

# Blue Medicare Advantage<sup>SM</sup>

2023 Blue Medicare HMO<sup>SM</sup> Enrollment Kit



**BlueCross BlueShield  
of North Carolina**

# MEDICARE

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

# Welcome to Blue Medicare Advantage<sup>SM</sup>

Thank you for your interest in **Blue Medicare HMO** 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.

**Blue Medicare HMO plans – except Blue Medicare Medical Only<sup>SM</sup> (HMO-POS) – have Part D prescription drug coverage built right in.** That way, you don't need to buy two plans – a plan for medical benefits and a separate Medicare Part D plan for prescriptions.

**Blue Medicare HMO can provide you with more coverage than Original Medicare and help you keep your costs low.**



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



**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.

With an HMO-POS (Point of Service) plan, you can go outside the network for certain services. With our 2023 HMO-POS plans, you can go out of network for supplemental dental services.

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



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



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



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



Or contact your Blue Cross NC Authorized Independent Agent.

## Table of Contents

### Plan Information

4

What is Medicare? .....	4
About Blue Medicare HMO .....	6
Plan Benefit Highlights .....	8
Supplemental Benefit Highlights .....	10
Supplemental Benefits .....	12
Visiting the Doctor .....	17

### Prescription Drug Coverage

18

Common Drugs .....	19
Drug Tiers .....	20
Save Money on Your Prescriptions .....	20
Qualifying for Financial Help .....	21

### Summary of Benefits

22

Premiums by County, Benefits, Prescription Drug Coverage and Other Covered Benefits	
Blue Medicare Medical Only (HMO-POS) .....	23
Blue Medicare Essential (HMO) .....	28
Blue Medicare Essential Plus (HMO-POS) .....	35
Blue Medicare Choice (HMO) .....	42
Blue Medicare Enhanced (HMO-POS) .....	49
Prescription Drug – Frequently Asked Questions .....	56

### Enrollment

57

Enrollment Periods .....	57
Pre-Enrollment Checklist .....	58
Enrollment Steps .....	59
Post-Enrollment Timeline .....	60
Scope of Sales Appointment Confirmation Form .....	61
Enrollment Form .....	65
Agent Checklist for Selling Medicare Advantage Plans .....	85
Member Authorization Request Form .....	89
Medicare Star Ratings .....	93







## What Is Medicare?

### Coverage for Today and Tomorrow

Medicare is a federal program to help people age 65 and over cover their health care costs. (People under age 65 with certain disabilities may also be eligible.)

When first launched in 1965, the Medicare program included Part A (Hospital Insurance) and Part B (Medical Insurance). Together these two parts are called “Original Medicare.”

Today, you can also choose Part C, a Medicare Advantage plan. Medicare Advantage plans are offered by companies like Blue Cross NC that contract with Medicare. A Medicare Advantage plan takes the place of Original Medicare and provides you with Part A and Part B benefits.

There’s also Part D, Medicare prescription drug coverage. Most Medicare Advantage plans include Part D. If you choose Original Medicare, Part D is a “stand-alone” option.



Take the time to **understand Medicare**. It’s important to have a **plan that works for you**, one that fits your needs and budget.

View our Frequently Asked Questions at: [Medicare.BlueCrossNC.com/Medicare/FAQs](https://www.bluecrossnc.com/medicare/faqs).

## The Four Parts of Medicare



### Part A Covers:

- Hospital care
- Skilled nursing facility care
- Hospice care
- Home health services



### Part B Covers:

- Doctor visits
- Preventive services
- Ambulance services
- Physical and speech therapy

### Original Medicare (Parts A and B)

Original Medicare is run by the federal government.

The government pays doctors and hospitals directly for health care.



### Part C (Medicare Advantage Plan) Provides:



- Part A benefits, including hospital visits, skilled nursing care and home health care
- Part B benefits, such as doctor visits, outpatient care, screenings and lab tests
- Prescription drug coverage (Part D coverage is included in most Medicare Advantage plans)



### Part D (Prescription Drug Plan) Provides:

- Help paying for prescription drugs including both brand-name and generic medications
- A list of the drugs (also called a formulary) covered under the plan
- A network of available pharmacies to choose from and mail order pharmacy services





## About Blue Medicare HMO

### It's Much More Than Original Medicare

Blue Medicare HMO plans provide more coverage than Original Medicare – coverage that not only helps you keep out-of-pocket costs down, but also gives you the security of an out-of-pocket maximum. If your out-of-pocket costs reach that maximum, your Blue Medicare HMO plan begins paying 100% for covered services.

With any HMO, you must use in-network doctors and facilities to use your benefits. With Blue Medicare HMO, our extensive network makes it easy to see high-quality doctors and specialists – who you can see without needing a referral first.

You also have access to a variety of supplemental benefits and savings on health and wellness products and services, just for being a Blue Cross NC member. You can read more about these on page 12.



Blue Cross NC members **enjoy supplemental benefits plus savings on health and wellness products and services.**

### Care You Can Count On

- Preventive care
- Prescription drug coverage (Medicare Part D) included with most plans
- Inpatient and outpatient services
- Skilled nursing facility and home health care
- Ambulance service
- Urgent care
- Worldwide emergency medical care
- Routine eye exams
- Mental health benefits
- Plus a host of valuable supplemental benefits

And, of course, behind all this is our extensive network of more than 56,000 health care providers in North Carolina.<sup>1</sup>

### Blue-to-Blue™

#### Flexibility to Change

With some insurers, you can get locked into a plan that may not be right for you. But thanks to our **exclusive Blue-to-Blue program**, if your needs change over time, Blue Cross NC gives you the flexibility to switch Blue Medicare plans:\*

- Without additional medical exams
- Without underwriting or additional health questions

So, you can always be sure to have the Medicare plan that best suits your needs and budget.



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.<sup>2</sup>

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.

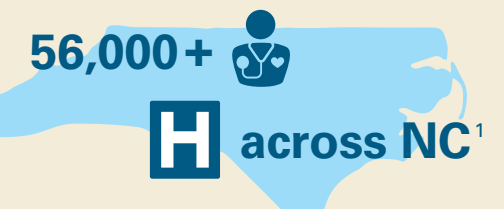
\*Certain limits apply. You may only switch plans at designated times during the year.

Footnotes:

1 Blue Cross NC internal data, May 2022.

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

Our Blue Medicare Advantage plans offer you an **extensive network** of more than **56,000 providers** in North Carolina.<sup>1</sup>



# Blue Medicare HMO<sup>SM</sup> Plan Benefit Highlights

		Medical Only H3449-012	Essential H3449-027-001 H3449-027-002	Essential Plus H3449-023-001 H3449-023-002 H3449-023-004 H3449-023-005	Choice H3449-026	Enhanced H3449-024-001 H3449-024-002 H3449-024-003
<b>Monthly Premium:</b>		\$0	\$0	\$0	\$0	001: \$19 002: \$34 003: \$49
<b>Deductible:</b>	These plans have no medical deductible.	\$0	\$0	\$0	\$0	\$0
<b>Annual Out-of-Pocket Maximum:</b>	Does not include prescription drugs.	\$3,900	\$7,500	001: \$3,950 002: \$3,950 004: \$5,650 005: \$5,650	\$3,200	\$3,700
<b>Doctor Visits:</b>	<b>Primary:</b>	\$0 copay	001: \$5 copay 002: \$10 copay	\$0 copay	\$0 copay	\$0 copay
	<b>Specialist:</b>	\$25 copay	\$45 copay	001: \$25 002: \$25 004: \$35 005: \$35	\$20 copay	\$25 copay
<b>Preventive Care:</b>		\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Outpatient Services:</b>	<b>Ambulatory Surgical Center:</b>	\$225 copay	\$275 copay	\$275 copay	\$275 copay	\$200 copay
	<b>Outpatient Hospital Facility:</b>	\$275 copay	001: \$295 copay 002: \$345 copay	\$295 copay	\$295 copay	\$295 copay
<b>Inpatient Care:</b> Copay applies to days 1–5, per admission.	<b>Inpatient Hospital Care:</b>	\$295 copay	\$335 copay	\$335 copay	\$295 copay	\$335 copay
	<b>Inpatient Mental Care:</b>	\$295 copay	\$300 copay	\$300 copay	\$295 copay	\$300 copay
<b>Emergency Care:</b>	<b>Urgent Care:</b>	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay
	<b>Emergency Room:</b> Copay waived if admitted to hospital within 48 hours.	\$110 copay	\$95 copay	\$110 copay	\$125 copay	\$110 copay
<b>Diagnostic Services/Labs/Imaging:</b>	Copay varies with service.	\$0–\$300 copay	\$0–\$300 copay	\$0–\$300 copay	\$0–\$300 copay	\$0–\$300 copay
<b>Ambulance Services:</b>	Non-emergencies may require pre-authorization.	\$250 copay	\$275 copay	\$275 copay	\$275 copay	\$250 copay
<b>Medicare Part B Drugs:</b>		20% of cost	20% of cost	20% of cost	20% of cost	20% of cost

This information is not a complete description of benefits. For a detailed description of benefits, see the **Summary of Benefits** on pages 22–56.



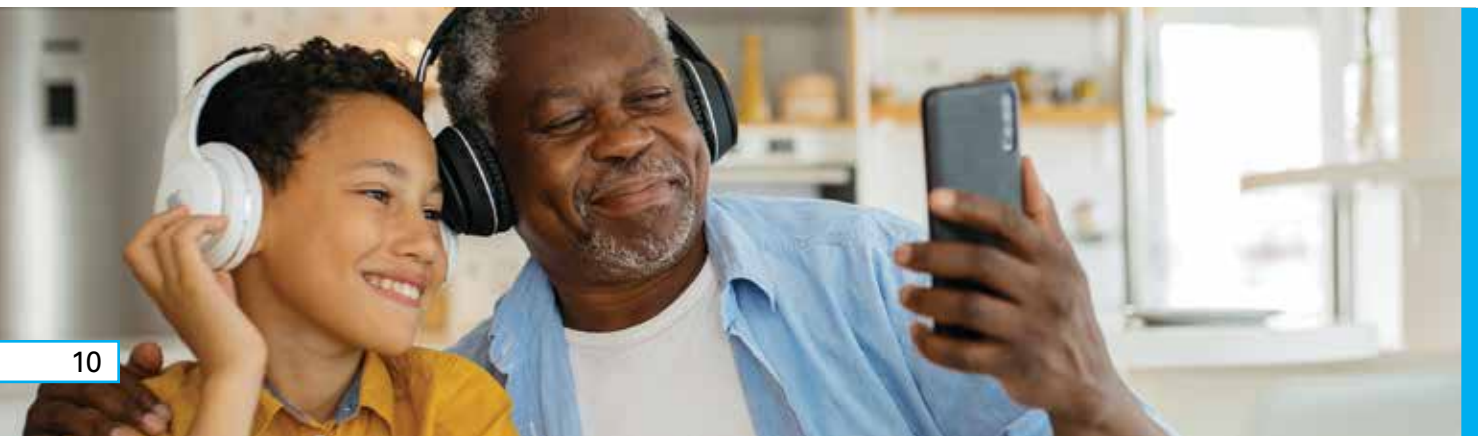


# Blue Medicare HMO<sup>SM</sup> Supplemental Benefit Highlights

		Medical Only H3449-012	Essential H3449-027-001 H3449-027-002	Essential Plus H3449-023-001 H3449-023-002 H3449-023-004 H3449-023-005	Choice H3449-026	Enhanced H3449-024-001 H3449-024-002 H3449-024-003
<b>Routine Dental Services:*</b>	<b>Preventive and comprehensive</b> with a \$2000 yearly combined allowance.	<b>In-Network:</b> \$0 copay	—	\$0 copay	—	\$0 copay
		<b>Out-of-Network:</b> 20% of cost	—	20% of cost	—	20% of cost
	<b>Preventive</b> plan with <b>limited comprehensive</b> and no allowance.	<b>In-Network Only:</b> —	\$0 copay	—	\$0 copay	—
<b>Vision Services:</b>	Medicare-covered and routine eye exams.	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay
<b>Routine Hearing Services:**</b>	One routine exam per year. Unlimited hearing aid fittings for one year.	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Healthy Aging and Exercise Program:</b>	Participating facilities.	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Part B Premium Reduction:</b>	Monthly reduction.	\$50 monthly	\$50 monthly	Not covered	Not covered	Not covered
<b>Over-the-Counter Products Allowance:</b>	Quarterly allowance. No rollover quarter-to-quarter.	\$100 quarterly	Not covered	001: \$95 quarterly 002: \$70 quarterly 004: \$70 quarterly 005: \$70 quarterly	\$70 quarterly	\$95 quarterly
<b>Meals Benefit:</b>	Two meals per day for 14 days.	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Support for Caregivers:</b>	Support and resources for non-professional caregivers.	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>In-Home Assistance:</b>	60 hours per year.	\$0 copay	Not covered	\$0 copay	Not covered	\$0 copay
<b>Personal Emergency Response System:</b>	Wearable device with fast access to emergency services.	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Non-Emergency Medical Transportation:</b>	24 one-way rides per year to health-related locations.	\$0 copay	Not covered	\$0 copay	Not covered	\$0 copay

\*Certain limits apply.

