

# Healthy **Blue** + Medicare<sup>SM</sup> (HMO D-SNP)

Your Plan for Dual Eligibility | 2023 Enrollment Kit



**BlueCross BlueShield  
of North Carolina**

# MEDICARE

Visit [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com)

# Welcome to HealthyBlue + Medicare<sup>SM</sup> (HMO D-SNP)

Thank you for your interest in Healthy Blue + Medicare from Blue Cross and Blue Shield of North Carolina (Blue Cross NC). You'll find all the information you need to sign up today in this enrollment kit. If you have any questions, contact Blue Cross NC or your Authorized Independent Agent. We're ready to help.

Healthy Blue + Medicare offers a variety of benefits designed to help keep you healthy while protecting you from unexpected medical and drug costs. This booklet tells you what we cover, what you may pay and more. If you have questions, please call Blue Cross NC or your Authorized Independent Agent.

The Healthy Blue + Medicare service area includes all 100 counties in North Carolina. Please see page 23 for plan availability.

While the Summary of Benefits does not include every service, limit or exclusion, the Evidence of Coverage does. Just give us a call to request a copy.



When you have Medicare questions, we've got answers. We're ready to help.



**D-SNP** stands for Dual Eligible Special Needs Plan. It's available to residents of North Carolina who are eligible for both Medicare and Medicaid.

Find more definitions in the **glossary** on **page 14**.

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

**Phone: 1-800-400-8745** (toll free), TTY users dial 711

**Hours:** 7 days a week, 8 a.m. – 8 p.m.

**Visit:** [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com)

Or contact your Blue Cross NC **Authorized Independent Agent**.

## Table of Contents

### Plan Information 4

What is Healthy Blue + Medicare? .....	4
How Medicare and Medicaid Work Together .....	6
More Supplemental Benefits.....	8
Visiting the Doctor.....	11
Plan Benefits Highlight.....	12
Glossary .....	14

### Prescription Drug Coverage 19

Common Drugs.....	20
Drug Tiers.....	21
Save Money on Your Prescriptions.....	21

### 2023 Summary of Benefits 22

Summary of Benefits – Healthy Blue + Medicare .....	22
Frequently Asked Questions (Prescription Drug Coverage) .....	32

### Enrollment 34

Enrollment Periods .....	34
Pre-Enrollment Checklist .....	35
Enrollment Steps .....	36
Post-Enrollment Timeline .....	37
Scope of Sales Appointment Confirmation Form (including duplicate) .....	39
Enrollment Form (including duplicate) .....	43
Agent Checklist for Selling Medicare Advantage Plans (including duplicate).....	63





## What is Healthy Blue + Medicare?

### It's Original Medicare and Much More

Healthy Blue + Medicare is the plan for you if you are enrolled in Medicare and Medicaid. It is an HMO (Health Maintenance Organization) Medicare Advantage and prescription drug plan. It includes hospital, medical and prescription drug benefits all in one plan.

To see if you are qualified to join Healthy Blue + Medicare, refer to pages 6-7 of this enrollment kit. You can also call Blue Cross NC or your Blue Cross NC Authorized Independent Agent.

When you join Healthy Blue + Medicare, you must use the plan's network providers, except in emergency or urgent care situations, or for out-of-area renal dialysis. **Please keep in mind that if you obtain routine care from out-of-network providers, neither Medicare nor Blue Cross NC will be responsible for the costs.**



Your overall health matters, and we're here to support you.

### Care You Can Count On

- Dental coverage for preventive and comprehensive services
- Routine eye exams
- One allowance card for Over-the-Counter (OTC) Health products and Healthy Food allowance
- Skilled nursing facility and home health care
- Transportation benefit
- Inpatient and outpatient services
- Hearing aids
- Prescription drug coverage (Medicare Part D)
- Post-discharge meal benefit
- Preventive care
- Ambulance service
- Urgent care

Footnote:

\* Blue Cross NC internal membership data and NC Budget and Management Office population data as of June 2021.



Blue Cross NC is proud to be one of North Carolina's leading health insurance companies. Today, **more than 4.3 million customers** rely on us for health care solutions – more than any other insurer based in North Carolina. In fact, one of every three North Carolinians is among our customers.\*

For **more than 89 years**, North Carolinians have trusted us for the health care coverage they need. We're ready to meet your Medicare needs.







## How Medicare and Medicaid Work Together

### Healthy Blue + Medicare is a Dual Eligible Special Needs Plan (D-SNP)

Healthy Blue + Medicare is a Medicare Advantage HMO plan that replaces your Original Medicare coverage. It combines hospital, medical and prescription drug benefits into one plan. Healthy Blue + Medicare is the primary plan, and it coordinates with your Medicaid plan as needed for secondary benefits. To join this plan, you must:

- Be entitled to Medicare Part A
- Be enrolled in Medicare Part B
- Be enrolled in North Carolina Medicaid (the state's Medicaid program); see page 7 for more information
- Live in North Carolina

### Cost Sharing

Information on the various Medicare Savings Programs that may cover some or all of your Medicare cost sharing are highlighted on the next page.



Take some time to review this chapter to better understand how a Medicare and Medicaid plan **work together**.

### Healthy Blue + Medicare

Healthy Blue + Medicare is available for full dual eligible individuals, including:

- Full Benefit Dual Eligibles (FBDE) receive or qualify for full Medicaid benefits.
- Qualified Medicare Beneficiaries (QMB) are eligible for Medicare Part A, have income of 100% Federal Poverty Level (FPL) or less and resources that do not exceed twice the limit for SSI eligibility. They are not otherwise eligible for full Medicaid.
- Qualified Medicare Beneficiaries with full Medicaid (QMB Plus) are eligible for Medicare Part A, have income of 100% FPL or less and resources that do not exceed twice the limit for SSI eligibility. They receive full Medicaid benefits.
- Specified Low-Income Medicare Beneficiaries with full Medicaid (SLMB+) are eligible for Medicare Part A, have income of greater than 100% FPL but less than 120% FPL and resources that do not exceed twice the limit for SSI eligibility. They receive full Medicaid benefits.

### Cost Sharing Protections for All Members

In our plan, we cover the Medicare-covered medical services you receive, and the North Carolina Medicaid program pays the member cost sharing for those services. You pay no cost sharing for the Medicare-covered benefits described later in this Summary of Benefits. You will pay either small copayments, or (potentially) no copayment for prescriptions covered under the Medicare Part D prescription drug benefit. When you receive health services, the provider should only bill the plan for the cost of those services and cost sharing amounts. **The provider should not bill you for services or cost sharing.**

### Medicare Coverage That Goes Beyond Original Medicare

- Like all Medicare Advantage health plans, we cover everything that Original Medicare covers – Part A (hospital services) and Part B (medical services). Our plan members get more benefits than what is covered by Original Medicare. Some of the extra benefits are outlined in the Summary of Benefits on page 22.
- This plan covers Medicare Part D drugs and Part B drugs (such as chemotherapy and some drugs administered by your provider). To see if your prescription drugs are covered, go to the Prescription Drug Coverage section in the booklet starting on page 19.





# More Supplemental Benefits

## Greater Care, Better Health

Our Healthy Blue + Medicare plan offers you a wide range of supplemental benefits, all with a focus on helping you become the healthiest version of yourself. From eyewear to dental exams to hearing aids, our supplemental benefits help you maintain and improve your health.



Benefits focused on helping you be your healthiest.



## Dental Services

Keeping your teeth and gums healthy is essential to your overall health. It's why we provide coverage for preventive and comprehensive dental services with our Healthy Blue + Medicare plan. See page 25 for more information.

- \$5,000 allowance for comprehensive dental services
- Preventive services including oral exams, cleanings, fluoride treatments and X-rays
- Periodontics, endodontics and restorative services
- Thousands of in-network dentists



## Vision Services

We work to help you maintain and improve every aspect of your health including eye health. Our Healthy Blue + Medicare plan provides coverage to help you meet your vision needs, from preventive eye exams to frames and corrective lenses. See page 26 for more information.

- \$400 allowance for prescription eyewear including contacts, lenses and frames
- Annual routine eye exams
- Medicare-covered eye exams

# More Supplemental Benefits



## Over-the-Counter (OTC) and Healthy Food Combined Allowance

This plan includes a \$190 per month allowance for the member to buy OTC items and a wide range of approved food and produce at participating retailers. Please note that unused amounts do not roll over month-to-month.

- Use the allowance at more than 55,000 retail locations nationwide
- Convenience of using **one allowance card** for OTC Health products and Healthy Food benefits



## Hearing Coverage

Our Healthy Blue + Medicare plan makes addressing hearing issues more affordable. You'll receive significant savings on hearing aids and \$0 copayments on routine hearing exams. See page 25 for more information.

- \$0 copay for routine hearing exams
- \$0 copay for exams to diagnose and treat hearing and balance issues
- \$3,000 maximum plan benefit for hearing aids every year



## Transportation Benefit

Unlimited routine transportation services are available to plan-approved locations, such as doctor visits, pharmacy trips and grocery stores. Each one-way trip is allowed up to 60 miles.

- \$0 copay for unlimited plan-approved routine trips every year

## More Supplemental Benefits



### Prescription Drug Coverage

\$0 copays for some or all of your medications. Our pharmacy network includes access to numerous retail and mail order pharmacies; Preferred retail pharmacies include Harris Teeter, Sam's Club, Walgreens, Walmart and more, plus many independent pharmacies. See pages 28, 29 and 32 for more information.

- Our formulary provides coverage for over 3,700 prescription drugs
- \$0 copay depending on the level of "Extra Help" you receive



### Post-Discharge Meals

Provides up to two meals a day for 14 days post-discharge from a medical facility. See page 30 for more information.

