



Medicare Advantage  
Blue Medicare HMO<sup>SM</sup>

Welcome to Medicare Advantage

# Blue Medicare HMO<sup>SM</sup>

Thank you for your interest in Blue Medicare Advantage from Blue Cross and Blue Shield of North Carolina (Blue Cross NC)!

In this book you'll find everything you need to learn about our Blue Medicare Advantage HMO and HMO-POS plans. When you're ready to enroll, simply fill out the enrollment form and return it to your Blue Cross NC Authorized Independent Agent or visit [BlueCrossNC.com/Medicare](https://www.bluecrossnc.com/Medicare) to enroll online. If you have any questions, don't hesitate to reach out. Our local plan experts are here to help you find the plan that works for you.

We look forward to welcoming you to Blue Medicare Advantage!  
Visit [BlueCrossNC.com/Medicare](https://www.bluecrossnc.com/Medicare).



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**Contact** a local Blue Cross NC Medicare plan expert

**800-665-8037** (TTY: 711)

7 days a week, 8 a.m. – 8 p.m. ET

[BlueCrossNC.com/Contact-Us](https://www.BlueCrossNC.com/Contact-Us)

[BlueCrossNC.com/Members/Medicare/Find-Care](https://www.BlueCrossNC.com/Members/Medicare/Find-Care)

Or contact your Blue Cross NC Authorized Independent Agent



## What is Medicare?

### Coverage for today and tomorrow

The Medicare program includes Part A (hospital insurance) and Part B (medical insurance). Together, these two parts are called Original Medicare. With Original Medicare, you have the option to add Part D drug benefits. You may also choose to add a Medicare Supplement plan to help cover your out-of-pocket costs.

Part C – also known as a Medicare Advantage plan – is another path to getting the coverage you need. These plans are offered by Medicare-approved private insurers like Blue Cross NC. Medicare Advantage combines Parts A and B into one convenient plan, plus additional health and wellness benefits not offered by Original Medicare. Most Medicare Advantage plans also include Part D drug benefits, as well as dental, hearing and vision coverage.

**Medicare is a federal health insurance program for people age 65 and older. People with certain disabilities may also qualify, even if they're not yet 65.**

# The parts of Medicare

## Original Medicare



Original Medicare is run by the federal government. The government pays hospitals and doctors directly for health care.

**Part A examples:** Hospital visits, skilled nursing facility care, home health services, hospice care.

**Part B examples:** Doctor visits, preventive services, outpatient care, screenings and lab testing, ambulance services, physical and speech therapy.

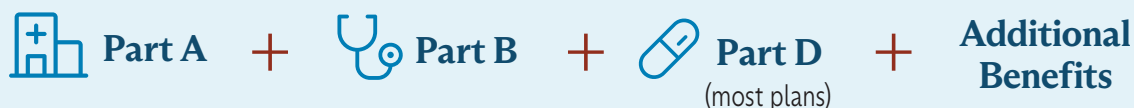
## Medicare prescription drug benefits



**Part D** is a standalone Medicare prescription drug plan that can be added to Medicare Parts A and/or B. Part D plans are offered by private insurers like Blue Cross NC. Medicare requires that all private insurers providing Medicare Part D coverage offer the Medicare standard coverage. They may also choose to provide enhanced coverage.

## Medicare Advantage

### Part C



**Medicare Part C** (Medicare Advantage) plans are offered by private insurers like Blue Cross NC. Medicare Advantage plans cover everything covered by Original Medicare plus additional benefits. Most Medicare Advantage plans include Part D drug coverage. Because Original Medicare does not have an out-of-pocket maximum or cap on your costs, your out-of-pocket costs are typically lower with Medicare Advantage.

See pages 12–18 for additional benefits included with Blue Medicare Advantage HMO.

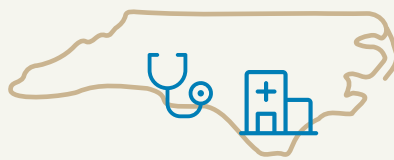


## About Blue Medicare HMO<sup>SM</sup> and HMO-POS

### Much more than Original Medicare

Blue Medicare Advantage HMO combines Parts A and B (Original Medicare) into one convenient plan, plus additional health and wellness benefits not offered by Original Medicare. Most Blue Medicare HMO plans also include Part D drug benefits, as well as dental, hearing and vision coverage.

