

2027 Summary of Benefits

Blue Medicare RxSM (PDP)

This is a summary of drug services covered under Blue Medicare Rx (PDP) plans for **January 1, 2027 – December 31, 2027**.

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](https://www.bluecrossnc.com/Members/Medicare/Forms-Library) and click on the Evidence of Coverage.
- 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.
- 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 your Evidence of Coverage online.
- 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](https://www.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](https://www.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

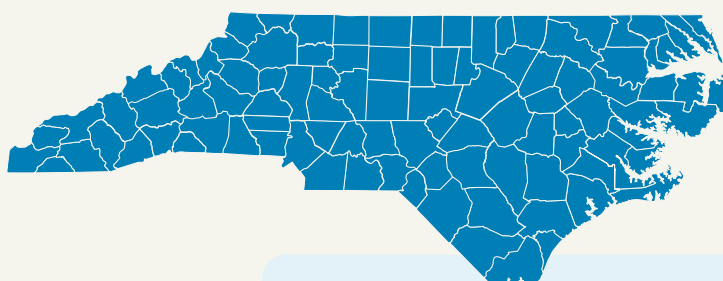
Blue Medicare Rx (PDP) plans are available in all 100 North Carolina counties.

Blue Medicare Rx StandardSM (PDP)

S5540-002

Monthly premium: \$92.10

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: \$92.10



Part D Drug Benefit Stages

	Tiers 1 and 6: \$0	Tiers 2, 3, 4, and 5: \$700
Yearly Deductible Stage:*	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 \$2,400 . 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 \$2,400. 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.	

*Deductible rules vary by medicine. Some medicines outside the standard deductible tiers may still have costs applied toward your deductible.

**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:	19% of cost	19% of cost	19% of cost	19% of cost	19% of cost
Tier 4 – Non-Preferred Drugs:	29% of cost	29% of cost	29% of cost	29% of cost	29% of cost
Tier 5 – Specialty Tier Drugs:**	25% of cost	N/A	N/A	25% of cost	N/A
Tier 6 – Select Care Drugs:*** (up to a 100-day supply)	\$4 copay	\$12 copay	\$12 copay	\$11 copay	\$33 copay
Insulins:†	\$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 select generic medications used to treat high blood pressure, diabetes, high cholesterol, and osteoporosis; up to a 100-day supply.

†Cost-sharing for covered Part D insulins will be the lesser of \$35, 25% coinsurance, or the applicable cost sharing amount 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

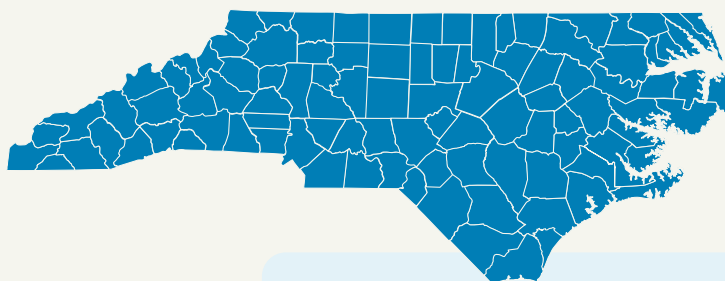
Blue Medicare Rx (PDP) plans are available in all 100 North Carolina counties.

Blue Medicare Rx Enhanced™ (PDP)

S5540-004

Monthly Premium: \$239.20

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: \$239.20



Part D Drug Benefit Stages

All Tiers: \$0

Yearly Deductible Stage:*

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 **\$2,400**. 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 \$2,400.

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.

*Deductible rules vary by medicine. Some medicines outside the standard deductible tiers may still have costs applied toward your deductible.

**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	\$45 copay	\$135 copay
Tier 4 – Non-Preferred Drugs:	41% of cost	41% of cost	41% of cost	41% of cost	41% of cost
Tier 5 – Specialty Tier Drugs:**	33% of cost	N/A	N/A	33% of cost	N/A
Tier 6 – Select Care Drugs:*** (up to a 100-day supply)	\$2 copay	\$6 copay	\$6 copay	\$11 copay	\$33 copay
Insulins:†	\$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.

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