\*\*Must use designated providers.



For more detailed information on all the **Supplemental Benefits**, see **pages 12–16**.

This information is not a complete description of benefits. For a detailed description of benefits, see the **Summary of Benefits** on **pages 22–56**.



**?** View our Frequently Asked Questions at: [Medicare.BlueCrossNC.com/Medicare/FAQs](https://www.Medicare.BlueCrossNC.com/Medicare/FAQs).



# Supplemental Benefits

## Greater Care, Better Health

Our Blue Medicare Advantage plans offer you a wide range of supplemental benefits, all with a focus on helping you be your healthiest you. From eyewear to dental exams to hearing aids, these supplemental benefits help you maintain and improve your health. Supplemental benefits vary by plan; certain restrictions apply.



...all with a focus on helping you be your healthiest you.



## Vision Services

We work to help you maintain and improve every aspect of your health including eye health. Blue Medicare Advantage plans provide coverage to help you meet your vision needs, from preventive eye exams to cataract surgery.

- Annual routine eye exams
- Medicare-covered eye exams
- Annual contact lens exam
- Prescription eyewear including contacts, lenses and frames
- Cataract surgery coverage



## 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 Blue Medicare Advantage plans.

- Preventive services including oral exams, cleanings and X-rays
- Periodontics, endodontics and restorative services
- Thousands of in-network dentists

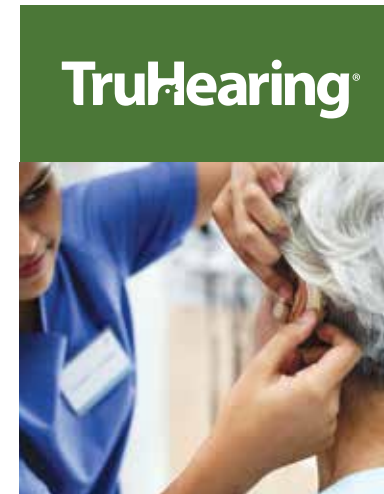
# Supplemental Benefits



## Hearing Services

The **TruHearing** benefit that's part of your Blue Medicare Advantage plan makes addressing hearing issues more affordable. You'll find significant savings on hearing aids and routine hearing exams.

- \$0 copay for routine hearing exams with in-network providers
- \$699 copay for TruHearing Advanced hearing aids
- \$999 copay for TruHearing Premium hearing aids



## Healthy Aging and Exercise Program

The **Silver&Fit** program offers you a no-cost membership at a fitness or exercise center near you. And if you'd rather exercise at home, there's a selection of home fitness kits available through Silver&Fit. So, wherever you choose to exercise, Silver&Fit is there to help you make the most of it.

- Staying fit helps you stay healthy
- Exercise where and how you want
- Wearable fitness tracker from Fitbit® available as a home fitness option at no additional cost.



TruHearing is a registered trademark of TruHearing, Inc. TruHearing is an independent company and does not offer Blue Cross or Blue Shield products or services.

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 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.

Fitbit is a registered trademark of its respective owner. Fitbit is an independent company and does not offer Blue Cross or Blue Shield products or services.



## Supplemental Benefits

### Part B Premium Reduction

With all Medicare Advantage plans, you must continue to pay your Part B premium. The **Part B Premium Reduction** contributes \$50 per month toward your Medicare Part B premium. Within one to two months of enrollment, you'll receive a credit in your Social Security check or you'll see a reduction in your bill, depending on how you pay your Part B premium.

- \$50 toward your Part B premium each month
- Up to \$600 back in your wallet over the course of a full year

Note: You must pay your own Part B premium to be eligible for the reduction. You cannot receive Medicaid or any other assistance from a health program that could potentially pay your Part B premium.

Available on Blue Medicare Medical Only (HMO-POS) and Essential (HMO) plans.

### Over-the-Counter Products Allowance

Available on most plans, the quarterly allowance for over-the-counter (OTC) products comes with a convenient allowance card. So, it's easy to purchase the OTC medications and other health-related products you need at participating retail locations or online.

- Convenient quarterly allowance available on most plans
- Use the allowance at more than 55,000 retail locations nationwide

Available on most plans.

**\$70 – \$100** quarterly depending on plan.

Note: Allowance card refilled each quarter. Amount does not roll over quarter-to-quarter.

### Non-Emergency Medical Transportation

Never miss another medical appointment. **SafeRide<sup>SM</sup>** provides flexible options to book a ride in advance or on-demand and matches you with the transportation type that most closely fits your specific needs.

- 24 one-way rides per year
- Wheelchair-accessible vans and non-emergency ambulances also available
- Real-time status updates via SMS (text) notification



Available on most plans.

SafeRide contracts with Blue Cross NC to provide supplemental benefits on behalf of Blue Cross NC. They do not provide Blue Cross or Blue Shield products or services. The SafeRide name and logo are service marks of their respective owner.

## Supplemental Benefits

### Support for Caregivers

**Carallel** provides support to family members caring for their loved ones. Their MyCareDesk<sup>®</sup> digital platform offers tools and resources to help make decisions about senior living, in-home care, finances and more. You can also use the platform to store documents and share calendars and medication information with others in your circle of care.

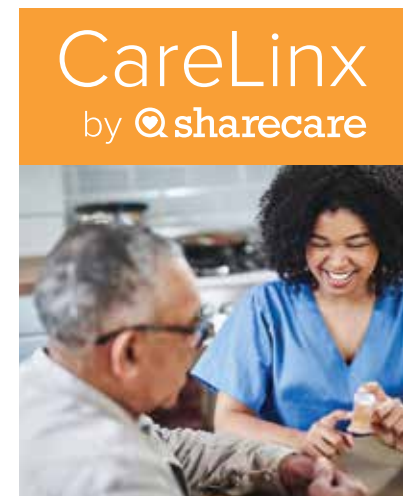
- Support and resources for non-professional caregivers
- Support for you if you're the caregiver
- Digital tools to share notes and documents with other caregivers



### In-Home Assistance

The **CareLinx** network of pre-screened, professional caregivers provides you with extra help in your home when you need it.\* CareLinx dedicated staff works with you to understand your in-home assistance needs including your schedule and caregiver preferences. Within one to two weeks, you'll be matched with candidates who best meet your needs.

- Personalized caregiver matching
- 60 hours per year of in-home support services
- Help with meal preparation, bathing, medication reminders and more



Available on most plans.

\*Some restrictions and limitations apply. Minimum of two hours per visit. Carallel and CareLinx contract with Blue Cross NC to provide supplemental benefits on behalf of Blue Cross NC. They do not provide Blue Cross or Blue Shield products or services. Names and logos are trademarks of their respective owners.



To see which supplemental benefits are available with each plan, see **Supplemental Benefit Highlights** on pages 10–11 and the **Summary of Benefits** on pages 22–56.





## Supplemental Benefits



### Personal Emergency Response System (PERS)

Your plan includes a complimentary wearable PERS device. With the press of a button you're connected to the call center at **Connect America**, which will connect you with the emergency services you need. Most devices also include fall detection and GPS tracking, and an app to alert family or caregivers.

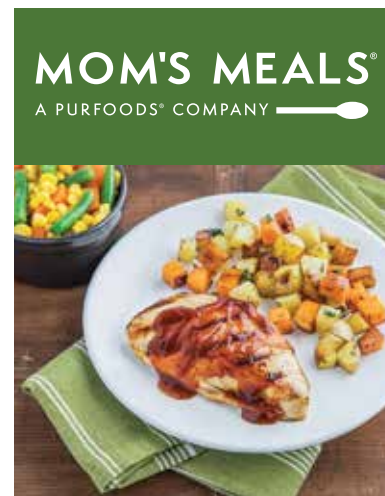
- One-button calling to emergency services
- Fall detection
- GPS tracking



### Meals Benefit

**Mom's Meals** is a benefit for all Blue Medicare Advantage members who have been hospitalized. Available at no additional cost, these nutritious meals are based on the diet or meal plan your doctor recommends on your discharge from an inpatient hospital, skilled nursing facility or other facility. Nutritional assessment required.

- A nurse advocate from Blue Cross NC will reach out to arrange delivery
- Two meals per day for 14 days
- Meals are delivered directly to your doorstep



Connect America and Mom's Meals contract with Blue Cross NC to provide supplemental benefits on behalf of Blue Cross NC. They do not provide Blue Cross or Blue Shield products or services. Names and logos are trademarks of their respective owners.



View our Frequently Asked Questions at: [Medicare.BlueCrossNC.com/Medicare/FAQs](https://www.bluecrossnc.com/medicare/faqs).



## Visiting the Doctor

### Turn to Our Network Providers

You'll want to choose a primary care provider (PCP) from within the Blue Medicare Advantage network to coordinate your care and help you save money. Among the kinds of PCPs that may be available are general and family practice doctors, internal medicine doctors, nurse practitioners and physician assistants.

### In-Network Value

With your HMO plan, you may visit an in-network specialist at any time without a referral.

### 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. What's more, virtual visits are covered the same as face-to-face visits according to your plan. And 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.

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



**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.

Your PCP also may talk with other doctors and health care providers about your care and refer you to them. In many Medicare health plans, you must see your primary care provider before you see any other health care provider.

Find a Blue Medicare Advantage doctor: Visit [BlueCrossNC.com/FindaDoctor](https://www.bluecrossnc.com/FindaDoctor).



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



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



## Prescription Drug Coverage

### Most Blue Medicare HMO Plans Include Drug Coverage

Medicare prescription drug coverage is included with Blue Medicare HMO plans, except the Medical Only plan. You can have your health care and prescription drug coverage in one plan for one monthly premium.



See the following pages and the **Summary of Benefits** to learn more about the **prescription drug coverage** that's included with **Blue Medicare HMO plans**.

