2023 Summary of Benefits

Blue Medicare PPO Enhanced℠

MedicareRx Prescription Drug Coverage

This is a summary of health services and prescription drug coverage that is covered under Blue Medicare PPO for **January 1, 2023 – December 31, 2023.**

Plans: Blue Medicare PPO Enhanced H3404-003-001 and H3404-003-002

- The benefits information provided is a summary of what we cover and what you pay. This information is not a complete description of benefits. Visit *Medicare.BlueCrossNC.com/Medicare/Forms-Library* and click on the Evidence of Coverage tab.
- Blue Medicare PPO has a network of doctors, hospitals, pharmacies and other providers. You'll get your health care at lower prices by using in-network providers.
- Out-of-network/non-contracted providers are under no obligation to treat Blue Cross NC members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.
- Cost sharing may vary depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.
- Plans may offer supplemental benefits in addition to Part C and Part D benefits.
- Blue Cross and Blue Shield of North Carolina is a PPO plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal.
- For more information about Original Medicare or to request the *Medicare & You* handbook from Medicare, call 1-800-MEDICARE (1-800-633-4227), TTY: 1-877-486-2048, 7 days a week, 24 hours a day. Or visit *Medicare.gov.*
- For more details, call **1-800-665-8037** (TTY: 711), current members call **1-877-494-7647** (TTY: 711), visit ***Medicare.BlueCrossNC.com*** or contact your Blue Cross NC Authorized Independent Agent.

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U5047c, 8/22

Summary of Benefits

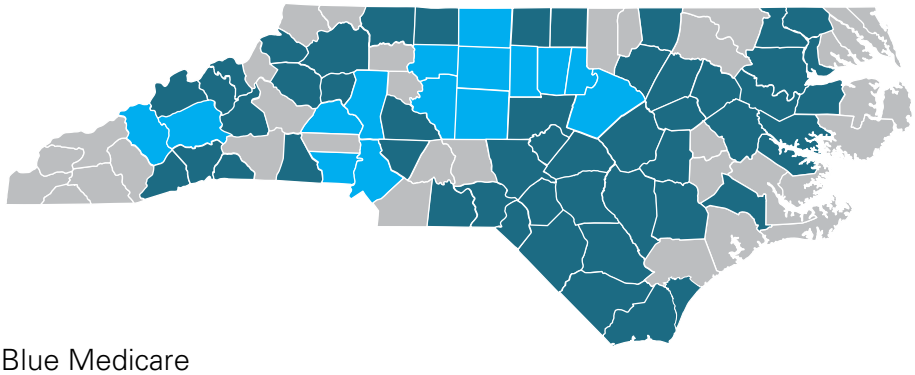
Plan Offering and Premium By County

Blue Medicare PPO Enhanced℠ H3404-003-001 — Monthly Premium: $29

Alamance	Davidson	Gaston	Iredell	Randolph
Buncombe	Durham	Guilford	Mecklenburg	Rockingham
Catawba	Forsyth	Haywood	Orange	Wake

Blue Medicare PPO Enhanced℠ H3404-003-002 — Monthly Premium: $49

Alexander	Chatham	Harnett	McDowell	Robeson	Watauga
Anson	Chowan	Henderson	Mitchell	Rowan	Wayne
Beaufort	Cleveland	Hertford	Moore	Sampson	Wilkes
Bertie	Columbus	Hoke	Nash	Scotland	Wilson
Bladen	Cumberland	Johnston	New Hanover	Stokes	Yancey
Brunswick	Duplin	Jones	Person	Surry	
Cabarrus	Edgecombe	Lee	Pitt	Transylvania	
Caldwell	Franklin	Madison	Polk	Warren	
Caswell	Gates	Martin	Richmond	Washington	



Counties where Blue Medicare PPO Enhanced is available:

001 002

Please note: To join Blue Medicare PPO plans, you must have both Medicare Part A and Medicare Part B and live in our service area.

Summary of Benefits

BlueMedicare PPO Enhanced℠

	What You Should Know	H3404-003-001	H3404-003-002
Monthly Premium:	You must also continue to pay your Medicare Part B premium.	$29	$49
Deductible:	These plans have no medical deductible.	$0	$0

			H3404-003-001 and H3404-003-002	
Benefit	**What You Should Know**		**In-Network**	**Out-of-Network**
Annual Out-of-Pocket Maximum:			$5,650	$5,650
Inpatient Hospital Care:* (Cost share applies per day. Benefit period applied per admission.)	**Days 1–5:**		$335 copay	40% of cost
	Days 6–90:		$0 copay	40% of cost
	Days 91 and beyond:		$0 copay	40% of cost
Outpatient Services:*	**Outpatient Hospital:** Per stay.		$295 copay	40% of cost
	Ambulatory Surgical Center:		$200 copay	40% of cost
Doctor Visit:	**Primary:**		$0 copay	40% of cost
	Specialist:	001:	$25 copay	40% of cost
		002:	$35 copay	40% of cost
Preventive Care:	Any additional preventive services approved by Medicare during the contract year will be covered.		$0 copay	$0 copay
Emergency Care:	If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency care. Emergency services are covered worldwide.		$110 copay	$110 copay
Urgently Needed Services:			$60 copay	$60 copay

*May require prior authorization.
Note: This chart shows your portion of the costs.

