



BlueCross BlueShield of North Carolina

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

Annual Notice of Change for 2027

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, 2026, you'll stay in Healthy Blue + Medicare (HMO-POS D-SNP).
- To change to a **different plan**, visit [Medicare.gov](https://www.medicare.gov) or review the list in the back of your *Medicare & You 2027* 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, 2026, you'll automatically be enrolled in Healthy Blue + Medicare (HMO-POS D-SNP).** Starting January 1, 2027, 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.

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H9147_9573_M CMS Accepted 09192026

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Summary of Important Costs for 2027

	2026 (this year)	2027 (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 <u>most</u> 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 various inpatient hospital stays such as acute care, rehabilitation, and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	Because you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay \$0.	Because you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay \$0.

	2026 (this year)	2027 (next year)
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages).	Part D drug coverage deductible \$0 Your deductible may be as low as \$0, depending on your level of Extra Help. 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.	Part D drug coverage deductible \$0 Your deductible may be as low as \$0, depending on your level of Extra Help. 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 - \$14.40* per prescription. Drug Tier 4: You pay \$0 - \$14.40* per prescription. Drug Tier 5: You pay \$0 - \$14.40* 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

	2026 (this year)	2027 (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 (and other health services not covered by Medicare) for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Cost-sharing paid by the beneficiary, Medicaid, and other secondary insurance contributes towards this out-of-pocket maximum. Because our members get most cost sharing paid by 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. Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount. Your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$9,250	\$9,850 Your coverage under NC Medicaid provides coverage for covered Medicare Part A and Part B services; you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory*

<https://www.bluecrossnc.com/members/medicare/find-care> to see if your providers (primary care providers, 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. You may have a special enrollment period if your provider leaves the plan network. 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 2027 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.

	2026 (this year)	2027 (next year)
Diabetes Self-Management Training, Diabetic Services, and Supplies	The plan covers Medicare-covered blood glucose meters, blood glucose test strips, and continuous glucose monitors (CGMs).	The plan covers Ascensia (Contour) and Roche (Accu-Chek) branded blood glucose meters. Blood glucose meters are subject to prior authorization. The plan covers Ascensia (Contour) and Roche (Accu-Chek) branded blood glucose test strips. A prior authorization is required for all other branded test strips. All brands of test strips are subject to a quantity limit of 200 test strips per 30 days.

	2026 (this year)	2027 (next year)
		The plan covers Dexcom and Freestyle branded continuous glucose monitors (CGMs). A prior authorization is required for all other branded CGMs. CGM products are subject to quantity limits per product labeling.
Durable Medical Equipment (DME) and related supplies	Prior authorization is required if the equipment's purchase price is greater than \$1,200.	Prior authorization is required if the equipment's purchase price is greater than \$1,000.
Over-the-Counter (OTC)/Healthy Foods* Allowance	There is a \$250 allowance every month. Must use designated vendor.	There is a \$236 allowance every month. Must use designated vendor.
Part D and Part B Drug Transition Benefit Period	The transition benefit period for a temporary supply of a Part D or Part B drug is 90 days.	The transition benefit period for a temporary supply of a Part D or Part B drug is 108 days. See your Evidence of Coverage for more information about a temporary supply.
Pharmacy Network	Amazon Pharmacy, Walgreens Mail Service, Express Scripts Pharmacy (ESI), and Postal Prescription Services (PPS) are available as mail-order pharmacies. Senior Life Pharmacy is available as a retail pharmacy.	Amazon Pharmacy and Walgreens Mail Service are available as retail pharmacies. Express Scripts Pharmacy (ESI) and Postal Prescription Services (PPS) are no longer in the pharmacy network. Senior Life Pharmacy is available as a mail order pharmacy. This is not a complete list of pharmacy network changes. The pharmacy network may change at any time. Review the 2027 Pharmacy Directory at BlueCrossNC.com/Members/Medicare/Forms-Library to see which pharmacies are in our network.
Prior Authorization	The following benefits require Prior Authorization in 2026: - Opioid Treatment Program Services	The following benefits do not require Prior Authorization in 2027: - Opioid Treatment Program Services

2026 (this year)	2027 (next year)
- Outpatient Substance Abuse (Individual Sessions) The following benefits do not require Prior Authorization in 2026: - Blood Glucose Meters - Blood Glucose Test Strips - Continuous Glucose Monitors (CGMs)	- Outpatient Substance Abuse (Individual Sessions) The following benefits require Prior Authorization in 2027: - Blood Glucose Meters - Blood Glucose Test Strips - Continuous Glucose Monitors (CGMs)

*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 posted online at <https://www.bluecrossnc.com/members/medicare/forms-library>.

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 you about your drug costs. If you get Extra Help and you don't get this material by September 30, 2026, 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.

- **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 \$2,400.

- **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.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (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 \$2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (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.	You pay \$0 per prescription.	You pay \$0 per prescription.