**Rx** For a complete drug listing, contact **Blue Cross NC:**

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

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

**Search:** [BlueCrossNC.com/FindaDrug](https://www.bluecrossnc.com/FindaDrug)

## Common Drugs

Blue Medicare HMO™

A partial list of commonly prescribed drugs covered by our plans

Drug	Tier	Drug	Tier	Drug	Tier
albuterol sulfate HFA	3	finasteride	1	mirtazapine	1
<b>alendronate sodium</b>	6	fluoxetine hydrochloride	1	montelukast sodium	1
allopurinol	1	fluticasone propionate	2	<b>olmesartan medoxomil</b>	6
alprazolam	1	furosemide	1	omeprazole	1
amitriptyline hydrochloride	2	gabapentin	1, 2	oxycodone hydrochloride	3
amlodipine besylate	1	<b>glimepiride</b>	6	oxycodone/acetaminophen	3, 4
amoxicillin	1	<b>glipizide</b>	6	OZEMPIC	3
amoxicillin/clavulanate		<b>glipizide ER</b>	6	pantoprazole sodium	1
potassium	2	hydralazine hydrochloride	1	<b>pioglitazone hydrochloride</b>	6
atenolol	1	hydrochlorothiazide	1	potassium chloride ER	2
<b>atorvastatin calcium</b>	6	hydrocodone bitartrate/ acetaminophen	3, 4	<b>pravastatin sodium</b>	6
azithromycin	2	ibuprofen	1	prednisone	1, 2
baclofen	2	<b>irbesartan</b>	6	pregabalin	2
<b>benazepril HCl</b>	6	isosorbide mononitrate ER	1, 2	quetiapine fumarate	2
bupropion hydrochloride		JANUVIA	3	<b>ramipril</b>	6
ER (XL)	2	JARDIANCE	3	<b>rosuvastatin calcium</b>	6
bupropion hydrochloride	1, 2	lamotrigine	1	sertraline HCl	1
carvedilol	1	LANTUS SOLOSTAR	3	SHINGRIX	3
celecoxib	2	latanoprost	1	<b>simvastatin</b>	6
cephalexin	1	levothyroxine sodium	1	spironolactone	1
chlorthalidone	2	<b>lisinopril</b>	6	SYNTHROID	3
citalopram hydrobromide	1	<b>lisinopril/ hydrochlorothiazide</b>	6	tamsulosin hydrochloride	1
clonazepam	1	lorazepam	1	timolol maleate	1, 2
clonidine hydrochloride	1	<b>losartan potassium</b>	6	tizanidine hydrochloride	1
clopidogrel	1	<b>losartan potassium/ hydrochlorothiazide</b>	6	topiramate	1, 2
diclofenac sodium DR	2	<b>lovastatin</b>	6	tramadol HCl	2
diltiazem hydrochloride ER	2	meloxicam	1	trazodone hydrochloride	1, 2
donepezil HCl	1	memantine hydrochloride	2	TRELEGY ELLIPTA	3
duloxetine hydrochloride	2	<b>metformin hydrochloride</b>	6	triamterene/ hydrochlorothiazide	1
ELIQUIS	3	<b>metformin</b>		<b>valsartan</b>	6
escitalopram oxalate	1	<b>hydrochloride ER</b>	6	VENTOLIN HFA	3
esomeprazole magnesium	2	metoprolol succinate ER	1	warfarin sodium	1
euthyrox	1	metoprolol tartrate	1	XARELTO	3
ezetimibe	2			zolpidem tartrate	2
famotidine	1				
fenofibrate	2				

**Key** bold = Tier 6 lowercase = generic UPPERCASE = 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 **1-800-665-8037** (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

### Insulin Savings Program *(Not available with Blue Medicare Medical Only)*

Blue Medicare HMO plans allow you to take advantage of significant savings on insulin covered by our plan. With this program you'll have access to many types of insulin and pay no more than \$35 for a 30-day supply through the coverage gap phase. If you get full or partial Extra Help (see page 21), you may pay an even lower amount.

Pay no more than \$35 for a 30-day supply.

### 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 significantly lower cost.

Be sure to ask if there's a generic equivalent.

### 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 you already live or work near one of our network pharmacies.

Network includes Harris Teeter, Sam's Club, Walgreens, Walmart and more, plus many independent pharmacies.

### Preferred Mail Order to Save Even More

Tiers 1, 2 and 6 have a \$0 copayment. And with Tier 3 and Tier 4, you can order a 90-day supply and pay no more than two times the 30-day copayment – a **savings of 33%**. You'll save time, too: Your prescriptions are delivered right to your door.

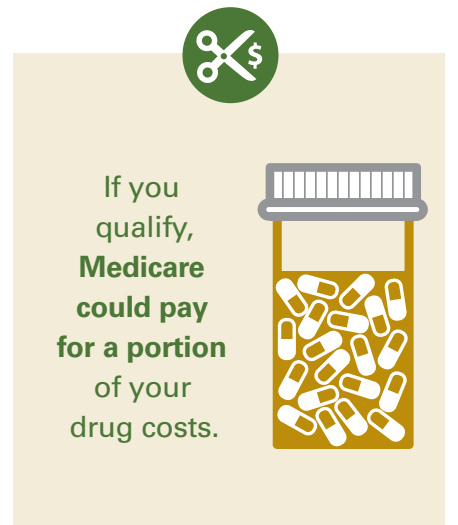
- AllianceRx Walgreens Pharmacy
- Express Scripts® Pharmacy
- Postal Prescription Services (PPS)®

## Qualifying for Financial Help

### There's Financial Help Available

If you have both Medicare and Medicaid, you already qualify for low-income help with your Medicare premiums. But even if you do not qualify for Medicaid, you may still qualify for some help. The amount of help will depend on your income and resources.

People with limited incomes may also qualify for the **Extra Help** program to pay for their prescription drug costs. If you qualify, Medicare could pay for a portion of your drug costs – including monthly prescription drug premiums, annual deductibles and coinsurance. In addition, if you qualify, you will not be subject to the Part D coverage gap or a late enrollment penalty.



For more information and to see if you qualify for **Extra Help**, contact:

	Medicare Office	Social Security Office	NC Medicaid Office
	<b>Phone:</b> 1-800-MEDICARE (1-800-633-4227)	<b>Phone:</b> 1-800-772-1213	<b>Phone:</b> 1-800-662-7030
	<b>TTY:</b> 1-877-486-2048	<b>TTY:</b> 1-800-325-0778	<b>TTY:</b> 1-877-452-2514
	<b>Hours:</b> 7 days a week, 24 hours a day	<b>Hours:</b> Mon. – Fri., 8 a.m. – 7 p.m.	<b>Hours:</b> Mon. – Fri., 8 a.m. – 5 p.m.
	<b>Visit:</b> Medicare.gov	<b>Visit:</b> SSA.gov	<b>Visit:</b> NCDHHS.gov

### Seniors' Health Insurance Information Program (SHIIP):

**Phone:** 1-855-408-1212 (TTY: 711)  
**Hours:** Mon. – Fri., 8 a.m. – 5 p.m.  
**Email:** ncshiip@ncdoi.gov  
**Visit:** 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 use and long-term care insurance questions.



# 2023 Summary of Benefits

## Blue Medicare HMO<sup>SM</sup>

## MedicareRx<sup>SM</sup> Prescription Drug Coverage

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

**Plans:**

**Medical Only (HMO-POS): H3449-012**

**Essential (HMO): H3449-027-001, H3449-027-002**

**Essential Plus (HMO-POS): H3449-023-001, H3449-023-002, H3449-023-004, H3449-023-005**

**Choice (HMO): H3449-026**

**Enhanced (HMO-POS): H3449-024-001, H3449-024-002, H3449-024-003**

- 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.
- Blue Medicare HMO 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.
- Out-of-network/non-contracted providers are under no obligation to treat Blue Cross and Blue Shield of North Carolina (Blue Cross NC) members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.
- With a HMO-POS (Point of Service) plan, you can go outside the network for your dental benefits. For dental services obtained out-of-network, you will be responsible for 20% plus additional costs up to the provider billed amount.
- Cost sharing may vary depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.
- Plans may offer supplemental benefits in addition to Part C and Part D benefits.
- Blue Cross and Blue Shield of North Carolina is an HMO plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal.
- For more information about Original Medicare or to request the *Medicare & You* handbook from Medicare, call 1-800-MEDICARE (1-800-633-4227), TTY: 1-877-486-2048, 7 days a week, 24 hours a day. Or visit [Medicare.gov](https://www.Medicare.gov).
- For more details, call **1-800-665-8037** (TTY: 711), current members call **1-888-310-4110** (TTY: 711), visit [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com) or contact your Blue Cross NC 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. All other trade names are the property of their respective owners. Blue Cross and Blue Shield of North Carolina (Blue Cross NC) is an independent licensee of the Blue Cross and Blue Shield Association.

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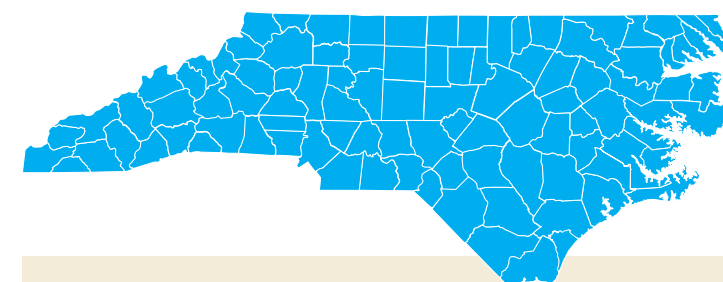
# Summary of Benefits

## Plan Offering and Premium by County

Blue Medicare Medical Only (HMO-POS) is available in all 100 North Carolina counties.

**Blue Medicare Medical Only<sup>SM</sup> (HMO-POS) H3449-012 Monthly Premium: \$0**

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	



**Blue Medicare Medical Only (HMO-POS) is available in all 100 North Carolina counties.**

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



# Summary of Benefits

Blue Medicare Medical Only™ (HMO-POS)		H3449-012
<b>Monthly Premium:</b>	You must also continue to pay your Medicare Part B premium.	\$0
<b>Part B Premium Reduction:</b>	Monthly reduction.	\$50 monthly
<b>Deductible:</b>	This plan has no medical deductible.	\$0
<b>Annual Maximum Out-of-Pocket Amount:</b>	Does not include prescription drugs.	\$3,900
Benefits	What You Should Know	
<b>Inpatient Hospital Care:*</b> (Cost share applies per day. Benefit period applied per admission.)	<b>Days 1–5:</b>	\$295 copay
	<b>Days 6–90:</b>	\$0 copay
	<b>Days 91 and beyond:</b>	\$0 copay
<b>Outpatient Services:*</b>	<b>Outpatient Hospital:</b> Per stay.	\$275 copay
	<b>Ambulatory Surgical Center:</b>	\$225 copay
<b>Doctor Visit:</b>	<b>Primary:</b>	\$0 copay
	<b>Specialist:</b>	\$25 copay
<b>Preventive Care:</b>	Any additional preventive services approved by Medicare during the contract year will be covered.	\$0 copay
<b>Emergency Care:</b>	If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency care. Emergency services are covered worldwide.	\$110 copay
<b>Urgently Needed Services:</b>		\$60 copay

\*May require prior authorization.

# Summary of Benefits

Blue Medicare Medical Only™ (HMO-POS)		H3449-012
Benefits	What You Should Know	
<b>Diagnostic Services/Labs/Imaging:</b>		Diagnostic tests, labs, radiology services* and X-rays. Copay varies with service.
	<b>Medicare-Covered Hearing Exam:</b>	Exams to diagnose and treat hearing and balance issues.
	<b>Routine Hearing Exam:</b>	One per year. Must use designated providers.
<b>Hearing Services:</b>	<b>Hearing Aids:</b>	One per ear, per year. Must use designated providers.
	<b>Medicare-Covered Dental Services:*</b>	Medicare may pay for certain services when you're in a hospital and need emergency or complicated dental procedures.
<b>Dental Services:</b>	<b>Comprehensive and Preventive Dental:**</b>	\$2,000 yearly allowance for services including oral exams, cleanings, X-rays, fillings, extractions and dentures.
	<b>Routine Eye Exam:</b>	One visit per calendar year.
<b>Vision Services:</b>	<b>Routine Prescription Eyewear:</b>	\$300 yearly allowance.
	<b>Medicare-Covered Eye Exam:</b>	For the diagnosis and treatment of illnesses and injuries of the eye.
	<b>Medicare-Covered Glaucoma Test:</b>	For people who are at high risk of glaucoma.
	<b>Eyewear After Cataract Surgery:</b>	One pair of eyeglasses or one pair of contact lenses.

\*May require prior authorization.