- A nurse advocate from Blue Cross NC will reach out to arrange delivery
- Meals are delivered directly to your doorstep



### 24/7 NurseLine

Our Healthy Blue + Medicare plan provides 24/7/365 access to a toll-free nurse line to speak directly to a registered nurse who will help answer health-related questions. See page 31 for more information.



## Visiting the Doctor

### Turn to Our Network Providers

You'll want to choose a primary care provider (PCP) from within the robust network to coordinate your care and help you save money. Types of PCPs that may be available are:

- General and family practice doctor
- Internal medicine doctor
- Nurse practitioner
- Physician assistant

### In-Network Value

With your Healthy Blue + Medicare plan, you may visit an in-network specialist at any time without a referral. As with any other doctor, you should visit an in-network specialist or you may be responsible for more of the costs.

### Virtual Appointments

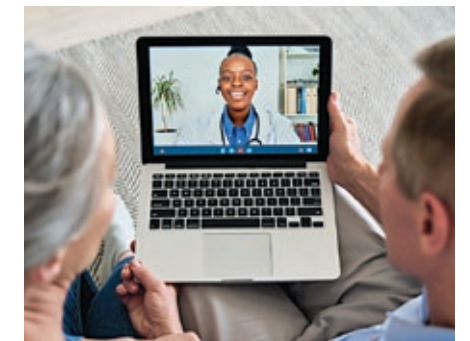
A visit to the doctor doesn't always have to mean a visit to their office. More and more health care providers offer virtual care. You can have a virtual visit via smartphone, computer, tablet or other video device. Virtual visits are covered the same as face-to-face visits according to your plan. Virtual visits can include appointments not only with your PCP, but also with specialists, behavioral health providers and many other North Carolina-licensed health care providers who can deliver services via secure video.

Call your doctor to ask about virtual appointment options.

**Please remember** that virtual services are not a substitute for emergency care.



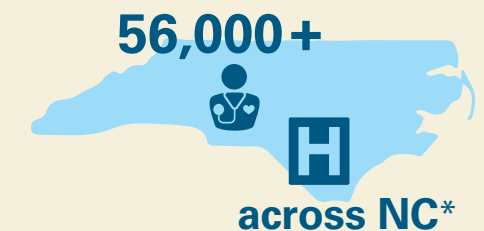
Visit an **in-network specialist** at any time without a referral.



Call your doctor to ask about **virtual appointment** options.



Our Blue Medicare Advantage<sup>SM</sup> plans offer you an **extensive network** of more than **56,000 providers** in North Carolina.\*



Footnote: \*Blue Cross NC internal data, May 2022.

## Plan Benefits Highlight

### HealthyBlue+Medicare™ (HMO D-SNP)

	Healthy Blue + Medicare Medicare and qualifying Medicaid eligibility	Original Medicare Medicare only eligibility
<b>Monthly Premium:</b>	\$0 plan premium. Part B premium is covered by the North Carolina Medicaid program for D-SNP enrollees.	You pay the Part B premium each month. This does not include Part D prescription drug coverage.
<b>Doctor Visits – Primary:</b>	\$0 copay	20% of cost
<b>Doctor Visits – Specialist:</b>	\$0 copay	20% of cost
<b>Inpatient Hospital:</b>	\$0 copay	In 2022, the amounts for each benefit period were: \$1,556 deductible for each benefit period; \$0 for days 1-60; \$389 for days 61-90.
<b>Dental Care:</b>	Preventive covers \$0 copay for 2 oral exams, 2 cleanings, 1 dental X-ray and 1 fluoride treatment per year. Comprehensive dental services (basic and major) are covered up to \$5,000 per year. Includes services like dentures, crowns, dental implants, extractions and fillings.	Not covered
<b>Hearing Care – Routine:</b>	\$0 copay for one routine exam per year.	Not covered
<b>Hearing Care – Hearing Aids:</b>	\$0 copay and up to \$3,000 allowance for hearing aids.	Not covered

## Plan Benefits Highlight

### HealthyBlue+Medicare™ (HMO D-SNP)

	Healthy Blue + Medicare Medicare and qualifying Medicaid eligibility	Original Medicare Medicare only eligibility
<b>24/7 NurseLine:</b>	\$0 copay	Not covered
<b>Over-the-Counter (OTC) and Healthy Food Allowance:</b>	\$190 per month for OTC and healthy food products. This amount is available on a single card.	Not covered
<b>Personal Emergency Response System (PERS):</b>	\$0 copay	Not covered
<b>Podiatry Care – Routine:</b>	\$0 copay for unlimited routine foot care visits every year.	Not covered
<b>Meals Benefit:</b>	\$0 copay for up to 2 meals a day for 14 days post-discharge from a medical facility.	Not covered
<b>Prescription Drugs:</b>	\$0 copay for prescription drugs on Tiers 1 and 6 at preferred pharmacies.	Part D benefits are only covered if you enroll in a Medicare Prescription Drug Plan (PDP).
<b>Healthy Aging and Exercise Program:</b>	\$0 copay	Not covered
<b>Transportation Benefit:</b>	\$0 copay for unlimited routine transportation services every year to plan-approved locations including grocery stores.	Not covered
<b>Vision Care – Exams:</b>	\$0 copay for one routine exam per year.	Not covered
<b>Vision Care – Prescription Eyewear:</b>	\$400 allowance per year.	Not covered
<b>Worldwide Emergency Coverage:</b>	Up to \$100,000 per year for worldwide emergency services.	Not covered

For more plan information, contact **Blue Cross NC** or your **Authorized Independent Agent**.





## Glossary

### A

#### **Allowed amount**

The discounted rate Medicare or Blue Cross NC has negotiated with doctors, hospitals and other health care providers for a covered service to help keep costs low.

#### **Ambulatory surgical center**

Medical facility where surgical procedures that don't require an overnight hospital stay are performed.

#### **Annual deductible**

The amount you pay for health care or prescriptions before a plan begins to pay. The Healthy Blue + Medicare plan does not have an annual medical deductible.

#### **Annual Enrollment Period (AEP)**

A time period each year when you can enroll in a Medicare health insurance plan. The Annual Enrollment Period is October 15 through December 7. You can also disenroll during this period.

### B

#### **Benefit**

Medical services that are covered by the plan.

### C

#### **Coinsurance**

An amount you may be required to pay as your share of the cost for services or prescription drugs. Coinsurance is usually a percentage of the cost.

#### **Copayment (Copay)**

A fixed dollar amount you may pay for a covered service or prescription drug at the time you receive it. Copayments can vary depending on the service or drug.

#### **Cost sharing**

The amount you pay as your share of the cost for health care services. Cost sharing can include copayments, coinsurance and deductibles.

### D

#### **Deductible**

The amount you owe for certain covered services during a benefit period before your Medicare health insurance begins to pay. Healthy Blue + Medicare does not have a medical deductible.

#### **Dual Eligible Special Needs Plan (D-SNP)**

Health care plan available to members in the service area who are eligible for both Medicare and Medicaid.

### E

#### **Emergency services**

Medical care given when your health or life is threatened, such as with chest pain, head injury or severe bleeding.

#### **End-Stage Renal Disease (ESRD)**

When a person requires dialysis or a kidney transplant because of kidney failure; people with end-stage renal disease qualify for Original Medicare regardless of age.

#### **Extra Help or Low Income Subsidy (LIS)**

A Medicare program that helps pay for prescription drug costs for those who qualify.

### F

#### **Formulary**

The list of prescription drugs that are paid for in full or in part by the health insurance plan you choose.

#### **Full Benefit Dual Eligible (FBDE)**

Full benefit dually eligible individuals are Medicare beneficiaries who qualify for the full package of Medicaid benefits. They often separately qualify for assistance with Medicare premiums and cost sharing through the Medicare Savings Programs (MSPs).





## H

### Health care provider

A professional or organization, such as a doctor or a hospital, that provides medical services.

### HMO

HMO stands for Health Maintenance Organization. An HMO offers health coverage through a network of doctors and other health care providers who are under contract to provide covered services at a lower cost to members.

## I

### ID card

The identification card that shows the health insurance plan you have and usually lists your ID number and other essential information.

## L

### Late enrollment penalty

An amount added to your monthly premium for Medicare drug coverage if you go without creditable coverage (coverage that is expected to pay, on average, at least as much as standard Medicare prescription drug coverage) for a continuous period of 63 days or more.

## M

### Medicaid beneficiary

An individual who is eligible to receive benefits from the North Carolina Medicaid program.

### Medicare beneficiary

An individual who is eligible for benefits under Medicare Part A and enrolled in Medicare Part B, or enrolled in both Medicare Part A and Part B and who resides in the U.S.

## N

### Network or in-network providers

The doctors, other health care service providers, facilities, suppliers and pharmacies that are in the network of your plan. They're also called preferred providers.

## O

### Out-of-network providers

These are the doctors and other health care providers not in your plan's network.

### Out-of-pocket costs

The health care costs you must pay because the plan does not cover them.

### Out-of-pocket maximum

The most you pay for covered services during a benefit period before Blue Cross NC begins to pay 100% of your covered services. This limit never includes premium payments or services that are not covered. This does not include drug costs.

## P

### Preferred pharmacy

A network pharmacy that offers covered Part D drugs at negotiated prices to Part D enrollees at lower levels of cost sharing than apply at a non-preferred pharmacy.

### Preferred providers

The doctors, other health care service providers, facilities, suppliers and pharmacies that are in your plan's network; they're also called network providers.

### Premium

The amount of money you have to pay each month of the year for your health insurance plan.

### Primary Care Provider (PCP)

Your primary care provider is the doctor or other provider you see first for most health problems. They make sure you get the care you need to keep you healthy. They also may talk with other doctors and health care providers about your care and refer you to them.

