BlueCross BlueShield of North Carolina

Healthy Blue + Medicare (HMO-POS D-SNP) offered by Blue Cross and Blue Shield of North Carolina

Annual Notice of Change for 2026

You're enrolled as a member of Healthy Blue + Medicare (HMO-POS D-SNP).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year**. If you don't join another plan by December 7, 2025, you'll stay in Healthy Blue + Medicare (HMO-POS D-SNP).
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at https://www.bluecrossnc.com/members/medicare or call Customer Service at 1-833-713-1078 (TTY users call 711) to get a copy by mail.

More Resources

- Call Customer Service at 1-833-713-1078 (TTY users call *711*) for more information. Hours are 8 a.m. to 8 p.m. daily. This call is free.
- This document is available in languages other than English, in braille, in large print or other alternate formats. Please call Customer Service for additional information.

About Healthy Blue + Medicare (HMO-POS D-SNP)

- Blue Cross and Blue Shield of North Carolina is an HMO-POS D-SNP plan with a Medicare contract and an NC State Medicaid Agency Contract (SMAC). Enrollment into Blue Cross and Blue Shield of North Carolina depends upon contract renewal.
- When this material says "we," "us," or "our," it means Blue Cross and Blue Shield of North Carolina. When it says "plan" or "our plan," it means Healthy Blue + Medicare (HMO-POS D-SNP)
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Healthy Blue + Medicare (HMO-POS D-SNP).** Starting January 1, 2026, you'll get your medical and drug coverage through Healthy Blue + Medicare (HMO-POS D-SNP). Go to Section 3 for more information about how to change plans and deadlines for making a change.

OMB Approval 0938-1051 (Expires: August 31, 2026)

Table of Contents

Summary of Important Costs for 2026 ..... **3**
SECTION 1 Changes to Benefits & Costs for Next Year **5**
Section 1.1 Changes to the Monthly Plan Premium 5
Section 1.2 Changes to Your Maximum Out-of-Pocket Amount 5
Section 1.3 Changes to the Provider Network 5
Section 1.4 Changes to the Pharmacy Network 6
Section 1.5 Changes to Benefits & Costs for Medical Services 6
Section 1.6 Changes to Part D Drug Coverage 9
Section 1.7 Changes to Prescription Drug Benefits & Costs 9
SECTION 2 Administrative Changes **11**
SECTION 3 How to Change Plans **13**
Section 3.1 Deadlines for Changing Plans 13
Section 3.2 Are there other times of the year to make a change? 13
SECTION 4 Get Help Paying for Prescription Drugs **14**
SECTION 5 Questions? **15**
Get Help from Healthy Blue + Medicare (HMO-POS D-SNP) 15
Get Free Counseling about Medicare 15
Get Help from Medicare 15
Get Help from Medicaid 16

Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	$0	$0
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.
Primary care office visits	$0 copay per visit	$0 copay per visit
Specialist office visits	$0 copay per visit	$0 copay per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	Because you are eligible for Medicare cost-sharing help under Medicaid, you pay $0.	Because you are eligible for Medicare cost-sharing help under Medicaid, you pay $0.
Part D drug coverage deductible (Go to Section 1 for details.)	$0 Your deductible may be as low as $0, depending on your level of Extra Help.	$0 Your deductible may be as low as $0, depending on your level of Extra Help.

	2025 (this year)	2026 (next year)
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	**Copayment during the Initial Coverage Stage:** **Drug Tier 1:** You pay $0 per prescription. **Drug Tier 2:** You pay $0 per prescription. **Drug Tier 3:** You pay $0 - $12.15* per prescription. **Drug Tier 4:** You pay $0 - $12.15* per prescription. **Drug Tier 5:** You pay $0 - $12.15* per prescription. **Drug Tier 6:** You pay $0 per prescription. **Catastrophic Coverage Stage:** During this payment stage, you pay nothing for your covered Part D drugs.	**Copayment during the Initial Coverage Stage:** **Drug Tier 1:** You pay $0 per prescription. **Drug Tier 2:** You pay $0 per prescription. **Drug Tier 3:** You pay $0 - $12.65* per prescription. **Drug Tier 4:** You pay $0 - $12.65* per prescription. **Drug Tier 5:** You pay $0 - $12.65* per prescription. **Drug Tier 6:** You pay $0 per prescription. **Catastrophic Coverage Stage:** During this payment stage, you pay nothing for your covered Part D drugs.