\*\*Certain limits apply. Combined yearly allowance. For services obtained out-of-network, you will be responsible for 20% plus additional costs up to the provider billed amount.

\*\*\*Must use designated providers.

# Summary of Benefits

Blue Medicare Medical Only™ (HMO-POS)		H3449-012	
Benefits	What You Should Know		
<b>Mental Health Services:</b>	<b>Inpatient:</b> * (Cost share applies per day. Benefit period applied per admission.)	<b>Days 1–5:</b>	\$295 copay
		<b>Days 6–90:</b>	\$0 copay
	<b>Outpatient:</b> (Mental health* and substance use.)	Individual and group sessions.	\$25 copay
<b>Skilled Nursing Facility:</b> *	(Cost share applies per day. Benefit period applied per admission.)	<b>Days 1–20:</b>	\$0 copay
		<b>Days 21–60:</b>	\$196 copay
		<b>Days 61–100:</b>	\$0 copay
<b>Outpatient Rehabilitation Services:</b>	<b>Physical and Speech Language Therapy:</b>		\$25 copay
	<b>Occupational Therapy:</b>		\$40 copay
	<b>Cardiac Rehab Services:</b>		\$0 copay
	<b>Pulmonary Rehab Services:</b>		\$20 copay
<b>Ambulance Services:</b> *	Covers medically necessary ground and air ambulance services.		\$250 copay
<b>Transportation:</b>	24 one-way rides to health-related locations.		\$0 copay
<b>Medicare Part B Drugs:</b> *			20% of cost

\*May require prior authorization.

# Summary of Benefits

Blue Medicare Medical Only™ (HMO-POS)		H3449-012	
Other Covered Benefits			
Benefit	What You Should Know		
<b>Podiatry Services:</b>	Foot care.		\$25 copay
<b>Medical Equipment and Supplies:</b>	<b>Durable Medical Equipment and Supplies:</b> *		20% of cost
	<b>Diabetic Shoes or Inserts:</b>		20% of cost
	<b>Diabetes Supplies:</b> *	Preferred Brands	
		Non-Preferred Brands**	20% of cost
<b>Healthy Aging and Exercise Program:</b>	Must use participating facilities.		\$0 copay***
<b>Over-the-Counter Products Allowance:</b>	Must use participating retail locations. Funds do not roll over quarter-to-quarter.		\$100 quarterly
<b>Meals Benefit:</b>	Two meals per day for 14 days post-discharge.		\$0 copay
<b>Support for Caregivers:</b>	Support and resources for non-professional caregivers.		\$0 copay
<b>In-Home Assistance:</b>	60 hours per year.		\$0 copay
<b>Personal Emergency Response System:</b>	Wearable device with fast access to emergency services.		\$0 copay

\*May require prior authorization.

\*\* With a medical exception.

\*\*\* This program includes the Standard network; Premium network may have monthly costs.



# Summary of Benefits

## Plan Offering and Premium by County

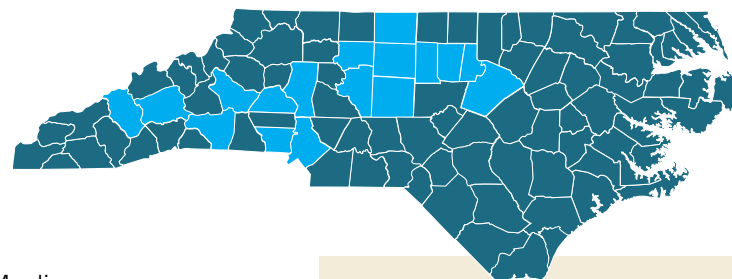
Blue Medicare Essential (HMO) is available in all 100 North Carolina counties.

### Blue Medicare Essential<sup>SM</sup> (HMO) H3449-027-001 Monthly Premium: \$0

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

### Blue Medicare Essential<sup>SM</sup> (HMO) H3449-027-002 Monthly Premium: \$0

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



Counties where Blue Medicare Essential (HMO) is available:

001 002



**Blue Medicare Essential (HMO) is available in all 100 North Carolina counties.**

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

# Summary of Benefits

## Blue Medicare Essential<sup>SM</sup> (HMO)

H3449-027-001  
H3449-027-002

**Monthly Premium:** You must also continue to pay your Medicare Part B premium. **\$0**

**Part B Premium Reduction:** Monthly reduction. **\$50 monthly**

**Annual Deductible:** This plan has no medical deductible. **\$0**

**Annual Maximum Out-of-Pocket Amount:** Does not include prescription drugs. **\$7,500**

### Benefits

### What You Should Know

**Inpatient Hospital Care:\***  
(Cost share applies per day. Benefit period applied per admission.)

<b>Days 1–5:</b>	<b>\$335 copay</b>
<b>Days 6–90:</b>	<b>\$0 copay</b>
<b>Days 91 and beyond:</b>	<b>\$0 copay</b>

**Outpatient Services:\***

<b>Outpatient Hospital:</b> Per stay.	001: <b>\$295 copay</b>
	002: <b>\$345 copay</b>
<b>Ambulatory Surgical Center:</b>	<b>\$275 copay</b>

**Doctor Visit:**

<b>Primary:</b>	001: <b>\$5 copay</b>
	002: <b>\$10 copay</b>
<b>Specialist:</b>	<b>\$45 copay</b>

**Preventive Care:** Any additional preventive services approved by Medicare during the contract year will be covered. **\$0 copay**

**Emergency Care:** If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency care. Emergency services are covered worldwide. **\$95 copay**

**Urgently Needed Services:** **\$60 copay**

\*May require prior authorization.

# Summary of Benefits

Blue Medicare Essential <sup>SM</sup> (HMO)		H3449-027-001 H3449-027-002
Benefits	What You Should Know	
<b>Diagnostic Services/ Labs/Imaging:</b>	Diagnostic tests, labs, radiology services* and X-rays. Copay varies with service.	\$0-\$300 copay
<b>Hearing Services:</b>	<b>Medicare-Covered Hearing Exam:</b>	Exams to diagnose and treat hearing and balance issues. \$45 copay
	<b>Routine Hearing Exam:</b>	One per year. Must use designated providers. \$0 copay
	<b>Hearing Aids:</b>	One per ear, per year. Must use designated providers. \$699-\$999 copay
<b>Dental Services:</b>	<b>Medicare-Covered Dental Services:*</b>	Medicare may pay for certain services when you're in a hospital and need emergency or complicated dental procedures. \$45 copay
	<b>Preventive Dental:</b>	Oral exams, cleanings, X-rays and screenings.** \$0 copay
<b>Vision Services:</b>	<b>Routine Eye Exam:</b>	One visit per calendar year. \$25 copay
	<b>Routine Prescription Eyewear:</b>	\$100 yearly allowance. \$0 copay
	<b>Medicare-Covered Eye Exam:</b>	For the diagnosis and treatment of illnesses and injuries of the eye. \$25 copay
	<b>Medicare-Covered Glaucoma Test:</b>	For people who are at high risk of glaucoma. \$0 copay
	<b>Eyewear After Cataract Surgery:</b>	One pair of eyeglasses or one pair of contact lenses. 20% of cost

\*May require prior authorization.

\*\*Certain limits apply. Must use designated providers.

# Summary of Benefits

Blue Medicare Essential <sup>SM</sup> (HMO)		H3449-027-001 H3449-027-002
Benefits	What You Should Know	
<b>Mental Health Services:</b>	<b>Inpatient:*</b> (Cost share applies per day. Benefit period applied per admission.)	<b>Days 1-5:</b> \$300 copay <b>Days 6-90:</b> \$0 copay
	<b>Outpatient:</b> (Mental health* and substance use.)	Individual and group sessions. \$40 copay
<b>Skilled Nursing Facility:*</b>	(Cost share applies per day. Benefit period applied per admission.)	<b>Days 1-20:</b> \$0 copay
		<b>Days 21-60:</b> \$196 copay
		<b>Days 61-100:</b> \$0 copay
<b>Outpatient Rehabilitation Services:</b>	<b>Physical and Speech Language Therapy:</b>	\$25 copay
	<b>Occupational Therapy:</b>	\$40 copay
	<b>Cardiac Rehab Services:</b>	\$0 copay
	<b>Pulmonary Rehab Services:</b>	\$20 copay
<b>Ambulance Services:*</b>	Covers medically necessary ground and air ambulance services.	\$275 copay
<b>Transportation:</b>		Not covered
<b>Medicare Part B Drugs:*</b>		20% of cost

\*May require prior authorization.



# Summary of Benefits

Blue Medicare Essential<sup>SM</sup> (HMO)

H3449-027-001  
H3449-027-002

## **Rx** Part D, Prescription Drug Benefit Stages

	Tiers 1, 2, 3 and 6: \$0	Tiers 4 and 5: \$375
<b>Annual Deductible:</b>	This is the set amount that you pay before your plan begins to pay its share of the cost.	
<b>Initial Coverage Limit (ICL):</b>	<b>Begins after you pay your yearly deductible.</b> You remain in this stage until your costs on covered drugs reach <b>\$4,660</b> . <sup>1</sup> The amount you pay in this stage is shown in the chart on the next page.	
<b>Coverage Gap:</b>	<b>Begins when your total year-to-date costs on covered drugs exceed \$4,660.</b> In this stage, you'll pay <b>25%</b> of the cost for generic drugs and <b>25%</b> of the cost for brand-name drugs, excluding dispensing and administration fees, until your total year-to-date costs reach <b>\$7,400</b> . <sup>2</sup> Tier 6 drugs are fully covered in the Coverage Gap; there's a <b>\$0</b> copayment at preferred pharmacies or a <b>\$3</b> copayment at non-preferred pharmacies. With the Insulin Savings Program, the amount you pay for insulin is the same as the Initial Coverage stage.	
<b>Catastrophic Coverage:</b>	<b>Begins when your total year-to-date costs on covered drugs exceed \$7,400.</b> During this stage, you pay the greater of <b>\$4.15</b> or <b>5%</b> of the cost for generic drugs, and the greater of <b>\$10.35</b> or <b>5%</b> of the cost for brand-name drugs.	

Footnotes:

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

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

# Summary of Benefits

Blue Medicare Essential<sup>SM</sup> (HMO)

H3449-027-001  
H3449-027-002

<b>Rx</b> Prescription Drug Initial Coverage Limit (ICL)	Preferred Retail Pharmacies		Preferred Mail Order	Standard (Non-Preferred) Pharmacies	
	1-month 30-day supply	3-months 90-day supply	3-months 90-day supply	1-month 30-day supply*	3-months 90-day supply
<b>Preferred Generic Drugs (Tier 1)</b>	\$0 copay	\$0 copay	\$0 copay	\$15 copay	\$45 copay
<b>Generic Drugs (Tier 2)</b>	\$6 copay	\$18 copay	\$0 copay	\$20 copay	\$60 copay
<b>Preferred Brand Drugs (Tier 3)</b>	\$37 copay	\$111 copay	\$74 copay	\$47 copay	\$141 copay
<b>Non-Preferred Drugs (Tier 4)</b>	\$90 copay	\$270 copay	\$180 copay	\$100 copay	\$300 copay
<b>Specialty Tier Drugs (Tier 5)</b>	27% of cost	N/A	N/A	27% of cost	N/A
<b>Select Care Drugs (Tier 6)</b>	\$0 copay	\$0 copay	\$0 copay	\$3 copay	\$3 copay
<b>Insulins (Tier 3, 4)</b>	\$35 copay	\$105 copay	\$70 copay	\$35 copay	\$105 copay

\*Long-term care pharmacy benefit is covered the same as Non-Preferred Retail Pharmacies for 31 days instead of 30 days.

Note: Two-month (60-day) supplies may also be available. Non-Preferred Mail Order costs may differ.