## Q

### Qualified Medicare Beneficiary (QMB)

The Qualified Medicare Beneficiary (QMB) program provides Medicare coverage of Part A and Part B premiums and cost sharing to low-income Medicare beneficiaries. QMB+ members are eligible to receive the full package of Medicaid benefits.

## S

### Service area

The North Carolina counties where Healthy Blue + Medicare is available.

### Special Enrollment Period (SEP) – Dual eligible individuals or individuals who lose their dual eligibility

A time period when members may change their health or drug plans or return to Original Medicare. Situations in which you may be eligible for a Special Enrollment Period include if you move outside the service area, if you are getting "Extra Help" with your prescription drug costs or if you move into a nursing home. If you are Medicaid eligible, you have an SEP that allows for one plan change per quarter for the first three quarters of the year.





### Specialist

Medical specialists are doctors who have completed advanced education and clinical training in a specific area of medicine (their specialty area).

### U

### Urgent care

Urgently needed services that are provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical care.



## Prescription Drug Coverage

### Healthy Blue + Medicare Includes Drug Coverage

Our plan gives you access to the prescription drugs you need to maintain a healthy and active lifestyle. Our plan includes your health care and prescription drug coverage together in one plan.

The plan groups each drug into “tiers.” If you pay an amount, it will depend on the tier, the stage of your benefit and what you qualify for with Medicaid.



See the following pages and the Summary of Benefits starting on **page 22** to learn more about the prescription drug coverage included with **Healthy Blue + Medicare**.

For a complete drug list, contact **Blue Cross NC:**

 **Phone:** 1-800-400-8745 (toll free), TTY users dial 711

 **Hours:** 7 days a week, 8 a.m. – 8 p.m.

 **Visit:** [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com) (click on “Find Doctor/Drug/Facility”)



# Common Drugs\*

A partial list of commonly prescribed drugs covered

Drug	Tier	Drug	Tier	Drug	Tier
albuterol sulfate HFA.....	3	gabapentin.....	1,2	mirtazapine.....	1
<b>alendronate sodium</b> .....	6	<b>glimepiride</b> .....	6	montelukast sodium.....	1
allopurinol.....	1	<b>glipizide</b> .....	6	omeprazole.....	1
alprazolam.....	1	<b>glipizide ER</b> .....	6	oxybutynin chloride ER.....	2
amitriptyline hydrochloride.....	2	HUMALOG KWIKPEN.....	3	oxycodone hydrochloride.....	3
amlodipine besylate.....	1	hydralazine hydrochloride.....	1	oxycodone/acetaminophen...3,4	
amoxicillin/ clavulanate potassium.....	2	hydrochlorothiazide.....	1	OZEMPIC.....	3
aripiprazole.....	2	hydrocodone bitartrate/ acetaminophen.....	3,4	pantoprazole sodium.....	1
atenolol.....	1	hydroxychloroquine sulfate...	2	potassium chloride ER.....	2
<b>atorvastatin calcium</b> .....	6	hydroxyzine hydrochloride.....	2	<b>pravastatin sodium</b> .....	6
azithromycin.....	2	ibuprofen.....	1	prednisone.....	1,2
baclofen.....	2	isosorbide mononitrate ER...	1,2	pregabalin.....	2
bupropion hydrochloride ER (XL).....	2	JANUVIA.....	3	promethazine hydrochloride..	2
bupropion hydrochloride.....	1,2	JARDIANCE.....	3	quetiapine fumarate.....	2
carvedilol.....	1	lamotrigine.....	1	risperidone.....	1
celecoxib.....	2	LANTUS SOLOSTAR.....	3	<b>rosuvastatin calcium</b> .....	6
citalopram hydrobromide.....	1	latanoprost.....	1	sertraline HCl.....	1
clonazepam.....	1	levetiracetam.....	2	<b>simvastatin</b> .....	6
clonidine hydrochloride.....	1	levocetirizine dihydrochloride.	1	spironolactone.....	1
clopidogrel.....	1	levothyroxine sodium.....	1	SYMBICORT.....	3
diclofenac sodium.....	2	LINZESS.....	3	tamsulosin hydrochloride.....	1
divalproex sodium DR.....	2	<b>lisinopril</b> .....	6	tizanidine hydrochloride.....	1
divalproex sodium ER.....	2	<b>lisinopril/ hydrochlorothiazide</b> .....	6	topiramate.....	1,2
donepezil HCl.....	1	lorazepam.....	1	torseamide.....	1
duloxetine hydrochloride.....	2	<b>losartan potassium</b> .....	6	tramadol HCl.....	2
ELIQUIS.....	3	<b>losartan potassium/ hydrochlorothiazide</b> .....	6	trazodone hydrochloride.....	1,2
escitalopram oxalate.....	1	meloxicam.....	1	TRELEGY ELLIPTA.....	3
esomeprazole magnesium.....	2	memantine hydrochloride.....	2	TRESIBA FLEXTOUCH.....	3
ezetimibe.....	2	<b>metformin hydrochloride</b> .....	6	TRULICITY.....	3
famotidine.....	1	<b>metformin</b> .....		<b>valsartan</b> .....	6
fluconazole.....	1	<b>metformin hydrochloride ER</b> .....	6	venlafaxine HCl ER.....	2
fluoxetine hydrochloride.....	1	metoprolol succinate ER.....	1	VENTOLIN HFA.....	3
fluticasone propionate.....	2	metoprolol tartrate.....	1	XARELTO.....	3
furosemide.....	1			zolpidem tartrate.....	2

**Key**    **bold** = Tier 6    lowercase = generic    UPPERCASE NAME = brand-name

Notes: Some covered drugs may have additional requirements or limits on coverage. Tier 6 drugs include select generic medications used to treat high blood pressure, diabetes, high cholesterol, osteoporosis and rheumatoid arthritis. The formulary and pharmacy network may change at any time; you'll receive notice when necessary. The above list was verified on June 24, 2022 and is subject to change.

For a complete listing, call **1-800-400-8745** (TTY: 711), contact your Blue Cross NC Authorized Independent Agent or visit [BlueCrossNC.com/FindaDrug](https://www.bluecrossnc.com/FindaDrug).

## Drug Tiers

The prescription drugs we cover are grouped in tiers. You'll see some drugs listed in more than one tier; this may be because the drug is available in both a generic and brand-name version or because the drug has different dosages per tier.

- Tier 1** – Preferred Generic Drugs
- Tier 2** – Generic Drugs
- Tier 3** – Preferred Brand Drugs
- Tier 4** – Non-Preferred Drugs
- Tier 5** – Specialty Tier Drugs
- Tier 6** – Select Care Drugs



## Save Money on Your Prescriptions

### Ask for Generics

Whenever your health care provider prescribes a medication, be sure to **ask if there's a generic equivalent**. Generics deliver exactly the same benefits as their corresponding brand-name medications but are often available at a significantly lower cost.



### Use Our Preferred Pharmacy Network

The Blue Cross NC Preferred Pharmacy Network includes many national pharmacy chains and local pharmacies. It's a network of pharmacies that have worked with Blue Cross NC to bring you savings and value. **With our preferred network pharmacies, you'll find lower costs, better value and greater convenience.**



Chances are good that you already live or work near one of our network pharmacies.

### Preferred Mail Order

Prescriptions are delivered right to your door, and we handle all the paperwork. Our preferred mail order pharmacies include AllianceRx Walgreens Pharmacy, Express Scripts® Pharmacy and Postal Prescription Services (PPS)®.





## 2023 Summary of Benefits

### Healthy Blue + Medicare™ (HMO D-SNP)

MedicareRx  
Prescription Drug Coverage

H9147-001

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

Notes:

- 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](https://www.Medicare.BlueCrossNC.com/medicare/forms-library) and click on the Evidence of Coverage tab.
- Healthy Blue + Medicare has a network of doctors, hospitals, pharmacies and other providers. If you use providers that are not in our network, the plan may not pay for their 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.
- Blue Cross and Blue Shield of North Carolina Senior Health DBA Blue Cross and Blue Shield of North Carolina is an HMO D-SNP plan with a Medicare contract and a NC State Medicaid Agency Contract (SMAC). Enrollment in Blue Cross and Blue Shield of North Carolina Senior Health depends upon contract renewal.
- For more details, or to request an Evidence of Coverage, contact Blue Cross NC at **1-800-400-8745** (toll free), TTY users dial 711, access online at [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com) or call your Authorized Independent Agent.

BLUE CROSS®, BLUE SHIELD®, and the Cross and Shield symbols are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. Blue Cross and Blue Shield of North Carolina (Blue Cross NC) is an independent licensee of the Blue Cross and Blue Shield Association.

