2026 Summary of benefits

Blue Medicare Freedom+℠ (PPO)

This is a summary of health services covered under Blue Medicare Freedom+ for **January 1, 2026 – December 31, 2026.**

Plan:
Blue Medicare Freedom+ (PPO): H3404-004

- 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.
- To join Blue Medicare Freedom+, you must have both Medicare Part A and Medicare Part B and live in our service area.
- Blue Medicare Freedom+ has a network of doctors, hospitals, pharmacies and other providers. You'll get your health care at lower prices by using in-network providers.
- 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.
- Plan may offer supplemental benefits in addition to Part C benefits.
- 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.
- 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 **888-790-6412** (TTY: 711), current members call **877-494-7647** (TTY: 711), 7 days a week, 8 a.m. – 8 p.m., visit **BlueCrossNC.com/FreedomPlus** or contact your Blue Cross NC Authorized Independent Agent.

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Summary of benefits

Plan offerings and premiums by county

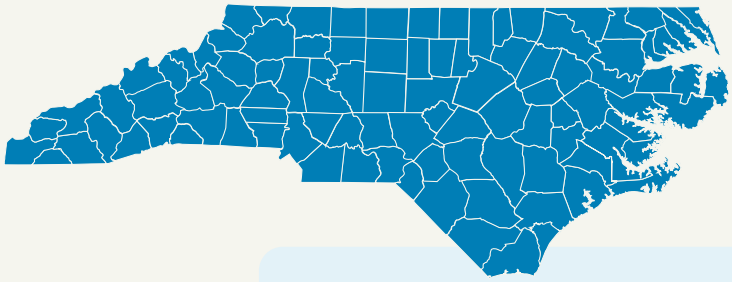
Blue Medicare Freedom+ (PPO) is available in all 100 North Carolina counties.

Blue Medicare Freedom+℠ (PPO)

H3404-004

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 Freedom+ (PPO) is available in all 100 North Carolina counties.

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

Summary of benefits

Blue Medicare Freedom+℠ (PPO)		H3404-004
Monthly Premium:	You must also continue to pay your Medicare Part B premium.	$0
Part B Premium Reduction:	Monthly reduction.	$100
Deductible:	These plans have no medical deductible.	$0

Benefits	What You Should Know	In-Network	Out-of-Network*
Annual Out-of-Pocket Maximum:		$9,250	$13,900
Inpatient Hospital Care:** (Benefit period applied per stay.)	Days 1–90:	$2,230 copay per stay	40% of cost
	Days 91–150:	$838 copay per day	40% of cost
Outpatient Services:**	Outpatient Hospital:	20% of cost	40% of cost
	Ambulatory Surgical Center:	20% of cost	40% of cost
Doctor Visit:	Primary:	20% of cost	40% of cost
	Specialist:	20% of cost	40% of cost
Preventive Care:	Any additional preventive services approved by Medicare during the contract year will be covered.	$0 copay	$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	$115 copay
Urgently Needed Services:		$40 copay	$40 copay

*Out-of-network/non-contracted providers are under no obligation to treat Plan 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.
**May require prior authorization.
Note: This chart shows your portion of the costs.

Summary of benefits

Blue Medicare Freedom+℠ (PPO)

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Benefits	What You Should Know		In-Network	Out-of-Network*
Diagnostic Services/ Labs/ Imaging:**	Diagnostic Tests and Procedures:		20% of cost	40% of cost
	Lab Services:		20% of cost	40% of cost
	Diagnostic Radiological Services:	MRI, CT and Other Nuclear Medicine:	20% of cost	40% of cost
		PET:	20% of cost	40% of cost
		All Other Services:	20% of cost	40% of cost
	Therapeutic Radiological Services:		20% of cost	40% of cost
	X-rays:		20% of cost	40% of cost
Hearing Services:	Medicare-Covered Hearing Exam:	Exam to diagnose and treat hearing and balance issues.	20% of cost	40% of cost
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% of cost	40% of cost
Vision Services:	Medicare-Covered Eye Exam:	For the diagnosis and treatment of illnesses and injuries of the eye.	20% of cost	40% of cost
	Eyewear After Cataract Surgery:	One pair of eyeglasses or one pair of contact lenses.	$0 copay	40% of cost
	Diabetic Eye Exam:		$0 copay	40% of cost
Mental Health Services:	Inpatient:** (Benefit period applied per stay.)	Days 1–90:	$2,080 copay per stay	40% of cost
		Days 91–150:	$838 copay per day	40% of cost
	Outpatient:** (Mental health and substance use.)	Individual and group sessions.	20% of cost	40% of cost
Skilled Nursing Facility:**	(Cost share applies per day. Benefit period applied per admission.)	Days 1–20:	$0 copay	40% of cost
		Days 21–60:	$218 copay	40% of cost
		Days 61–100:	$0 copay	40% of cost

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Summary of benefits

Blue Medicare Freedom+℠ (PPO)

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Benefits	What You Should Know	In-Network	Out-of-Network*
Outpatient Rehabilitation Services:	Occupational, Physical and Speech Language Therapy:	$30 copay	40% of cost
	Cardiac Rehab Services:	$30 copay	40% of cost
	Pulmonary Rehab Services:	$25 copay	40% of cost
Ambulance Services:**	Covers medically necessary ground and air ambulance services.	20% of cost	40% of cost
Transportation:	12 one-way rides to health-related locations. Must use designated providers.	$0 copay	Not covered
Medicare Part B Drugs:	Part B Insulins: 30-day supply.	$35 copay	40% of cost
	Chemotherapy and Other Part B Drugs:*** Part D drugs not covered.	0–20% of cost	40% of cost
Other Covered Benefits			
Medicare-covered Podiatry Services:	Foot care.	20% of cost	40% of cost
Medical Equipment and Supplies:	Durable Medical Equipment & Supplies:**	20% of cost	40% of cost
	Diabetic Shoes or Inserts:	20% of cost	40% of cost
	Diabetes Supplies:**	20% of cost	40% of cost
Fitness:	Gym memberships at in-network facilities and unlimited access to the digital platform. Must use designated provider (SilverSneakers).	$0 copay	Not covered
PPO Travel Program:	Extended network in the U.S.	Included	40% of cost
Meals Benefit:	Two meals per day for 14 days post-discharge.	$0 copay	Not covered
Support for Caregivers:	Support and resources for non-professional caregivers.	$0 copay	Not covered
In-Home Support Services:	60 hours per year. Hours do not rollover.	$0 copay	Not covered
Personal Emergency Response System:	Wearable device with fast access to emergency services.	$0 copay	Not covered

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Blue Medicare PPO℠

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 1-877-494-7647 (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 1-877-494-7647 (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 1-877-494-7647 (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 1-877-494-7647 (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. 1-877-494-7647 (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 1-877-494-7647 (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 1-877-494-7647 (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 1-877-494-7647 (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 1-877-494-7647 (TTY: 711) или обратитесь к своему поставщику услуг.

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Blue Medicare PPO℠

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 1-877-494-7647 (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. 1-877-494-7647 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Mon-Khmer, Cambodian / ភាសាខ្មែរ
កំណត់ចំំណាំ៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានផ្តល់ជូនសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មសមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បានក៏មានផ្តល់ជូនដោយឥតគិតថ្លៃផងដែរ។ សូមទូរស័ព្ទទៅលេខ 1-877-494-7647 (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 1-877-494-7647 (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। 1-877-494-7647 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

Laotian / ລາວ
ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-877-494-7647 (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。1-877-494-7647 (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。