2026 Summary of benefits

Blue Medicare HMO℠

This is a summary of health services and prescription drug coverage that is covered under Blue Medicare HMO plans for **January 1, 2026 – December 31, 2026**.

Plans:
Medical Only (HMO-POS): H3449-012
Essential (HMO): H3449-027-001, H3449-027-002
Essential Plus (HMO-POS): H3449-023-001, H3449-023-002, H3449-023-004, H3449-023-005
Choice (HMO): H3449-026
Enhanced (HMO-POS): H3449-024-001, H3449-024-002, H3449-024-003

- The benefits information provided is a summary of what we cover and what you pay. This information is not a complete description of benefits. Visit **BlueCrossNC.com/Members/Medicare/Forms-Library** and click on the Evidence of Coverage tab.
- Blue Medicare HMO has a network of doctors, hospitals, pharmacies and other providers. If you use providers that are not in our network, the plan may not pay for their services.
- Out-of-network/non-contracted providers are under no obligation to treat Blue Cross and Blue Shield of North Carolina (Blue Cross NC) members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.
- With an HMO-POS (Point of Service) plan, you can go outside the network for your dental benefits. For dental services obtained out-of-network, you will be responsible for 20% of preventive services and 40% of comprehensive services plus additional costs up to the provider billed amount.
- Cost sharing may vary depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.
- Plans may offer supplemental benefits in addition to Part C and Part D benefits.
- Blue Cross and Blue Shield of North Carolina is an HMO and HMO-POS plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal.
- For more information about Original Medicare or to request the *Medicare & You* handbook from Medicare, call **800-MEDICARE** (800-633-4227), TTY: 877-486-2048, 7 days a week, 24 hours a day. Or visit **Medicare.gov**.
- For more details, call **800-665-8037** (TTY: 711), current members call **888-310-4110** (TTY: 711), 7 days a week, 8 a.m. – 8 p.m., visit **BlueCrossNC.com/Shop-Plans/Medicare** or contact your Blue Cross NC Authorized Independent Agent.

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MedicareRx Prescription Drug Coverage

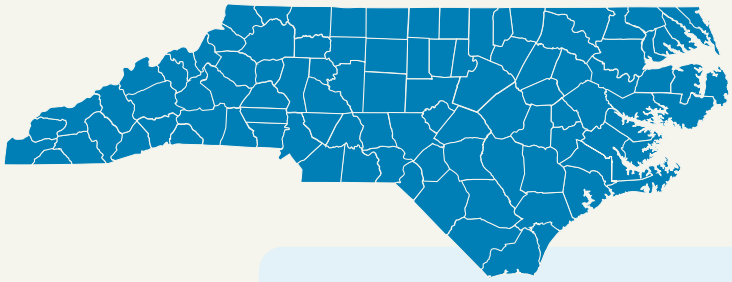
Summary of benefits

Plan offerings and premiums by county

Blue Medicare Medical Only (HMO-POS) is available in all 100 North Carolina counties.

Blue Medicare Medical Only℠ (HMO-POS) H3449-012 Monthly premium: $0

Alamance	Catawba	Franklin	Jones	Pamlico	Surry
Alexander	Chatham	Gaston	Lee	Pasquotank	Swain
Alleghany	Cherokee	Gates	Lenoir	Pender	Transylvania
Anson	Chowan	Graham	Lincoln	Perquimans	Tyrrell
Ashe	Clay	Granville	Macon	Person	Union
Avery	Cleveland	Greene	Madison	Pitt	Vance
Beaufort	Columbus	Guilford	Martin	Polk	Wake
Bertie	Craven	Halifax	McDowell	Randolph	Warren
Bladen	Cumberland	Harnett	Mecklenburg	Richmond	Washington
Brunswick	Currituck	Haywood	Mitchell	Robeson	Watauga
Buncombe	Dare	Henderson	Montgomery	Rockingham	Wayne
Burke	Davidson	Hertford	Moore	Rowan	Wilkes
Cabarrus	Davie	Hoke	Nash	Rutherford	Wilson
Caldwell	Duplin	Hyde	New Hanover	Sampson	Yadkin
Camden	Durham	Iredell	Northampton	Scotland	Yancey
Carteret	Edgecombe	Jackson	Onslow	Stanly	
Caswell	Forsyth	Johnston	Orange	Stokes	



Blue Medicare Medical Only (HMO-POS) is available in all 100 North Carolina counties.

Please note: To join Blue Medicare HMO plans, you must have both Medicare Part A and Medicare Part B and live in our service area.

Summary of benefits

Blue Medicare Medical Only℠ (HMO-POS)		H3449-012
Monthly Premium:	You must also continue to pay your Medicare Part B premium.	$0
Part B Premium Reduction:	Monthly reduction.	$35 monthly
Deductible:	This plan has no medical deductible.	$0
Annual Maximum Out-of-Pocket Amount:	Does not include prescription drugs.	$3,900
Benefits	**What You Should Know**	
Inpatient Hospital Care:* (Cost share applies per day. Benefit period applied per admission.)	**Days 1–6:**	$295 copay
	Days 7–90:	$0 copay
	Days 91 and beyond:	$0 copay
Outpatient Services:*	**Outpatient Hospital: Per stay.**	$0-$275 copay
	Ambulatory Surgical Center:	$0-$225 copay
Doctor Visit:	**Primary:**	$0 copay
	Specialist:	$25 copay
Preventive Care:	Any additional preventive services approved by Medicare during the contract year will be covered.	$0 copay
Emergency Care:	If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency care. Emergency services are covered worldwide.	$150 copay
Urgently Needed Services:		$65 copay

*May require prior authorization.
Note: This chart shows your portion of the costs.

Summary of benefits

Blue Medicare Medical Only℠ (HMO-POS)

H3449-012

Benefits	What You Should Know		PCP office	Any other setting
Diagnostic Services/ Labs/ Imaging:*	Diagnostic Tests and Procedures:		$0 copay	$25 copay
	Lab Services:		$0 copay	$5 copay
	Diagnostic Radiological Services:	MRI, CT and Other Nuclear Medicine:	$0 copay	Lesser of 20% of cost or $150 copay
		PET:	$0 copay	$300 copay
		All Other Services:	$0 copay	$75 copay
	Therapeutic Radiological Services:		$0 copay	Lesser of 20% of cost or $60 copay
	X-rays:		$0 copay	$15 copay
Hearing Services:	Medicare-Covered Hearing Exam:	Exams to diagnose and treat hearing and balance issues.		$25 copay
	Routine Hearing Exam:	One per year.		$0 copay***
	Hearing Aids:	One per ear, per year.		$499–$999 copay***
Dental Services:	Medicare-Covered Dental Services:*	Medicare may pay for certain services when you're in a hospital and need emergency or complicated dental procedures.		$25 copay
	Comprehensive and Preventive Dental:**	**$2,000** combined yearly allowance for services including oral exams, cleanings, X-rays, fillings, extractions and dentures.		$0 copay***

*May require prior authorization.

**Certain limits apply. For services obtained out-of-network, you will be responsible for 20% of preventive services and 40% of comprehensive services plus any additional costs up to the provider billed amount. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please see Evidence of Coverage for more information.