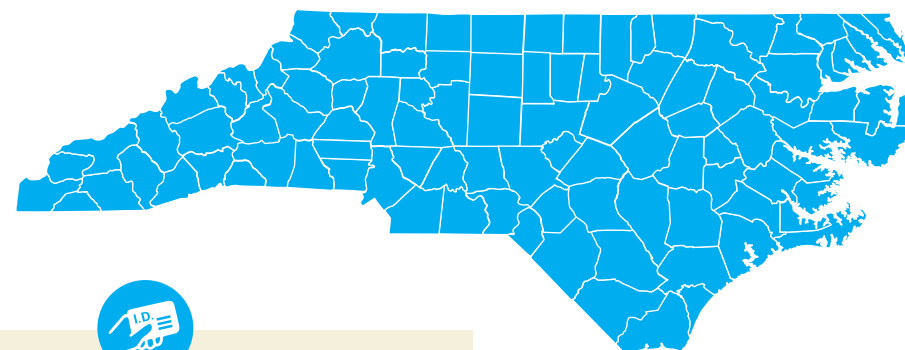
Y0079\_11622\_M CMS Accepted 08212022  
U36630, 9/22

## Summary of Benefits

### The Healthy Blue + Medicare Service Area

The Healthy Blue + Medicare plan is available in all 100 counties in North Carolina:

Alamance	Catawba	Franklin	Jones	Pamlico	Surry
Alexander	Chatham	Gaston	Lee	Pasquotank	Swain
Alleghany	Cherokee	Gates	Lenoir	Pender	Transylvania
Anson	Chowan	Graham	Lincoln	Perquimans	Tyrrell
Ashe	Clay	Granville	Macon	Person	Union
Avery	Cleveland	Greene	Madison	Pitt	Vance
Beaufort	Columbus	Guilford	Martin	Polk	Wake
Bertie	Craven	Halifax	McDowell	Randolph	Warren
Bladen	Cumberland	Harnett	Mecklenburg	Richmond	Washington
Brunswick	Currituck	Haywood	Mitchell	Robeson	Watauga
Buncombe	Dare	Henderson	Montgomery	Rockingham	Wayne
Burke	Davidson	Hertford	Moore	Rowan	Wilkes
Cabarrus	Davie	Hoke	Nash	Rutherford	Wilson
Caldwell	Duplin	Hyde	New Hanover	Sampson	Yadkin
Camden	Durham	Iredell	Northampton	Scotland	Yancey
Carteret	Edgecombe	Jackson	Onslow	Stanly	
Caswell	Forsyth	Johnston	Orange	Stokes	



We offer Healthy Blue + Medicare in all 100 counties in North Carolina.

**Please note:** To join Healthy Blue + Medicare you must be eligible to receive qualifying Medicaid benefits from the North Carolina Medicaid program, reside in North Carolina, and have both Medicare Part A and Medicare Part B.



# Summary of Benefits

HealthyBlue+Medicare™ (HMO D-SNP)		H9147-001
<b>Monthly Premium:</b>	Part B premium is covered by the North Carolina Medicaid program for Medicaid eligible.	\$0
<b>Deductible:</b>	This plan does not have a medical deductible.	\$0
<b>Annual Maximum Out-of-Pocket Amount:</b>	Does not include prescription drugs. Like all Medicare Advantage health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Services you get from doctors or facilities in our plan go toward your yearly limit. If you reach the \$8,300 limit on out-of-pocket costs, you will not have to pay any out-of-pocket costs for covered Part A and Part B services for the rest of the year due to your cost sharing protection for Medicaid eligibility.	\$8,300
<b>Benefits</b>		
	<b>Days 1–90:</b>	\$0 copay
<b>Inpatient Hospital Care:*</b> (Cost share applies per day. Benefit period applied per admission.)	Our plan covers 60 “lifetime reserve days.” These are extra days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.	
<b>Outpatient Services:*</b>	<b>Outpatient Hospital:</b>	\$0 copay
	<b>Ambulatory Surgical Center:</b>	\$0 copay
<b>Doctor Visit:</b>	<b>Primary:</b>	\$0 copay
	<b>Specialist:*</b>	\$0 copay
<b>Preventive Care:</b>	<b>Screenings:</b>	\$0 copay
	<b>Annual Physical Exam:</b>	\$0 copay

\* May require prior authorization.

# Summary of Benefits

HealthyBlue+Medicare™ (HMO D-SNP)		H9147-001
<b>Emergency Care:</b>	This plan also covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$100,000 per year for worldwide emergency services.	\$0 copay
<b>Urgently Needed Services:</b>	Services provided to treat a non-emergency, medical illness, injury or condition that requires immediate medical care.	\$0 copay
<b>Diagnostic Services/ Labs/Imaging:*</b>	Diagnostic tests, labs, radiology services and X-rays.	\$0 copay
<b>Hearing Services:*</b>	<b>Medicare-Covered Hearing Exam:</b>	Exams to diagnose and treat hearing and balance issues. \$0 copay
	<b>Routine Hearing Exam and Hearing Aid Evaluation:</b>	This plan covers 1 routine hearing exam and hearing aid fitting/evaluation every year. Must use designated providers. \$0 copay
	<b>Hearing Aids:</b>	\$3,000 maximum plan benefit per year. Must use designated providers. \$0 copay
<b>Dental Services:</b>	<b>Medicare-Covered Dental Services:*</b>	This does not include services for care, treatment, filling, removal or replacement of teeth. \$0 copay
	<b>Preventive:</b>	This plan covers: 2 oral exams, 2 cleanings, 1 dental X-ray and 1 fluoride treatment every year. \$0 copay
	<b>Comprehensive:*</b>	This plan covers up to a \$5,000 allowance for comprehensive dental services every year. We cover more dental care than Original Medicare. You can use our coverage for these services and more: Fillings, crowns, periodontal root planing and scaling, extractions and dentures. Any amount not used at the end of the calendar year will expire. \$0 copay

\* May require prior authorization.

## Summary of Benefits

HealthyBlue+Medicare™ (HMO D-SNP)			
Benefits		H9147-001	
<b>Vision Services:</b>	<b>Routine Eye Exam:</b>	Covers 1 exam every year.	\$0 copay
	<b>Routine Prescription Eyewear (Lenses and Frames):</b>	This plan covers up to \$400 for prescription eyeglasses or contact lenses every year.	\$0 copay
	<b>Medicare-Covered Eye Exam:</b>	Exam to diagnose and treat diseases and conditions of the eye.	\$0 copay
	<b>Eyewear After Cataract Surgery:</b>	Prescription eyeglasses or contact lenses after cataract surgery.	\$0 copay
<b>Mental Health Services:*</b>	<b>Inpatient:</b>	Our plan covers 90 days for an inpatient hospital stay. Our plan covers 60 "lifetime reserve days." These are extra days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.	\$0 copay
	<b>Outpatient:</b>	Individual and group therapy sessions.	\$0 copay
<b>Skilled Nursing Facility:*</b>		Our plan covers up to 100 days in a Skilled Nursing Facility (SNF).	\$0 copay

\* May require prior authorization.

## Summary of Benefits

HealthyBlue+Medicare™ (HMO D-SNP)			
Benefits		H9147-001	
<b>Outpatient Rehabilitation Services:*</b>	<b>Cardiac (Heart):</b>	Provides a limit of 2, one-hour sessions per day and a maximum of 36 sessions within a 36-week period.	\$0 copay
	<b>Pulmonary (Lung):</b>	Provides a limit of 2, one-hour sessions per day and a maximum of 36 sessions.	\$0 copay
	<b>Occupational, Physical and Speech Language Therapy:</b>		\$0 copay
<b>Ambulance Services:*</b>		Covers medically necessary ground, water and air ambulance services.	\$0 copay
<b>Transportation:*</b>		Offers coverage for unlimited routine transportation services to plan-approved locations including the grocery store. Each one-way trip is allowed up to 60 miles.	\$0 copay
<b>Medicare Part B Drugs:*</b>			\$0 copay

\* May require prior authorization.



# Summary of Benefits

Prescription Drug Coverage

HealthyBlue+Medicare™ (HMO D-SNP)

H9147-001

## Part D, Prescription Drug Benefit Stages

**Annual Deductible:** The Part D deductible does not apply to you because you get “Extra Help” from Medicare.

**Initial Coverage Limit (ICL):** You pay the amount listed in the table on the following pages until your total yearly drug costs reach \$4,660. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your covered drugs at retail pharmacies and mail order pharmacies in our plan. You may get your covered drugs from pharmacies not in our plan only when you are unable to get your prescription drugs from a pharmacy that is in our plan. If you live in a long-term care facility, you pay the same as a standard retail pharmacy.

**Those who are dual eligible qualify for Low Income Subsidy (LIS), also known as Medicare’s “Extra Help” program, therefore the amount you pay may be different in this stage.**

**Coverage Gap:** After you enter the coverage gap, you will pay your LIS level cost sharing for generic and brand name drugs unless your plan has extra generic gap coverage.

For drugs on Tier 6, you will pay \$0.

**You will stay in the gap until your costs total \$7,400, which is the end of the coverage gap.** Note: Not everyone will enter the coverage gap (your total year to date includes drug costs that only you have paid).

**Catastrophic Coverage:** After your yearly out-of-pocket drug costs reach \$7,400, the plan will pay most of your Medicare covered Part D drugs for the rest of the plan year, depending on your LIS status.

# Summary of Benefits

Prescription Drug Coverage

HealthyBlue+Medicare™ (HMO D-SNP)

H9147-001

**Preferred and Non-Preferred Retail, Mail Order and Long-Term Care Pharmacies. 30-Day to 90-Day Supply.** Prescription Drug Initial Coverage Limit (ICL)

**Preferred Generic Drugs (Tier 1)** \$0 copay

**Generic Drugs (Tier 2)** \$0 – \$4.15 copay\*

**Preferred Brand Drugs (Tier 3)** \$0 – \$10.35 copay\*

**Non-Preferred Drugs (Tier 4)** \$0 – \$10.35 copay\*

**Specialty Tier Drugs (Tier 5)** \$0 – \$10.35 copay\*

**Select Care Drugs (Tier 6)** \$0 copay

\* Depending on the level of “Extra Help” you receive.

Note: Cost sharing is the same for 30-day or long-term supply. You can determine which covered drugs are generic by reading the plan’s formulary.

