



BlueCross BlueShield of North Carolina

Blue Medicare Medical OnlySM (HMO-POS) (H3449-012) offered by Blue Cross and Blue Shield of North Carolina (Blue Cross NC)

Annual Notice of Change for 2027

You're enrolled as a member of Blue Medicare Medical Only.

This material describes changes to your 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 Blue Medicare Medical Only.
- 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 1-888-310-4110 (TTY users call 711) to get a copy by mail.

More Resources

- Call Customer Service at 1-888-310-4110 (TTY users call 711) for additional 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 Blue Medicare Medical Only

- Blue Cross and Blue Shield of North Carolina is an HMO-POS plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal.
- When this material says "we," "us," or "our," it means Blue Cross and Blue Shield of North Carolina (Blue Cross NC). When it says "plan" or "our plan," it means Blue Medicare Medical Only.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in Blue Medicare Medical Only (HMO-POS).** Starting January 1, 2027, you'll get your medical coverage through Blue Medicare Medical Only (HMO-POS). Go to Section 3 for more information about how to change plans and deadlines for making a change.
- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's) for 63 days or more, you may have to pay a late enrollment penalty that is added to your monthly premium if you enroll in Medicare drug coverage in the future.

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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.)	\$3,900	\$3,900
Primary care office visits	\$0 per visit	\$0 per visit
Specialist office visits	\$25 per visit	\$25 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.	You pay a \$295 copayment per day for the first 6 days for each Medicare-covered admission to a network hospital. You pay \$0 for additional days at a network hospital.	You pay a \$295 copayment per day for the first 6 days for each Medicare-covered admission to a network hospital. You pay \$0 for additional days at a network hospital.

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).	\$0	\$0
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	\$35 per month	\$35 per month

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 Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount.	\$3,900	\$3,900 Once you've paid \$3,900 out of pocket for covered 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 1-888-310-4110 (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 your plan during the year. If a mid-year change in our providers affects you, call Customer Service at 1-888-310-4110 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network.

Section 1.4 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Cardiac Rehabilitation Services	Cardiac Rehab You pay a \$0 copay for this benefit. Intensive Cardiac Rehab You pay a \$0 copay for this benefit.	Cardiac Rehab You pay a \$20 copay for this benefit. Intensive Cardiac Rehab You pay a \$20 copay for this benefit.
Diabetes Self-Management Training, Diabetic Services, and Supplies	The plan covers Ascensia (Contour) branded blood glucose meters. All other branded blood glucose meters are subject to a medical exception. The plan covers Ascensia (Contour) branded blood glucose test strips. A medical exception is required for all other branded test strips. All brands of test strips are subject to a quantity limit of 204 test strips per 30 days. The plan covers Dexcom and Freestyle branded continuous glucose monitors (CGMs). A medical exception is required for all other branded CGMs. CGM products are subject to quantity limits per product labeling.	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. 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.
Hearing Services	Medicare-covered Hearing Exams You pay a \$25 copay for this benefit.	Medicare-covered Hearing Exams You pay a \$20 copay for this benefit.
In-Home Support Services	CareLinx	Not covered.

	2026 (this year)	2027 (next year)
	You are covered for 60 hours per year of in-home support services. The services are limited to non-medical activities of daily living, such as grooming, toileting, mobility support, and respite care.	
Meal Benefit	Mom's Meals After your inpatient stay in either the hospital or a nursing facility and you have been discharged home, you are eligible to receive 2 meals per day for 14 days at no extra cost to you.	Mom's Meals After your inpatient stay in either the hospital or a nursing facility and you have been discharged home, you are eligible to receive 2 meals per day for 7 days at no extra cost to you.
Outpatient Diagnostic Services	Lab Services other than PCP You pay a \$5 copay for this benefit. X-Ray Services other than PCP You pay a \$15 copay for this benefit.	Lab Services other than PCP You pay a \$25 copay for this benefit. X-Ray Services other than PCP You pay a \$30 copay for this benefit.
Part B Drug Transition Benefit Period	The transition benefit period for a temporary supply of a Part B drug is 90 days.	The transition benefit period for a temporary supply of a Part B drug is 108 days. See your Evidence of Coverage for more information about a temporary supply.
Prior Authorization	The following benefits require Prior Authorization in 2026: - Opioid Treatment Program Services - Outpatient Substance Abuse (Individual Sessions) The following benefit does not require Prior Authorization in 2026: - Preferred Blood Glucose Meters	The following benefits do not require Prior Authorization in 2027: - Opioid Treatment Program Services - Outpatient Substance Abuse (Individual Sessions) The following benefit will require Prior Authorization in 2027: - Preferred Blood Glucose Meters
Skilled Nursing Facility (SNF)	You pay a \$0 copay per day for days 1-20.	You pay a \$0 copay per day for days 1-20.

	2026 (this year)	2027 (next year)
	You pay a \$218 copay per day for days 21-100.	You pay a \$221 copay per day for days 21-100.
Transportation Services	SafeRide 12 one-way trips to covered health-related locations.	Not covered.

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 -Blue FlexCard: • Earned 2025 Rewards • 2026 Rewards • Vision Allowance • OTC Allowance	In 2027, the following benefits and rewards are administered through -Blue FlexCard: • Earned 2026 Rewards • 2027 Rewards • Vision Allowance • OTC Allowance Be sure to keep your card.
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.

SECTION 3 How to Change Plans

To stay in Blue Medicare Medical Only, 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 Blue Medicare Medical Only.

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 Blue Medicare Medical Only. 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**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from Blue Medicare Medical Only.
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Customer Service at 1-888-310-4110 (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 5).
- **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 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Blue Cross NC offers other Medicare health plans and Medicare drug plans. These other plans can have different 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

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 or
 - 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.

SECTION 5 Questions?

Get Help from Blue Medicare Medical Only

- **Call Customer Service at 1-888-310-4110. (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, look in the 2027 *Evidence of Coverage* for Blue Medicare Medical Only. The *Evidence of Coverage* is the legal, detailed description of your 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 at <https://www.bluecrossnc.com/members/medicare/forms-library> or call Customer Service at 1-888-310-4110 (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*).

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 SHIIP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call SHIIP at 1-855-408-1212. Learn more about SHIIP by visiting (<https://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.

Review other plan materials available as of October 15, 2026.

View online or request a printed copy by calling us. **1-888-310-4110 (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.

Provider 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