With HMO plans, you must use doctors in the plan's network to be covered (except for emergency situations, urgent care or renal dialysis). With an HMO-POS (Point of Service) plan, you can go outside the network for certain services.\* The good news is, the Blue Cross NC network includes over 80,000 providers,<sup>1</sup> so you likely won't have to change doctors with our HMO plans.



Our Blue Medicare Advantage plans are built on a network of **over 80,000 providers**,<sup>1</sup> making it easy to get the care you need.

Go to [BlueCrossNC.com/Members/Medicare/Find-Care](https://www.bluecrossnc.com/Members/Medicare/Find-Care) for doctors in our network.

\*Certain limits apply. For services obtained out-of-network, you will be responsible for 20% of preventive services and 40% of comprehensive services plus any additional costs up to the provider billed amount. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please see Evidence of Coverage for more information.

<sup>1</sup> Blue Cross NC Internal Data, May 2025.

# About Blue Cross NC

## Local customer service

From Boone to Beaufort, our local Medicare Plan Experts are available to help you find the plan that's right for you – and stay with you during your Medicare journey.

## Investing in your community

The Blue Cross NC Foundation has invested \$258 million in organizations and communities across the state through more than 1,600 grants since its inception in 2000.<sup>1</sup> Our employees work hard not only for our customers, but also for the communities where we work and live. Since 2011, Blue Cross NC employees have donated almost \$15 million to charitable causes<sup>2</sup> – nearly \$22.3 million with matching contributions from Blue Cross NC<sup>2</sup> – and volunteered more than 154,700 hours.<sup>2</sup>

## Blue-to-Blue<sup>SM</sup>: Flexibility to change

With some insurers, you can get locked into a plan that may not be right for you. But thanks to our exclusive Blue-to-Blue program, if your needs change over time, Blue Cross NC gives you the flexibility to switch Medicare plans:

- Without additional medical exams
- Without underwriting or additional health questions

Certain limits apply. You may only switch between our Medicare plans at designated times during the year.

## Blue Connect<sup>SM</sup>: Your Medicare plan in your hands

As a Blue Cross NC member, you can access your Medicare Advantage plan 24/7 with Blue Connect. The Blue Connect member site and the Blue Connect Mobile NC app make it easy to view your claims and benefits, access your digital Blue Cross NC member ID card, find a doctor or pharmacy, estimate procedure and drug costs and more.

90+

### 90 years & counting

Blue Cross NC is more than a health insurance company. We're North Carolinians serving North Carolinians. For over 90 years, we've been in your community, giving back and listening to how we can provide access to the quality care you deserve.



Plans start at \$0 in all 100 North Carolina counties.\*



More than 4.1 million customers<sup>3</sup> rely on us for their health insurance.

<sup>1</sup>The federal government requires all Medicare Advantage members to continue paying their Part B premium each month. Blue Cross NC offers a credit or reduction in this Part B premium as an additional benefit on select Medicare Advantage plans.

<sup>2</sup> Blue Cross and Blue Shield of North Carolina Foundation internal data, January 2024.

<sup>3</sup> 2024 Blue Cross NC Corporate Impact Report.

<sup>4</sup> Blue Cross and Blue Shield of North Carolina Membership Summary, May 2025.



## Prescription drug benefits

All Blue Medicare Advantage HMO plans except Blue Medicare Medical Only (HMO-POS) have Part D drug benefits built right in, so you don't have to buy two plans to get the coverage you need.

### Your drug costs will vary based on:

- **The plan** (see the Summary of Benefits starting on page 19)
- Which drug **benefit stage** you're in
- What **tier** the drug is in
- The **days' supply** of the drug your doctor has prescribed
- If your prescription is on the plan's **formulary** (list of covered drugs)
- If you're using a **Standard or Preferred pharmacy (retail or mail order)**
- If you get **Extra Help** paying for your Medicare drug costs

Let's take a look at each of these on the following pages.

### \$ **Keep Your Costs Low**

Whenever you're prescribed a new medication, be sure to ask if there's a generic equivalent. Generic medications have the same active ingredient as brand name medications and usually cost less.