## Summary of Benefits

HealthyBlue+Medicare™ (HMO D-SNP)		
Benefits		H9147-001
<b>Chiropractic Services:*</b>	<b>Medicare-Covered:</b> Medicare coverage includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position).	\$0 copay
<b>Podiatry Services:*</b>	<b>Medicare-Covered:</b> Foot exams and treatment are covered if you have diabetes-related nerve damage and/or meet certain conditions.	\$0 copay
	<b>Routine Services:</b> Unlimited visits.	\$0 copay
<b>Home Health Care:*</b>	Covered services for homebound beneficiaries.	\$0 copay
<b>Meals Benefit:*</b>	Provides up to 2 meals a day for 14 days post-discharge from a medical facility.	\$0 copay
<b>Medical Equipment and Supplies:*</b>	<b>Durable Medical Equipment and Supplies:</b>	\$0 copay
	<b>Prosthetics:</b>	\$0 copay
	<b>Diabetes Supplies:</b>	\$0 copay
<b>Outpatient Substance Use:*</b>	Individual and group therapy visits.	\$0 copay
<b>Over-the-Counter (OTC) Items and Healthy Food Benefit:</b>	<p>This plan covers certain approved, non-prescription, OTC drugs and health-related items. Some participating retailers are CVS, Dollar General, Walgreens and Walmart. The combined OTC and Healthy Food allowance is \$190 per month. Unused amounts do not roll over to the next month.</p> <p>Available on over 200,000+ healthy food items available for purchase. The combined OTC and Healthy Food allowance is \$190 per month. Unused amounts do not roll over to the next month.</p>	

\* May require prior authorization.

## Summary of Benefits

HealthyBlue+Medicare™ (HMO D-SNP)		
Benefits		H9147-001
<b>Personal Emergency Response System (PERS) Coverage:*</b>	Includes the monitoring device and monitoring service.	\$0 copay
<b>Renal Dialysis:</b>		\$0 copay
<b>Silver&amp;Fit® Healthy Aging and Exercise Program:</b>	The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas. Please make sure to talk to a doctor before starting or changing an exercise routine. Silver&Fit, Something for Everyone and the Silver&Fit logo are federally registered trademarks of ASH. Other names or logos may be trademarks of their respective owners. Home kits are subject to change. Participating facilities and fitness chains may vary by location and are subject to change. This program includes facilities in the Standard network. Premium network may have monthly costs. ASH does not offer Blue Cross or Blue Shield products or services.	\$0 copay
<b>24/7 NurseLine:</b>	24-hour access to NurseLine, 7 days a week, 365 days a year.	\$0 copay

\* May require prior authorization.



**Question:** Which drugs are covered?

**Answer:** • See the Prescription Drug Coverage section of the Healthy Blue + Medicare book.

**Question:** Which pharmacies can I use?

**Answer:**





- Our Preferred Pharmacy Network is a select network of national and local independent pharmacies designed to help save you money on your prescriptions. You may choose non-preferred pharmacies to fill prescriptions, but your costs may be higher.
- Preferred retail pharmacies include Harris Teeter, Sam’s Club, Walgreens, Walmart and more, plus many independent pharmacies.
- Our preferred mail order pharmacies include AllianceRx Walgreens Pharmacy, Express Scripts Pharmacy, and Postal Prescription Services (PPS).

**Question:** How do I find a preferred pharmacy?




**Answer:**

- To find a pharmacy near you, go to [BlueCrossNC.com/FindaPharmacy](https://www.bluecrossnc.com/FindaPharmacy).
- The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

For more information about Original Medicare, request the **Medicare & You** handbook from Medicare:

 <b>Phone:</b> 1-800-MEDICARE (1-800-633-4227)	 <b>Hours:</b> 7 days a week, 24 hours a day
 <b>TTY:</b> 1-877-486-2048	 <b>Visit:</b> <a href="https://www.Medicare.gov">Medicare.gov</a>

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

 <b>Phone:</b> 1-800-400-8745 (toll free), TTY users dial 711	
 <b>Hours:</b> 7 days a week, 8 a.m. – 8 p.m.	 <b>Visit:</b> <a href="https://www.Medicare.BlueCrossNC.com">Medicare.BlueCrossNC.com</a>

Or contact your Blue Cross NC Authorized Independent Agent.

This page is intentionally blank.



## Enrollment

### Enrollment Periods

- Initial Enrollment Period:** You can sign up for a Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) when you are first eligible for Medicare. For those aging into Medicare at age 65, your initial enrollment period can be found at [Medicare.gov](https://www.Medicare.gov). You must be eligible for both Medicare and Medicaid to join a D-SNP plan.
- Annual Enrollment Period: Oct. 15 through Dec. 7**  
 This is the time frame each year that you can enroll in or change your Medicare Advantage or Part D plan. You may also switch to Original Medicare (Parts A and B). New coverage begins January 1 of each year, after you've enrolled.
- Special Enrollment Period: Jan. 1 through Sep. 30**  
 A Special Enrollment Period (SEP) is an enrollment period that takes place outside of the annual Medicare enrollment periods, such as the annual Open Enrollment Period.  
 You can make changes to your Medicare Advantage and Medicare prescription drug coverage if you get Extra Help from January 1 through September 30. This coverage will be effective the 1st of the month following the change, except in the 4th quarter when coverage will be effective January 1 of the following year. You may also make a change if you have any other qualifying SEP; for example, if you move or you lose the special needs qualification to remain on the plan. Rules about when you can make changes and the type of changes you can make are different for each SEP.  
 To learn more, visit [Medicare.gov](https://www.Medicare.gov), or contact your Authorized Independent Agent or Blue Cross NC at 1-800-400-8745 (toll-free), TTY users dial 711.



**Ready? Let's Go!**  
 On the following pages you'll find **step-by-step instructions for choosing and enrolling in your Healthy Blue + Medicare plan.**

## Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a sales representative at **1-800-400-8745** (toll free), TTY users dial 711.

### Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially those services for which you routinely see a doctor. Visit [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com).
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

### Understanding Important Rules

- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2024.
- Except in emergency or urgent situations, we do not cover services provided by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.



# Enrollment Steps

## 1 Select your Primary Care Provider (PCP)

To select your PCP – the doctor or other health care provider who will provide your routine health care – please visit us online at [BlueCrossNC.com/FindaDoctor](https://www.bluecrossnc.com/FindaDoctor) to review the plan’s participating providers. If you need assistance finding a provider, please contact us.

## 2 Complete the enrollment form

- Fill out the enrollment form included in this booklet, or go online to complete an enrollment form at [Medicare.BlueCrossNC.com](https://www.bluecrossnc.com/Medicare). You must complete one enrollment form per person.
- Return the form to your Authorized Independent Agent or to the address listed on our application. If approved, you will be enrolled in the Medicare Advantage plan you selected, and Medicare will be informed that you have enrolled.

### Individuals Experiencing Homelessness

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

How to find a doctor: Visit [BlueCrossNC.com/FindaDoctor](https://www.bluecrossnc.com/FindaDoctor)



# Post-Enrollment Timeline

### After you’ve sent us your completed enrollment form:



- You will receive a **verification letter** confirming your plan choice, monthly premium, copayments and other details.
- You will receive an **acknowledgment letter** letting you know that we have received your completed enrollment form.



### Once your enrollment has been approved by Medicare:



- You will receive a **confirmation letter** that will let you know that you have been enrolled. This usually occurs after the date your coverage actually begins.



### Within a few weeks of when we receive your application:



- You will receive a **welcome kit** which includes a plan guide and your member ID card. The plan guide provides you with helpful information on how to use your plan benefits. This includes how to set up your online account, a brief summary of your benefits and key phone numbers for plan services.
- Your **ID card** will be on the cover of the plan guide and it can be easily removed so you can keep it in a safe place and bring it with you when you need care.

## Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any one-on-one appointment, regardless of venue (e.g., home, telephone, etc.) to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

**PLEASE INITIAL** beside the type of product(s) you want the agent to discuss:

**Standalone Medicare Prescription Drug Plans (Part D)**

**Medicare Prescription Drug Plan (PDP)** – A standalone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost plans, some Medicare Private Fee-for-Service plans, and Medicare Medical Savings Account plans.

**Medicare Advantage Plans (Part C)**

**Medicare Health Maintenance Organization (HMO) Plan** – A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan’s network (except in emergencies).

**Medicare Preferred Provider Organization (PPO) Plan** – A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

**Medicare Special Needs Plan (SNP)** – A Medicare Advantage plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes and people who have certain chronic medical conditions.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment or enroll you in a Medicare plan.

A new Scope of Sales Appointment is required if, during an appointment, you request information regarding a different plan type than previously agreed upon.

**Signature** (Beneficiary or Authorized Representative): \_\_\_\_\_

Date:   /   /      
(mm/dd/yyyy)

**Authorized Representative Name** (print): \_\_\_\_\_

**Your Relationship to the Beneficiary:** \_\_\_\_\_

Y0079\_11606\_C PA 08112022  
U41405, 8/22

This page is intentionally blank.



**Scope of Sales Appointment Confirmation Form** (continued)

To Be Completed By Agent:	
Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone (optional):
Beneficiary Address:	
Initial Method of Contact: (i.e. in-person, phone, etc.)	
Agent Signature:	Date Appointment Completed:
List plan(s) the agent represented during this meeting:	

**PLAN USE ONLY:**

Note: Scope of Sales Appointment documentation is subject to CMS record retention requirements.

Blue Cross and Blue Shield of North Carolina Senior Health DBA Blue Cross and Blue Shield of North Carolina is an HMO D-SNP plan with a Medicare contract and an NC State Medicaid Agency Contract (SMAC). Enrollment in Blue Cross and Blue Shield of North Carolina Senior Health depends upon contract renewal.

Blue Cross and Blue Shield of North Carolina is an HMO, PPO and PDP plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal.

© Marks of the Blue Cross and Blue Shield Association. All other trade names are the property of their respective owners. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association. U41405, 8/22

**Scope of Sales Appointment Confirmation Form**

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any one-on-one appointment, regardless of venue (e.g., home, telephone, etc.) to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

**PLEASE INITIAL** beside the type of product(s) you want the agent to discuss:

**Standalone Medicare Prescription Drug Plans (Part D)**

**Medicare Prescription Drug Plan (PDP)** – A standalone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost plans, some Medicare Private Fee-for-Service plans, and Medicare Medical Savings Account plans.