# Summary of Benefits

**Blue Medicare Essential**™ (HMO)

H3449-027-001  
H3449-027-002

## Other Covered Benefits

Benefit	What You Should Know		
<b>Podiatry Services:</b>	Foot care.	\$45 copay	
<b>Medical Equipment and Supplies:</b>	<b>Durable Medical Equipment and Supplies:*</b>	20% of cost	
	<b>Diabetic Shoes or Inserts:</b>	20% of cost	
	<b>Diabetes Supplies:*</b>	Preferred Brands	\$0 copay
		Non-Preferred Brands**	20% of cost
<b>Healthy Aging and Exercise Program:</b>	Must use participating facilities.	\$0 copay***	
<b>Meals Benefit:</b>	Two meals per day for 14 days post-discharge.	\$0 copay	
<b>Support for Caregivers:</b>	Support and resources for non-professional caregivers.	\$0 copay	
<b>Personal Emergency Response System:</b>	Wearable device with fast access to emergency services.	\$0 copay	

\* May require prior authorization.

\*\* With a medical exception.

\*\*\* This program includes the Standard network. Premium network may have monthly costs.

# Summary of Benefits

## Plan Offerings and Premiums by County

Blue Medicare Essential Plus (HMO-POS) is available in all 100 North Carolina counties.

**Blue Medicare Essential Plus**™ (HMO-POS) H3449-023-001 **Monthly Premium: \$0**

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

**Blue Medicare Essential Plus**™ (HMO-POS) H3449-023-002 **Monthly Premium: \$0**

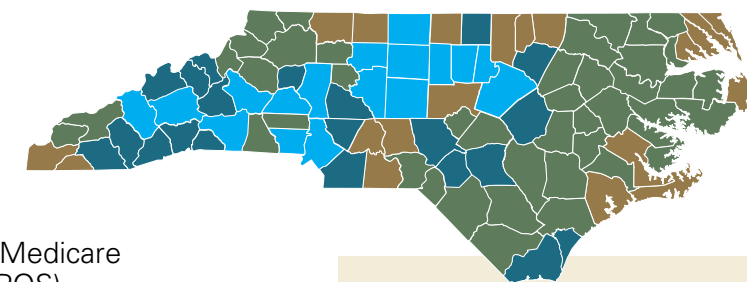
Alexander	Franklin	Johnston	Mitchell	Polk	Union
Brunswick	Henderson	Macon	Moore	Rowan	Yancey
Cabarrus	Hoke	Madison	New Hanover	Transylvania	
Cumberland	Jackson	McDowell	Person		

**Blue Medicare Essential Plus**™ (HMO-POS) H3449-023-004 **Monthly Premium: \$0**

Anson	Chatham	Currituck	Onslow	Stanly	Vance
Camden	Cherokee	Dare	Pasquotank	Stokes	Warren
Carteret	Clay	Granville	Perquimans	Surry	
Caswell	Craven	Montgomery			

**Blue Medicare Essential Plus**™ (HMO-POS) H3449-023-005 **Monthly Premium: \$0**

Alleghany	Chowan	Graham	Lee	Pender	Tyrrell
Ashe	Cleveland	Greene	Lenoir	Pitt	Washington
Avery	Columbus	Halifax	Lincoln	Richmond	Watauga
Beaufort	Davie	Harnett	Martin	Robeson	Wayne
Bertie	Duplin	Hertford	Nash	Sampson	Wilkes
Bladen	Edgecombe	Hyde	Northampton	Scotland	Wilson
Caldwell	Gates	Jones	Pamlico	Swain	Yadkin



Counties where Blue Medicare Essential Plus (HMO-POS) is available:

001 002 004 005

**Blue Medicare Essential Plus (HMO-POS) is available in all 100 North Carolina counties.**

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



# Summary of Benefits

Blue Medicare Essential Plus <sup>SM</sup> (HMO-POS)		H3449-023-001 H3449-023-002 H3449-023-004 H3449-023-005
<b>Monthly Premium:</b>	You must also continue to pay your Medicare Part B premium.	\$0
<b>Deductible:</b>	These plans have no medical deductible.	\$0
<b>Annual Maximum Out-of-Pocket:</b>	Does not include prescription drugs.	001: \$3,950
		002: \$3,950
		004: \$5,650
		005: \$5,650
Benefits	What You Should Know	
<b>Inpatient Hospital Care:</b> <sup>*</sup> (Cost share applies per day. Benefit period applied per admission.)	<b>Days 1–5:</b>	\$335 copay
	<b>Days 6–90:</b>	\$0 copay
	<b>Days 91 and beyond:</b>	\$0 copay
<b>Outpatient Services:</b> <sup>*</sup>	<b>Outpatient Hospital:</b> Per stay.	\$295 copay
	<b>Ambulatory Surgical Center:</b>	\$275 copay
<b>Doctor Visit:</b>	<b>Primary:</b>	\$0 copay
	<b>Specialist:</b>	001: \$25 copay
		002: \$25 copay
<b>Preventive Care:</b>	Any additional preventive services approved by Medicare during the contract year will be covered.	004: \$35 copay
		005: \$35 copay
<b>Emergency Care:</b>	If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency care. Emergency services are covered worldwide.	\$110 copay
<b>Urgently Needed Services:</b>		\$60 copay

\*May require prior authorization.

# Summary of Benefits

Blue Medicare Essential Plus <sup>SM</sup> (HMO-POS)		H3449-023-001 H3449-023-002 H3449-023-004 H3449-023-005
Benefits	What You Should Know	
<b>Diagnostic Services/ Labs/Imaging:</b>	Diagnostic tests, labs, radiology services* and X-rays. Copay varies with service.	\$0–\$300 copay
<b>Hearing Services:</b>	<b>Medicare-Covered Hearing Exam:</b>	001: \$25 copay 002: \$25 copay
	<b>Routine Hearing Exam:</b>	004: \$35 copay 005: \$35 copay
	<b>Hearing Aids:</b>	One per year. Must use designated providers. \$0 copay
<b>Dental Services:</b>	<b>Medicare-Covered Dental Services:</b> <sup>*</sup>	001: \$25 copay 002: \$25 copay
	<b>Comprehensive and Preventive Dental:</b>	004: \$35 copay 005: \$35 copay
	<b>Routine Eye Exam:</b>	\$2,000 yearly allowance for services including oral exams, cleanings, X-rays, fillings, extractions and dentures.** \$0 copay***
<b>Vision Services:</b>	<b>Routine Eye Exam:</b>	One visit per calendar year. \$25 copay
	<b>Routine Prescription Eyewear:</b>	\$300 yearly allowance. \$0 copay
	<b>Medicare-Covered Eye Exam:</b>	For the diagnosis and treatment of illnesses and injuries of the eye. \$25 copay
	<b>Medicare-Covered Glaucoma Test:</b>	For people who are at high risk of glaucoma. \$0 copay
<b>Eyewear After Cataract Surgery:</b>	One pair of eyeglasses or one pair of contact lenses. 20% of cost	

\*May require prior authorization.

\*\*Certain limits apply. For services obtained out-of-network, you will be responsible for 20% plus additional costs up to the provider billed amount.

\*\*\*Must use designated providers.

# Summary of Benefits

Blue Medicare Essential Plus <sup>SM</sup> (HMO-POS)		H3449-023-001 H3449-023-002 H3449-023-004 H3449-023-005
Benefits	What You Should Know	
<b>Mental Health Services:</b>	<b>Inpatient:*</b> (Cost share applies per day. Benefit period applied per admission.)	<b>Days 1–5:</b> \$300 copay <b>Days 6–90:</b> \$0 copay
	<b>Outpatient:</b> (Mental health* and substance use.)	Individual and group sessions.
		001: \$25 copay 002:
		004: \$35 copay 005:
<b>Skilled Nursing Facility:*</b>	(Cost share applies per day. Benefit period applied per admission.)	<b>Days 1–20:</b> \$0 copay
		<b>Days 21–60:</b> \$196 copay
		<b>Days 61–100:</b> \$0 copay
<b>Outpatient Rehabilitation Services:</b>		<b>Physical and Speech Language Therapy:</b> \$10 copay
		<b>Occupational Therapy:</b> \$40 copay
		<b>Cardiac Rehab Services:</b> \$0 copay
		<b>Pulmonary Rehab Services:</b> \$20 copay
<b>Ambulance Services:*</b>	Covers medically necessary ground and air ambulance services.	\$275 copay
<b>Transportation:</b>	24 one-way rides to health-related locations.	\$0 copay
<b>Medicare Part B Drugs:*</b>		20% of cost

\*May require prior authorization.

# Summary of Benefits

Blue Medicare Essential Plus <sup>SM</sup> (HMO-POS)		H3449-023-001 H3449-023-002 H3449-023-004 H3449-023-005
<b>Rx Part D, Prescription Drug Benefit Stages</b>		
<b>Annual Deductible:</b>	<b>Tiers 1, 2, 3 and 6: \$0</b>	<b>Tiers 4 and 5: \$150</b>
	This is the set amount that you pay before your plan begins to pay its share of the cost.	
<b>Initial Coverage Limit (ICL):</b>	<b>Begins after you pay your yearly deductible.</b>	
	You remain in this stage until your costs on covered drugs reach <b>\$4,660</b> . <sup>1</sup> The amount you pay in this stage is shown in the chart on the next page.	
<b>Coverage Gap:</b>	<b>Begins when your total year-to-date costs on covered drugs exceed \$4,660.</b>	
	In this stage, you'll pay <b>25%</b> of the cost for generic drugs and <b>25%</b> of the cost for brand-name drugs, excluding dispensing and administration fees, until your total year-to-date costs reach <b>\$7,400</b> . <sup>2</sup> Tier 6 drugs are fully covered in the Coverage Gap; there's a <b>\$0</b> copayment at preferred pharmacies or a <b>\$3</b> copayment at non-preferred pharmacies. With the Insulin Savings Program, the amount you pay for insulin is the same as the Initial Coverage stage.	
<b>Catastrophic Coverage:</b>	<b>Begins when your total year-to-date costs on covered drugs exceed \$7,400.</b>	
	During this stage, you pay the greater of <b>\$4.15</b> or <b>5%</b> of the cost for generic drugs, and the greater of <b>\$10.35</b> or <b>5%</b> of the cost for brand-name drugs.	

Footnotes:

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

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



# Summary of Benefits

Blue Medicare Essential Plus<sup>SM</sup> (HMO-POS)

H3449-023-001  
H3449-023-002  
H3449-023-004  
H3449-023-005

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

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

# Summary of Benefits

Blue Medicare Essential Plus<sup>SM</sup> (HMO-POS)

H3449-023-001  
H3449-023-002  
H3449-023-004  
H3449-023-005

## Other Covered Benefits

Benefit	What You Should Know	
<b>Podiatry Services:</b>	Foot care.	001: \$25 copay 002: 004: \$35 copay 005:
<b>Medical Equipment and Supplies:</b>	<b>Durable Medical Equipment and Supplies:*</b>	20% of cost
	<b>Diabetic Shoes or Inserts:</b>	20% of cost
	<b>Diabetes Supplies:*</b>	Preferred Brands \$0 copay Non-Preferred Brands** 20% of cost
<b>Healthy Aging and Exercise Program:</b>	Must use participating facilities.	\$0 copay***
<b>Over-the-Counter Products Allowance:</b>	Must use participating retail locations.	001: \$95 quarterly 002: 004: \$70 quarterly 005:
<b>Meals Benefit:</b>	Two meals per day for 14 days post-discharge.	\$0 copay
<b>Support for Caregivers:</b>	Support and resources for non-professional caregivers.	\$0 copay
<b>In-Home Assistance:</b>	60 hours per year.	\$0 copay
<b>Personal Emergency Response System:</b>	Wearable device with fast access to emergency services.	\$0 copay

\*May require prior authorization.

\*\* With a medical exception.

