



# BlueCross BlueShield of North Carolina

***Blue Medicare Freedom+<sup>SM</sup> (PPO) (H3404-004) 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 Freedom+.

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 Blue Medicare Freedom+.
- 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 1-877-494-7647 (TTY users call 711) to get a copy by mail.

### More Resources

- Call Customer Service at 1-877-494-7647 (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 Blue Medicare Freedom+

- Blue Cross and Blue Shield of North Carolina is a PPO 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 Freedom+.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in Blue Medicare Freedom+.** Starting January 1, 2027, you'll get your medical coverage through Blue Medicare Freedom+. 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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Y0079\_15300\_M CMS Accepted 09202026

H3404-004

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## Summary of Important Costs for 2027

|                                                                                                                                                                                                                                                                          | 2026<br>(this year)                                                                                                                           | 2027<br>(next year)                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Monthly plan premium*</b><br>Go to Section 1.1 for details.                                                                                                                                                                                                           | \$0                                                                                                                                           | \$0                                                                                                                                           |
| <b>Maximum out-of-pocket amount</b><br>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.)                                                                                                         | <b>From network providers:</b><br>\$9,250<br><b>From network and out-of-network providers combined:</b><br>\$13,900                           | <b>From network providers:</b><br>\$9,850<br><b>From network and out-of-network providers combined:</b><br>\$14,800                           |
| <b>Primary care office visits</b>                                                                                                                                                                                                                                        | <b>In-Network</b><br>20% of the total cost per visit<br><b>Out-of-Network</b><br>40% of the total cost per visit                              | <b>In-Network</b><br>20% of the total cost per visit<br><b>Out-of-Network</b><br>40% of the total cost per visit                              |
| <b>Specialist office visits</b>                                                                                                                                                                                                                                          | <b>In-Network</b><br>20% of the total cost per visit<br><b>Out-of-Network</b><br>40% of the total cost per visit                              | <b>In-Network</b><br>20% of the total cost per visit<br><b>Out-of-Network</b><br>40% of the total cost per visit                              |
| <b>Inpatient hospital stays</b><br>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. | <b>In-Network</b><br>You pay a \$2,230 copay per stay for the first <b>90</b> days for each Medicare-covered admission to a network hospital. | <b>In-Network</b><br>You pay a \$2,241 copay per stay for the first <b>90</b> days for each Medicare-covered admission to a network hospital. |

|  | 2026<br>(this year)                                                         | 2027<br>(next year)                                                         |
|--|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|
|  | You pay a \$838 copay per days<br>91-150 (shows as reserve days)            | You pay a \$868 copay per days<br>91-150 (shows as reserve days)            |
|  | <b>Out-of-Network</b><br>40% coinsurance of the total cost<br>per admission | <b>Out-of-Network</b><br>40% coinsurance of the total cost<br>per admission |

## SECTION 1 Changes to Benefits & Costs for Next Year

### Section 1.1 Changes to the Monthly Plan Premium

|                                                                                                                                  | 2026<br>(this year) | 2027<br>(next year) |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|
| <b>Monthly plan premium</b><br>(You must also continue to pay your Medicare Part B premium).                                     | \$0                 | \$0                 |
| <b>Part B premium reduction</b><br>This amount will be deducted from your Part B premium. This means you'll pay less for Part B. | \$100 per month     | \$76 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<br>(this year) | 2027<br>(next year)                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>In-network maximum out-of-pocket amount</b><br>Your costs for covered medical services (such as copayments) from network providers <b>count</b> toward your in-network maximum out-of-pocket amount. | \$9,250             | \$9,850<br><br><b>Once you've paid \$9,850 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.</b> |

|                                                                                                                                                                                                                           | 2026<br>(this year) | 2027<br>(next year)                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Combined maximum out-of-pocket amount</b><br>Your costs for covered medical services (such as copayments) from in-network and out-of-network providers <b>count</b> toward your combined maximum out-of-pocket amount. | \$13,900            | \$14,800<br><br><b>Once you've paid \$14,800 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.</b> |