***Must use designated providers.

Note: This chart shows your portion of the costs.

Summary of benefits

Blue Medicare Medical Only℠ (HMO-POS)

H3449-012

Benefits		What You Should Know	
Vision Services:	Routine Eye Exam:	One per calendar year.	$0 copay
	Vision Allowance:	**$300** yearly allowance.	$0 copay
	Medicare-Covered Eye Exam:	For the diagnosis and treatment of illnesses and injuries of the eye.	$25 copay
	Glaucoma Screening and Diabetic Eye Exam:	For people who are at high risk of glaucoma or have diabetes.	$0 copay
	Eyewear After Cataract Surgery:	One pair of eyeglasses or one pair of contact lenses.	20% of cost
Mental Health Services:	Inpatient:* (Cost share applies per day. Benefit period applied per admission.)	Days 1–5:	$295 copay
		Days 6–90:	$0 copay
	Outpatient:* (Mental health and substance use.)	Individual and group sessions.	$25 copay
Skilled Nursing Facility:*	(Cost share applies per day. Benefit period applied per admission.)	Days 1–20:	$0 copay
		Days 21–100:	$218 copay
Outpatient Rehabilitation Services:	Physical and Speech Language Therapy:		$25 copay
	Occupational Therapy:		$25 copay
	Cardiac Rehab Services:		$0 copay
	Pulmonary Rehab Services:		$15 copay
Ambulance Services:*	Covers medically necessary ground and air ambulance services.		$250 copay
Transportation:	12 one-way rides to health-related locations.		$0 copay
Medicare Part B Drugs:	Part B Insulins: 30-day supply.		$35 copay
	Chemotherapy and Other Part B Drugs:**		0–20% of cost

*May require prior authorization.
**May require prior authorization. Based on Inflation Reduction Act mandates.
Note: This chart shows your portion of the costs.

Summary of benefits

Blue Medicare Medical Only℠ (HMO-POS)

H3449-012

Other Covered Benefits

Benefits	What You Should Know		
Medicare-Covered Podiatry Services:	Foot care.		$25 copay
Medical Equipment and Supplies:	Durable Medical Equipment and Supplies:*		20% of cost
	Diabetic Shoes or Inserts:		20% of cost
	Diabetes Supplies:*	Preferred Brand	$0 copay
		Non-Preferred Brands**	20% of cost
Fitness:	Gym memberships at in-network facilities and unlimited access to the digital platform. Must use designated provider (SilverSneakers).		$0 copay
Over-the-Counter Products Allowance:	**$100** quarterly allowance. Must use participating retail locations or designated catalog; no rollover.		$0 copay
Meals Benefit:	Two meals per day for 14 days post-discharge.		$0 copay
Support for Caregivers:	Support and resources for non-professional caregivers.		$0 copay
In-Home Support Services:	60 hours per year. Hours do not rollover.		$0 copay
Personal Emergency Response System:	Wearable device with fast access to emergency services.		$0 copay

*May require prior authorization.
**With a medical exception.
Note: This chart shows your portion of the costs.

Summary of benefits

Plan offerings and premiums by county

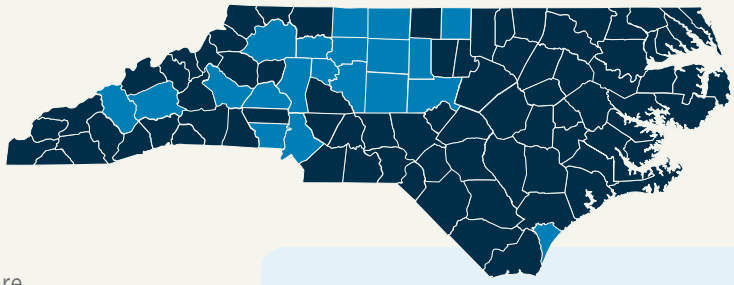
Blue Medicare Essential℠ (HMO) is available in all 100 North Carolina counties.

Blue Medicare Essential℠ (HMO) H3449-027-001 — Monthly premium: $0

Alamance	Chatham	Gaston	Mecklenburg	Rockingham
Buncombe	Davidson	Guilford	New Hanover	Stokes
Burke	Davie	Haywood	Person	Wilkes
Catawba	Forsyth	Iredell	Randolph	Yadkin

Blue Medicare Essential℠ (HMO) H3449-027-002 — Monthly premium: $0

Alexander	Cherokee	Graham	Lincoln	Pender	Tyrrell
Alleghany	Chowan	Granville	Macon	Perquimans	Union
Anson	Clay	Greene	Madison	Pitt	Vance
Ashe	Cleveland	Halifax	Martin	Polk	Wake
Avery	Columbus	Harnett	McDowell	Richmond	Warren
Beaufort	Craven	Henderson	Mitchell	Robeson	Washington
Bertie	Cumberland	Hertford	Montgomery	Rowan	Watauga
Bladen	Currituck	Hoke	Moore	Rutherford	Wayne
Brunswick	Dare	Hyde	Nash	Sampson	Wilson
Cabarrus	Duplin	Jackson	Northampton	Scotland	Yancey
Caldwell	Durham	Johnston	Onslow	Stanly	
Camden	Edgecombe	Jones	Orange	Surry	
Carteret	Franklin	Lee	Pamlico	Swain	
Caswell	Gates	Lenoir	Pasquotank	Transylvania	



Counties where Blue Medicare Essential (HMO) is available:

001 002

Blue Medicare Essential (HMO) is available in all 100 North Carolina counties.

Please note: To join Blue Medicare HMO plans, you must have both Medicare Part A and Medicare Part B and live in our service area.

Summary of benefits

Blue Medicare Essential℠ (HMO)		H3449-027-001 H3449-027-002
Monthly Premium:	You must also continue to pay your Medicare Part B premium.	$0
Part B Premium Reduction:	Monthly reduction.	001: $42.50 monthly 002: $62.50 monthly
Deductible:	This plan has no medical deductible.	$0
Annual Maximum Out-of-Pocket Amount:	Does not include prescription drugs.	$9,250
Benefits	**What You Should Know**	
Inpatient Hospital Care:* (Cost share applies per day. Benefit period applied per admission.)	**Days 1–6:**	$407 copay
	Days 7–90:	$0 copay
	Days 91 and beyond:	$0 copay
Outpatient Services:*	**Outpatient Hospital:** Per stay.	$0-$335 copay
	Ambulatory Surgical Center:	$0-$300 copay
Doctor Visit:	**Primary:** 001:	$5 copay
	Primary: 002:	$10 copay
	Specialist:	$45 copay
Preventive Care:	Any additional preventive services approved by Medicare during the contract year will be covered.	$0 copay
Emergency Care:	If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency care. Emergency services are covered worldwide.	$115 copay
Urgently Needed Services:		$40 copay

*May require prior authorization.
Note: This chart shows your portion of the costs.