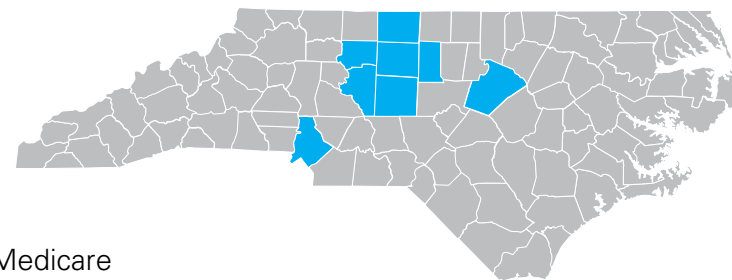
\*\*\* This program includes the Standard network. Premium network may have monthly costs.

# Summary of Benefits

## Plan Offering and Premium by County

**Blue Medicare Choice** <sup>SM</sup> (HMO) H3449-026 **Monthly Premium: \$0**

Alamance      Forsyth      Mecklenburg      Rockingham  
Davidson      Guilford      Randolph      Wake



Counties where Blue Medicare Choice (HMO) is available:

026

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

# Summary of Benefits

**Blue Medicare Choice** <sup>SM</sup> (HMO) H3449-026

**Monthly Premium:** You must also continue to pay your Medicare Part B premium. \$0

**Deductible:** This plan has no medical deductible. \$0

**Annual Maximum Out-of-Pocket Amount:** Does not include prescription drugs. \$3,200

<b>Benefits</b>	<b>What You Should Know</b>
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<b>Inpatient Hospital Care:</b> * <small>(Cost share applies per day. Benefit period applied per admission.)</small>	<b>Days 1–5:</b>	\$295 copay
	<b>Days 6–90:</b>	\$0 copay
	<b>Days 91 and beyond:</b>	\$0 copay

<b>Outpatient Services:</b> *	<b>Outpatient Hospital:</b> Per stay.	\$295 copay
	<b>Ambulatory Surgical Center:</b>	\$275 copay

<b>Doctor Visit:</b>	<b>Primary:</b>	\$0 copay
	<b>Specialist:</b>	\$20 copay

**Preventive Care:** Any additional preventive services approved by Medicare during the contract year will be covered. \$0 copay

**Emergency Care:** If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency care. Emergency services are covered worldwide. \$125 copay

**Urgently Needed Services:** \$60 copay

\*May require prior authorization.

# Summary of Benefits

Blue Medicare Choice™ (HMO)		H3449-026	
Benefits	What You Should Know		
<b>Diagnostic Services/ Labs/Imaging:</b>	Diagnostic tests, labs, radiology services* and X-rays. Copay varies with service.	\$0–\$300 copay	
<b>Hearing Services:</b>	<b>Medicare-Covered Hearing Exam:</b>	Exams to diagnose and treat hearing and balance issues.	\$20 copay
	<b>Routine Hearing Exam:</b>	One per year. Must use designated providers.	\$0 copay
	<b>Hearing Aids:</b>	One per ear, per year. Must use designated providers.	\$699–\$999 copay
<b>Dental Services:</b>	<b>Medicare-Covered Dental Services:*</b>	Medicare may pay for certain services when you're in a hospital and need emergency or complicated dental procedures.	\$20 copay
	<b>Preventive Dental:</b>	Oral exams, cleanings, X-rays and screenings.**	\$0 copay
<b>Vision Services:</b>	<b>Routine Eye Exam:</b>	One visit per calendar year.	\$25 copay
	<b>Routine Prescription Eyewear:</b>	\$200 yearly allowance.	\$0 copay
	<b>Medicare-Covered Eye Exam:</b>	For the diagnosis and treatment of illnesses and injuries of the eye.	\$25 copay
	<b>Medicare-Covered Glaucoma Test:</b>	For people who are at high risk of glaucoma.	\$0 copay
	<b>Eyewear After Cataract Surgery:</b>	One pair of eyeglasses or one pair of contact lenses.	20% of cost

\*May require prior authorization.

\*\*Certain limits apply. Must use designated providers.

# Summary of Benefits

Blue Medicare Choice™ (HMO)		H3449-026	
Benefits	What You Should Know		
<b>Mental Health Services:</b>	<b>Inpatient:*</b> (Cost share applies per day. Benefit period applied per admission.)	<b>Days 1–5:</b>	\$295 copay
		<b>Days 6–90:</b>	\$0 copay
	<b>Outpatient:</b> (Mental health* and substance use.)	Individual and group sessions.	\$20 copay
<b>Skilled Nursing Facility:*</b>	(Cost share applies per day. Benefit period applied per admission.)	<b>Days 1–20:</b>	\$0 copay
		<b>Days 21–60:</b>	\$196 copay
		<b>Days 61–100:</b>	\$0 copay
		<b>Physical and Speech Language Therapy:</b>	\$10 copay
<b>Outpatient Rehabilitation Services:</b>	<b>Occupational Therapy:</b>	\$40 copay	
	<b>Cardiac Rehab Services:</b>	\$0 copay	
	<b>Pulmonary Rehab Services:</b>	\$20 copay	
<b>Ambulance Services:*</b>	Covers medically necessary ground and air ambulance services.	\$275 copay	
<b>Medicare Part B Drugs:*</b>		20% of cost	

\*May require prior authorization.



# Summary of Benefits

Blue Medicare Choice<sup>SM</sup> (HMO)

H3449-026

## **Rx** Part D, Prescription Drug Benefit Stages

<b>Annual Deductible:</b>	<p><b>All Tiers: \$0</b></p> <p>This is the set amount that you pay before your plan begins to pay its share of the cost.</p>
<b>Initial Coverage Limit (ICL):</b>	<p><b>Begins after you pay your yearly deductible.</b></p> <p>You remain in this stage until your costs on covered drugs reach <b>\$4,660</b>.<sup>1</sup> The amount you pay in this stage is shown in the chart on the next page.</p>
<b>Coverage Gap:</b>	<p><b>Begins when your total year-to-date costs on covered drugs exceed \$4,660.</b></p> <p>In this stage, you'll pay <b>25%</b> of the cost for generic drugs and <b>25%</b> of the cost for brand-name drugs, excluding dispensing and administration fees, until your total year-to-date costs reach <b>\$7,400</b>.<sup>2</sup> Tier 6 drugs are fully covered in the Coverage Gap; there's a <b>\$0</b> copayment at preferred pharmacies or a <b>\$3</b> copayment at non-preferred pharmacies. With the Insulin Savings Program, the amount you pay for insulin is the same as the Initial Coverage stage.</p>
<b>Catastrophic Coverage:</b>	<p><b>Begins when your total year-to-date costs on covered drugs exceed \$7,400.</b></p> <p>During this stage, you pay the greater of <b>\$4.15</b> or <b>5%</b> of the cost for generic drugs, and the greater of <b>\$10.35</b> or <b>5%</b> of the cost for brand-name drugs.</p>

Footnotes:

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

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

# Summary of Benefits

Blue Medicare Choice<sup>SM</sup> (HMO)

H3449-026

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

\*Long-term care pharmacy benefit is covered the same as Non-Preferred Retail Pharmacies for 31 days instead of 30 days.

Note: Two-month (60-day) supplies may also be available. Non-Preferred Mail Order costs may differ.

# Summary of Benefits

**Blue Medicare Choice** (HMO) H3449-026

Other Covered Benefits					
Benefit	What You Should Know				
<b>Podiatry Services:</b>	Foot care.	\$20 copay			
<b>Medical Equipment and Supplies:</b>	<b>Durable Medical Equipment and Supplies:*</b>	20% of cost			
	<b>Diabetic Shoes or Inserts:</b>	20% of cost			
	<b>Diabetes Supplies:*</b>	<table border="0"> <tr> <td>Preferred Brands</td> <td>\$0 copay</td> </tr> <tr> <td>Non-Preferred Brands**</td> <td>20% of cost</td> </tr> </table>	Preferred Brands	\$0 copay	Non-Preferred Brands**
Preferred Brands	\$0 copay				
Non-Preferred Brands**	20% of cost				
<b>Healthy Aging and Exercise Program:</b>	Must use participating facilities.	\$0 copay***			
<b>Over-the-Counter Products Allowance:</b>	Must use participating retail locations.	\$70 quarterly			
<b>Meals Benefit:</b>	Two meals per day for 14 days post-discharge.	\$0 copay			
<b>Support for Caregivers:</b>	Support and resources for non-professional caregivers.	\$0 copay			
<b>Personal Emergency Response System:</b>	Wearable device with fast access to emergency services.	\$0 copay			

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

# Summary of Benefits

## Plan Offerings and Premiums by County

**Blue Medicare Enhanced** (HMO-POS) H3449-024-001 **Monthly Premium: \$19**

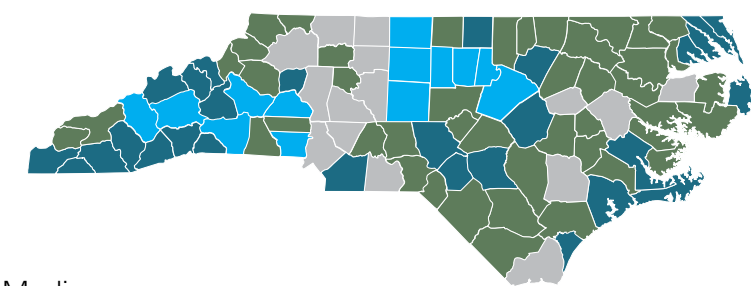
Alamance      Catawba      Guilford      Randolph      Wake  
 Buncombe      Durham      Haywood      Rockingham  
 Burke      Gaston      Orange      Rutherford

**Blue Medicare Enhanced** (HMO-POS) H3449-024-002 **Monthly Premium: \$34**

Alexander      Craven      Henderson      Madison      Onslow      Transylvania  
 Camden      Cumberland      Hoke      McDowell      Pasquotank      Union  
 Carteret      Currituck      Jackson      Mitchell      Perquimans      Yancey  
 Cherokee      Dare      Johnston      Moore      Person  
 Clay      Franklin      Macon      New Hanover      Polk

**Blue Medicare Enhanced** (HMO-POS) H3449-024-003 **Monthly Premium: \$49**

Alleghany      Chatham      Granville      Lenoir      Richmond      Warren  
 Ashe      Chowan      Greene      Lincoln      Robeson      Watauga  
 Avery      Cleveland      Halifax      Martin      Sampson      Wayne  
 Beaufort      Columbus      Harnett      Montgomery      Scotland      Yadkin  
 Bertie      Davie      Hertford      Nash      Stanly  
 Bladen      Edgecombe      Hyde      Northampton      Swain  
 Caldwell      Gates      Jones      Pamlico      Tyrrell  
 Caswell      Graham      Lee      Pender      Vance



Counties where Blue Medicare Enhanced (HMO-POS) is available:

**001** **002** **003**

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

# Summary of Benefits

Blue Medicare Enhanced <sup>SM</sup> (HMO-POS)		H3449-024-001 H3449-024-002 H3449-024-003
<b>Monthly Premium:</b>	You must also continue to pay your Medicare Part B premium.	001: \$19 002: \$34 003: \$49
<b>Deductible:</b>	These plans have no medical deductible.	\$0
<b>Annual Maximum Out-of-Pocket Amount:</b>	Does not include prescription drugs.	\$3,700
Benefits	What You Should Know	
<b>Inpatient Hospital Care:</b> * (Cost share applies per day. Benefit period applied per admission.)	<b>Days 1–5:</b>	\$335 copay
	<b>Days 6–90:</b>	\$0 copay
	<b>Days 91 and beyond:</b>	\$0 copay
<b>Outpatient Services:</b> *	<b>Outpatient Hospital:</b> Per stay.	\$295 copay
	<b>Ambulatory Surgical Center:</b>	\$200 copay
<b>Doctor Visit:</b>	<b>Primary:</b>	\$0 copay
	<b>Specialist:</b>	\$25 copay
<b>Preventive Care:</b>	Any additional preventive services approved by Medicare during the contract year will be covered.	\$0 copay
<b>Emergency Care:</b>	If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency care. Emergency services are covered worldwide.	\$110 copay
<b>Urgently Needed Services:</b>		\$60 copay

\*May require prior authorization.