**Medicare Advantage Plans (Part C)**

**Medicare Health Maintenance Organization (HMO) Plan** – A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan’s network (except in emergencies).

**Medicare Preferred Provider Organization (PPO) Plan** – A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

**Medicare Special Needs Plan (SNP)** – A Medicare Advantage plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes and people who have certain chronic medical conditions.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment or enroll you in a Medicare plan.

A new Scope of Sales Appointment is required if, during an appointment, you request information regarding a different plan type than previously agreed upon.

**Signature** (Beneficiary or Authorized Representative): \_\_\_\_\_

Date:   /   /      
(mm/dd/yyyy)

**Authorized Representative Name** (print): \_\_\_\_\_

**Your Relationship to the Beneficiary:** \_\_\_\_\_

Y0079\_11606\_C PA 08112022  
U41405, 8/22

Scope of Sales Appointment Confirmation Form (continued)

To Be Completed By Agent:	
Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone (optional):
Beneficiary Address:	
Initial Method of Contact: (i.e. in-person, phone, etc.)	
Agent Signature:	Date Appointment Completed:
List plan(s) the agent represented during this meeting:	

<b>PLAN USE ONLY:</b>
-----------------------

Note: Scope of Sales Appointment documentation is subject to CMS record retention requirements.


Blue Cross and Blue Shield of North Carolina Senior Health DBA Blue Cross and Blue Shield of North Carolina is an HMO D-SNP plan with a Medicare contract and an NC State Medicaid Agency Contract (SMAC). Enrollment in Blue Cross and Blue Shield of North Carolina Senior Health depends upon contract renewal.

Blue Cross and Blue Shield of North Carolina is an HMO, PPO and PDP plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal.

© Marks of the Blue Cross and Blue Shield Association. All other trade names are the property of their respective owners. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association. U41405, 8/22

HealthyBlue + Medicare™

MedicareRx  
Prescription Drug Coverage X

 **BlueCross BlueShield of North Carolina**  
P.O. Box 659403  
San Antonio, TX 78265-9714  
Fax: 1-800-833-8554

**2023 Individual Enrollment Form for Healthy Blue + Medicare (HMO D-SNP) Plan**

Please contact Blue Cross and Blue Shield of North Carolina (Blue Cross NC) if you need information in another language other than English or in an accessible format (Braille).

All fields on this form are required (unless marked optional).

**A. To enroll in Healthy Blue + Medicare, please provide the following information:**

First Name:                      Middle Initial:

Last Name:                      Suffix:

Birth Date: (mm/dd/yyyy)   /   /      Sex:  Male  Female

Are you Hispanic, Latino(a), or Spanish origin? Select all that apply. (Optional)

No; not of Hispanic, Latino(a), or Spanish origin  Yes; Puerto Rican  
 Yes; Mexican, Mexican-American, Chicano(a)  Yes; Cuban  
 Yes; another Hispanic, Latino(a), or Spanish origin  I choose not to answer.

What's your race? Select all that apply. (Optional)

American Indian or Alaska Native  Asian Indian  Black or African American  
 Chinese  Filipino  Guamanian or Chamorro  
 Japanese  Korean  Native Hawaiian  
 Other Asian  Other Pacific Islander  Samoan  
 Vietnamese  White  I choose not to answer.

Primary Phone Number:    -    -       Alternate Phone Number: (optional)    -    -

Email Address: (optional)

Permanent Residence Street Address: (P.O. Box is not allowed)

City:                      State:   Zip Code:

County:

DSNPAPP, 7/22  
Y0079\_10879\_C CMS Approved 07222022



Mailing Address, if different from your permanent address (P.O. Box allowed):

City:  State:  Zip Code:

**B. Please provide your Medicare insurance information:**

Please take out your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.

– OR –

- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name (as it appears on your Medicare card):

Medicare Number:

Hospital (Part A):  Effective Date: (mm/dd/yyyy)

Medical (Part B):

**Please note:** You must have Medicare Part A and Part B to join a Medicare Advantage Plan.

**C. Please check which plan you want to enroll in:**

- Healthy Blue + Medicare (H9147-001)**

**D. Please choose a Primary Care Provider (PCP):**

Name of Primary Care Provider:  If you do not choose a PCP, one will be assigned to you.

Provider Address:

City:  State:  Zip Code:

PCP Code: (National Provider Identifier #)  PCP Phone:

(To find a PCP code, go online to [BlueCrossNC.com/Find-a-doctor-or-facility/medicare](http://BlueCrossNC.com/Find-a-doctor-or-facility/medicare))

- Current patient
- New patient

**E. Paying your plan premium:**

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

Continued ▶

**Please select a premium payment option:**

- Get a bill each month.
- Automatic deduction from your monthly Social Security benefit check.
- Automatic deduction from your monthly Railroad Retirement Board (RRB) benefit check.

**Please note:** The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.

**F. Please read and answer these important questions:**

- Yes
  - No
1. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal Employee health benefits coverage, VA benefits or state pharmaceutical assistance programs. Will you have other prescription drug coverage in addition to Healthy Blue + Medicare (HMO D-SNP)? **If "yes,"** please list your other coverage and your identification (ID) number(s) for this coverage.

Name of other coverage:

ID # for this coverage:

Group # for this coverage:

- Yes
  - No
2. Are you enrolled in your state Medicaid program? **If "yes,"** please provide your Medicaid number.

Medicaid number:

**G. Please read this important information:**



**If you currently have health coverage from an employer or union, joining Healthy Blue + Medicare (HMO D-SNP) could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Healthy Blue + Medicare (HMO D-SNP).** Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Continued ▶

### H. Eligibility for an enrollment period:

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box on the left if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- Annual Enrollment Period (AEP). Your plan effective date will be **January 1**.

---

- I am new to Medicare.

---

- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).

---

- I recently moved outside the service area for my current plan **or** I recently moved and this plan is a new option for me.
 

I moved on: (mm/dd/yyyy)	I had a change in my Extra Help
□ □ / □ □ / □ □ □ □	paying for Medicare prescription drug
Where are you moving from:	coverage (newly got Extra Help, had a change in
County: _____ State: _____	the level of <i>Extra Help</i> , or lost <i>Extra Help</i> ).
Choose your plan's effective date: (mm/dd/yyyy)	I had a change in my Extra Help on: (mm/dd/yyyy)
□ □ / 0 1 / □ □ □ □	□ □ / □ □ / □ □ □ □

---

- I recently was released from incarceration.
 

I was released on: (mm/dd/yyyy)	
□ □ / □ □ / □ □ □ □	

---

- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get *Extra Help* paying for my Medicare prescription drug coverage, but I haven't had a change.

---

- I recently obtained lawful presence in the United States.
 

I got this status on: (mm/dd/yyyy)	
□ □ / □ □ / □ □ □ □	

---

- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid).
 

I had a change in Medicaid on: (mm/dd/yyyy)	
□ □ / □ □ / □ □ □ □	

---

- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan.
 

My enrollment in that plan started on: (mm/dd/yyyy)	
□ □ / □ □ / □ □ □ □	

Continued ▶

- I recently had a change in my *Extra Help* paying for Medicare prescription drug coverage (newly got *Extra Help*, had a change in the level of *Extra Help*, or lost *Extra Help*).
 

	I had a change in my Extra Help on: (mm/dd/yyyy)
	□ □ / □ □ / □ □ □ □

---

- I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility).
 

	I moved/will move into/out of the facility on: (mm/dd/yyyy)
	□ □ / □ □ / □ □ □ □

---

- I recently left a PACE program on: (Programs of All-Inclusive Care for the Elderly)
 

	I recently left a PACE program on: (mm/dd/yyyy)
	□ □ / □ □ / □ □ □ □

---

- I recently involuntarily lost my creditable prescription drug coverage. (Coverage as good as Medicare's)
 

	I lost my drug coverage on: (mm/dd/yyyy)
	□ □ / □ □ / □ □ □ □
	Choose your plan's effective date: (mm/dd/yyyy)
	□ □ / 0 1 / □ □ □ □

---

- I am leaving employer or union coverage on:
 

	(mm/dd/yyyy)
	□ □ / □ □ / □ □ □ □
	Choose your plan's effective date: (mm/dd/yyyy)
	□ □ / 0 1 / □ □ □ □

---

- I belong to a pharmacy assistance program provided by my state.

---

- I recently returned to the United States after living permanently outside of the U.S.
 

	I returned to the U.S. on: (mm/dd/yyyy)
	□ □ / □ □ / □ □ □ □
	Choose your plan's effective date: (mm/dd/yyyy)
	□ □ / 0 1 / □ □ □ □

Continued ▶



My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan. My plan is ending on: (mm/dd/yyyy)  
  /   /

My plan is with:

I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on: (mm/dd/yyyy)  
  /   /

Choose your plan's effective date: (mm/dd/yyyy)

/   /

I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity). One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.

None of these statements apply to me.\* Other Special Enrollment Period (SEP) reason:

\_\_\_\_\_

\_\_\_\_\_

\* To see if you are eligible to enroll, please contact Blue Cross NC at: **1-800-400-8745** (TTY: 711), 7 days a week, 8 a.m. to 8 p.m.

**I. Statement of Understanding:**

**By completing this enrollment application, I agree to the following:**

1. I must keep both Hospital (Part A) and Medical (Part B) to stay in Healthy Blue + Medicare.
2. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
3. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
4. I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
5. I understand that when my Healthy Blue + Medicare coverage begins, I must get all of my medical and prescription drug benefits from Healthy Blue + Medicare. Benefits and services provided by Healthy Blue + Medicare and contained in my Healthy Blue + Medicare "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Healthy Blue + Medicare will pay for benefits or services that are not covered.
6. Blue Cross NC serves a specific service area. If I move out of the area that Blue Cross NC serves, I need to notify the plan so I can disenroll and find a new plan in my new area.
7. Once I am a member of Blue Cross NC, I have the right to appeal plan decisions about payment or services if I disagree.
8. I understand that if I am getting assistance from a sales agent, broker or other individual employed by or contracted with Blue Cross NC, he/she may be paid based on my enrollment in Blue Cross NC.