Summary of benefits

Blue Medicare Essential℠ (HMO)

H3449-027-001
H3449-027-002

Benefits	What you should know		PCP office	Any other setting
Diagnostic Services/ Labs/ Imaging:*	Diagnostic Tests and Procedures:		$0 copay	$25 copay
	Lab Services:		$0 copay	$5 copay
	Diagnostic Radiological Services:	MRI, CT and Other Nuclear Medicine:	$0 copay	Lesser of 20% of cost or $150 copay
		PET:	$0 copay	$300 copay
		All Other Services:	$0 copay	$75 copay
	Therapeutic Radiological Services:		$0 copay	Lesser of 20% of cost or $60 copay
	X-rays:		$0 copay	$15 copay
Hearing Services:	Medicare-Covered Hearing Exam:	Exams to diagnose and treat hearing and balance issues.	001:	$20 copay
			002:	$25 copay
	Routine Hearing Exam:	One per year.		$0 copay**
	Hearing Aids:	One per ear, per year.		$499–$999 copay**
Dental Services:	Medicare-Covered Dental Services:*	Medicare may pay for certain services when you're in a hospital and need emergency or complicated dental procedures.		$45 copay
	Preventive Dental:	Oral exams, cleanings, X-rays and screenings.**		$0 copay

*May require prior authorization.
**Certain limits apply. Must use designated providers.
Note: This chart shows your portion of the costs.

Summary of benefits

Blue Medicare Essential℠ (HMO)

H3449-027-001
H3449-027-002

Benefits		What you should know	
Vision Services:	Routine Eye Exam:	One per calendar year.	$0 copay
	Vision Allowance:	**$100** yearly allowance.	$0 copay
	Medicare-Covered Eye Exam:	For the diagnosis and treatment of illnesses and injuries of the eye.	$25 copay
	Glaucoma Screening and Diabetic Eye Exam:	For people who are at high risk of glaucoma or have diabetes.	$0 copay
	Eyewear After Cataract Surgery:	One pair of eyeglasses or one pair of contact lenses.	20% of cost
Mental Health Services:	Inpatient:* (Cost share applies per day. Benefit period applied per admission.)	Days 1–5:	$407 copay
		Days 6–90:	$0 copay
	Outpatient:* (Mental health and substance use.)	Individual and group sessions.	$40 copay
Skilled Nursing Facility:*	(Cost share applies per day. Benefit period applied per admission.)	Days 1–20:	$0 copay
		Days 21–100:	$218 copay
Outpatient Rehabilitation Services:	Physical and Speech Language Therapy:		$25 copay
	Occupational Therapy:		$25 copay
	Cardiac Rehab Services:		$0 copay
	Pulmonary Rehab Services:		$15 copay

*May require prior authorization.
Note: This chart shows your portion of the costs.

Summary of benefits

Blue Medicare Essential℠ (HMO)

H3449-027-001
H3449-027-002

Benefits	What you should know	
Ambulance Services:*	Covers medically necessary ground and air ambulance services.	$275 copay
Transportation:		Not Covered
Medicare Part B Drugs:	Part B Insulins: 30-day supply.	$35 copay
	Chemotherapy and Other Part B Drugs:**	0–20% of cost

Part D Drug Benefit Stages

H3449-027-001
H3449-027-002

Yearly Deductible Stage:	Tiers 1, 2 and 6: $0 Tiers 3, 4 and 5: $615 This is the set amount that you pay before your plan begins to pay its share of the cost. Your deductible does not apply to covered insulin products and most adult Part D vaccines.
Initial Coverage Stage:	**Begins after you pay your yearly deductible.** You generally stay in this stage until your out-of-pocket drug costs reach **$2,100**. The amount you pay in this stage is shown in the chart on the next page.***
Catastrophic Coverage Stage:	**Begins when your out-of-pocket drug costs reach $2,100.** During this stage, you pay nothing for your covered Part D drugs. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.

*May require prior authorization.
**May require prior authorization. Based on Inflation Reduction Act mandates.
***Your out-of-pocket drug costs include payments made in the Yearly Deductible Stage and the Initial Coverage Stage.
Note: This chart shows your portion of the costs.

Summary of benefits

Blue Medicare Essential℠ (HMO)

H3449-027-001
H3449-027-002

Tiers	Preferred Retail Pharmacies		Preferred Mail Order	Standard (Non-Preferred) Pharmacies	
	1 month 30-day supply	3 months 90-day supply	3 months 90-day supply	1 month 30-day supply*	3 months 90-day supply
Tier 1 – Preferred Generic Drugs:	$0 copay	$0 copay	$0 copay	$15 copay	$45 copay
Tier 2 – Generic Drugs:	$4 copay	$12 copay	$0 copay	$20 copay	$60 copay
Tier 3 – Preferred Brand Drugs:	25% of cost	25% of cost	25% of cost	25% of cost	25% of cost
Tier 4 – Non-Preferred Drugs:	25% of cost	25% of cost	25% of cost	25% of cost	25% of cost
Tier 5 – Specialty Tier Drugs:**	25% of cost	N/A	N/A	25% of cost	N/A
Tier 6 – Select Care Drugs:***	$0 copay	$0 copay	$0 copay	$3 copay	$3 copay
Insulins:† Tier 3:	$35 copay	$105 copay	$105 copay	$35 copay	$105 copay
Insulins:† Tier 4:	$35 copay	$105 copay	$105 copay	$35 copay	$105 copay

*Long-term care pharmacy benefit is covered the same as Standard Retail Pharmacies for 31 days instead of 30 days.
**Tier 5 drugs limited to 30-day supply.
***Tier 6 drugs include vaccines and select generic medications used to treat high blood pressure, diabetes and high cholesterol.
†Cost-sharing for covered Part D insulins will not exceed the lesser of $35 or 25% of the drug's cost for a one-month supply.
Note: Two-month (60-day) supplies may also be available. Standard Mail Order costs may differ.
Note: This chart shows your portion of the costs.

Summary of benefits

Blue Medicare Essential℠ (HMO)

H3449-027-001
H3449-027-002

Other Covered Benefits

Benefits	What you should know		
Medicare-Covered Podiatry Services:	Foot care.		$45 copay
Medical Equipment and Supplies:	Durable Medical Equipment and Supplies:*		20% of cost
	Diabetic Shoes or Inserts:		20% of cost
	Diabetes Supplies:*	Preferred Brand	$0 copay
		Non-Preferred Brands**	20% of cost
Fitness:	Gym memberships at in-network facilities and unlimited access to the digital platform. Must use designated provider (SilverSneakers).		$0 copay
Meals Benefit:	Two meals per day for 14 days post-discharge.		$0 copay
Support for Caregivers:	Support and resources for non-professional caregivers.		$0 copay
Personal Emergency Response System:	Wearable device with fast access to emergency services.		$0 copay

*May require prior authorization.
**With a medical exception.
Note: This chart shows your portion of the costs.

Summary of benefits

Plan offerings and premiums by county

Blue Medicare Essential Plus℠ (HMO-POS) is available in all 100 North Carolina counties.

