



**BlueCross BlueShield
of North Carolina**

An independent licensee of the Blue Cross and Blue Shield Association

FIRST NAME LAST NAME
STREET ADDRESS
CITY, STATE AND ZIP

THIS IS NOT A BILL

Notice for MEMBER NAME

Medicare Identification Number XXXXXXXXXX-XX

Date of This Notice 02/01/2025

Claims for January 2025

Your Medicare Part D Explanation of Benefits (EOB)

This is your “Explanation of Benefits” (EOB) for your Medicare prescription drug coverage (Part D). Your EOB shows the prescriptions you filled, what we paid, what you and others have paid, and what counts towards your Out-of-Pocket Costs and your Total Drug Costs.

- **Your EOB is not a bill.**

If you paid a co-pay or coinsurance for your drug, the EOB should show the amount you paid. If you participate in the Medicare Prescription Payment Plan, we’ll send you a separate monthly billing statement, and amounts shown in this EOB might differ from what you paid. Contact us if you have questions or want more information. Visit Medicare.gov for information about the Medicare Prescription Payment Plan.

- **You may not get an EOB every month.**

When we get a claim (bill) from your pharmacy, you’ll get an EOB the next month. For example, if we get a claim in March, you’ll get an EOB in April.

- **Take a minute to look over your EOB.**

Check your EOB to make sure everything is correct. If you have questions, find mistakes, or suspect fraud, we’re happy to help. Call us at the number below.

Blue Medicare Essential Plus (HMO-POS) Customer Service

If you have questions or need help, call us
toll-free 8am – 8pm (ET), seven days a week.

1-888-310-4110

TTY users call 711

Or visit our website:

Medicare.BlueCrossNC.com

For languages other than English:

Call Blue Medicare Essential Plus (HMO-POS)
Customer Service (the number is on this page).

Need large print or another format?

To get this material in other formats, including large type, braille, and translation into other languages, call Blue Medicare Essential Plus (HMO-POS) at the number on this page.

CHART 1
Your **MONTHLY** prescriptions for covered Part D drugs: January 2025

Totals for the month of January 2025

- Your **Out-of-Pocket Costs** amount is **\$29.73**
- Your **Total Drug Costs** amount is **\$29.73**

Drug Name, Fill Date, Pharmacy, Rx#	You Paid	Plan Paid	Other Payments	Drug Price	Price Change	Lower Cost Alternative Drugs
DRUG NAME 01/05/2025, Pharmacy Name, Rx# XXXXXXXXXXXX, Day Supply 30	\$3	\$0	\$0	\$3	0.0%	No Alternative Drug Found
DRUG NAME 01/06/2025, Pharmacy Name, Rx# XXXXXXXXXXXX, Day Supply 30	\$26.73	\$0	\$0	\$26.73	0.0%	No Alternative Drug Found
Totals for the month of January 2025	\$29.73	\$0	\$0	\$29.73		

You Paid

This is the amount you paid for each drug. It includes any payments for your drugs made by family or friends. If you participate in the Medicare Prescription Payment Plan, we'll send you a separate monthly billing statement, and the amounts here might differ from what you paid.

Plan Paid

This is the amount Blue Medicare Essential Plus (HMO-POS) paid for each drug.

Other Payments

This shows any payments not included in the "You Paid" and "Plan Paid" columns, such as those made by Extra Help from Medicare, employer or union health plans, TRICARE, Indian Health Service, AIDS drug assistance programs, Manufacturer Discount Program, charities, and State Pharmaceutical Assistance Programs (SPAPs). Some of these payments may not count towards your Out-of-Pocket Costs.

Drug Price

This shows the cost of each drug (including payments made by you, your plan, and others).

Price Change

This shows how the drug price changed (as a percentage) from when your prescription was first filled during the benefit year. You'll only see a drug price change when the quantity dispensed was the same.

Lower Cost Alternative Drugs

This shows drugs that may be an alternative to the ones you're taking now, but with lower cost sharing or a lower drug price. You may want to ask your doctor if the lower cost alternative is right for you.

CHART 2

Your YEARLY spending totals for covered Part D drugs

Your year-to-date **Out-of-Pocket Costs** amount is \$29.73 (includes what **You Paid** plus **Other Payments**)

	You Paid	Plan Paid	Other Payments	Total Drug Costs
Monthly totals: January 2025	\$29.73	\$0	\$0	\$29.73
Year-to-date totals: Jan – Jan 2025	\$29.73	\$0	\$0	\$29.73

You Paid

This is the amount you paid for each drug. It includes any payments for your drugs made by family or friends. If you participate in the Medicare Prescription Payment Plan, we'll send you a separate monthly billing statement, and amounts here might differ from what you paid.