# Benefit stages

Medicare Part D benefits vary based on the stage of coverage you're in. These stages are set by Medicare. To learn more about these stages, visit [Medicare.gov](https://www.medicare.gov).

<b>Yearly Deductible Stage</b>	If your plan has a deductible, you'll pay the full, negotiated price of your drugs until you've reached the deductible amount. Your deductible does not apply to covered insulin products and most adult Part D vaccines.
<b>Initial Coverage Stage</b>	After you've met your deductible, your initial coverage stage begins. During 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 out-of-pocket drug costs reach <b>\$2,100</b> .*
<b>Catastrophic Coverage Stage</b>	This stage begins when your out-of-pocket drug costs reach <b>\$2,100</b> . 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.

## Drug tiers

Drugs covered in our formulary are grouped in tiers based on the type of medication and its use. Each tier has its own out-of-pocket cost. The amount you pay out-of-pocket will depend on the benefit stage you are in.

## Our formulary

A formulary is a list of drugs covered under a plan. All Medicare Part D plans are required to cover a wide range of prescription drugs. In addition to those required drugs, our plans cover many other drugs eligible under Medicare Part D. Medicare Part D plans do not cover certain drugs that are excluded by law, such as over-the-counter medications and prescription vitamins.

<b>Tier 1</b>	<b>Preferred Generic Drugs</b>
<b>Tier 2</b>	<b>Generic Drugs</b>
<b>Tier 3</b>	<b>Preferred Brand-Name and some Generic Drugs</b>
<b>Tier 4</b>	<b>Non-Preferred Drugs</b>
<b>Tier 5</b>	<b>Specialty Drugs**</b>
<b>Tier 6</b>	<b>Select Care Drugs***</b>



A partial list of drugs in our formulary is on page 11.

For a full list of drugs covered by our plan, visit [BlueCrossNC.com/Members/Medicare/Prescription-Drug](https://www.BlueCrossNC.com/Members/Medicare/Prescription-Drug) or look up your medications at [BlueCrossNC.com/MAFindADrug](https://www.BlueCrossNC.com/MAFindADrug).

\*Your out-of-pocket drug costs include payments made in the Yearly Deductible Stage and the Initial Coverage Stage.

\*\*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.

## Preferred vs. Standard Pharmacies

Our Preferred Pharmacy Network is a select network of national and local pharmacies designed to help you save money on your prescriptions. You may choose Standard (non-preferred) pharmacies, but your costs may be higher.

## The Blue Cross NC Preferred Retail Pharmacy Network includes chain pharmacies, such as:

- Harris Teeter
- Walgreens
- Sam's Club
- Walmart

Plus many independent pharmacies near you.

**\$0** copay for Tier 1 and Tier 6 drugs at Preferred pharmacies.

## Enjoy the convenience of mail order

Having your medications delivered right to your door makes a lot of sense. Not only will you save time by not having to make as many trips to the pharmacy, but you could save money too.

In 2026, Amazon Pharmacy is our preferred mail order pharmacy.

## Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket drug costs by spreading your payments across the calendar year. While it won't save you money or lower your costs, it offers flexibility in how you can pay for your prescription medications. The program is voluntary and there is no cost for you to join. Contact us or visit [Medicare.gov](https://www.Medicare.gov) to learn more about this program.



### Save With a 90-Day Supply

Our plan allows 90-day supplies at select pharmacies in our network. Getting a 90-day supply can help you take your medicine on schedule, reduce your trips to the pharmacy and save you money (when using a Preferred mail order pharmacy).\*

\*Excludes Tier 5 (Specialty Drugs).



Find an in-network pharmacy:

[BlueCrossNC.com/MAFindAPharmacy](https://www.BlueCrossNC.com/MAFindAPharmacy)

## The Extra Help Program

People with limited incomes may qualify for the Extra Help program to pay for their prescription drug costs. If you qualify, Medicare could pay for a portion of your drug costs – including monthly prescription drug premiums, annual deductibles and coinsurance. In addition, you will not be subject to the late enrollment penalty.

