



BlueCross BlueShield of North Carolina

Blue Medicare Rx EnhancedSM (PDP) (S5540-004) 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 Rx Enhanced (PDP).

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 Rx Enhanced (PDP).
- 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 1-888-247-4142 (TTY users call 711) to get a copy by mail.

More Resources

- Call Customer Service at 1-888-247-4142 (TTY users call 711) for more information. Hours are 8 a.m. to 8 p.m. daily. This call is free.
- This material 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 Rx Enhanced

- Blue Cross and Blue Shield of North Carolina is a PDP 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 Rx Enhanced.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in Blue Medicare Rx Enhanced.** Starting January 1, 2027, you'll get your drug coverage through Blue Medicare Rx Enhanced. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher or lower than this amount. Go to Section 1.1 for details.	\$163.20	\$239.20
Part D drug coverage (Go to Section 1.4 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages).	Part D drug coverage deductible \$0 Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1: \$3 per prescription for a 30-day supply at a preferred retail pharmacy or preferred mail order pharmacy Drug Tier 1: \$15 per prescription for a 30-day supply at a standard retail pharmacy, standard mail order pharmacy, or out-of-network pharmacy Drug Tier 2: \$6 per prescription for a 30-day supply at a preferred retail pharmacy or preferred mail order pharmacy Drug Tier 2: \$20 per prescription for a 30-day supply at a standard retail pharmacy, standard mail order pharmacy, or out-of-network pharmacy Drug Tier 3: \$45 per prescription for a 30-day supply at a preferred retail pharmacy or preferred mail order pharmacy Drug Tier 3: \$47 per prescription for a 30-day supply at a standard retail	Part D drug coverage deductible \$0 Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1: \$3 per prescription for a 30-day supply at a preferred retail pharmacy or preferred mail order pharmacy Drug Tier 1: \$15 per prescription for a 30-day supply at a standard retail pharmacy, standard mail order pharmacy, or out-of-network pharmacy Drug Tier 2: \$6 per prescription for a 30-day supply at a preferred retail pharmacy or preferred mail order pharmacy Drug Tier 2: \$20 per prescription for a 30-day supply at a standard retail pharmacy, standard mail order pharmacy, or out-of-network pharmacy Drug Tier 3: \$45 per prescription for a 30-day supply at a preferred retail pharmacy or preferred mail order pharmacy Drug Tier 3: \$45 per prescription for a 30-day supply at a standard retail

	2026 (this year)	2027 (next year)
	pharmacy, standard mail order pharmacy, or out-of-network pharmacy You pay no more than \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: 40% of the total cost for a 30-day supply at a preferred retail pharmacy or preferred mail order pharmacy Drug Tier 4: 40% of the total cost for a 30-day supply at a standard retail pharmacy, standard mail order pharmacy, or out-of-network pharmacy You pay no more than \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: 33% of the total cost for a 30-day supply at a preferred retail pharmacy or preferred mail order pharmacy Drug Tier 5: 33% of the total cost for a 30-day supply at a standard retail pharmacy, standard mail order pharmacy, or out-of-network pharmacy Drug Tier 6: Not covered.	pharmacy, standard mail order pharmacy, or out-of-network pharmacy You pay no more than \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: 41% of the total cost for a 30-day supply at a preferred retail pharmacy or preferred mail order pharmacy Drug Tier 4: 41% of the total cost for a 30-day supply at a standard retail pharmacy, standard mail order pharmacy, or out-of-network pharmacy You pay no more than \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: 33% of the total cost for a 30-day supply at a preferred retail pharmacy or preferred mail order pharmacy Drug Tier 5: 33% of the total cost for a 30-day supply at a standard retail pharmacy, standard mail order pharmacy, or out-of-network pharmacy Drug Tier 6: \$2 per prescription for a 30-day supply at a preferred retail pharmacy or preferred mail order pharmacy Drug Tier 6: \$11 per prescription for a 30-day supply at a standard retail pharmacy, standard mail order pharmacy, or out-of-network pharmacy

	2026 (this year)	2027 (next year)
	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.

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).	\$163.20	\$239.20

Factors that could change your Part D Premium Amount

- **Late Enrollment Penalty** - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- **Higher Income Surcharge** - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- **Extra Help** - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 4 for more information about Extra Help from Medicare.

Section 1.2 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 includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network has changed more than usual for 2027. An updated *Pharmacy Directory* is located on our website at <https://www.bluecrossnc.com/members/medicare/forms-library>. You can also call Customer Service at 1-888-247-4142 (TTY users call 711) for updated provider information or to ask us to mail you a *Pharmacy Directory*. **We strongly suggest that you review our current *Pharmacy Directory* <https://www.bluecrossnc.com/members/medicare/forms-library> to see if your pharmacy is still in our network.**

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 1-888-247-4142 (TTY users call 711) for help.

Section 1.3 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 1-888-247-4142 (TTY users call 711) for more information.

Section 1.4 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 1-888-247-4142 (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**

We have no deductible, so this payment stage doesn’t apply to you.

- **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	Because we have no deductible, this payment stage doesn’t apply to you.	Because we have no deductible, this payment stage doesn’t apply to you.