Plan Paid

This is the amount Blue Medicare Essential Plus (HMO-POS) paid for each drug.

Total Drug Costs

This is the total of all payments made for your covered Part D drugs. It includes:

- What the plan pays
- What you pay
- What other programs or organizations pay for your drugs

Other Payments

This shows any payments not included in the "You Paid" and "Plan Paid" columns, such as those made by Extra Help from Medicare, employer or union health plans, TRICARE, Indian Health Service, AIDS drug assistance programs, Manufacturer Discount Program, charities, and State Pharmaceutical Assistance Programs (SPAPs). Some of these payments may not count towards your Out-of-Pocket Costs.

Out-of-Pocket Costs include:

- What you paid when you fill/refill a covered Part D prescription
- Any payments for your drugs made by family or friends
- Any payments made for your drugs by Extra Help from Medicare, employer or union health plans, Indian Health Service, AIDS drug assistance programs, charities, and most State Pharmaceutical Assistance Programs (SPAPs)

Out-of-Pocket Costs DON'T include payments made for:

- Plan premiums
- Drugs not covered by our plan
- Non-Part D drugs (like drugs you get during a hospital stay)
- Drugs covered by certain other programs, such as TRICARE, the Veteran's Administration or Worker's Compensation
- Manufacturer Discount Program
- Selected drug subsidy

Learn more

Medicare made the rules about which types of payments count toward "Out-of-Pocket Costs" and "Total Drug Costs." For more details, see Blue Medicare Essential Plus (HMO-POS)'s *Evidence of Coverage* benefits booklet.

If you have questions, please call Blue Medicare Essential Plus (HMO-POS) Customer Service at 1-888-310-4110 (TTY: 711). The call is free. **For more information**, visit Medicare.BlueCrossNC.com.

CHART 3

Your current drug payment stage

How much you pay for a covered Part D prescription depends on which payment stage you're in when you fill it. This chart helps you understand what stage you were in at the end of January 2025 and when you'll move to the next stage.

Year-to-date totals: Jan – Jan 2025	You're in Stage 1: Yearly Deductible	Stage 2: Initial Coverage	Stage 3: Catastrophic Coverage
Out-of-Pocket Costs	\$29.73	starts when Out-of-Pocket Costs reach \$375	starts when Out-of-Pocket Costs reach \$2,000

You're in Stage 1: Yearly Deductible

- During this payment stage, you (or others on your behalf) pay the full cost of your Tier 3, 4 and 5 drugs.
- You generally pay the full cost of your Tier 3, 4 and 5 drugs until you (or others on your behalf) have paid \$375 for your Tier 3, 4 and 5 drugs. \$375 is the amount of your Tier 3, 4 and 5 deductible.
- As of 01/31/2025 you've paid **\$29.73** for your drugs in the deductible.

What happens next?

Once you (or others on your behalf) have paid an additional **\$345.27 for your drugs**, you move to the next payment stage (Stage 2: Initial Coverage).

About Coverage Stages

- **Stage 1: Yearly Deductible**
You start in this payment stage each calendar year. In this stage, you pay the full cost of your drugs. **You generally stay in this stage until you've paid the amount of your deductible (\$375).**
- **Stage 2: Initial Coverage**
In this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. **You generally stay in this stage until your year-to-date Out-of-Pocket Costs reach \$2,000.**
- **Stage 3: Catastrophic Coverage**
In this stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. **You generally stay in this stage for the rest of the calendar year.**

If you have questions, please call Blue Medicare Essential Plus (HMO-POS) Customer Service at 1-888-310-4110 (TTY: 711). The call is free. **For more information**, visit Medicare.BlueCrossNC.com.

CHART 4**Changes to our Drug List that affect drugs you take**

We may make changes to our Drug List during the year, like adding new drugs, removing drugs, changing coverage restrictions, or moving drugs from one cost-sharing tier to another. **The information below shows updates that affect plan-covered prescriptions you filled in 2025.**

- At this time, there are no new or upcoming changes to our Drug List that will affect the coverage or cost of drugs you take. (By “drugs you take,” we mean any plan-covered prescriptions you filled in 2025 as a member of our plan.)

Important things to know about your drug coverage and your rights

See mistakes or have questions?