### 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 1-877-494-7647 (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 1-877-494-7647 (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<br>(this year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2027<br>(next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Diabetes Self-Management Training, Diabetic Services, and Supplies</b> | <p>The plan covers Ascensia (Contour) branded blood glucose meters. All other branded blood glucose meters are subject to a medical exception.</p> <p>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.</p> <p>The plan covers Dexcom and Freestyle branded continuous glucose monitors (CGMs). A medical exception is required</p> | <p>The plan covers Ascensia (Contour) and Roche (Accu-Chek) branded blood glucose meters. Blood glucose meters are subject to prior authorization.</p> <p>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.</p> <p>The plan covers Dexcom and Freestyle branded continuous glucose monitors</p> |

|                                                             | 2026<br>(this year)                                                                                                                                                                                                                                                                                                                                                                       | 2027<br>(next year)                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                             | for all other branded CGMs. CGM products are subject to quantity limits per product labeling.                                                                                                                                                                                                                                                                                             | (CGMs). A prior authorization is required for all other branded CGMs. CGM products are subject to quantity limits per product labeling.                                                                                                                                                                                                                                                   |
| <b>Durable Medical Equipment (DME) and related supplies</b> | 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.                                                                                                                                                                                                                                                                                                |
| <b>Fitness Benefit</b>                                      | <b>SilverSneakers</b><br><br><b>In-Network:</b><br>SilverSneakers® allows access to in-network facilities at no cost to members and unlimited access to the vendor's online platform.<br><br><b>Out-of-Network:</b><br>Must use designated vendor.                                                                                                                                        | Not covered.                                                                                                                                                                                                                                                                                                                                                                              |
| <b>In-Home Support Services</b>                             | <b>CareLinx</b><br><br><b>In-Network:</b><br>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.<br><br><b>Out-of-Network:</b><br>Must use designated vendor.                                                                         | Not covered.                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Inpatient Hospital Services</b>                          | <b>Inpatient Hospital - Acute</b><br><b>In-Network:</b><br>You pay a \$2,230 copay per stay for days 1-90.<br>You pay a \$838 copay per day for days 91-150 (shows as reserve days).<br><br><b>Inpatient Hospital - Psychiatric</b><br><b>In-Network:</b><br>You pay a \$2,080 copay per stay for days 1-90.<br>You pay a \$838 copay per day for days 91-150 (60 lifetime reserve days). | <b>Inpatient Hospital - Acute</b><br><b>In-Network:</b><br>You pay a \$2,241 copay per stay for days 1-90.<br>You pay a \$868 copay per day for days 91-150 (shows as reserve days).<br><br><b>Inpatient Hospital - Psychiatric</b><br><b>In-Network:</b><br>You pay a \$2,091 copay per stay for days 1-90.<br>You pay a \$868 copay per day for days 91-150 (60 lifetime reserve days). |

|                                                  | 2026<br>(this year)                                                                                                                                                                                                                                                                                                                                                                    | 2027<br>(next year)                                                                                                                                                                                                 |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Meal Benefit</b>                              | <b>Mom's Meals</b><br><br><b>In-Network:</b><br>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.<br><br><b>Out-of-Network:</b><br>Must use designated vendor.                                                                                | Not covered.                                                                                                                                                                                                        |
| <b>Outpatient Rehabilitation Services</b>        | <b>Occupational Therapy Services</b><br><b>In-Network:</b><br>You pay a \$30 copay for this benefit.<br><br><b>Physical/Speech Therapy Services</b><br><b>In-Network:</b><br>You pay a \$30 copay for this benefit.                                                                                                                                                                    | <b>Occupational Therapy Services</b><br><b>In-Network:</b><br>You pay a \$35 copay for this benefit.<br><br><b>Physical/Speech Therapy Services</b><br><b>In-Network:</b><br>You pay a \$35 copay for this benefit. |
| <b>Part B Drug Transition Benefit Period</b>     | 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.<br><br>See your Evidence of Coverage for more information about a temporary supply.                                              |
| <b>Personal Emergency Response System (PERS)</b> | <b>Connect America</b><br><b>In-Network:</b><br>Connect America provides members personal emergency response devices with continuous in-home and mobile monitoring, on-demand access to a call center for emergency situations, general support and isolation relief and a mobile application for members and caregivers.<br><br><b>Out-of-Network:</b><br>Must use designated vendor. | Not covered.                                                                                                                                                                                                        |
| <b>Prior Authorization</b>                       | <b>The following benefits require Prior Authorization in 2026:</b><br>- Opioid Treatment Program Services<br>- Outpatient Substance Abuse (Individual Sessions)                                                                                                                                                                                                                        | <b>The following benefits do not require Prior Authorization in 2027:</b><br>- Opioid Treatment Program Services<br>- Outpatient Substance Abuse (Individual Sessions)                                              |