Blue Medicare Essential Plus℠ (HMO-POS) H3449-023-001 — Monthly premium: $0

Alamance	Chatham	Forsyth	Haywood	New Hanover	Rockingham
Buncombe	Davidson	Gaston	Iredell	Person	Stokes
Burke	Davie	Guilford	Mecklenburg	Randolph	Yadkin
Catawba					

Blue Medicare Essential Plus℠ (HMO-POS) H3449-023-002 — Monthly premium: $0

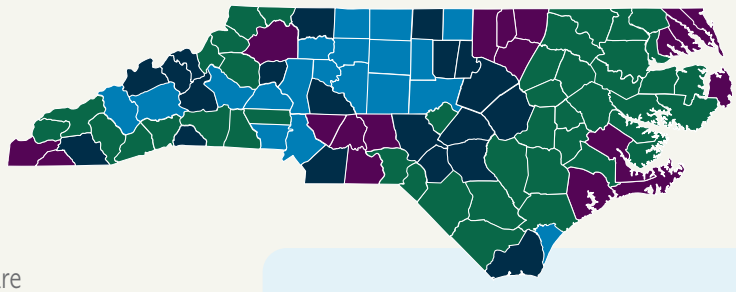
Alexander	Durham	Macon	Mitchell	Polk	Union
Brunswick	Harnett	Madison	Moore	Rowan	Wake
Caswell	Hoke	McDowell	Orange	Surry	Yancey
Cumberland	Johnston				

Blue Medicare Essential Plus℠ (HMO-POS) H3449-023-004 — Monthly premium: $0

Anson	Cherokee	Currituck	Granville	Pasquotank	Vance
Cabarrus	Clay	Dare	Montgomery	Perquimans	Warren
Camden	Craven	Franklin	Onslow	Stanly	Wilkes
Carteret					

Blue Medicare Essential Plus℠ (HMO-POS) H3449-023-005 — Monthly premium: $0

Alleghany	Chowan	Greene	Lee	Pender	Swain
Ashe	Cleveland	Halifax	Lenoir	Pitt	Transylvania
Avery	Columbus	Henderson	Lincoln	Richmond	Tyrrell
Beaufort	Duplin	Hertford	Martin	Robeson	Washington
Bertie	Edgecombe	Hyde	Nash	Rutherford	Watauga
Bladen	Gates	Jackson	Northampton	Sampson	Wayne
Caldwell	Graham	Jones	Pamlico	Scotland	Wilson



Counties where Blue Medicare Essential Plus (HMO-POS) is available:

001 002 004 005

Blue Medicare Essential Plus (HMO-POS) is available in all 100 North Carolina counties.

Please note: To join Blue Medicare HMO plans, you must have both Medicare Part A and Medicare Part B and live in our service area.

Summary of benefits

Blue Medicare Essential Plus℠ (HMO-POS)		H3449-023-001 H3449-023-002 H3449-023-004 H3449-023-005
Monthly Premium:	You must also continue to pay your Medicare Part B premium.	$0
Deductible:	This plan has no medical deductible.	$0
Annual Maximum Out-of-Pocket Amount:	Does not include prescription drugs.	001: $4,900 002: $5,400 004: $6,750 005: $7,450
Benefits	**What You Should Know**	
Inpatient Hospital Care:* (Cost share applies per day. Benefit period applied per admission.)	**Days 1–6:**	$400 copay
	Days 7–90:	$0 copay
	Days 91 and beyond:	$0 copay
Outpatient Services:*	**Outpatient Hospital:** Per stay.	$0-$400 copay
	Ambulatory Surgical Center:	$0-$350 copay
Doctor Visit:	**Primary:**	$0 copay
	Specialist:	001: $20 copay 002: $25 copay 004: $30 copay 005: $40 copay
Preventive Care:	Any additional preventive services approved by Medicare during the contract year will be covered.	$0 copay
Emergency Care:	If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency care. Emergency services are covered worldwide.	001, 002, 004: $130 copay 005: $115 copay
Urgently Needed Services:		001, 002, 004: $50 copay 005: $40 copay

*May require prior authorization.
Note: This chart shows your portion of the costs.

Summary of benefits

Blue Medicare Essential Plus℠ (HMO-POS)

H3449-023-001
H3449-023-002
H3449-023-004
H3449-023-005

Benefits	What you should know		PCP office	Any other setting
Diagnostic Services/ Labs/ Imaging:*	Diagnostic Tests and Procedures:		$0 copay	$25 copay
	Lab Services:		$0 copay	$5 copay
	Diagnostic Radiological Services:	MRI, CT and Other Nuclear Medicine:	$0 copay	Lesser of 20% of cost or $150 copay
		PET:	$0 copay	$300 copay
		All Other Services:	$0 copay	$75 copay
	Therapeutic Radiological Services:		$0 copay	Lesser of 20% of cost or $60 copay
	X-rays:		$0 copay	$15 copay
Hearing Services:	Medicare-Covered Hearing Exam:	Exams to diagnose and treat hearing and balance issues.	001:	$20 copay
			002:	$25 copay
			004:	$20 copay
			005:	$25 copay
	Routine Hearing Exam:	One per year.		$0 copay***
	Hearing Aids:	One per ear, per year.		$499–$999 copay***
Dental Services:	Medicare-Covered Dental Services:*	Medicare may pay for certain services when you're in a hospital and need emergency or complicated dental procedures.	001:	$20 copay
			002:	$25 copay
			004:	$30 copay
			005:	$40 copay
	Comprehensive and Preventive Dental:	**$1,500** combined yearly allowance for services including oral exams, cleanings, X-rays, fillings, extractions and dentures.**		$0 copay***

*May require prior authorization.

**Certain limits apply. For services obtained out-of-network, you will be responsible for 20% of preventive services and 40% of comprehensive services plus any additional costs up to the provider billed amount. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please see Evidence of Coverage for more information.

***Must use designated providers.

Note: This chart shows your portion of the costs.

Summary of benefits

Blue Medicare Essential Plus℠ (HMO-POS)

H3449-023-001
H3449-023-002
H3449-023-004
H3449-023-005

Benefits		What you should know		
Vision Services:	Routine Eye Exam:	One per calendar year.	001: 002:	$0 copay
			004: 005:	$0 copay
	Vision Allowance:	**$200** yearly allowance.		$0 copay
	Medicare-Covered Eye Exam:	For the diagnosis and treatment of illnesses and injuries of the eye.	001:	$20 copay
			002:	$25 copay
			004: 005:	$30 copay
	Glaucoma Screening and Diabetic Eye Exam:	For people who are at high risk of glaucoma or have diabetes.		$0 copay
	Eyewear After Cataract Surgery:	One pair of eyeglasses or one pair of contact lenses.		20% of cost
Mental Health Services:	Inpatient:* (Cost share applies per day. Benefit period applied per admission.)	Days 1–5:		$400 copay
		Days 6–90:		$0 copay
	Outpatient:* (Mental health and substance use.)	Individual and group sessions.	001:	$20 copay
			002:	$25 copay
			004:	$30 copay
			005:	$40 copay
Skilled Nursing Facility:*	(Cost share applies per day. Benefit period applied per admission.)	Days 1–20:		$0 copay
		Days 21–100:		$218 copay
Outpatient Rehabilitation Services:	Physical and Speech Language Therapy:		001: 002:	$15 copay
			004: 005:	$20 copay
	Occupational Therapy:		001: 002:	$15 copay
			004: 005:	$20 copay
	Cardiac Rehab Services:			$0 copay
	Pulmonary Rehab Services:			$15 copay

*May require prior authorization.
Note: This chart shows your portion of the costs.