**Release of Information**

By joining this Medicare Advantage Plan, I acknowledge that Healthy Blue + Medicare (HMO D-SNP) will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).

**Privacy Act Statement**

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

**J. Applicant Agreement:**

I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application.

**If signed by an authorized representative (as described above),** this signature certifies that:

- 1) This person is authorized under State law to complete this enrollment, and
- 2) Documentation of this authority is available upon request by Medicare.

Your Signature: \_\_\_\_\_   /   /      
 Today's Date: (mm/dd/yyyy)

**If you are the authorized representative, you must sign above and provide the following information:**

Name:

Address:

City:                      State:   Zip Code:

Phone Number:    -    -     Relationship to Enrollee:

If you prefer us to send you information in a language other than English or in another format (e.g., Braille, audio tape or large print), please contact Blue Cross NC at: **1-800-400-8745** (TTY: 711), 7 days a week, 8 a.m. to 8 p.m.

Continued ►

**LICENSED AGENT USE ONLY**

Agents must submit a signed enrollment form within 24 hours of receipt.

Agent's Signature: \_\_\_\_\_

Print Agent's Name: \_\_\_\_\_

Date Application Received:   /   /     (mm/dd/yyyy)

Phone Number: \_\_\_\_\_ NPN#: (required) \_\_\_\_\_

Agent Number: \_\_\_\_\_

D-SNP Verification Code: \_\_\_\_\_

Verification Eligibility Number: **1-844-274-6355**

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact **1-800-400-8745** (TTY: 711) for assistance.

*Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Llame al 1-800-400-8745 (TTY: 711) para obtener ayuda.*


Blue Cross and Blue Shield of North Carolina Senior Health DBA Blue Cross and Blue Shield of North Carolina is an HMO D-SNP plan with a Medicare contract and a NC State Medicaid Agency Contract (SMAC). Enrollment in Blue Cross and Blue Shield of North Carolina Senior Health depends upon contract renewal.

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross and Blue Shield of North Carolina (Blue Cross NC) is an independent licensee of the Blue Cross and Blue Shield Association.



HealthyBlue + Medicare™

MedicareRx  
Prescription Drug Coverage X

 BlueCross BlueShield  
of North Carolina  
P.O. Box 659403  
San Antonio, TX 78265-9714  
Fax: 1-800-833-8554

### 2023 Individual Enrollment Form for Healthy Blue + Medicare (HMO D-SNP) Plan

Please contact Blue Cross and Blue Shield of North Carolina (Blue Cross NC) if you need information in another language other than English or in an accessible format (Braille).

All fields on this form are required (unless marked optional).

**A. To enroll in Healthy Blue + Medicare, please provide the following information:**

First Name:                    Middle Initial:

Last Name:                    Suffix:

Birth Date: (mm/dd/yyyy)   /   /      Sex:  Male  Female

Are you Hispanic, Latino(a), or Spanish origin? Select all that apply. (Optional)  
 No; not of Hispanic, Latino(a), or Spanish origin  Yes; Puerto Rican  
 Yes; Mexican, Mexican-American, Chicano(a)  Yes; Cuban  
 Yes; another Hispanic, Latino(a), or Spanish origin  I choose not to answer.

What's your race? Select all that apply. (Optional)  
 American Indian or Alaska Native  Asian Indian  Black or African American  
 Chinese  Filipino  Guamanian or Chamorro  
 Japanese  Korean  Native Hawaiian  
 Other Asian  Other Pacific Islander  Samoan  
 Vietnamese  White  I choose not to answer.

Primary Phone Number:    -    -      Alternate Phone Number: (optional)    -    -

Email Address: (optional)

Permanent Residence Street Address: (P.O. Box is not allowed)

City:                    State:   Zip Code:

County:

This page is intentionally blank.

Mailing Address, if different from your permanent address (P.O. Box allowed):

City:

State:

Zip Code:

**B. Please provide your Medicare insurance information:**

Please take out your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.

– OR –

- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name (as it appears on your Medicare card):

\_\_\_\_\_

Medicare Number:

Effective Date: (mm/dd/yyyy)

Hospital (Part A):  /  /

Medical (Part B):  /  /

**Please note:** You must have Medicare Part A and Part B to join a Medicare Advantage Plan.

**C. Please check which plan you want to enroll in:**

- Healthy Blue + Medicare (H9147-001)**

**D. Please choose a Primary Care Provider (PCP):**

Name of Primary Care Provider: \_\_\_\_\_ If you do not choose a PCP, one will be assigned to you.

Provider Address:

City:

State:

Zip Code:

PCP Code: (National Provider Identifier #)

PCP Phone:

-  -

(To find a PCP code, go online to [BlueCrossNC.com/Find-a-doctor-or-facility/medicare](https://www.bluecrossnc.com/Find-a-doctor-or-facility/medicare))

- Current patient
- New patient

**E. Paying your plan premium:**

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

Continued ►

**Please select a premium payment option:**

- Get a bill each month.
- Automatic deduction from your monthly Social Security benefit check.
- Automatic deduction from your monthly Railroad Retirement Board (RRB) benefit check.

**Please note:** The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.

**F. Please read and answer these important questions:**

- Yes
  - No
1. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal Employee health benefits coverage, VA benefits or state pharmaceutical assistance programs. Will you have other prescription drug coverage in addition to Healthy Blue + Medicare (HMO D-SNP)? **If "yes,"** please list your other coverage and your identification (ID) number(s) for this coverage.

Name of other coverage: \_\_\_\_\_

ID # for this coverage: \_\_\_\_\_

Group # for this coverage: \_\_\_\_\_

- Yes
  - No
2. Are you enrolled in your state Medicaid program? **If "yes,"** please provide your Medicaid number.

Medicaid number:

**G. Please read this important information:**



**If you currently have health coverage from an employer or union, joining Healthy Blue + Medicare (HMO D-SNP) could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Healthy Blue + Medicare (HMO D-SNP).** Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Continued ►



**H. Eligibility for an enrollment period:**

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box on the left if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- Annual Enrollment Period (AEP). Your plan effective date will be **January 1**.

---

- I am new to Medicare.

---

- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).

---

- I recently moved outside the service area for my current plan **or** I recently moved and this plan is a new option for me.
 

I moved on: (mm/dd/yyyy)	[ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]
Where are you moving from:	Choose your plan's effective date: (mm/dd/yyyy)
County: _____ State: _____	[ ] [ ] / 0 1 / [ ] [ ] [ ] [ ]

---

- I recently was released from incarceration.
 

I was released on: (mm/dd/yyyy)	[ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]
---------------------------------	-------------------------------------

---

- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get *Extra Help* paying for my Medicare prescription drug coverage, but I haven't had a change.

---

- I recently obtained lawful presence in the United States.
 

I got this status on: (mm/dd/yyyy)	[ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]
------------------------------------	-------------------------------------

---

- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid).
 

I had a change in Medicaid on: (mm/dd/yyyy)	[ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]
---	-------------------------------------

---

- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan.
 

My enrollment in that plan started on: (mm/dd/yyyy)	[ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]
---	-------------------------------------

Continued ▶

- I recently had a change in my *Extra Help* paying for Medicare prescription drug coverage (newly got *Extra Help*, had a change in the level of *Extra Help*, or lost *Extra Help*).
 

I had a change in my <i>Extra Help</i> on: (mm/dd/yyyy)	[ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]
---	-------------------------------------

---

- I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility).
 

I moved/will move into/out of the facility on: (mm/dd/yyyy)	[ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]
---	-------------------------------------

---

- I recently left a PACE program on: (Programs of All-Inclusive Care for the Elderly)
 

I recently left a PACE program on: (mm/dd/yyyy)	[ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]
---	-------------------------------------

---

- I recently involuntarily lost my creditable prescription drug coverage. (Coverage as good as Medicare's)
 

I lost my drug coverage on: (mm/dd/yyyy)	[ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]
	Choose your plan's effective date: (mm/dd/yyyy)
	[ ] [ ] / 0 1 / [ ] [ ] [ ] [ ]

---

- I am leaving employer or union coverage on:
 

(mm/dd/yyyy)	[ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]
	Choose your plan's effective date: (mm/dd/yyyy)
	[ ] [ ] / 0 1 / [ ] [ ] [ ] [ ]

---

- I belong to a pharmacy assistance program provided by my state.

---

- I recently returned to the United States after living permanently outside of the U.S.
 

I returned to the U.S. on: (mm/dd/yyyy)	[ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]
	Choose your plan's effective date: (mm/dd/yyyy)
	[ ] [ ] / 0 1 / [ ] [ ] [ ] [ ]

Continued ▶

My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan. My plan is ending on: (mm/dd/yyyy)  
  /   /

My plan is with:

I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on: (mm/dd/yyyy)  
  /   /

Choose your plan's effective date: (mm/dd/yyyy)  
  /   /

I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity). One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.

None of these statements apply to me.\* Other Special Enrollment Period (SEP) reason:  
 \_\_\_\_\_  
 \_\_\_\_\_

\* To see if you are eligible to enroll, please contact Blue Cross NC at: **1-800-400-8745** (TTY: 711), 7 days a week, 8 a.m. to 8 p.m.