|                                       | 2026<br>(this year)                                                                                                                                                                                                                                              | 2027<br>(next year)                                                                                                                                                                                            |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                       | <p><b>The following benefit does not require Prior Authorization in 2026:</b></p> <ul style="list-style-type: none"> <li>- Preferred Blood Glucose Meters</li> </ul>                                                                                             | <p><b>The following benefit will require Prior Authorization in 2027:</b></p> <ul style="list-style-type: none"> <li>- Preferred Blood Glucose Meters</li> </ul>                                               |
| <b>Skilled Nursing Facility (SNF)</b> | <p><b>In-Network:</b><br/>           You pay a \$0 copay per day for days 1-20.<br/>           You pay a \$218 copay per day for days 21-60.<br/>           You pay a \$0 copay per day for days 61-100.</p>                                                     | <p><b>In-Network:</b><br/>           You pay a \$0 copay per day for days 1-20.<br/>           You pay a \$221 copay per day for days 21-60.<br/>           You pay a \$221 copay per day for days 61-100.</p> |
| <b>Support for Caregivers</b>         | <p><b>Carallel</b></p> <p><b>In-Network:</b><br/>           Carallel offers extra support to the member, or the member's non-professional caregiver when taking care of loved ones.</p> <p><b>Out-of-Network:</b><br/>           Must use designated Vendor.</p> | Not covered.                                                                                                                                                                                                   |
| <b>Transportation Services</b>        | <p><b>SafeRide</b></p> <p><b>In-Network:</b><br/>           12 one-way trips to covered health-related locations.</p> <p><b>Out-of-Network:</b><br/>           Must use designated vendor.</p>                                                                   | Not covered.                                                                                                                                                                                                   |

## SECTION 2 Administrative Changes

|                               | 2026<br>(this year)                                                     | 2027<br>(next year)                                                                                                                                                                                             |
|-------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Appeals and Grievances</b> | 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 <a href="https://www.bluecrossnc.com/members/member-portal">https://www.bluecrossnc.com/members/member-portal</a> . |

|                                        | 2026<br>(this year)                                                                                                                                                                        | 2027<br>(next year)                                                                                                                                                                                                                 |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Blue FlexCard</b>                   | <p>In 2026, the following benefits and rewards are administered through Blue FlexCard:</p> <ul style="list-style-type: none"> <li>• Earned 2025 Rewards</li> <li>• 2026 Rewards</li> </ul> | <p>In 2027, the following benefits and rewards are administered through Blue FlexCard:</p> <ul style="list-style-type: none"> <li>• Earned 2026 Rewards</li> <li>• 2027 Rewards</li> </ul> <p><b>Be sure to keep your card.</b></p> |
| <b>Member Submitted Medical Claims</b> | <p>Members can submit medical claims for reimbursement by email at <a href="mailto:MemberClaimsSubmission@bcbsnc.com">MemberClaimsSubmission@bcbsnc.com</a>.</p>                           | <p>Members cannot submit medical claims for reimbursement via email.</p>                                                                                                                                                            |

## SECTION 3 How to Change Plans

**To stay in Blue Medicare Freedom+, 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 Freedom+.

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 Freedom+. 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 Freedom+.
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Customer Service at 1-877-494-7647 (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. As a reminder, Blue Cross NC offers other Medicare health plans and Medicare prescription 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

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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, those 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](http://shiphelp.org), or call 1-800-MEDICARE.

## SECTION 5 Questions?

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### Get Help from Blue Medicare Freedom+

- **Call Customer Service at 1-877-494-7647. (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 Freedom+. 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 at <https://www.bluecrossnc.com/members/medicare/forms-library>, or call Customer Service at 1-877-494-7647 (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 Seniors' Health Insurance Information Program (SHIIP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Seniors' Health Insurance Information Program (SHIIP) at 1-855-408-1212. Learn more about Seniors' Health Insurance Information Program (SHIIP) by visiting [www.ncdoi.com/SHIIP](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.

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

View online or request a printed copy by calling us. **1-877-494-7647 (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