See if you qualify for Extra Help:

Medicare Office	Social Security Office	NC Medicaid Office
<b>Phone:</b> 800-MEDICARE (800-633-4227)	<b>Phone:</b> 800-772-1213	<b>Phone:</b> 888-245-0179
<b>TTY:</b> 877-486-2048	<b>TTY:</b> 800-325-0778	<b>TTY:</b> 877-452-2514
<b>Hours:</b> 7 days a week, 24 hours a day	<b>Hours:</b> Mon. – Fri., 8 a.m. – 7 p.m.	<b>Hours:</b> Mon. – Fri., 8 a.m. – 5 p.m.
<b>Visit:</b> <a href="https://www.Medicare.gov">Medicare.gov</a>	<b>Visit:</b> <a href="https://www.SSA.gov">SSA.gov</a>	<b>Visit:</b> <a href="https://www.NCDHHS.gov">NCDHHS.gov</a>

# Common drugs

Blue Medicare HMO™

A partial list of commonly prescribed drugs covered by our plans

Drug	Tier	Drug	Tier	Drug	Tier
albuterol sulfate HFA .....	3	fenofibrate .....	2	montelukast sodium .....	2
alendronate sodium .....	1	finasteride .....	1	MOUNJARO .....	3
allopurinol.....	1	fluoxetine hydrochloride .....	1	<b>olmesartan medoxomil</b> .....	6
alprazolam .....	2	fluticasone propionate .....	2	omeprazole .....	1
amitriptyline hydrochloride... 2	2	furosemide.....	1	ondansetron ODT .....	2
amlodipine besylate.....	1	gabapentin.....	2	oxybutynin chloride ER.....	2
amoxicillin .....	1	<b>glimepiride</b> .....	6	oxycodone hydrochloride.....	3
amoxicillin/clavulanate		<b>glipizide</b> .....	6	oxycodone/acetaminophen... 3	3
potassium .....	2	<b>glipizide ER</b> .....	6	OZEMPIC .....	3
atenolol.....	1	hydralazine hydrochloride .....	1	pantoprazole sodium.....	1
<b>atorvastatin calcium</b> .....	6	hydrochlorothiazide .....	1	<b>pioglitazone hydrochloride</b> ..	6
azithromycin .....	2	hydrocodone bitartrate/ acetaminophen.....	3,4	potassium chloride ER.....	2
<b>benazepril hydrochloride</b> .....	6	ibuprofen .....	1	<b>pravastatin sodium</b> .....	6
bupropion hydrochloride		isosorbide mononitrate ER ..	1,2	prednisone .....	1,2
ER (XL) .....	2	JARDIANCE.....	3	pregabalin.....	3
buspirone hydrochloride .....	2	lamotrigine .....	2	quetiapine fumarate .....	2
carvedilol .....	1	LANTUS .....	3	REPATHA.....	3
celecoxib .....	2	latanoprost .....	1	<b>rosuvastatin calcium</b> .....	6
cephalexin.....	2	levothyroxine sodium.....	1	sertraline hydrochloride .....	1
chlorthalidone.....	2	<b>lisinopril</b> .....	6	<b>simvastatin</b> .....	6
citalopram hydrobromide .....	1	<b>lisinopril/</b>		spironolactone .....	1
clonazepam .....	2	<b>hydrochlorothiazide</b> .....	6	tamsulosin hydrochloride.....	1
clopidogrel.....	1	lorazepam .....	2	<b>telmisartan</b> .....	6
cyclobenzaprine		<b>losartan potassium</b> .....	6	tizanidine hydrochloride .....	1
hydrochloride .....	2	<b>losartan potassium/</b>		topiramate .....	2
diltiazem hydrochloride ER... 2	2	<b>hydrochlorothiazide</b> .....	6	tramadol hydrochloride .....	2
dorzolamide HCl/ timolol maleate .....	1	<b>lovastatin</b> .....	6	trazodone hydrochloride.....	1,3
doxycycline hyclate.....	2	meloxicam .....	1	TRELEGY .....	3
duloxetine hydrochloride .....	2	memantine hydrochloride.....	2	valacyclovir hydrochloride ....	2
ELIQUIS .....	3	<b>metformin hydrochloride</b> .....	6	<b>valsartan</b> .....	6
escitalopram oxalate .....	1	<b>metformin hydrochloride</b>		venlafaxine hydrochloride	
esomeprazole magnesium.....	2	<b>ER</b> .....	6	ER.....	2
estradiol .....	2	methocarbamol .....	2	warfarin sodium .....	1
ezetimibe .....	2	metoprolol succinate ER.....	1	XARELTO .....	3
famotidine .....	2	metoprolol tartrate.....	1	zolpidem tartrate .....	2
FARXIGA.....	3	mirtazapine .....	2		