**I. Statement of Understanding:**

**By completing this enrollment application, I agree to the following:**

1. I must keep both Hospital (Part A) and Medical (Part B) to stay in Healthy Blue + Medicare.
2. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
3. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
4. I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
5. I understand that when my Healthy Blue + Medicare coverage begins, I must get all of my medical and prescription drug benefits from Healthy Blue + Medicare. Benefits and services provided by Healthy Blue + Medicare and contained in my Healthy Blue + Medicare "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Healthy Blue + Medicare will pay for benefits or services that are not covered.
6. Blue Cross NC serves a specific service area. If I move out of the area that Blue Cross NC serves, I need to notify the plan so I can disenroll and find a new plan in my new area.
7. Once I am a member of Blue Cross NC, I have the right to appeal plan decisions about payment or services if I disagree.
8. I understand that if I am getting assistance from a sales agent, broker or other individual employed by or contracted with Blue Cross NC, he/she may be paid based on my enrollment in Blue Cross NC.

**Release of Information**

By joining this Medicare Advantage Plan, I acknowledge that Healthy Blue + Medicare (HMO D-SNP) will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).

**Privacy Act Statement**

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.



**J. Applicant Agreement:**

I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application.

**If signed by an authorized representative (as described above), this signature certifies that:**

- 1) This person is authorized under State law to complete this enrollment, and
- 2) Documentation of this authority is available upon request by Medicare.

Your Signature: \_\_\_\_\_   /   /      
 Today's Date: (mm/dd/yyyy)

**If you are the authorized representative, you must sign above and provide the following information:**

Name:

Address:

City:                      State:   Zip Code:

Phone Number:    -    -     Relationship to Enrollee:

If you prefer us to send you information in a language other than English or in another format (e.g., Braille, audio tape or large print), please contact Blue Cross NC at: **1-800-400-8745** (TTY: 711), 7 days a week, 8 a.m. to 8 p.m.

Continued ►

**LICENSED AGENT USE ONLY**

Agents must submit a signed enrollment form within 24 hours of receipt.

Agent's Signature: \_\_\_\_\_

Print Agent's Name: \_\_\_\_\_

Date Application Received:   /   /     (mm/dd/yyyy)

Phone Number: \_\_\_\_\_ NPN#: (required) \_\_\_\_\_

Agent Number: \_\_\_\_\_

D-SNP Verification Code: \_\_\_\_\_

Verification Eligibility Number: **1-844-274-6355**

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact **1-800-400-8745** (TTY: 711) for assistance.

*Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Llame al 1-800-400-8745 (TTY: 711) para obtener ayuda.*

Blue Cross and Blue Shield of North Carolina Senior Health DBA Blue Cross and Blue Shield of North Carolina is an HMO D-SNP plan with a Medicare contract and a NC State Medicaid Agency Contract (SMAC). Enrollment in Blue Cross and Blue Shield of North Carolina Senior Health depends upon contract renewal.

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross and Blue Shield of North Carolina (Blue Cross NC) is an independent licensee of the Blue Cross and Blue Shield Association.

**Agent Checklist for Selling Medicare Advantage Plans**

To Be Completed By Agent	
Beneficiary Name: (print)	Location:

Date of Sale:   /   /      
(mm/dd/yyyy)

Please read over these questions with the prospect and have them initial their name at the end of the document if they understand and agree that all items were discussed.

- How was the appointment set? \_\_\_\_\_
- Who was present during the appointment? \_\_\_\_\_
- Were sales presentation, summary of benefits and collateral pieces specific to the plan covered and left with the client?  Yes  No  N/A  
Which items were left? \_\_\_\_\_
- Was a scope of appointment form signed prior to the appointment?  Yes  No  N/A  
If not, explain why? \_\_\_\_\_
- Was the prospect advised to contact their current doctors to make sure the plan would be accepted by that provider?  Yes  No  N/A
- If enrolling in an HMO plan, was the need to use in-network doctors, except in emergency situations, explained?  Yes  No  N/A
- Were medications checked to assure they were on the formulary?  Yes  No  N/A
- If the prospect has a Medicare Supplement plan, were they advised that the Medicare Advantage plan does not coordinate benefits?  Yes  No  N/A
- If the prospect is leaving a Medicare Supplement plan, were they advised that they need to cancel the Medicare Supplement policy?  Yes  No  N/A
- Was the prospect advised that enrolling in a Medicare Advantage plan would cancel their current PDP plan?  Yes  No  N/A

**Beneficiary Initials** \_\_\_\_\_

®, SM Mark of the Blue Cross and Blue Shield Association. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association.

Y0079\_9379\_C PA 08262020  
H9147\_9380\_C PA 08262020  
U7875b, 8/20

This page is intentionally blank.

### Agent Checklist for Selling Medicare Advantage Plans

To Be Completed By Agent	
Beneficiary Name: (print)	Location:

Date of Sale:   /   /      
(mm/dd/yyyy)

Please read over these questions with the prospect and have them initial their name at the end of the document if they understand and agree that all items were discussed.

- How was the appointment set? \_\_\_\_\_
- Who was present during the appointment? \_\_\_\_\_
- Were sales presentation, summary of benefits and collateral pieces specific to the plan covered and left with the client?  Yes  No  N/A  
Which items were left? \_\_\_\_\_
- Was a scope of appointment form signed prior to the appointment?  Yes  No  N/A  
If not, explain why? \_\_\_\_\_
- Was the prospect advised to contact their current doctors to make sure the plan would be accepted by that provider?  Yes  No  N/A
- If enrolling in an HMO plan, was the need to use in-network doctors, except in emergency situations, explained?  Yes  No  N/A
- Were medications checked to assure they were on the formulary?  Yes  No  N/A
- If the prospect has a Medicare Supplement plan, were they advised that the Medicare Advantage plan does not coordinate benefits?  Yes  No  N/A
- If the prospect is leaving a Medicare Supplement plan, were they advised that they need to cancel the Medicare Supplement policy?  Yes  No  N/A
- Was the prospect advised that enrolling in a Medicare Advantage plan would cancel their current PDP plan?  Yes  No  N/A

Beneficiary Initials \_\_\_\_\_

®, SM Mark of the Blue Cross and Blue Shield Association. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association.

Y0079\_9379\_C PA 08262020  
H9147\_9380\_C PA 08262020  
U7875b, 8/20

This page is intentionally blank.



This page is intentionally blank.

This page is intentionally blank.

This page is intentionally blank.

This page is intentionally blank.

## IMPORTANT INFORMATION:

### 2022 Medicare Star Ratings

#### Blue Cross and Blue Shield of North Carolina – H9147

For 2022, Blue Cross and Blue Shield of North Carolina – H9147 received the following Star Ratings from Medicare:

**Overall Star Rating:** Plan too new to be measured  
**Health Services Rating:** Plan too new to be measured  
**Drug Services Rating:** Plan too new to be measured



*\*Some plans do not have enough data to rate performance.*

Every year, Medicare evaluates plans based on a 5-star rating system.

### Why Star Ratings Are Important

Medicare rates plans on their health and drug services. This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan’s service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars shows how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

### Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

### Questions About This Plan?

Contact Blue Cross and Blue Shield of North Carolina 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 866-760-4610 (toll free) or 711. Current members please call 833-713-1078 (toll free) or 711.

Blue Cross and Blue Shield of North Carolina Senior Health, DBA Blue Cross and Blue Shield of North Carolina, is an HMO D-SNP plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina Senior Health depends upon contract renewal.

BLUE CROSS®, BLUE SHIELD®, and the Cross and Shield symbols are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. All other trade names are the property of their respective owners. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

Y0079\_10477\_M CMS Accepted 11092021  
U38658, 11/21



When you enroll in Healthy Blue + Medicare, you’ll have access to our member website at [bcbsdirect.com/nc/login](https://bcbsdirect.com/nc/login). There you’ll find complete information on your coverage available **24 hours a day, 7 days a week**.

### Seniors’ Health Insurance Information Program (SHIIP)

**Phone:** 1-855-408-1212 (toll free), TTY users dial 711

**Hours:** Mon. – Fri., 8 a.m. – 5 p.m.

**Email:** [ncshiip@ncdoi.gov](mailto:ncshiip@ncdoi.gov)

**Visit:** [ncshiip.com](https://ncshiip.com)

SHIIP is a state consumer division of the North Carolina Department of Insurance. SHIIP assists with Medicare, Medicare Part D, Medicare supplements, Medicare Advantage, Medicare fraud and abuse and long-term care insurance questions.

### Connect With a Medicare Expert at Your Local Blue Cross NC Center



Wherever you are, there’s a Blue Cross NC Center near you. With locations across the state, we make it easy to get the answers you need when you need them. Call, visit or meet virtually with a Blue Medicare plan expert today.



**Phone:** 1-888-275-7513 (toll free)



**Online:** [BlueCrossNC.com/Centers](https://BlueCrossNC.com/Centers)

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact 1-800-400-8745 (TTY: 711) for assistance.

*Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Llame al 1-800-400-8745 (TTY: 711) para obtener ayuda.*

Blue Cross and Blue Shield of North Carolina Senior Health DBA Blue Cross and Blue Shield of North Carolina is an HMO D-SNP plan with a Medicare contract and a NC State Medicaid Agency Contract (SMAC). Enrollment in Blue Cross and Blue Shield of North Carolina Senior Health depends upon contract renewal.

BLUE CROSS®, BLUE SHIELD®, the Cross and Shield symbols, and service marks are marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. All other trade names are the property of their respective owners. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association. U40560, 10/22



# Healthy **Blue** + Medicare<sup>SM</sup> (HMO D-SNP)

## Contact **Blue Cross NC**

**Phone:** 1-800-400-8745 (toll free), TTY users dial 711

**Hours:** 7 days a week, 8 a.m. – 8 p.m.

**Online:** [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com)

**Centers:** [BlueCrossNC.com/Centers](https://www.BlueCrossNC.com/Centers)

Or contact your Blue Cross NC **Authorized Independent Agent**.



BlueCross BlueShield  
of North Carolina

# MEDICARE

Visit [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com)