Ambulance	\$50	\$50	\$350	20%
Physical Therapy	\$25	\$0	\$60	20%
Prescription Coverage				
Drug Coverage Deductible	No Drug Coverage	No Drug Coverage	No Drug Coverage	No Drug Coverage
Extra Benefits				
Dental Coverage	Yes - up to \$400	Yes - up to \$400	Yes - up to \$400	20% for Medicare covered dental
Vision Coverage	Yes - up to \$150	Yes - up to \$200	Yes - up to \$100	20% for Medicare covered vision
Additional Benefits	Hearing, Fitness, OTC-\$50/6-mo., & other benefits. See Plan materials	Hearing, Fitness, OTC-\$50/6-mo., & other benefits. See Plan materials	Hearing, Fitness, OTC-\$25/6-mo., & other benefits. See Plan materials	Hearing, Fitness, & other benefits. See Plan materials

	Wellcare Assist Open (PPO)	Wellcare Giveback (HMO-POS)	Wellcare Patriot Giveback Open (PPO)	Wellcare Simple Open (PPO)	Wellcare Simple (HMO-POS)
Phone Number	844-480-0680	844-480-0680	844-480-0680	844-480-0680	844-480-0680
Contract & Plan ID	<i>H1395-003</i>	<i>H1215-003</i>	<i>H1395-004</i>	<i>H1395-002</i>	<i>H1215-005</i>
Summary of Benefits Link	Click for more details	Click for more details	Click for more details	Click for more details	Click for more details
Plan Overview					
Monthly Premium	\$32.80	\$0 (Part B giveback \$82)	\$0 (Part B giveback \$135)	\$0	\$0
Medical Deductible	\$0	\$175	\$225	\$0	\$0
Out-of-pocket Limit	\$4,800 in / \$7,100 out	\$8,850 in	\$6,600 in / \$9,500 out	\$6,600 in / \$9,000 out	\$5,000 in
Benefits and Copay / Coinsurance					
Primary Doctor	\$0 in / \$25 out	\$0	\$0 in / \$40 out	\$0 in / \$40 out	\$0
Specialist Doctor	\$20 in / \$50 out	\$50	\$35 in / \$70 out	\$40 in / \$70 out	\$35
Labs / Tests / X-rays	\$0-50 / \$0-40 / \$25	\$0-50 / \$0-50 / \$50	\$0-50 / \$0-100 / \$25	\$0-50 / \$0-40 / \$50	\$0-50 / \$0-50 / \$50
Emergency Room	\$130	\$115	\$130	\$130	\$130
Urgent Care	\$40	\$35	\$40	\$50	\$50
Inpatient Hospital Care	\$325 per day for days 1-7 \$0 days 8-90 <i>Potential Total = \$2,275</i>	\$1,450 per stay	\$425 per day for days 1-6 \$0 days 7-90 <i>Potential Total = \$2,550</i>	\$400 per day for days 1-7 \$0 days 8-90 <i>Potential Total = \$2,800</i>	\$375 per day for days 1-7 \$0 days 8-90 <i>Potential Total = \$2,625</i>
Outpatient Hospital Care	\$0 - 300 per visit	\$0 - 350 per visit	\$0 - 350 per visit	\$0 - 500 per visit	\$0 - 400 per visit
Skilled Nursing Facility Care	\$0/day 1-20, \$218/day 21-50, \$0/day 51-100	\$0/day 1-20, \$218/day 21-70, \$0/day 71-100	\$0/day 1-20, \$218/day 21-60, \$0/day 61-100	\$0/day 1-20, \$218/day 21-60, \$0/day 61-100	\$0/day 1-20, \$218/day 21-50, \$0/day 51-100
Ground Ambulance	\$300	\$315	\$325	\$350	\$350
Physical Therapy	\$20	\$35	\$35	\$40	\$35
Prescription Coverage					
Drug Coverage Deductible	\$570	\$615	No Drug Coverage	\$615	\$615
Extra Benefits					
Dental Coverage	Yes - up to \$3,000	Yes - See Plan materials	Yes - up to \$2,000	Yes - up to \$1,000	Yes - up to \$1,000
Vision Coverage	Yes - up to \$300	Yes - up to \$100	Yes - up to \$200	Yes - up to \$100	Yes - up to \$200
Additional Benefits	Hearing, Fitness, OTC-\$62/ mo., & other benefits. See Plan materials	Hearing, Fitness, & other benefits. See Plan materials	Hearing, Fitness, OTC-\$20/ mo., & other benefits. See Plan materials	Hearing, Fitness, & other benefits. See Plan materials	Hearing, Fitness, OTC-\$10/ mo., & other benefits. See Plan materials