## Key

**bold** = Tier 6

lowercase = generic

UPPERCASE = brand-name

Notes: Some covered drugs may have additional requirements or limits on coverage. Tier 6 drugs include vaccines and select generic medications used to treat high blood pressure, diabetes and high cholesterol. The formulary and pharmacy network may change at any time; you'll receive notice when necessary. The above list was verified on June 2, 2025, and is subject to change.

For a complete listing, call **800-665-8037** (TTY: 711), contact your Blue Cross NC Authorized Independent Agent or visit [BlueCrossNC.com/Members/Medicare/Prescription-Drug](https://www.BlueCrossNC.com/Members/Medicare/Prescription-Drug).



## Additional benefits

At Blue Cross NC, we care about your total health. Our Medicare Advantage plans give you additional benefits not offered by Original Medicare for a low – or no – additional premium.

**Benefits vary by plan. See the chart on page 18 for more details.**

### Part B Premium Reduction

The federal government requires all Medicare Advantage members to continue paying their Part B premium. The Part B Premium Reduction, also known as the Medicare Giveback Benefit, lowers the amount you pay for your Part B premium. When you enroll in a participating Blue Medicare Advantage plan, you'll receive a reduction in your Medicare Part B premium each month. Depending on how you pay your Part B premium, you'll see this reduction as a credit in your check or pension from Social Security, the U.S. Office of Personnel Management or the U.S. Railroad Retirement Board, or as a reduction in your Part B premium bill.\*



Save up to **\$62.50**  
on your Part B  
premium each month –  
up to **\$750** a year  
(on select plans)!

\*You must pay your own Part B premium to be eligible for the reduction. You cannot receive Medicaid or any other assistance from a health program that could potentially pay your Part B premium. If you also receive a Part B giveback from a secondary plan, you can receive both reductions up to – but not exceeding – the total amount of your Part B premium. Please note: It may take up to two months to receive your first reduction. (You'll receive both reductions in your first check/reduction.)

# Dental, vision & hearing



## Dental Services

Keeping your teeth and gums healthy is essential to your overall health. It's why we provide dental coverage with our Medicare Advantage plans.

**Combined allowance for preventive and comprehensive services, including extraction, dentures and more on select plans.\***



## Vision Services

Vision care is more than just maintaining good sight. A regular eye exam can detect diabetes, high blood pressure, high cholesterol and more.<sup>1</sup>

Our Blue Medicare Advantage HMO plans include a vision allowance. You can use the allowance to purchase prescription glasses and contact lenses at any eyewear store – including your eye doctor or favorite online eyewear retailer. See the Blue FlexCard to learn more.

**\$0 routine eye exam, \$0 diabetic eye exam and up to \$300/year for vision allowance.**



## Hearing Services

Our plans make hearing care more affordable with savings on hearing aids and routine hearing exams.

**\$0 routine hearing exam and \$499-\$999 copay for hearing aids.\*\***



**Regular dental and vision exams can detect serious health problems like diabetes, high blood pressure and more.<sup>1,2</sup>**

\*Allowance amount varies by plan.

\*\*One per ear, per year. Must use designated providers.

1 Source: [aao.org/eye-health/tips-prevention/surprising-health-conditions-eye-exam-detects](https://aao.org/eye-health/tips-prevention/surprising-health-conditions-eye-exam-detects) (April 2025).

2 Source: [health.harvard.edu/diseases-and-conditions/how-your-dentist-could-save-your-life](https://health.harvard.edu/diseases-and-conditions/how-your-dentist-could-save-your-life) (February 2025).

# Health & wellness



## Preventive Services

You are covered for Medicare-approved preventive services at 100%, including: your Medicare Annual Wellness Visit, mammograms, prostate cancer screenings, bone mass measurements, colorectal screenings, HIV screenings and more.