If you have questions, see mistakes, or suspect fraud, call Blue Medicare Essential Plus (HMO-POS) Customer Service at 1-888-310-4110 (TTY 711). You can also find answers to many questions online at Medicare.BlueCrossNC.com. Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

You can also call your State Health Insurance Assistance Program (SHIP). The name and phone numbers for your state SHIP are in Chapter 2, Section 3 of your *Evidence of Coverage*.

Get help with your options

Here are some things you can do to help you and your prescriber manage any changes in coverage:

Call Blue Medicare Essential Plus (HMO-POS) Customer Service or visit our website to ask for a list of covered drugs that treat the same medical condition. This list can help your prescriber to find a covered drug that might work for you and have fewer restrictions or a lower cost.

You and your doctor can ask us to make an exception for you. This means asking us to agree that the change in coverage or cost-sharing tier of a drug shouldn't apply to you. To learn how to ask for an exception, see **Chapter 9** in the *Evidence of Coverage*, "What to do if you have a problem or complaint."

Get help paying for your drug coverage

"Extra Help" from Medicare. If you meet certain income and resource limits, you may qualify for Extra Help. This program helps pay for your Medicare drug coverage costs, such as plan premiums, deductibles, and costs when you fill your prescriptions. To see if you qualify for Extra Help, complete an application online at <https://secure.ssa.gov/i1020/start>. You can also call Social Security toll-free at 1-800-772-1213 (TTY 1-800-325-0778).

Help from your State Pharmaceutical Assistance Program. Many states have State Pharmaceutical Assistance Programs (SPAPs) that help people pay

for prescription drugs based on financial need, age, or medical condition. Each state has different rules. To find out if your state has a State Pharmaceutical Assistance Program, visit Medicare.gov and search for "SPAP." Or, check with your local State Health Insurance Assistance Program (SHIP).

Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan can help you manage your drug costs by spreading them out during the year as monthly payments. This program is available to anyone with Medicare Part D and can be especially helpful to people with high cost sharing earlier in the plan year. Contact us or visit Medicare.gov to learn more about this program.

Get help with drug coverage or payment problems

Your *Evidence of Coverage* explains what to do if you have problems related to your drug coverage and costs. Here are the chapters to look for:

Chapter 7. Asking the plan to pay its share of a bill you have received for covered services or drugs

Chapter 9. What to do if you have a problem or complaint (coverage decisions, appeals, complaints)

Get more details in the *Evidence of Coverage*

The *Evidence of Coverage* is our plan's benefits booklet. It explains your drug coverage and the rules you need to follow to use your coverage. To get a copy of the *Evidence of Coverage* in your mail or email, call Blue Medicare Essential Plus (HMO-POS) Customer Service at 1-888-310-4110 (TTY 711). You can also get this document online at Medicare.BlueCrossNC.com.

Your right to appeal

When we decide whether a drug is covered and how much you must pay, it's called a "coverage decision." If you disagree with our coverage decision, you can appeal (see Chapter 9 of the *Evidence of Coverage*).

Medicare sets the rules for how coverage decisions and appeals are handled. These are legal procedures and the deadlines are important. The process can be expedited if your prescriber tells us that your health requires a quick decision.

If you have questions, please call Blue Medicare Essential Plus (HMO-POS) Customer Service at 1-888-310-4110 (TTY: 711). The call is free. **For more information**, visit Medicare.BlueCrossNC.com.

Blue Cross and Blue Shield of North Carolina is an HMO plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal.

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If you have questions, please call Blue Medicare Essential Plus (HMO-POS) Customer Service at 1-888-310-4110 (TTY: 711). The call is free. **For more information**, visit [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com).

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

، تتوفر لك خدمات مساعدة لغوية مجانية. كما تتوفر مساعدة وخدمات إضافية مناسبة لتقديم تنبيه: إذا كنت تتحدث اللغة العربية 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.

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 ઓફિસ/વરી સહાય અને એક્સેસિબલ ફોર્મેટમાં 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

កំណត់ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយភាសាភាគតិចថ្លៃគឺមានផ្តល់ជូនសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មសមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បានក៏មានផ្តល់ជូនដោយឥតគិតថ្លៃផងដែរ។ សូមទូរស័ព្ទទុកលេខ 1-888-310-4110 (TTY: 711) និយាយទៅកាន់អ្នកផ្តល់សេវាសម្តែង។

German / Deutsch

WICHTIGER HINWEIS: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentenzdienste 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 ໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-888-310-4110 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

Japanese / 日本語

お知らせ：日本語をお話した場合、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。