2026 Summary of benefits

Healthy Blue® + Medicare℠ (HMO-POS D-SNP)

H9147-001

This is a summary of health services and prescription drug coverage that is covered under Healthy Blue + Medicare (HMO-POS D-SNP) for **January 1, 2026 – December 31, 2026.**

- 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.
- Healthy Blue + Medicare 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 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.
- Blue Cross and Blue Shield of North Carolina is an HMO-POS D-SNP plan with a Medicare contract and a NC State Medicaid Agency Contract (SMAC). Enrollment in Blue Cross and Blue Shield of North Carolina depends upon 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 **800-400-8745** (TTY: 711), current members call **833-713-1078** (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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U43436, 8/25

MedicareRx
Prescription Drug Coverage

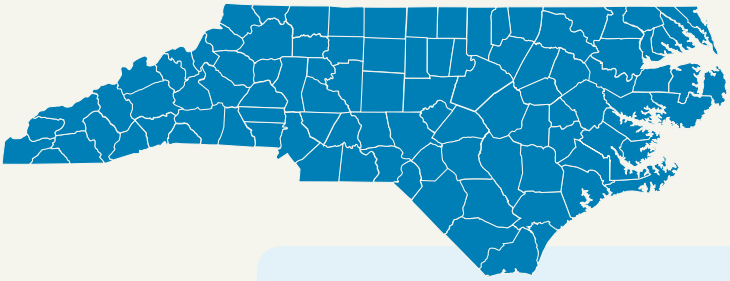
Summary of benefits

The Healthy Blue + Medicare (HMO-POS D-SNP) Service Area

Monthly premium: $0

The Healthy Blue + Medicare (HMO-POS D-SNP) plan is available in all 100 counties in North Carolina:

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	



Healthy Blue + Medicare (HMO-POS D-SNP) is available in all 100 North Carolina counties.

Please note: To join Healthy Blue + Medicare (HMO-POS D-SNP), you must be eligible to receive qualifying Medicaid benefits from the North Carolina Medicaid program, reside in North Carolina and have both Medicare Part A and Medicare Part B.

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Healthy Blue® + Medicare℠ (HMO-POS D-SNP)		H9147-001
Monthly Premium:	Part B premium is covered by the North Carolina Medicaid program for D-SNP enrollees.	**$0**
Deductible:	This plan may have a medical deductible.*	**$0-$257**
Annual Maximum Out-of-Pocket Amount:	Does not include prescription drugs. Like all Medicare Advantage health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Services you get from doctors or facilities in our plan go toward your yearly limit. If you reach the $9,250 limit on out-of-pocket costs, you will not have to pay any out-of-pocket costs for covered Part A and Part B services for the rest of the year due to your cost sharing protection for Medicaid eligibility.	**$9,250**
Benefits	**What You Should Know**	
Inpatient Hospital Care:** (Cost share applies per day. Benefit period applied per admission.)	**Days 1–90:**	**$0 copay**
	Our plan covers 60 "lifetime reserve days." These are extra days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used the extra 60 days, your inpatient hospital coverage will be limited to 90 days.	
Outpatient Services:**	**Outpatient Hospital:**	**$0 copay**
	Ambulatory Surgical Center:	**$0 copay**
Doctor Visit:	**Primary:**	**$0 copay**
	Specialist:	**$0 copay**
Preventive Care:	**Screenings:**	**$0 copay**
	Annual Physical Exam:	**$0 copay**

*2025 amount displayed. Deductible depends upon your Medicare Savings Program eligibility.
**May require prior authorization.

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Benefits	What You Should Know		
Emergency Care:	Emergency services are covered worldwide.		$0 copay
Urgently Needed Services:			$0 copay
Diagnostic Services/ Labs/Imaging:*	Diagnostic Tests and Procedures:		$0 copay
	Lab Services:		$0 copay
	Diagnostic Radiological Services:	MRI, CT and Other Nuclear Medicine:	$0 copay
		PET:	$0 copay
		All Other Services:	$0 copay
	Therapeutic Radiological Services:		$0 copay
	X-rays:		$0 copay
Hearing Services:	Medicare-Covered Hearing Exam:	Exams to diagnose and treat hearing and balance issues.	$0 copay
	Routine Hearing Exam and Hearing Aid Evaluation:	One routine hearing exam and hearing aid fitting/evaluation per calendar year. Must use designated providers.	$0 copay
	Hearing Aids:	Advanced hearing aids (one per ear) every three years.	$0 copay

*May require prior authorization.

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Benefits	What You Should Know		
Dental Services:**	Medicare-Covered Dental Services:*	Does not include services for care, treatment, filling, removal or replacement of teeth.	$0 copay
	Dental Allowance:	**$3,000** maximum allowed combined preventive and comprehensive covered services.	$0 copay
	Preventive:	Two oral exams, two cleanings, one dental X-ray and one fluoride treatment every year.	$0 copay
	Comprehensive:	You can use your coverage for: fillings, crowns, periodontal root planing and scaling, extractions, dentures and more.	$0 copay
Vision Services:	Routine Eye Exams:***	One exam per calendar year.	$0 copay
	Routine Prescription Eyewear (Lenses and Frames):	Covers up to **$400** for prescription eyeglasses or contact lenses every year.	$0 copay
	Medicare-Covered Eye Exam:	For the diagnosis and treatment of illnesses and injuries of the eye.	$0 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.	$0 copay
Mental Health Services:**	Inpatient:	Our plan covers 90 days for an inpatient hospital stay, plus 60 "lifetime reserve days." If your hospital stay is longer than 90 days, you can use these extra days. Once you have used the extra 60 days, your inpatient hospital coverage will be limited to 90 days.	$0 copay
	Outpatient:	Individual and group therapy sessions.	$0 copay

*May require prior authorization. **Service limitations apply. Members also have a $0 cost share when services are provided by non-participating dentists. 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. ***Must use designated provider.