Summary of benefits

Blue Medicare Essential Plus℠ (HMO-POS)

H3449-023-001
H3449-023-002
H3449-023-004
H3449-023-005

Benefits	What you should know	
Ambulance Services:*	Covers medically necessary ground and air ambulance services.	$300 copay
Transportation:	12 one-way rides to health-related locations.	$0 copay
Medicare Part B Drugs:	Part B Insulins: 30-day supply.	$35 copay
	Chemotherapy and Other Part B Drugs:**	0–20% of cost

Part D Drug Benefit Stages

H3449-023-001
H3449-023-002
H3449-023-004
H3449-023-005

Yearly Deductible Stage:	Tiers 1, 2 and 6: $0 Tiers 3, 4 and 5: $615 This is the set amount that you pay before your plan begins to pay its share of the cost. Your deductible does not apply to covered insulin products and most adult Part D vaccines.
Initial Coverage Stage:	**Begins after you pay your yearly deductible.** You generally stay in this stage until your out-of-pocket drug costs reach **$2,100**. The amount you pay in this stage is shown in the chart on the next page.***
Catastrophic Coverage Stage:	**Begins when your out-of-pocket drug costs reach $2,100.** During this stage, you pay nothing for your covered Part D drugs. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.

*May require prior authorization.
**May require prior authorization. Based on Inflation Reduction Act mandates.
***Your out-of-pocket drug costs include payments made in the Yearly Deductible Stage and the Initial Coverage Stage. Note: This chart shows your portion of the costs.

Summary of benefits

Blue Medicare Essential Plus℠ (HMO-POS)

H3449-023-001
H3449-023-002
H3449-023-004
H3449-023-005

Tiers	Preferred Retail Pharmacies		Preferred Mail Order	Standard (Non-Preferred) Pharmacies	
	1 month 30-day supply	3 months 90-day supply	3 months 90-day supply	1 month 30-day supply*	3 months 90-day supply
Tier 1 – Preferred Generic Drugs:	$0 copay	$0 copay	$0 copay	$15 copay	$45 copay
Tier 2 – Generic Drugs:	$4 copay	$12 copay	$0 copay	$20 copay	$60 copay
Tier 3 – Preferred Brand Drugs:	25% of cost	25% of cost	25% of cost	25% of cost	25% of cost
Tier 4 – Non-Preferred Drugs:	25% of cost	25% of cost	25% of cost	25% of cost	25% of cost
Tier 5 – Specialty Tier Drugs:**	25% of cost	N/A	N/A	25% of cost	N/A
Tier 6 – Select Care Drugs:***	$0 copay	$0 copay	$0 copay	$3 copay	$3 copay
Insulins:† Tier 3:	$35 copay	$105 copay	$105 copay	$35 copay	$105 copay
Insulins:† Tier 4:	$35 copay	$105 copay	$105 copay	$35 copay	$105 copay

*Long-term care pharmacy benefit is covered the same as Standard Retail Pharmacies for 31 days instead of 30 days.
**Tier 5 drugs limited to 30-day supply.
***Tier 6 drugs include vaccines and select generic medications used to treat high blood pressure, diabetes and high cholesterol.
†Cost-sharing for covered Part D insulins will not exceed the lesser of $35 or 25% of the drug's cost for a one-month supply.
Note: Two-month (60-day) supplies may also be available. Standard Mail Order costs may differ.
Note: This chart shows your portion of the costs.

Summary of benefits

Blue Medicare Essential Plus℠ (HMO-POS)

H3449-023-001
H3449-023-002
H3449-023-004
H3449-023-005

Other Covered Benefits

Benefits	What you should know		
Medicare-Covered Podiatry Services:	Foot care.	001:	$20 copay
		002:	$25 copay
		004:	$30 copay
		005:	$40 copay
Medical Equipment and Supplies:	**Durable Medical Equipment and Supplies:***		20% of cost
	Diabetic Shoes or Inserts:		20% of cost
	Diabetes Supplies:*	Preferred Brand	$0 copay
		Non-Preferred Brands**	20% of cost
Fitness:	Gym memberships at in-network facilities and unlimited access to the digital platform. Must use designated provider (SilverSneakers).		$0 copay
Over-the-Counter Products Allowance:	**001: $49** per quarter **002: $40** per quarter **004: $30** per quarter **005: $25** per quarter	Must use participating retail locations or designated catalog; no rollover.	$0 copay
Meals Benefit:	Two meals per day for 14 days post-discharge.		$0 copay
Support for Caregivers:	Support and resources for non-professional caregivers.		$0 copay
In-Home Support Services:	60 hours per year. Hours do not rollover.		$0 copay
Personal Emergency Response System:	Wearable device with fast access to emergency services.		$0 copay

*May require prior authorization.
**With a medical exception.
Note: This chart shows your portion of the costs.

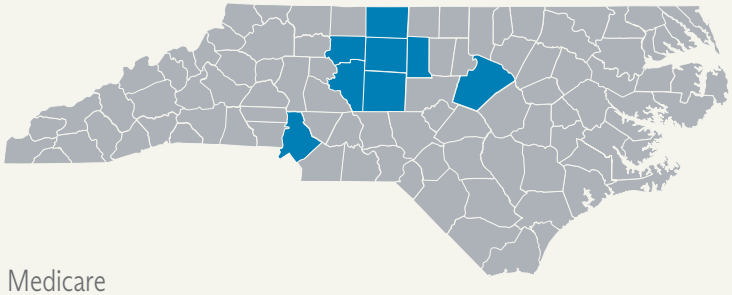
Summary of benefits

Plan offerings and premiums by county

Blue Medicare Choice℠ (HMO)

H3449-026 **Monthly premium: $0**

Alamance	Forsyth	Mecklenburg	Rockingham
Davidson	Guilford	Randolph	Wake



026 Counties where Blue Medicare Choice (HMO) is available:

Please note: To join Blue Medicare HMO plans, you must have both Medicare Part A and Medicare Part B and live in our service area.

Summary of benefits

Blue Medicare Choice℠ (HMO)		H3449-026
Monthly Premium:	You must also continue to pay your Medicare Part B premium.	$0
Deductible:	This plan has no medical deductible.	$0
Annual Maximum Out-of-Pocket Amount:	Does not include prescription drugs.	$4,200
Benefits	**What You Should Know**	
Inpatient Hospital Care:* (Cost share applies per day. Benefit period applied per admission.)	**Days 1–6:**	$350 copay
	Days 7–90:	$0 copay
	Days 91 and beyond:	$0 copay
Outpatient Services:*	**Outpatient Hospital: Per stay.**	$0-$295 copay
	Ambulatory Surgical Center:	$0-$275 copay
Doctor Visit:	**Primary:**	$0 copay
	Specialist:	$25 copay
Preventive Care:	Any additional preventive services approved by Medicare during the contract year will be covered.	$0 copay
Emergency Care:	If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency care. Emergency services are covered worldwide.	$150 copay
Urgently Needed Services:		$65 copay

*May require prior authorization.
Note: This chart shows your portion of the costs.