*The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)	$0	$0

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Because our members also get help from Medicaid, very few members ever reach this out-of-pocket maximum. You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	$9,350	$9,250 Your coverage under NC Medicaid provides coverage for Medicare cost-sharing applied to covered services.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* https://www.bluecrossnc.com/members/medicare/find-care to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at https://www.bluecrossnc.com/members/medicare.
- Call Customer Service at 1-833-713-1078 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Service at 1-833-713-1078 (TTY users call 711) for help. For

more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2026 Pharmacy Directory https://www.bluecrossnc.com/members/medicare/forms-library to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at https://www.bluecrossnc.com/members/medicare.
- Call Customer Service at 1-833-713-1078 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Service at 1-833-713-1078 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare benefits and costs.

	2025 (this year)	**2026 (next year)**
24/7 NurseLine	You pay a $0 copay for this benefit.	Not covered.
Dental Services	**In-Network and Out-of-Network: Preventive/Comprehensive Dental** You receive an unlimited allowance for combined preventive and comprehensive dental services with a 0% cost share at participating out-of-network dental providers. For 2025, bridges are covered 1 per tooth every 5 years and implants are covered 1 per quadrant per lifetime.	**In-Network and Out-of-Network: Preventive/Comprehensive Dental** You receive a $3,000 allowance for combined preventive and comprehensive dental services with a 0% cost share at participating out-of-network dental providers. For 2026, bridges and implants are not covered.
Fitness Benefit	You receive a $112 benefit amount per month to spend through the vendor platform on gym memberships, classes and fitness accessories. You get unlimited access to the vendor's online platform.	SilverSneakers® allows access to in-network facilities at no cost to members and unlimited access to the vendor's online platform. Must use designated vendor.
Hearing Aids	You receive a $3,000 allowance for prescription hearing aids or $300 for over-the-counter hearing aids.	You pay a $0 copay for Advanced hearing aids (one per ear, every three years) for this benefit.

	2025 (this year)	2026 (next year)
Over-the-Counter (OTC)	**Everyday Options Allowance** This plan offers a combined monthly spending allowance of $259 for healthy foods*, over-the-counter (OTC) items and home safety devices on your Benefits Prepaid Card. Unused amounts expire at the end of each month.	**Combined Over-the -Counter (OTC) and Healthy Foods Allowance** This plan offers a combined monthly spending allowance of $250 for healthy foods** and over-the-counter (OTC) items on your Blue FlexCard. You may purchase eligible home safety devices with your OTC allowance using the Blue FlexCard. Unused amounts expire at the end of each month.
Personal Emergency Response System (PERS)	Coverage of one personal emergency response system and monthly monitoring in the member's home when arranged by the Plan with a contracted vendor.	A wearable device from Connect America® that connects you with a call center to get the emergency services you need. Most devices also include fall detection, GPS tracking and an app to alert family or caregivers.
Prior Authorization	**The following benefits require Prior Authorization in 2025:** • Comprehensive Dental • Cardiac and Intensive Cardiac Rehabilitation Services • Pulmonary Rehabilitation Services • SET for PAD Services • Chiropractic Services • Occupational Therapy Services • Physician Specialist Services • Mental Health Specialty Services (Individual and Group Sessions) • Podiatry Services (Medicare-covered and Routine) • Other Health Care Professional • Psychiatric Services (Individual and Group Sessions) • Physical Therapy and Speech Therapy Services • X-Ray Services • Observation Services • Outpatient Substance Use Disorder Services (Group Sessions) • Hearing Exams (all types) • Hearing Aids	**The following benefits require Prior Authorization in 2026:** • Intensive Outpatient Program Services • Outpatient Substance Use Disorder Services (Individual Sessions) **The following benefits do not require Prior Authorization in 2026:** • Comprehensive Dental • Cardiac and Intensive Cardiac Rehabilitation Services • Pulmonary Rehabilitation Services • SET for PAD Services • Chiropractic Services • Occupational Therapy Services • Physician Specialist Services • Mental Health Specialty Services (Individual and Group Sessions) • Podiatry Services (Medicare-covered and Routine) • Other Health Care Professional • Psychiatric Services (Individual and Group Sessions) • Physical Therapy and Speech Therapy Services • X-Ray Services

	2025 (this year)	2026 (next year)
	The following benefits do not require Prior Authorization in 2025: • Intensive Outpatient Program Services • Outpatient Substance Use Disorder Services (Individual Sessions)	• Observation Services • Outpatient Substance Use Disorder Services (Group Sessions) • Hearing Exams (all types) • Hearing Aids
Support for Caregivers	Not covered.	You pay a $0 copay for this benefit. You receive access to Caralell's live support during business hours at no cost using the designated vendor and unlimited access to the vendor's online platform.
Transportation Services	You receive unlimited one-way routine health and non-health* related transportation. Mileage is capped at 60 miles one-way. Must use designated vendor.	You receive 48 one-way routine health and non-health** related transportation trips with SafeRide. There is no mileage cap. Must use designated vendor.
Vision Care	**Prescription Eyewear Allowance** You receive a $400 allowance for prescription eyewear. Must use participating network. **Vision Allowance** Not covered.	**Prescription Eyewear Allowance** Combined allowance for eyewear and eye exams (refer to Vision Allowance) **Vision Allowance** You receive a $400 allowance for prescription eyewear and vision care cost-shares. Vision Allowance will be included on your Blue FlexCard.