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard and preferred cost sharing.

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. 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; at a network pharmacy that offers preferred cost sharing; 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)	Standard cost sharing: You pay \$15 per prescription. Preferred cost sharing: You pay \$3 per prescription.	Standard cost sharing: You pay \$15 per prescription. Preferred cost sharing: You pay \$3 per prescription.
Tier 2 (Generic Drugs)	Standard cost sharing: You pay \$20 per prescription. Preferred cost sharing: You pay \$6 per prescription.	Standard cost sharing: You pay \$20 per prescription. Preferred cost sharing: You pay \$6 per prescription.
Tier 3 (Preferred Brand Drugs)	Standard cost sharing: You pay \$47 per prescription. Your cost for a one-month mail order prescription is \$47. Preferred cost sharing: You pay \$45 per prescription.	Standard cost sharing: You pay \$45 per prescription. Your cost for a one-month mail order prescription is \$45. Preferred cost sharing: You pay \$45 per prescription.
Tier 4 (Non-Preferred Drugs)	Standard cost sharing: You pay 40% of the total cost. Your cost for a one-month mail order prescription is 40% of the total cost.	Standard cost sharing: You pay 41% of the total cost. Your cost for a one-month mail order prescription is 41% of the total cost.

	2026 (this year)	2027 (next year)
	<i>Preferred cost sharing:</i> You pay 40% of the total cost. Your cost for a one-month mail order prescription is 40% of the total cost.	<i>Preferred cost sharing:</i> You pay 41% of the total cost. Your cost for a one-month mail order prescription is 41% of the total cost.
Tier 5 (Specialty Drugs)	<i>Standard cost sharing:</i> You pay 33% of the total cost. <i>Preferred cost sharing:</i> You pay 33% of the total cost. Tier 5 is limited to a 30-day supply per fill.	<i>Standard cost sharing:</i> You pay 33% of the total cost. <i>Preferred cost sharing:</i> You pay 33% of the total cost. Tier 5 is limited to a 30-day supply per fill.
Tier 6 (Select Care Drugs)	<i>Not covered</i>	<i>Standard cost sharing:</i> You pay \$11 per prescription. Your cost for a one-month mail order prescription is \$11. <i>Preferred cost sharing:</i> You pay \$2 per prescription. Your cost for a one-month mail order prescription is \$2.

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 .

	2026 (this year)	2027 (next year)
Medicare Part D Drug Claim Form	Completed forms should be mailed to: Blue Medicare Rx (PDP) 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: 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.	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 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.

	2026 (this year)	2027 (next year)
Part D Drug Transition Benefit Period	The transition benefit period for a temporary supply of a Part D drug is 90 days.	The transition benefit period for a temporary supply of a Part D drug is 108 days. See your Evidence of Coverage for more information about a temporary supply.
Pharmacy Network	Amazon Pharmacy is the preferred mail-order pharmacy. Walgreens Mail Service, Express Scripts Pharmacy (ESI), and Postal Prescription Services (PPS) are available as standard (non-preferred) mail-order pharmacies.	Senior Life Pharmacy is the preferred mail-order pharmacy. Amazon Pharmacy and Walgreens Mail Service are available as preferred retail pharmacies. Express Scripts Pharmacy (ESI) and Postal Prescription Services (PPS) are no longer in the pharmacy network. 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. Drug costs may vary based on the pharmacy you use. See your Evidence of Coverage for more information about your pharmacy choices.
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.

SECTION 3 How to Change Plans

To stay in Blue Medicare Rx Enhanced (PDP), you don't need to do anything. Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Blue Medicare Rx Enhanced (PDP).

If you want to change plans for 2027 follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from Blue Medicare Rx Enhanced (PDP). 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.
 - You'll automatically be disenrolled from Blue Medicare Rx Enhanced (PDP) if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You'll also automatically be disenrolled if you join a Medicare Health Maintenance Organization (HMO) or Medicare Preferred Provider Organization (PPO), even if that plan doesn't include prescription drug coverage.
 - If you choose a different Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep Blue Medicare Rx Enhanced (PDP) for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from Blue Medicare Rx Enhanced (PDP). If you are enrolling in this plan type and want to leave our Part D plan, you can disenroll by enrolling in a different Part D plan, or if you don't want to enroll in Part D coverage, you must ask to be disenrolled from Blue Medicare Rx Enhanced (PDP). To ask to be disenrolled, you must send us a written request or call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048).
- **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 Rx Enhanced (PDP).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Customer Service at 1-888-247-4142 (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 3.2).
- **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 (SHIP) (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 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

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 the 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 1-888-247-4142 (TTY users call 711) or visit [Medicare.gov](https://www.medicare.gov).

SECTION 5 Questions?

Get Help from Blue Medicare Rx Enhanced

- **Call Customer Service at 1-888-247-4142. (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 Rx Enhanced. 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 1-888-247-4142 (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 pharmacy network (*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 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 1-919-807-6900 or 1-855-408-1212. Learn more about 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 prescription drug 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. **1-888-247-4142 (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.

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>.