	2026 (this year)	2027 (next year)
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.	You pay \$0 per prescription.	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.	You pay \$0 - \$12.65* per prescription. Your cost for a one-month (30-day) mail-order prescription is \$0 - \$12.65*.	You pay \$0 - \$14.40* per prescription. Your cost for a one-month (30-day) mail-order prescription is \$0 - \$14.40*.
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.	You pay \$0 - \$12.65* per prescription. Your cost for a one-month (30-day) mail-order prescription is \$0 - \$12.65*.	You pay \$0 - \$14.40* per prescription. Your cost for a one-month (30-day) mail-order prescription is \$0 - \$14.40*.
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.	You pay \$0 - \$12.65* per prescription. Your cost for a one-month (30-day) mail-order prescription is \$0 - \$12.65*.	You pay \$0 - \$14.40* per prescription. Your cost for a one-month (30-day) mail-order prescription is \$0 - \$14.40*.
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.	You pay \$0 per prescription.	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.

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Appeals and Grievances	You can submit your appeal or complaint by phone, mail, fax, and email	You can submit your appeal or complaint by phone, mail, fax, email and the member portal at https://www.bluecrossnc.com/members/member-portal .
Blue FlexCard	In 2026, the following benefits and rewards are administered through your Blue FlexCard: • 2026 Rewards • Vision Allowance • OTC/Healthy Foods* Allowance	In 2027, the following benefits and rewards are administered through your Blue FlexCard: • 2026 Earned Rewards • 2027 Rewards • Vision Allowance • OTC/Healthy Foods* Allowance Be sure to keep your card.
Medicare Part D Drug Claim Form	Completed forms should be mailed to: Healthy Blue + Medicare (D-SNP) PO Box 2251 Durham, NC 27702-2251	Completed forms should be mailed to: OptumRx PO Box 650287 Dallas, TX 75265-0287
Medicare Prescription Payment Plan	If you have an open balance for your 2025 Medicare Prescription Payment Plan claims, you will receive invoices that show those outstanding balances. As a reminder, you are required to promptly pay your Medicare Prescription Payment Plan invoices to remain in the program. You are not able to use a credit card to make Medicare Prescription Payment Plan payments. M3P Election Forms should be mailed to:	If you have an open balance from your 2026 Medicare Prescription Payment Plan claims and are participating in the Medicare Prescription Payment Plan for 2027, you will receive two separate invoices. As a reminder, you are required to promptly pay your Medicare Prescription Payment Plan invoices to remain in the program. You will be able to use a credit card to make your 2027 Medicare Prescription Payment Plan payments through the Medicare Prescription Payment Plan

	2026 (this year)	2027 (next year)
	SimplicityRx Mailstop: 1001 MPPP Election Dept. 13900 N. Harvey Ave Edmond, OK 73013 Final payments for 2025 Medicare Prescription Payment Plan invoices are due by February 1, 2026.	portal connected to the Blue Cross NC member portal. M3P Election Forms should be mailed to: Blue Cross NC Attn: M3P Election Processes PO Box 650287 Dallas, TX 75265-0287 Final payments for 2026 Medicare Prescription Payment Plan invoices are due by February 1, 2027.
Member ID Card	The Rx BIN on your member ID card is 015905. Your pharmacy uses this number to process claims.	The Rx BIN on your member ID card will change to 029230. You will receive a new member ID card for 2027. Please use your new card beginning January 1, 2027, and show it to your pharmacy when filling prescriptions.
Member Submitted Medical Claims	Members can submit medical claims for reimbursement by email at MemberClaimsSubmission@bcbsnc.com.	Members cannot submit medical claims for reimbursement via email.
Prescription Drug Benefit Administration	Your Medicare Part D prescription drug benefits are administered through Prime Therapeutics.	Beginning January 1, 2027, your Medicare Part D prescription drug benefits will be administered through Optum Rx. Please review your 2027 plan materials for changes that may impact you.

*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 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 Medicare health 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 2027, 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). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage**, you can enroll in a Part D plan, and you'll automatically be 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.
- **To learn more about Original Medicare and the different types of Medicare plans**, visit [Medicare.gov](https://www.medicare.gov), check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Blue Cross NC offers other Medicare health plans and Medicare prescription drug plans. These other plans can differ in coverage, monthly plan premiums, and cost-sharing amounts.

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, 2027, 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, 2027.

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 *NC HIV Medication Assistance Program (NC HMAP)* 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. 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 2027 you do not need to submit a new election request to continue participating in 2027. **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. To learn more about this payment option, call us at 1-833-713-1078 (TTY users call 711) or visit [Medicare.gov](https://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 2027 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *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 [Medicare.gov](https://www.medicare.gov)**

You can chat live at [Medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone).

- **Write to Medicare**

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

- **Visit [Medicare.gov](https://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 2027***

The *Medicare & You 2027* 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 [Medicare.gov](https://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, 2026.

View online or request a printed copy by calling us. **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 request a printed or electronic copy by scanning the QR code on the enclosed insert.

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 request a printed or electronic copy by scanning the QR code on the enclosed insert.

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 <https://www.bluecrossnc.com/policies-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 for more information. Hours of operation are 8 a.m. to 8 p.m. daily