2026 Summary of benefits

Blue Medicare Rx℠ (PDP)

This is a summary of drug services covered under Blue Medicare Rx (PDP) plans for **January 1, 2026 – December 31, 2026.**

Plans:
Blue Medicare Rx Standard (PDP) S5540-002
Blue Medicare Rx Enhanced (PDP) S5540-004

- 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.
- If you have Medicare Part B, you must continue to pay your Medicare Part B premium, if it's not otherwise paid for under Medicaid or by another third party.
- You must join a Medicare prescription drug plan to receive drug coverage unless you are eligible for both Medicare and Medicaid. Contact your state Medicaid or medical assistance office if you have questions about your eligibility.
- To join Blue Medicare Rx (PDP) plans, you must have Medicare Part A (Hospital Insurance) and/or Medicare Part B (Medical Insurance) and live in our service area. Our service area includes all counties in North Carolina.
- 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.
- 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 **800-661-5518** (TTY: 711), current members call **888-247-4142** (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.

Y0079_13570_M CMS Accepted 08252025
U5073, 8/25

MedicareRx
Prescription Drug Coverage

Summary of benefits

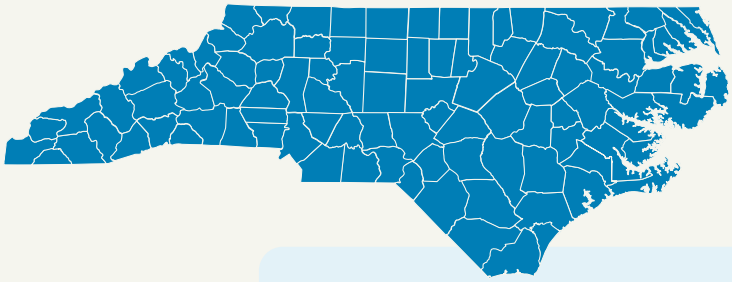
Plan offerings and premiums by county

Blue Medicare Rx (PDP) plans are available in all 100 North Carolina counties.

Blue Medicare Rx Standard℠ (PDP)

S5540-002 **Monthly premium: $83.90**

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 Rx (PDP) plans are available in all 100 North Carolina counties.

Please note: To join Blue Medicare Rx (PDP) plans, you must have Medicare Part A and/or Medicare Part B and live in our service area.

Summary of benefits

Blue Medicare Rx Standard℠ (PDP)

S5540-002

Monthly Premium: $83.90

Part D Drug Benefit Stages

Yearly Deductible Stage:	**Tier 1:** $0 **Tiers 2, 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.

*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 Rx Standard℠ (PDP)

S5540-002

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:	$5 copay	$15 copay	$15 copay	$15 copay	$45 copay
Tier 2 – Generic Drugs:	$10 copay	$30 copay	$30 copay	$20 copay	$60 copay
Tier 3 – Preferred Brand Drugs:	20% of cost	20% of cost	20% of cost	20% of cost	20% of cost
Tier 4 – Non-Preferred Drugs:	32% of cost	32% of cost	32% of cost	32% of cost	32% of cost
Tier 5 – Specialty Tier Drugs:**	25% of cost	N/A	N/A	25% of cost	N/A
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.
***Cost-sharing for covered Part D insulins on Tier 3 will not exceed the lesser of $35 or 20% of the drug's cost for a one-month supply.
†Cost-sharing for covered Part D insulins on Tier 4 will not exceed the lesser of $35 or 25% of the drug's cost for a one-month supply.
Notes: Two-month (60-day) supplies may also be available. Standard Mail Order costs may differ. This chart shows your portion of the costs.

Summary of benefits

Plan offerings and premiums by county

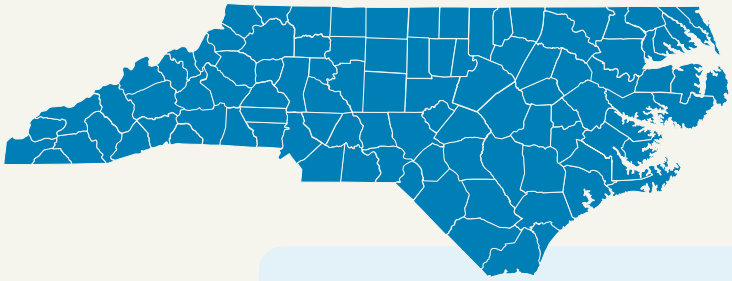
Blue Medicare Rx (PDP) plans are available in all 100 North Carolina counties.

Blue Medicare Rx Enhanced℠ (PDP)

S5540-004

Monthly Premium: $163.20

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 Rx (PDP) plans are available in all 100 North Carolina counties.

Please note: To join Blue Medicare Rx (PDP) plans, you must have Medicare Part A and/or Medicare Part B and live in our service area.

Summary of benefits

Blue Medicare Rx Enhanced™ (PDP)

S5540-004

Monthly Premium: $163.20

Part D Drug Benefit Stages

Yearly Deductible Stage:	**All Tiers:** $0 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.

*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 Rx Enhanced℠ (PDP)

S5540-004

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:	$3 copay	$9 copay	$9 copay	$15 copay	$45 copay
Tier 2 – Generic Drugs:	$6 copay	$18 copay	$18 copay	$20 copay	$60 copay
Tier 3 – Preferred Brand Drugs:	$45 copay	$135 copay	$135 copay	$47 copay	$141 copay
Tier 4 – Non-Preferred Drugs:	40% of cost	40% of cost	40% of cost	40% of cost	40% of cost
Tier 5 – Specialty Tier Drugs:**	33% of cost	N/A	N/A	33% of cost	N/A
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.
***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.
Notes: Two-month (60-day) supplies may also be available. Standard Mail Order costs may differ. This chart shows your portion of the costs.

Blue Medicare PDP[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 1-888-247-4142 (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 1-888-247-4142 (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 1-888-247-4142 (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 1-888-247-4142 (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. 1-888-247-4142 (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 1-888-247-4142 (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 1-888-247-4142 (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 1-888-247-4142 (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 1-888-247-4142 (TTY: 711) или обратитесь к своему поставщику услуг.

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Blue Medicare PDP[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 1-888-247-4142 (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. 1-888-247-4142 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Mon-Khmer, Cambodian / ភាសាខ្មែរ
កំណត់ចំំណាំ៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានផ្តល់ជូនសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មសមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បានក៏មានផ្តល់ជូនដោយឥតគិតថ្លៃផងដែរ។ សូមទូរស័ព្ទទៅលេខ 1-888-247-4142 (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 1-888-247-4142 (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। 1-888-247-4142 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

Laotian / ລາວ
ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-888-247-4142 (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。1-888-247-4142 (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。