* You may qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI) if you are at high risk for hospitalization or adverse health outcomes and require intensive care coordination to manage chronic conditions such as cardiovascular disorders, cancer, stroke, diabetes or chronic lung disorders. Eligibility must be established before the benefit is provided and cannot be guaranteed based solely on your condition. For a full list of covered chronic conditions or to learn more about eligibility requirements, please contact your plan.

**You may qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI) if you are at high risk for hospitalization or adverse health outcomes and require intensive care coordination to manage chronic conditions such as cardiovascular disorders, cancer, stroke, diabetes or chronic lung disorders. Eligibility will be established objectively, using clinical data and provider confirmations. For a full list of covered chronic conditions or to learn more about eligibility requirements, please contact your plan.

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Customer Service at 1-833-713-1078 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells about your drug costs. If you get Extra Help and you don't get this material by September 30, 2025, call Customer Service at 1-833-713-1078 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- ***Stage 1: Yearly Deductible***

  Because you receive Extra Help with your prescription drugs, this payment stage does not apply.

- ***Stage 2: Initial Coverage***

  In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date out-of-pocket costs reach $2,100.

- ***Stage 3: Catastrophic Coverage***

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible	$0 Your deductible may be as low as $0, depending on your level of Extra Help.	$0 Your deductible may be as low as $0, depending on your level of Extra Help.

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long term supply; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid $2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
Tier 1 (Preferred Generic Drugs) We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	***Standard cost sharing:*** You pay $0 per prescription. Your cost for a one-month (30-day) mail-order prescription is $0.	***Standard cost sharing:*** You pay $0 per prescription.
Tier 2 (Generic Drugs) We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	***Standard cost sharing:*** You pay $0 per prescription. Your cost for a one-month (30-day) mail-order prescription is $0.	***Standard cost sharing:*** You pay $0 per prescription.
Tier 3 (Preferred Brand Drugs) We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	***Standard cost sharing:*** You pay $0 - $12.15* per prescription. Your cost for a one-month (30-day) mail-order prescription is $0 - $12.15*.	***Standard cost sharing:*** You pay $0 - $12.65* per prescription. Your cost for a one-month (30-day) mail-order prescription is $0 - $12.65*.

	2025 (this year)	2026 (next year)
Tier 4 (Non-Preferred Drugs) We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	***Standard cost sharing:*** You pay $0 - $12.15* per prescription. Your cost for a one-month (30-day) mail-order prescription is $0 - $12.15*.	***Standard cost sharing:*** You pay $0 - $12.65* per prescription. Your cost for a one-month (30-day) mail-order prescription is $0 - $12.65*.
Tier 5 (Specialty Drugs) We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	***Standard cost sharing:*** You pay $0 - $12.15* per prescription. Your cost for a one-month (30-day) mail-order prescription is $0 - $12.15*.	***Standard cost sharing:*** You pay $0 - $12.65* per prescription. Your cost for a one-month (30-day) mail-order prescription is $0 - $12.65*.
Tier 6 (Select Care Drugs) We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	***Standard cost sharing:*** You pay $0 per prescription. Your cost for a one-month (30-day) mail-order prescription is $0.	***Standard cost sharing:*** You pay $0 per prescription.

*If your copay is greater than $0, the amount you pay will depend on if you qualify for low-income subsidy (LIS), also known as Medicare's Extra Help program. For more information about the "Extra Help" program, please see Chapter 2, Section 7 of the Evidence of Coverage.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.

Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Blue FlexCard	OTC and rewards are offered by separate vendors in 2025.	OTC and rewards are administered by the Blue FlexCard in 2026.

	2025 (this year)	2026 (next year)
Dental Services	Dental vendor for 2025 is DentaQuest.	Dental vendor for 2026 is Liberty Dental.
Fitness Benefit	Fitness Benefit Vendor for 2025 is FitOn Health.	Fitness Benefit Vendor for 2026 is SilverSneakers®.
Hearing Services	This benefit is covered by Hearing Care Solutions.	This benefit is covered by TruHearing providers.
Meal Benefit	This benefit is covered by GA Food.	This benefit is covered by Mom's Meals.
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	**If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. To learn more about this payment option, call us at 1-888-310-4110 (TTY users call 711) or visit www.Medicare.gov.**
Member Rewards and Incentives	Administered through gift card sent by Icario in 2025.	Administered by and available on the Blue FlexCard for certain vendors in 2026.
Over-the-Counter (OTC)	**Everyday Options Allowance** OTC vendor for 2025 is NationsBenefit.	**Combined Over-the -Counter (OTC) and Healthy Foods Allowance** OTC vendor for 2026 is Blue FlexCard.
Personal Emergency Response System (PERS)	PERS vendor for 2025 is Critical Signal Technology/BestBuy Health.	PERS vendor for 2026 is ConnectAmerica®.
Support for Caregivers	Not covered.	This benefit is provided by Carallel vendor.
Transportation Services	Non-Emergency Medical Transportation vendor for 2025 is Modivcare.	Non-Emergency Medical Transportation vendor for 2026 is SafeRide Health.