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BlueMedicare PPO Enhanced℠

H3404-003-001
H3404-003-002

Benefit		What You Should Know		In-Network	Out-of-Network
Diagnostic Services/ Labs/Imaging:		Diagnostic tests, labs, radiology services* and X-rays. Copay varies with service.		$0–$300 copay	40% of cost
Hearing Services:	**Medicare-Covered Hearing Exam:**	Exam to diagnose and treat hearing and balance issues.	001:	$25 copay	40% of cost
			002:	$35 copay	40% of cost
	Routine Hearing Exam:	One per year. Must use designated providers.		$0 copay	Not covered
	Hearing Aids:	One per ear, per year. Must use designated providers.		$699–$999	Not covered
Dental Services:	**Medicare-Covered Dental Services:**	Medicare may pay for certain services when you're in a hospital and need emergency or complicated dental procedures.	001:	$25 copay	40% of cost
			002:	$35 copay	40% of cost
	Comprehensive and Preventive Dental:	**$2,000 yearly allowance** for services including oral exams, cleanings, X-rays, fillings, extractions and dentures.**		$0 copay	20% of cost
Vision Services:	**Routine Eye Exam:**	One per calendar year.		$25 copay	40% of cost
	Routine Prescription Eyewear:	**$300 yearly allowance.**		$0 copay	Not covered
	Medicare-Covered Eye Exam:	For the diagnosis and treatment of illnesses and injuries of the eye.		$25 copay	40% of cost
	Medicare-Covered Glaucoma Test:	For people who are at high risk of glaucoma.		$0 copay	$0 copay
	Eyewear After Cataract Surgery:	One pair of eyeglasses or one pair of contact lenses.		20% of cost	40% of cost

*May require prior authorization.
**Certain limits apply. Combined yearly allowance. For services obtained out-of-network, you will be responsible for 20% plus additional costs up to the provider billed amount.
Note: This chart shows your portion of the costs.

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H3404-003-002

Benefit	What You Should Know			In-Network	Out-of-Network
Mental Health Services:	**Inpatient:*** (Cost share applies per day. Benefit period applied per admission.)	**Days 1–5:**		$300 copay	40% of cost
		Days 6–90:		$0 copay	40% of cost
	Outpatient: (Mental health* and substance use.)	Individual and group sessions.	001:	$25 copay	40% of cost
			002:	$35 copay	40% of cost
Skilled Nursing Facility:*	(Cost share applies per day. Benefit period applied per admission.)	**Days 1–20:**		$0 copay	40% of cost
		Days 21–60:		$196 copay	40% of cost
		Days 61–100:		$0 copay	40% of cost
Outpatient Rehabilitation Services:	**Physical and Speech Language Therapy:**			$10 copay	40% of cost
	Occupational Therapy:			$40 copay	40% of cost
	Cardiac Rehab Services:			$0 copay	40% of cost
	Pulmonary Rehab Services:			$20 copay	40% of cost
Ambulance Services:*	Covers medically necessary ground and air ambulance services.			$250 copay	$250 copay
Transportation:	24 one-way rides to health-related locations. Must use designated providers.			$0 copay	Not covered
Medicare Part B Drugs:*				20% of cost	40% of cost

*May require prior authorization.

Note: This chart shows your portion of the costs.

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BlueMedicare PPO Enhanced℠

H3404-003-001
H3404-003-002

Part D, Prescription Drug Benefit Stages

Annual Deductible:	**All Tiers:** $0 This is the set amount that you pay before your plan begins to pay its share of the cost.
Initial Coverage Limit (ICL):	**Begins after you pay your yearly deductible.** You remain in this stage until your costs on covered drugs reach **$4,660**.[1] The amount you pay in this stage is shown in the chart on the next page.
Coverage Gap:	**Begins when your total year-to-date costs on covered drugs exceed $4,660.** In this stage, you'll pay **25%** of the cost for generic drugs and **25%** of the cost for brand-name drugs, excluding dispensing and administration fees, until your total year-to-date costs reach **$7,400**.[2] Tier 6 drugs are fully covered in the Coverage Gap; there's a **$0** copayment at preferred pharmacies or a **$1** copayment at non-preferred pharmacies. With the Insulin Savings Program, the amount you pay for insulin is the same as the Initial Coverage stage.
Catastrophic Coverage:	**Begins when your total year-to-date costs on covered drugs exceed $7,400.** During this stage, you pay the greater of **$4.15** or **5%** of the cost for generic drugs, and the greater of **$10.35** or **5%** of the cost for brand-name drugs.