Summary of benefits

Blue Medicare Choice℠ (HMO)

H3449-026

Benefits	What you should know		PCP office	Any other setting
Diagnostic Services/ Labs/ Imaging:*	Diagnostic Tests and Procedures:		$0 copay	$15 copay
	Lab Services:		$0 copay	$5 copay
	Diagnostic Radiological Services:	MRI, CT and Other Nuclear Medicine:	$0 copay	Lesser of 20% of cost or $150 copay
		PET:	$0 copay	$300 copay
		All Other Services:	$0 copay	$75 copay
	Therapeutic Radiological Services:		$0 copay	Lesser of 20% of cost or $60 copay
	X-rays:		$0 copay	$15 copay
Hearing Services:	Medicare-Covered Hearing Exam:	Exams to diagnose and treat hearing and balance issues.		$25 copay
	Routine Hearing Exam:	One per year.		$0 copay**
	Hearing Aids:	One per ear, per year.		$499–$999 copay**
Dental Services:	Medicare-Covered Dental Services:*	Medicare may pay for certain services when you're in a hospital and need emergency or complicated dental procedures.		$25 copay
	Preventive Dental:	Oral exams, cleanings, X-rays and screenings.**		$0 copay

*May require prior authorization.
**Certain limits apply. Must use designated providers.
Note: This chart shows your portion of the costs.

Summary of benefits

Blue Medicare Choice℠ (HMO)

H3449-026

Benefits		What you should know	
Vision Services:	Routine Eye Exam:	One per calendar year.	$0 copay
	Vision Allowance:	$200 yearly allowance.	$0 copay
	Medicare-Covered Eye Exam:	For the diagnosis and treatment of illnesses and injuries of the eye.	$25 copay
	Glaucoma Screening and Diabetic Eye Exam:	For people who are at high risk of glaucoma or have diabetes.	$0 copay
	Eyewear After Cataract Surgery:	One pair of eyeglasses or one pair of contact lenses.	20% of cost
Mental Health Services:	Inpatient:* (Cost share applies per day. Benefit period applied per admission.)	Days 1–5:	$350 copay
		Days 6–90:	$0 copay
	Outpatient:* (Mental health and substance use.)	Individual and group sessions.	$25 copay
Skilled Nursing Facility:*	(Cost share applies per day. Benefit period applied per admission.)	Days 1–20:	$0 copay
		Days 21–100:	$218 copay
Outpatient Rehabilitation Services:	Physical and Speech Language Therapy:		$15 copay
	Occupational Therapy:		$15 copay
	Cardiac Rehab Services:		$0 copay
	Pulmonary Rehab Services:		$20 copay

*May require prior authorization.

Note: This chart shows your portion of the costs.

Summary of benefits

Blue Medicare Choice℠ (HMO)

H3449-026

Benefits	What you should know	
Ambulance Services:*	Covers medically necessary ground and air ambulance services.	$275 copay
Transportation:		Not Covered
Medicare Part B Drugs:	Part B Insulins: 30-day supply.	$35 copay
	Chemotherapy and Other Part B Drugs:**	0–20% of cost

Part D Drug Benefit Stages

H3449-026

Yearly Deductible Stage:	Tiers 1, 2 and 6: $0 Tiers 3, 4 and 5: $615 This is the set amount that you pay before your plan begins to pay its share of the cost. Your deductible does not apply to covered insulin products and most adult Part D vaccines.
Initial Coverage Stage:	**Begins after you pay your yearly deductible.** You generally stay in this stage until your out-of-pocket drug costs reach **$2,100**. The amount you pay in this stage is shown in the chart on the next page.***
Catastrophic Coverage Stage:	**Begins when your out-of-pocket drug costs reach $2,100.** During this stage, you pay nothing for your covered Part D drugs. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.

*May require prior authorization.
**May require prior authorization. Based on Inflation Reduction Act mandates.
***Your out-of-pocket drug costs include payments made in the Yearly Deductible Stage and the Initial Coverage Stage.
Note: This chart shows your portion of the costs.

Summary of benefits

Blue Medicare Choice℠ (HMO)

H3449-026

Tiers	Preferred Retail Pharmacies		Preferred Mail Order	Standard (Non-Preferred) Pharmacies	
	1 month 30-day supply	3 months 90-day supply	3 months 90-day supply	1 month 30-day supply*	3 months 90-day supply
Tier 1 – Preferred Generic Drugs:	$0 copay	$0 copay	$0 copay	$15 copay	$45 copay
Tier 2 – Generic Drugs:	$4 copay	$12 copay	$0 copay	$20 copay	$60 copay
Tier 3 – Preferred Brand Drugs:	25% of cost	25% of cost	25% of cost	25% of cost	25% of cost
Tier 4 – Non-Preferred Drugs:	25% of cost	25% of cost	25% of cost	25% of cost	25% of cost
Tier 5 – Specialty Tier Drugs:**	25% of cost	N/A	N/A	25% of cost	N/A
Tier 6 – Select Care Drugs:***	$0 copay	$0 copay	$0 copay	$3 copay	$3 copay
Insulins:† Tier 3:	$35 copay	$105 copay	$105 copay	$35 copay	$105 copay
Insulins:† Tier 4:	$35 copay	$105 copay	$105 copay	$35 copay	$105 copay

*Long-term care pharmacy benefit is covered the same as Standard Retail Pharmacies for 31 days instead of 30 days.
**Tier 5 drugs limited to 30-day supply.
***Tier 6 drugs include vaccines and select generic medications used to treat high blood pressure, diabetes and high cholesterol.
†Cost-sharing for covered Part D insulins will not exceed the lesser of $35 or 25% of the drug's cost for a one-month supply.
Note: Two-month (60-day) supplies may also be available. Standard Mail Order costs may differ.
Note: This chart shows your portion of the costs.

Summary of benefits

Blue Medicare Choice℠ (HMO)

H3449-026

Other Covered Benefits

Benefits	What you should know		
Medicare-covered Podiatry Services:	Foot care.		$25 copay
Medical Equipment and Supplies:	Durable Medical Equipment and Supplies:*		20% of cost
	Diabetic Shoes or Inserts:		20% of cost
	Diabetes Supplies:*	Preferred Brand	$0 copay
		Non-Preferred Brands**	20% of cost
Fitness:	Gym memberships at in-network facilities and unlimited access to the digital platform. Must use designated provider (SilverSneakers).		$0 copay
Over-the-Counter Products Allowance:	**$25** quarterly allowance. Must use participating retail locations or designated catalog; no rollover.		$0 copay
Meals Benefit:	Two meals per day for 14 days post-discharge.		$0 copay
Support for Caregivers:	Support and resources for non-professional caregivers.		$0 copay
Personal Emergency Response System:	Wearable device with fast access to emergency services.		$0 copay

*May require prior authorization.
**With a medical exception.
Note: This chart shows your portion of the costs.

Summary of benefits

Plan offerings and premiums by county

Blue Medicare Enhanced℠ (HMO-POS) is available in all 100 North Carolina counties.