	2025 (this year)	2026 (next year)
Vision Services	Eye exam and eyewear vendor for 2025 is BlueView Vision.	Eye exam vendor for 2026 is Community Eye Care (CEC).
Vision-Combined Allowance	Vision allowance for 2025 via BlueView Vision.	Combined Vision allowance for 2026 via the Blue FlexCard.

SECTION 3 How to Change Plans

To stay in *Healthy Blue + Medicare (HMO-POS D-SNP)*, you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Healthy Blue + Medicare (HMO-POS D-SNP).

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from Healthy Blue + Medicare (HMO-POS D-SNP).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Healthy Blue + Medicare (HMO-POS D-SNP).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Service at 1-833-713-1078 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 4).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE (1-800-633-4227).

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare *without* a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778.
  - Your State Medicaid office.
- **Help from your state's pharmaceutical assistance program (SPAP)**. North Carolina has a program called Seniors' Health Insurance Information Program (SHIIP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS**. The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the North Carolina HIV Medication Assistance Program (NC HMAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call NC HMAP at 1-877-466-2232 (toll free in NC) or 1-919-733-9161 (out-of-state) or visit their website at https://epi.dph.ncdhhs.gov/cd/hiv/hmap.html. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered

by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call us at 1-833-713-1078 (TTY users call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from Healthy Blue + Medicare (HMO-POS D-SNP)

- **Call Customer Service at 1-833-713-1078. (TTY users call 711)**

  We're available for phone calls 8 a.m. to 8 p.m. daily. Calls to these numbers are free.

- **Read your 2026 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for Healthy Blue + Medicare (HMO-POS D-SNP). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website https://www.bluecrossnc.com/members/medicare/forms-library or call Customer Service at 1-833-713-1078 (TTY users call 711) to ask us to mail you a copy.

- Visit https://www.bluecrossnc.com/members/medicare/forms-library

  Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our List of Covered Drugs (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In North Carolina, the SHIP is called Seniors' Health Insurance Information Program (SHIIP).

Call *North Carolina Seniors' Health Insurance Information Program (SHIIP)* to get free personalized health insurance counseling. They can help you understand your Medicare and Medicaid plan choices and answer questions about switching plans. Call North Carolina Seniors' Health Insurance Information Program (SHIIP) at 1-855-408-1212. Learn more about North Carolina Seniors' Health Insurance Information Program (SHIIP) by visiting (http://www.ncdoi.com/SHIIP).

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

  You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with** www.Medicare.gov

  You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare* & You 2026**

  The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Get Help from Medicaid

To get information from Medicaid, call NC Medicaid at 1-888-245-0719, TTY users 711.

Review other plan materials available as of October 15, 2025.

View online or request a printed copy by calling us at **1-833-713-1078 (TTY 711)**, 8 a.m. to 8 p.m. daily.

Requests for a printed copy of these documents can be made as a One-Time or a Permanent request. Your preference will remain in effect until you either disenroll from the plan or submit a request to discontinue future mailings.

Evidence of Coverage (EOC)

Your EOC provides you with details about your plan benefits.

To view your EOC, visit https://www.bluecrossnc.com/members/medicare/forms-library and select the **Evidence of Coverage** for your plan. You can also complete and mail the prepaid enclosed postcard to request a printed copy.

Formulary

Your Formulary is a list of drugs covered by your plan.

To view your formulary, visit https://www.bluecrossnc.com/members/medicare/forms-library and select your plan under **Formulary (List of Covered Drugs)**. You can also complete and mail the prepaid enclosed postcard to request a printed copy.

Provider Directory or Pharmacy Directory

To search for providers online, visit https://www.bluecrossnc.com/members/medicare/find-care.

You may also view our **Notice of Privacy Practices** online at www.bluecrossnc.com/about-us/policies-and-best-practices/notice-privacy-practices.

The Women's Health and Cancer Rights Act (WHCRA) of 1998

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, this plan provides coverage for:

1. All stages of reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient. Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.

Contact Customer Service 1-833-713-1078 for more information. Hours of operation are 8 a.m. to 8 p.m. daily.