Footnotes:

1 Total year-to-date includes drug costs paid by you and any Part D plan from the beginning of the calendar year.

2 Total year-to-date includes drug costs that only you have paid.

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H3404-003-002

Prescription Drug Initial Coverage Limit (ICL)	Preferred Retail Pharmacies		Preferred Mail Order	Standard (Non-Preferred) Pharmacies	
	1-month 30-day supply	3-months 90-day supply	3-months 90-day supply	1-month 30-day supply*	3-months 90-day supply
Preferred Generic Drugs (Tier 1)	$0 copay	$0 copay	$0 copay	$15 copay	$45 copay
Generic Drugs (Tier 2)	$6 copay	$18 copay	$0 copay	$20 copay	$60 copay
Preferred Brand Drugs (Tier 3)	$37 copay	$111 copay	$74 copay	$47 copay	$141 copay
Non-Preferred Drugs (Tier 4)	$90 copay	$270 copay	$180 copay	$100 copay	$300 copay
Specialty Tier Drugs (Tier 5)	33% of cost	N/A	N/A	33% of cost	N/A
Select Care Drugs (Tier 6)	$0 copay	$0 copay	$0 copay	$1 copay	$1 copay
Insulins (Tier 3, 4)	$35 copay	$105 copay	$70 copay	$35 copay	$105 copay

*Long-term care pharmacy benefit is covered the same as Non-Preferred Retail Pharmacies for 31 days instead of 30 days.
Note: Two-month (60-day) supplies may also be available. Non-preferred mail order costs may differ.

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H3404-003-002

Other Covered Benefits

Benefit	What You Should Know		In-Network	Out-of-Network
Podiatry Services:	Foot care.	001:	$25 copay	40% of cost
		002:	$35 copay	40% of cost
Medical Equipment and Supplies:	**Durable Medical Equipment and Supplies:***		20% of cost	40% of cost
	Diabetic Shoes or Inserts:		20% of cost	40% of cost
	Diabetes Supplies:*	Preferred Brands	$0 copay	40% of cost
		Non-Preferred Brands**	20% of cost	40% of cost
Healthy Aging and Exercise Program:	Must use participating facilities.		$0 copay***	Not covered
PPO Travel Program:	Extended network in the U.S.		Included	Not covered
Over-the-Counter Products Allowance:	Must use participating retail locations.	001:	$95 quarterly	Not covered
		002:	$70 quarterly	Not covered
Meals Benefit:	Two meals per day for 14 days post-discharge		$0 copay	Not covered
Support for Caregivers:	Support and resources for non-professional caregivers.		$0 copay	Not covered
In-Home Assistance:	60 hours per year.		$0 copay	Not covered
Personal Emergency Response System:	Wearable device with fast access to emergency services.		$0 copay	Not covered

*May require prior authorization.
**With a medical exception.
***This program includes the Standard network. Premium network may have monthly costs.

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Prescription Drug – Frequently Asked Questions

Which drugs are covered?	For commonly used drugs, see the Common Drugs page of the Blue Medicare Advantage PPO Enhanced enrollment kit. For a comprehensive list of covered drugs, visit ***Medicare.BlueCrossNC.com/Medicare/Prescription-Drug-Coverage.***
Which pharmacies can I use?	Our **Preferred Pharmacy Network** is a select network of national and local independent pharmacies designed to help save you money on your prescriptions. **The network includes Harris Teeter, Sam's Club, Walgreens, Walmart and more, plus many independent pharmacies.** You may choose Standard (Non-Preferred) Pharmacies to fill prescriptions, but your costs may be higher. Our **Preferred Mail Order Pharmacy Network** includes: • AllianceRx Walgreens Pharmacy • Express Scripts® Pharmacy • Postal Prescription Services (PPS)® Tiers 1, 2 and 6 have a $0 copayment for a 90-day supply at a Preferred Mail Order Pharmacy. And with Tiers 3 and 4, you pay no more than two times the 30-day copay at a Preferred Mail Order Pharmacy.
How do I find a Preferred Pharmacy?	Visit ***BlueCrossNC.com/FindaPharmacy*** The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.
Can I choose a standalone Medicare prescription drug plan (PDP) instead of what comes with my Medicare Advantage plan?	No. Medicare does not allow a standalone prescription drug plan with a Medicare Advantage plan. For prescription benefits, you have two choices: • Original Medicare plus a PDP plan, or a • Medicare Advantage plan that includes prescription coverage.

Have Medicare questions? We've got answers. **Contact Blue Cross NC:**

Phone: **1-800-665-8037** (TTY: 711)

Hours: 7 days a week, 8 a.m. – 8 p.m.

Visit: ***Medicare.BlueCrossNC.com***

Or contact your Blue Cross NC Authorized Independent Agent.