Blue Medicare Enhanced℠ (HMO-POS) H3449-024-001 — Monthly premium: $30

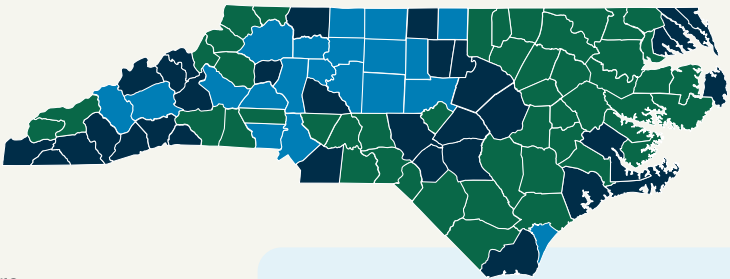
Alamance	Chatham	Gaston	Mecklenburg	Randolph	Wilkes
Buncombe	Davidson	Guilford	New Hanover	Rockingham	Yadkin
Burke	Davie	Haywood	Person	Stokes	
Catawba	Forsyth	Iredell			

Blue Medicare Enhanced℠ (HMO-POS) H3449-024-002 — Monthly premium: $40

Alexander	Clay	Harnett	Madison	Pasquotank	Union
Brunswick	Craven	Henderson	McDowell	Perquimans	Wake
Camden	Cumberland	Hoke	Mitchell	Polk	Yancey
Carteret	Currituck	Jackson	Moore	Rowan	
Caswell	Dare	Johnston	Onslow	Surry	
Cherokee	Durham	Macon	Orange	Transylvania	

Blue Medicare Enhanced℠ (HMO-POS) H3449-024-003 — Monthly premium: $47

Alleghany	Caldwell	Graham	Lenoir	Pitt	Tyrrell
Anson	Chowan	Granville	Lincoln	Richmond	Vance
Ashe	Cleveland	Greene	Martin	Robeson	Warren
Avery	Columbus	Halifax	Montgomery	Rutherford	Washington
Beaufort	Duplin	Hertford	Nash	Sampson	Watauga
Bertie	Edgecombe	Hyde	Northampton	Scotland	Wayne
Bladen	Franklin	Jones	Pamlico	Stanly	Wilson
Cabarrus	Gates	Lee	Pender	Swain	



Counties where Blue Medicare Enhanced (HMO-POS) is available:

001 002 003

Blue Medicare Enhanced (HMO-POS) is available in all 100 North Carolina counties.

Please note: To join Blue Medicare HMO plans, you must have both Medicare Part A and Medicare Part B and live in our service area.

Summary of benefits

Blue Medicare Enhanced℠ (HMO-POS)		H3449-024-001 H3449-024-002 H3449-024-003
Monthly Premium:	You must also continue to pay your Medicare Part B premium.	001: $30 002: $40 003: $47
Deductible:	This plan has no medical deductible.	$0
Annual Maximum Out-of-Pocket Amount:	Does not include prescription drugs.	$4,200
Benefits	**What You Should Know**	
Inpatient Hospital Care:* (Cost share applies per day. Benefit period applied per admission.)	Days 1–6:	$350 copay
	Days 7–90:	$0 copay
	Days 91 and beyond:	$0 copay
Outpatient Services:*	Outpatient Hospital: Per stay.	$0-$335 copay
	Ambulatory Surgical Center:	$0-$200 copay
Doctor Visit:	Primary:	$0 copay
	Specialist:	$20 copay
Preventive Care:	Any additional preventive services approved by Medicare during the contract year will be covered.	$0 copay
Emergency Care:	If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency care. Emergency services are covered worldwide.	$150 copay
Urgently Needed Services:		$65 copay

*May require prior authorization.
Note: This chart shows your portion of the costs.

Summary of benefits

Blue Medicare Enhanced℠ (HMO-POS)

H3449-024-001
H3449-024-002
H3449-024-003

Benefits	What you should know		PCP office	Any other setting
Diagnostic Services/ Labs/ Imaging:*	Diagnostic Tests and Procedures:		$0 copay	$25 copay
	Lab Services:		$0 copay	$5 copay
	Diagnostic Radiological Services:	MRI, CT and Other Nuclear Medicine:	$0 copay	Lesser of 20% of cost or $150 copay
		PET:	$0 copay	$300 copay
		All Other Services:	$0 copay	$75 copay
	Therapeutic Radiological Services:		$0 copay	Lesser of 20% of cost or $60 copay
	X-rays:		$0 copay	$15 copay
Hearing Services:	Medicare-Covered Hearing Exam:	Exams to diagnose and treat hearing and balance issues.		$20 copay
	Routine Hearing Exam:	One per year.		$0 copay***
	Hearing Aids:	One per ear, per year.		$499–$999 copay***
Dental Services:	Medicare-Covered Dental Services:*	Medicare may pay for certain services when you're in a hospital and need emergency or complicated dental procedures.		$20 copay
	Comprehensive and Preventive Dental:	**$2,000** combined yearly allowance for services including oral exams, cleanings, X-rays, fillings, extractions and dentures.**		$0 copay***

*May require prior authorization.
**Certain limits apply. For services obtained out-of-network, you will be responsible for 20% of preventive services and 40% of comprehensive services plus any additional costs up to the provider billed amount. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please see Evidence of Coverage for more information.
***Must use designated providers.
Note: This chart shows your portion of the costs.

Summary of benefits

Blue Medicare Enhanced℠ (HMO-POS)

H3449-024-001
H3449-024-002
H3449-024-003

Benefits		What you should know	
Vision Services:	Routine Eye Exam:	One per calendar year.	$0 copay
	Vision Allowance:	**$300** yearly allowance.	$0 copay
	Medicare-Covered Eye Exam:	For the diagnosis and treatment of illnesses and injuries of the eye.	$20 copay
	Glaucoma Screening and Diabetic Eye Exam:	For people who are at high risk of glaucoma or have diabetes.	$0 copay
	Eyewear After Cataract Surgery:	One pair of eyeglasses or one pair of contact lenses.	20% of cost
Mental Health Services:	Inpatient:* (Cost share applies per day. Benefit period applied per admission.)	Days 1–5:	$350 copay
		Days 6–90:	$0 copay
	Outpatient:* (Mental health and substance use.)	Individual and group sessions.	$20 copay
Skilled Nursing Facility:*	(Cost share applies per day. Benefit period applied per admission.)	Days 1–20:	$0 copay
		Days 21–100:	$218 copay
Outpatient Rehabilitation Services:	Physical and Speech Language Therapy:		$10 copay
	Occupational Therapy:		$10 copay
	Cardiac Rehab Services:		$0 copay
	Pulmonary Rehab Services:		$20 copay

*May require prior authorization.
Note: This chart shows your portion of the costs.

Summary of benefits

Blue Medicare Enhanced℠ (HMO-POS)

H3449-024-001
H3449-024-002
H3449-024-003

Benefits	What you should know	
Ambulance Services:*	Covers medically necessary ground and air ambulance services.	$250 copay
Transportation:	12 one-way rides to health-related locations.	$0 copay
Medicare Part B Drugs:	Part B Insulins: 30-day supply.	$35 copay
	Chemotherapy and Other Part B Drugs:**	0–20% of cost

Part D Drug Benefit Stages

H3449-024-001
H3449-024-002
H3449-024-003

Yearly Deductible Stage:	Tiers 1, 2 and 6: $0 Tiers 3, 4 and 5: $100 This is the set amount that you pay before your plan begins to pay its share of the cost. Your deductible does not apply to covered insulin products and most adult Part D vaccines.
Initial Coverage Stage:	**Begins after you pay your yearly deductible.** You generally stay in this stage until your out-of-pocket drug costs reach **$2,100**. The amount you pay in this stage is shown in the chart on the next page.***
Catastrophic Coverage Stage:	**Begins when your out-of-pocket drug costs reach $2,100.** During this stage, you pay nothing for your covered Part D drugs. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.