# Summary of Benefits

Blue Medicare Enhanced <sup>SM</sup> (HMO-POS)		H3449-024-001 H3449-024-002 H3449-024-003
Benefits	What You Should Know	
<b>Diagnostic Services/Labs/Imaging:</b>	Diagnostic tests, labs, radiology services* and X-rays. Copay varies with service.	\$0–\$300 copay
<b>Hearing Services:</b>	<b>Medicare-Covered Hearing Exam:</b>	Exams to diagnose and treat hearing and balance issues. \$25 copay
	<b>Routine Hearing Exam:</b>	One per year. Must use designated providers. \$0 copay
	<b>Hearing Aids:</b>	One per ear, per year. Must use designated providers. \$699–\$999 copay
<b>Dental Services:</b>	<b>Medicare-Covered Dental Services:</b> *	Medicare may pay for certain services when you're in a hospital and need emergency or complicated dental procedures. \$25 copay
	<b>Comprehensive and Preventive Dental:</b>	\$2,000 yearly allowance for services including oral exams, cleanings, X-rays, fillings, extractions and dentures.** \$0 copay***
<b>Vision Services:</b>	<b>Routine Eye Exam:</b>	One visit per calendar year. \$25 copay
	<b>Routine Prescription Eyewear:</b>	\$300 yearly allowance. \$0 copay
	<b>Medicare-Covered Eye Exam:</b>	For the diagnosis and treatment of illnesses and injuries of the eye. \$25 copay
	<b>Medicare-Covered Glaucoma Test:</b>	For people who are at high risk of glaucoma. \$0 copay
	<b>Eyewear After Cataract Surgery:</b>	One pair of eyeglasses or one pair of contact lenses. 20% of cost

\*May require prior authorization.

\*\*Certain limits apply. For services obtained out-of-network, you will be responsible for 20% plus additional costs up to the provider billed amount.

\*\*\*Must use designated providers.



# Summary of Benefits

Blue Medicare Enhanced <sup>SM</sup> (HMO-POS)		H3449-024-001 H3449-024-002 H3449-024-003
Benefits	What You Should Know	
<b>Mental Health Services:</b>	<b>Inpatient:*</b> (Cost share applies per day. Benefit period applied per admission.)	<b>Days 1–5:</b> \$300 copay
		<b>Days 6–90:</b> \$0 copay
	<b>Outpatient:</b> (Mental health* and substance use.)	Individual and group sessions. \$25 copay
<b>Skilled Nursing Facility:*</b>	(Cost share applies per day. Benefit period applied per admission.)	<b>Days 1–20:</b> \$0 copay
		<b>Days 21–60:</b> \$196 copay
		<b>Days 61–100:</b> \$0 copay
<b>Outpatient Rehabilitation Services:</b>	<b>Physical and Speech Language Therapy:</b>	\$10 copay
	<b>Occupational Therapy:</b>	\$40 copay
	<b>Cardiac Rehab Services:</b>	\$0 copay
	<b>Pulmonary Rehab Services:</b>	\$20 copay
<b>Ambulance Services:*</b>	Covers medically necessary ground and air ambulance services.	\$250 copay
<b>Transportation:</b>	24 one-way rides to health-related locations.	\$0 copay
<b>Medicare Part B Drugs:*</b>		20% of cost

\*May require prior authorization.

# Summary of Benefits

Blue Medicare Enhanced <sup>SM</sup> (HMO-POS)		H3449-024-001 H3449-024-002 H3449-024-003
<b>Rx Part D, Prescription Drug Benefit Stages</b>		
<b>Annual Deductible:</b>	<b>All Tiers: \$0</b>	This is the set amount that you pay before your plan begins to pay its share of the cost.
<b>Initial Coverage Limit (ICL):</b>	<b>Begins after you pay your yearly deductible.</b>	You remain in this stage until your costs on covered drugs reach <b>\$4,660</b> . <sup>1</sup> The amount you pay in this stage is shown in the chart on the next page.
<b>Coverage Gap:</b>	<b>Begins when your total year-to-date costs on covered drugs exceed \$4,660.</b>	In this stage, you'll pay <b>25%</b> of the cost for generic drugs and <b>25%</b> of the cost for brand-name drugs, excluding dispensing and administration fees, until your total year-to-date costs reach <b>\$7,400</b> . <sup>2</sup> Tier 6 drugs are fully covered in the Coverage Gap; there's a <b>\$0</b> copayment at preferred pharmacies or a <b>\$1</b> copayment at non-preferred pharmacies. With the Insulin Savings Program, the amount you pay for insulin is the same as the Initial Coverage stage.
<b>Catastrophic Coverage:</b>	<b>Begins when your total year-to-date costs on covered drugs exceed \$7,400.</b>	During this stage, you pay the greater of <b>\$4.15</b> or <b>5%</b> of the cost for generic drugs, and the greater of <b>\$10.35</b> or <b>5%</b> of the cost for brand-name drugs.

Footnotes:

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

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

# Summary of Benefits

Blue Medicare Enhanced<sup>SM</sup> (HMO-POS)

H3449-024-001  
H3449-024-002  
H3449-024-003

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

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

# Summary of Benefits

Blue Medicare Enhanced<sup>SM</sup> (HMO-POS)

H3449-024-001  
H3449-024-002  
H3449-024-003

## Other Covered Benefits

Benefit	What You Should Know	
<b>Podiatry Services:</b>	Foot care.	\$25 copay
<b>Medical Equipment and Supplies:</b>	<b>Durable Medical Equipment and Supplies:*</b>	20% of cost
	<b>Diabetic Shoes or Inserts:</b>	20% of cost
	<b>Diabetes Supplies:*</b>	Preferred Brands \$0 copay Non-Preferred Brands** 20% of cost
<b>Healthy Aging and Exercise Program:</b>	Must use participating facilities.	\$0 copay***
<b>Over-the-Counter Products Allowance:</b>	Must use participating retail locations.	\$95 quarterly
<b>Meals Benefit:</b>	2 meals per day for 14 days post-discharge.	\$0 copay
<b>Support for Caregivers:</b>	Support and resources for non-professional caregivers.	\$0 copay
<b>In-Home Assistance:</b>	60 hours per year.	\$0 copay
<b>Personal Emergency Response System:</b>	Wearable device with fast access to emergency services.	\$0 copay

\*May require prior authorization.

\*\* With a medical exception.

\*\*\* This program includes the Standard network. Premium network may have monthly costs.



## Enrollment

### Prescription Drug – Frequently Asked Questions

#### Which drugs are covered?

For commonly used drugs, see the Common Drugs page of the Blue Medicare Advantage HMO enrollment kit. For a comprehensive list of covered drugs, visit [Medicare.BlueCrossNC.com/Medicare/Prescription-Drug-Coverage](https://www.Medicare.BlueCrossNC.com/Medicare/Prescription-Drug-Coverage).

#### Which pharmacies can I use?

Our **Preferred Pharmacy Network** is a select network of national and local independent pharmacies designed to help save you money on your prescriptions. **The network includes Harris Teeter, Sam’s Club, Walgreens, Walmart and more, plus many independent pharmacies.** You may choose Standard (Non-Preferred) Pharmacies to fill prescriptions, but your costs may be higher.

Our **Preferred Mail Order Pharmacy Network** includes:

- AllianceRx Walgreens Pharmacy
- Express Scripts® Pharmacy
- Postal Prescription Services (PPS)®

Tiers 1, 2 and 6 have a \$0 copayment for a 90-day supply at a Preferred Mail Order Pharmacy. And with Tiers 3 and 4, you pay no more than two times the 30-day copay at a Preferred Mail Order Pharmacy.

#### How do I find a Preferred Pharmacy?

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

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

#### Can I choose a standalone Medicare prescription drug plan (PDP) instead of what comes with my Medicare Advantage plan?

No. Medicare does not allow a standalone prescription drug plan with a Medicare Advantage plan. For prescription benefits, you have two choices:

- Original Medicare plus a PDP plan, or a
- Medicare Advantage plan that includes prescription coverage.

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

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

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

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



Or contact your Blue Cross NC Authorized Independent Agent.

### Enrollment Periods

#### Initial Enrollment Period

For those new to Medicare, the period you can first sign up begins 3 months before the month you are eligible; includes the month you are eligible; and ends 3 months after the month you are eligible.

#### Annual Enrollment Period

##### October 15 through December 7

- Change from one Medicare Advantage plan to another Medicare Advantage plan
- Change from Medicare Advantage back to Original Medicare
- Change from Original Medicare to Medicare Advantage
- Join, switch or drop a Medicare prescription drug plan

#### Medicare Advantage Open Enrollment Period

##### January 1 through March 31

- Change from one Medicare Advantage plan to another Medicare Advantage plan
- Change from Medicare Advantage back to Original Medicare with or without a Medicare prescription drug plan

However, during this Open Enrollment Period, you cannot:

- Change from Original Medicare to a Medicare Advantage plan
- Join, switch or drop a stand-alone Medicare prescription drug plan

**Ready? Let’s Go!** On the following pages you’ll find **step-by-step** instructions for choosing and enrolling in your **Blue Medicare HMO** 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 Customer Service representative at **1-888-310-4110** (TTY: 711).

## Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com), or call **1-888-310-4110** (TTY: 711) to view a copy of the EOC.
- 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

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- 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).

# Enrollment Steps

- 1 Choose a plan**  
After reviewing the information on plans, decide which plan works best for you.

---

- 2 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, contact Blue Cross NC or your Authorized Independent Agent.

---

- 3 Complete the enrollment form**
  - Fill out the enrollment form included in this enrollment kit for the plan you’ve chosen, or go online to complete an enrollment form at [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com). You must complete one enrollment form per person.
  - Return the enrollment form to your Authorized Independent Agent, or mail the form to Blue Cross NC (address is provided on the enrollment form). If approved, you will be enrolled in the Blue Medicare Advantage HMO plan you select, 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)

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

- Phone:** 1-800-665-8037 (TTY: 711)
- Hours:** 7 days a week, 8 a.m. – 8 p.m.
- Visit:** [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com)



Or contact your Blue Cross NC Authorized Independent Agent.

# Post-Enrollment Timeline



## 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: \_\_\_\_\_

**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 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.  
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**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: \_\_\_\_\_

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 U36020, 8/20





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

City:  State:  Zip Code:

Billing Address: (if different from above - ONLY bills will be sent to this address)

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.

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

Name: (as it appears on your Medicare card)

---

Medicare Number:

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

Medical (Part B):

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

Instructions: Identify the plan name and number for which you would like to enroll from the Summary of Benefits and check the corresponding box below.

**Blue Medicare Medical Only (HMO-POS) – H3449-012**

**Blue Medicare Choice (HMO) – H3449-026**

**Blue Medicare Essential (HMO)**

H3449-027-001  H3449-027-002

**Blue Medicare Essential Plus (HMO-POS)**

H3449-023-001  H3449-023-002  H3449-023-004  H3449-023-005

**Blue Medicare Enhanced (HMO-POS)**

H3449-024-001  H3449-024-002  H3449-024-003

**D. Please choose the name of 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](http://BlueCrossNC.com/Find-a-doctor-or-facility))

Current patient  New patient

**E. Paying your plan premium:**

**Zero Premium Plans:** If we determine that you owe a late enrollment penalty or if you currently have a late enrollment penalty, we need to know how you would prefer to pay it. You can pay by mail each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

**Plans with premiums:** 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 automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

**Zero Premium and Plans with premiums:** If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DON'T pay Blue Cross NC the Part D-IRMAA.