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Benefits	What You Should Know	
Skilled Nursing Facility:*	Up to 100 days in a Skilled Nursing Facility.	$0 copay
Outpatient Rehabilitation Services:	Cardiac (Heart):	$0 copay
	Pulmonary (Lung):	$0 copay
	Occupational, Physical and Speech Language Therapy:	$0 copay
Ambulance Services:*	Covers medically necessary ground and air ambulance services.	$0 copay
Transportation:**,***	Coverage for 48 one-way non-emergency trips to and/or from any health-related locations and non-health related locations. Rides can be booked ahead of time or up to two hours before you need it.	$0 copay
Medicare Part B Drugs:	Part B Insulins: 30-day supply.	$0 copay
	Chemotherapy and Other Part B Drugs:*	$0 copay

*May require prior authorization.
**Must use designated provider.
***You may qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI) if you are at high risk for hospitalization or adverse health outcomes and require intensive care coordination to manage chronic conditions such as cardiovascular disorders, cancer, stroke, diabetes or chronic lung disorders. Eligibility will be established objectively, using clinical data and provider confirmations. For a full list of covered chronic conditions or to learn more about eligibility requirements, please contact your plan.

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The amount you pay for drugs in each cost-sharing tier:	1 month 30-day supply
Tier 1 – Preferred Generic Drugs:	$0 copay
Tier 2 – Generic Drugs:	$0 copay
Tier 3 – Preferred Brand Drugs:	$0-$12.65 copay
Tier 4 – Non-Preferred Drugs:	$0-$12.65 copay
Tier 5 – Specialty Tier Drugs:*	$0-$12.65 copay
Tier 6 – Select Care Drugs:**	$0 copay

Part D Drug Benefit Stages

H9147-001

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 above.†
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.

*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.
***Without "Extra Help," there is a $615 deductible applied to Tiers 3, 4 & 5.
†Your out-of-pocket drug costs include payments made in the Yearly Deductible Stage and the Initial Coverage Stage.
Note: You can determine which covered drugs are generic by reading the plan's formulary.

Summary of benefits

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Other Covered Benefits

Chiropractic Services:	**Medicare-Covered:**	Medicare coverage includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position).	**$0 copay**
Podiatry Services:	**Medicare-Covered:**	Foot exams and treatment are covered if you have diabetes-related nerve damage and/or meet certain conditions.	**$0 copay**
	Routine Services:	Unlimited visits.	**$0 copay**
Home Health Care:*		Covered services for homebound beneficiaries.	**$0 copay**
Meals Benefit:		Provides up to two meals a day for 14 days post-discharge from a medical facility. Unlimited occurrences.	**$0 copay**
Medical Equipment and Supplies:*	**Durable Medical Equipment and Supplies:**		**$0 copay**
	Prosthetics:		**$0 copay**
	Diabetes Supplies:		**$0 copay**
Outpatient Substance Use:*		Individual and group therapy visits.	**$0 copay**
Over-the-Counter Allowance:**		**$250** per month allowance for approved non-prescription OTC medications, healthy food and produce. Participating retailers include CVS, Walgreens and Walmart. Amount does not roll over month-to-month. Participating retailers are subject to change.	
Personal Emergency Response System (PERS) Coverage:		Includes the monitoring device and monitoring service.	**$0 copay**
Support for Caregivers:		Support and resources for non-professional caregivers.	**$0 copay**

*May require prior authorization. **You may qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI) if you are at high risk for hospitalization or adverse health outcomes and require intensive care coordination to manage chronic conditions such as cardiovascular disorders, cancer, stroke, diabetes or chronic lung disorders. Eligibility will be established objectively, using clinical data and provider confirmations. For a full list of covered chronic conditions or to learn more about eligibility requirements, please contact your plan.

Healthy Blue + Medicare℠ (HMO-POS D-SNP)

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 1-833-713-1078 (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 1-833-713-1078 (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 1-833-713-1078 (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 1-833-713-1078 (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. 1-833-713-1078 (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 1-833-713-1078 (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 1-833-713-1078 (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 1-833-713-1078 (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 1-833-713-1078 (TTY: 711) или обратитесь к своему поставщику услуг.

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Healthy Blue + Medicare℠ (HMO-POS D-SNP)

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 1-833-713-1078 (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. 1-833-713-1078 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Mon-Khmer, Cambodian / ភាសាខ្មែរ
កំណត់ចំំណាំ៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានផ្តល់ជូនសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មសមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បានក៏មានផ្តល់ជូនដោយឥតគិតថ្លៃផងដែរ។ សូមទូរស័ព្ទទៅលេខ 1-833-713-1078 (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 1-833-713-1078 (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। 1-833-713-1078 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

Laotian / ລາວ
ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-833-713-1078 (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。1-833-713-1078 (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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