*May require prior authorization.
**May require prior authorization. Based on Inflation Reduction Act mandates.
***Your out-of-pocket drug costs include payments made in the Yearly Deductible Stage and the Initial Coverage Stage. Note: This chart shows your portion of the costs.

Summary of benefits

Blue Medicare Enhanced℠ (HMO-POS)

H3449-024-001
H3449-024-002
H3449-024-003

Tiers	Preferred Retail Pharmacies		Preferred Mail Order	Standard (Non-Preferred) Pharmacies	
	1 month 30-day supply	3 months 90-day supply	3 months 90-day supply	1 month 30-day supply*	3 months 90-day supply
Tier 1 – Preferred Generic Drugs:	$0 copay	$0 copay	$0 copay	$15 copay	$45 copay
Tier 2 – Generic Drugs:	$4 copay	$12 copay	$0 copay	$20 copay	$60 copay
Tier 3 – Preferred Brand Drugs:	25% of cost	25% of cost	25% of cost	25% of cost	25% of cost
Tier 4 – Non-Preferred Drugs:	31% of cost	31% of cost	31% of cost	31% of cost	31% of cost
Tier 5 – Specialty Tier Drugs:**	31% of cost	N/A	N/A	31% of cost	N/A
Tier 6 – Select Care Drugs:***	$0 copay	$0 copay	$0 copay	$1 copay	$1 copay
Insulins:† Tier 3:	$35 copay	$105 copay	$105 copay	$35 copay	$105 copay
Insulins:† Tier 4:	$35 copay	$105 copay	$105 copay	$35 copay	$105 copay

*Long-term care pharmacy benefit is covered the same as Standard Retail Pharmacies for 31 days instead of 30 days.
**Tier 5 drugs limited to 30-day supply.
***Tier 6 drugs include vaccines and select generic medications used to treat high blood pressure, diabetes and high cholesterol.
†Cost-sharing for covered Part D insulins will not exceed the lesser of $35 or 25% of the drug's cost for a one-month supply.
Note: Two-month (60-day) supplies may also be available. Standard Mail Order costs may differ.
Note: This chart shows your portion of the costs.

Summary of benefits

Blue Medicare Enhanced℠ (HMO-POS)

H3449-024-001
H3449-024-002
H3449-024-003

Other Covered Benefits

Benefits	What you should know		
Medicare-covered Podiatry Services:	Foot care.		$20 copay
Medical Equipment and Supplies:	Durable Medical Equipment and Supplies:*		20% of cost
	Diabetic Shoes or Inserts:		20% of cost
	Diabetes Supplies:*	Preferred Brand	$0 copay
		Non-Preferred Brands**	20% of cost
Fitness:	Gym memberships at in-network facilities and unlimited access to the digital platform. Must use designated provider (SilverSneakers).		$0 copay
Over-the-Counter Products Allowance:	**001: $41** per quarter **002: $41** per quarter **003: $20** per quarter	Must use participating retail locations or designated catalog; no rollover.	$0 copay
Meals Benefit:	Two meals per day for 14 days post-discharge.		$0 copay
Support for Caregivers:	Support and resources for non-professional caregivers.		$0 copay
In-Home Support Services:	60 hours per year. Hours do not rollover.		$0 copay
Personal Emergency Response System:	Wearable device with fast access to emergency services.		$0 copay

*May require prior authorization.
**With a medical exception.
Note: This chart shows your portion of the costs.

Blue Medicare HMO[SM]

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

BlueCross BlueShield of North Carolina

English
ATTENTION: If you speak any of the following languages, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-888-310-4110 (TTY: 711), or speak to your provider.

Spanish / Español
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayudas y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-888-310-4110 (TTY: 711) o hable con su proveedor.

Chinese / 中文
注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-888-310-4110 (TTY: 711) 或咨询您的服务提供商。

Vietnamese / Việt
LƯU Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cấp miễn phí. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-310-4110 (Người khuyết tật: 711) hoặc trao đổi với nhà cung cấp dịch vụ của quý vị.

Korean / 한국어
알림: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-888-310-4110 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

French / Français
ATTENTION: Si vous parlez français, vous pouvez bénéficier de services d'assistance gratuits. Vous avez également à votre disposition des outils et services supplémentaires vous permettant de fournir des informations dans un format accessible, sans frais. Appelez le 1-888-310-4110 (TTY: 711) ou parlez à votre fournisseur.

Arabic / العربية
تنبيه: إذا كنت تتحدث اللغة العربية، تتوفر لك خدمات مساعدة لغوية مجانية. كما تتوفرمساعدة وخدمات إضافية مناسبة لتقديم المعلومات بتنسيقات يمكن الوصول إليها مجانًا. يُرجى الاتصال على الرقم 1-888-310-4110 (TTY: 711) أو تحدث مع مزود الخدمة الخاص بك.

Hmong / Lus Hmoob
LUG CEEV TSHWJ XEEB: yog has tas koj has lug Hmoob muaj cov kev paab cuam txhais lug pub dlawb rua koj. Cov kev paab hab cov kev paab cuam ntxiv kws tsim nyog txhawm rua muab lug qha paub ua cov hom ntaub ntawv kws tuaj yeem nkaag cuag tau rua los kuj yeej tseem muaj paab dlawb tsis xaam tug nqe dlaab tsi tuab yaam nkaus. Hu rua 1-888-310-4110 (TTY: 711) los yog thaam nrug koj tug kws muab kev saib xyuas khu mob.

Russian / РУССКИЙ
ВНИМАНИЕ: Если Вы говорите на русском, то Вам доступны бесплатные услуги языковой поддержки. Соответствующие инструменты и информационные сервисы также предоставляются бесплатно. Позвоните по телефону 1-888-310-4110 (TTY: 711) или обратитесь к своему поставщику услуг.

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Blue Medicare HMO[SM]

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

BlueCross BlueShield of North Carolina

Tagalog
PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-888-310-4110 (TTY: 711) o makipag-usap sa iyong provider.

Gujarati / ગુજરાતી
ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હોવ તો, મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-888-310-4110 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Mon-Khmer, Cambodian / ភាសាខ្មែរ
កំណត់ចំំណាំ៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានផ្តល់ជូនសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មសមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បានក៏មានផ្តល់ជូនដោយឥតគិតថ្លៃផងដែរ។ សូមទូរស័ព្ទទៅលេខ 1-888-310-4110 (TTY: 711) និយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

German / Deutsch
WICHTIGER HINWEIS: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-888-310-4110 (TTY: 711) oan oder sprechen Sie mit Ihrem Provider.

Hindi / हिंदी
ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-888-310-4110 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

Laotian / ລາວ
ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-888-310-4110 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

Japanese / 日本語
お知らせ：日本語をお話しの場合、無料の言語支援サービスをご利用いただけます。アクセス可能な形式で情報を提供するための適切な補助的なサポートやサービスも無料でご利用いただけます。1-888-310-4110 (TTY: 711) にお電話いただくか、プロバイダーにお問い合わせください。

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