**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 1. Do you have End Stage Renal Disease (ESRD)?  
**Note:** Answering this question does not affect your eligibility to enroll.  
 No

- Yes 2. 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 Blue Medicare HMO? **If "yes,"** please list your other coverage and your identification (ID) number(s) for this coverage.  
 No

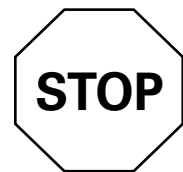
ID # for this coverage: \_\_\_\_\_

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

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

- Yes 3. Are you enrolled in your state Medicaid program? **If "yes,"** please provide your Medicaid number.  
 No Medicaid number

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



**If you currently have health coverage from an employer or union, joining Blue Medicare HMO could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Blue Medicare HMO.** 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.

**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: \_\_\_\_\_   /   /

- 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 get *Extra Help* paying for Medicare prescription drug coverage.

- I no longer qualify for *Extra Help* paying for my Medicare prescription drugs. I stopped receiving *Extra Help* on: (mm/dd/yyyy)  
  /   /

- I am moving into or live in a Long-Term Care Facility. (For example, a nursing home or long-term care facility) I moved/will move into facility on: (mm/dd/yyyy)  
  /   /



I recently moved out of a Long-Term Care Facility. (For example, a nursing home or long-term care facility) I moved/will move out of 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)  
  /   /

I am leaving employer or union coverage on: (mm/dd/yyyy)  
  /   /      
 Choose your plan's effective date: (mm/dd/yyyy)  
  /   /

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)  
  /   /

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 an 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: **1-800-665-8037** (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 Blue Medicare HMO.
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 Blue Medicare HMO coverage begins, I must get all of my medical benefits from Blue Medicare HMO. Benefits and services provided by Blue Medicare HMO and contained in my Blue Medicare HMO "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Blue Medicare HMO 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 Blue Medicare HMO 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 form; and 2) documentation of this authority is available upon request from 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: **1-800-665-8037** (TTY: 711), 7 days a week, 8 a.m. to 8 p.m.

### 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: \_\_\_\_\_

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 **1-800-665-8037** (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 1-800-665-8037 (TTY: 711) para obtener ayuda.*

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

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

City:  State:  Zip Code:

Billing Address: (if different from above - ONLY bills will be sent to this address)

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.

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

Name: (as it appears on your Medicare card)

Medicare Number:

Hospital (Part A):  /  /

Medical (Part B):  /  /

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

Instructions: Identify the plan name and number for which you would like to enroll from the Summary of Benefits and check the corresponding box below.

**Blue Medicare Medical Only (HMO-POS) – H3449-012**

**Blue Medicare Choice (HMO) – H3449-026**

**Blue Medicare Essential (HMO)**

H3449-027-001  H3449-027-002

**Blue Medicare Essential Plus (HMO-POS)**

H3449-023-001  H3449-023-002  H3449-023-004  H3449-023-005

**Blue Medicare Enhanced (HMO-POS)**

H3449-024-001  H3449-024-002  H3449-024-003

**D. Please choose the name of 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](http://BlueCrossNC.com/Find-a-doctor-or-facility))

Current patient  New patient

**E. Paying your plan premium:**

**Zero Premium Plans:** If we determine that you owe a late enrollment penalty or if you currently have a late enrollment penalty, we need to know how you would prefer to pay it. You can pay by mail each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

**Plans with premiums:** 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 automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

**Zero Premium and Plans with premiums:** If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DON'T pay Blue Cross NC the Part D-IRMAA.

**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 1. Do you have End Stage Renal Disease (ESRD)?  
**Note:** Answering this question does not affect your eligibility to enroll.  
 No

- Yes 2. 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 Blue Medicare HMO? **If "yes,"** please list your other coverage and your identification (ID) number(s) for this coverage.  
 No

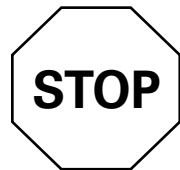
ID # for this coverage: \_\_\_\_\_

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

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

- Yes 3. Are you enrolled in your state Medicaid program? **If "yes,"** please provide your Medicaid number.  
 No Medicaid number:

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



**If you currently have health coverage from an employer or union, joining Blue Medicare HMO could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Blue Medicare HMO.** 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.

**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: \_\_\_\_\_   /   /

- 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 get *Extra Help* paying for Medicare prescription drug coverage.

- I no longer qualify for *Extra Help* paying for my Medicare prescription drugs. I stopped receiving *Extra Help* on: (mm/dd/yyyy)   /   /

- I am moving into or live in a Long-Term Care Facility. (For example, a nursing home or long-term care facility) I moved/will move into facility on: (mm/dd/yyyy)   /   /

I recently moved out of a Long-Term Care Facility. (For example, a nursing home or long-term care facility) I moved/will move out of 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)  
  /   /

I am leaving employer or union coverage on: (mm/dd/yyyy)  
  /   /      
 Choose your plan's effective date: (mm/dd/yyyy)  
  /   /

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)  
  /   /

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 an 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: **1-800-665-8037** (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 Blue Medicare HMO.
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 Blue Medicare HMO coverage begins, I must get all of my medical benefits from Blue Medicare HMO. Benefits and services provided by Blue Medicare HMO and contained in my Blue Medicare HMO "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Blue Medicare HMO 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 Blue Medicare HMO 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 form; and 2) documentation of this authority is available upon request from 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: **1-800-665-8037** (TTY: 711), 7 days a week, 8 a.m. to 8 p.m.

**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: \_\_\_\_\_

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*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 1-800-665-8037 (TTY: 711) para obtener ayuda.*

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**Agent Checklist for Selling Medicare Advantage Plans**

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

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

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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** \_\_\_\_\_

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

**Agent Checklist for Selling Medicare Advantage Plans**

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

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

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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

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





**Member Authorization Request Form** (continued)

I understand that I may revoke this authorization at any time by giving Blue Cross NC written notice mailed to the address provided. However, if I revoke this authorization, I also understand that the revocation will not affect any action Blue Cross NC took while this authorization was valid before Blue Cross NC received my written notice of revocation.

I also understand that I do not have to authorize anyone to receive my PHI as a condition or requirement for coverage by Blue Cross NC.

I also understand that if the persons or entities I have authorized to receive my PHI are not health plans, covered health care providers, or health care clearing houses subject to the Health Insurance Portability and Accountability Act (HIPAA), or other federal health information privacy laws, they may further disclose my PHI and it may no longer be protected by HIPAA or federal health information privacy laws.

However, if this information is protected by the Federal Substance Use Confidentiality Regulations, the recipient may not re-disclose such information without my further written authorization unless otherwise provided for by state or federal law.

Signature of Member: \_\_\_\_\_

Date:   /   /      
(mm/dd/yyyy)

Signature of Personal Representative: \_\_\_\_\_

Date:   /   /      
(mm/dd/yyyy)

If signed by a Personal Representative, please:

A) Print your full name: \_\_\_\_\_

**AND**

B) Describe your authority to act for the member: \_\_\_\_\_  
(e.g., durable power of attorney, court order, parent of minor child, etc.)

**AND**

C) Attach the legal document naming you as the personal representative when you return this form.

**NOTE:** We will consider the effective date of this authorization to be the date we enter this authorization into our computer system, typically 5 days following receipt. If you would like this authorization to become effective on a date after Blue Cross NC enters the authorization into its system, please provide the date here:

/   /      
(mm/dd/yyyy)

**RETURN THIS AUTHORIZATION TO:** Attention: Data Operations  
Blue Cross and Blue Shield of North Carolina  
P.O. Box 17509  
Winston-Salem, NC 27116-7509

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. ®, 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.

**Member Authorization Request Form**

You may give Blue Cross and Blue Shield of North Carolina (Blue Cross NC) written authorization to disclose your **Protected Health Information (PHI)** to anyone that you designate and for any purpose. If you want to authorize a person or entity to receive your PHI upon their request, please provide the information below. Completion of this form is not a condition or requirement of coverage and will not change the way that Blue Cross NC communicates with you. For example, we will continue to send Explanation of Benefits (EOB) statements to you upon request. However, if your adult child calls Blue Cross NC to inquire about you, your Protected Health Information will not be shared with your adult child unless you have given Blue Cross NC permission to do so by completion of this form.

Member's Name (print): \_\_\_\_\_ Member's Date of Birth:   /   /      
(mm/dd/yyyy)

Blue Cross NC ID Number: \_\_\_\_\_

At my request, I authorize Blue Cross NC to disclose my Protected Health Information (PHI) to: (If you choose, you may designate more than one person.)	
Name/Entity:	Address:
Phone:	Relationship to member:

**The purpose of this disclosure is:**

To assist me with my health plan       To coordinate and manage my health       Other: \_\_\_\_\_

We request that you provide the following information to the person you have authorized so that we may verify the person's identity and authority to receive your PHI:  
A) your ID number, B) your date of birth, and C) your address.

**I authorize Blue Cross NC to disclose only the following Protected Health Information to the person designated above** (check all that apply):

Any information requested       Explanation of Benefits information  
 Premium Payment information       All services from a specific health care provider  
 All claims information      (list provider's name): \_\_\_\_\_  
 Enrollment information       Other (list specific PHI): \_\_\_\_\_  
 Benefit information

If applicable, this information may contain sensitive data, including data related to treatment of sexually transmitted or communicable diseases, HIV/AIDS, mental and behavioral health (except psychotherapy notes), genetic testing and termination of pregnancy.

I want the designated person to have access to my PHI until my policy expires OR until the specified date of:   /   /      
(mm/dd/yyyy)

Y0079\_8852\_C PA 09172019  
V569a, 9/19

**Member Authorization Request Form** (continued)

I understand that I may revoke this authorization at any time by giving Blue Cross NC written notice mailed to the address provided. However, if I revoke this authorization, I also understand that the revocation will not affect any action Blue Cross NC took while this authorization was valid before Blue Cross NC received my written notice of revocation.

I also understand that I do not have to authorize anyone to receive my PHI as a condition or requirement for coverage by Blue Cross NC.

I also understand that if the persons or entities I have authorized to receive my PHI are not health plans, covered health care providers, or health care clearing houses subject to the Health Insurance Portability and Accountability Act (HIPAA), or other federal health information privacy laws, they may further disclose my PHI and it may no longer be protected by HIPAA or federal health information privacy laws.

However, if this information is protected by the Federal Substance Use Confidentiality Regulations, the recipient may not re-disclose such information without my further written authorization unless otherwise provided for by state or federal law.

Signature of Member: \_\_\_\_\_

Date:   /   /      
(mm/dd/yyyy)

Signature of Personal Representative: \_\_\_\_\_

Date:   /   /      
(mm/dd/yyyy)

If signed by a Personal Representative, please:

A) Print your full name: \_\_\_\_\_

**AND**

B) Describe your authority to act for the member: \_\_\_\_\_  
(e.g., durable power of attorney, court order, parent of minor child, etc.)

**AND**

C) Attach the legal document naming you as the personal representative when you return this form.

**NOTE:** We will consider the effective date of this authorization to be the date we enter this authorization into our computer system, typically 5 days following receipt. If you would like this authorization to become effective on a date after Blue Cross NC enters the authorization into its system, please provide the date here:

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**IMPORTANT INFORMATION:**

**2022 Medicare Star Ratings**

**Blue Cross and Blue Shield of North Carolina – H3449**

For 2022, Blue Cross and Blue Shield of North Carolina - H3449 received the following Star Ratings from Medicare:

**Overall Star Rating:** ★★★★★  
**Health Services Rating:** ★★★★★  
**Drug Services Rating:** ★★★★★



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 866-760-0823 (toll-free) or 711 (TTY). Current members please call 888-310-4110 (toll-free) or 711 (TTY).



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U39188, 10/21

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## BlueConnect™

-  When you enroll in **Blue Medicare HMO**, you'll have access to **Blue Connect**, your member website, at **BlueConnectNC.com**.
-  There you'll find complete information about your coverage, 24 hours a day, 7 days a week.

## 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://www.bluecrossnc.com/centers)

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**Blue**Medicare HMO<sup>SM</sup>

**Contact Blue Cross NC**

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

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Or contact your Blue Cross NC  
Authorized Independent Agent.



**BlueCross BlueShield  
of North Carolina**

**MEDICARE**

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