## Telehealth

At Blue Cross NC, we've been covering telehealth visits for over 20 years. Our Blue Medicare Advantage plans include virtual care for behavioral health and primary care telehealth visits.



## Prescription Drugs

All Blue Medicare Advantage HMO plans, except Blue Medicare Medical Only, have Part D drug benefits built right in, so you don't have to buy two plans to get the coverage you need.



## Fitness

SilverSneakers® is more than a traditional fitness program. It's a way to improve your health and live the life you want. Plus, it's included at no additional cost in your health plan. With SilverSneakers you get:

- Access to 22,000+ participating fitness facilities nationwide (enroll at multiple locations at any time)\*
- On-site fitness classes designed for all levels and abilities
- Group activities and fitness classes outside the gym

Plus, with SilverSneakers online platform, you have 24/7 access to live and on-demand fitness videos. Available when you want, and where you want.



\*Source: [tools.silversneakers.com/Learn/HowItWorks](https://tools.silversneakers.com/Learn/HowItWorks) (Accessed July 2025)

Participating Locations (PL) are not owned or operated by Tivity Health, Inc. or its affiliates and use of PL facilities is limited to their terms and conditions of basic membership. Inclusion of specific PLs is not guaranteed and their facilities may vary.

Blue Cross NC contracts with independent companies to provide supplemental benefits. Those companies are responsible for the services they provide. They do not provide Blue Cross or Blue Shield products or services. All other marks and names

# Blue FlexCard



## Blue FlexCard

The Blue FlexCard gives you access to many allowances all on one convenient card.


**Over-the-Counter (OTC) Allowance:**\* Buy health and wellness items from the OTC catalog or use your Blue FlexCard in-store at in-network retailers, including Harris Teeter, Walmart and more.\*\*

**Vision Allowance:**\* Purchase your prescription glasses and contact lenses at any eyewear store – including your eye doctor or favorite online eyewear retailer.

**Rewards:** Throughout the year, you will have opportunities to earn rewards for completing specific healthy activities. When you earn those rewards, they will be available to use at select stores using your Blue FlexCard.

**Additional Benefits** vary by plan. See the chart on **page 18** for more details.



To learn more about the Blue FlexCard visit:  [BlueCrossNC.com/Members/Medicare/Blue-Flex-Card](https://BlueCrossNC.com/Members/Medicare/Blue-Flex-Card)

\*Not available on all plans.

\*\*In-network stores are subject to change.

The Blue FlexCard is issued by Stride Bank, N.A., Member FDIC, pursuant to license by Mastercard International. Stride Bank is an independent company offering debit card services and is solely responsible for its products.

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# Caregiving & support



## Support for Caregivers

Carallel® provides live and online support to family members caring for their loved ones. Whether you're the caregiver or someone is caring for you, Carallel's Care Advocates and online Companion platform provide tools and resources to help you make decisions about senior living, in-home care, finances and more. You can also use the platform to store documents and share calendars and medication information with people in your circle of care.



## Post-Discharge Meals

Mom's Meals is a benefit for all Blue Medicare Advantage members who have been hospitalized. Available at no additional cost, you'll receive two meals per day for 14 days, delivered right to your door. These nutritious meals are based on the diet or meal plan your doctor recommends after your discharge from an inpatient hospital or other qualifying facility. A nurse advocate from Blue Cross NC will reach out to arrange delivery.



## In-Home Support Services

The CareLinx network of pre-screened caregivers is here to help you with non-medical activities of daily living, such as bathing, toileting, mobility and respite care. Within one to two weeks, you'll be matched with candidates who meet your needs. This benefit includes 60 hours per year of in-home support services with a minimum of two hours per visit.\*



\*Not available on all plans. Hours do not rollover.

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# Your safety



## Non-Emergency Medical Transportation

SafeRide<sup>SM</sup> Health, available on most Blue Medicare Advantage Plans, makes it easy to get to and from doctor appointments, dental visits and your pharmacy. SafeRide matches you with the transportation type that meets your needs, including wheelchair-accessible vans and non-emergency ambulances. You can book in advance or up to two hours before your appointment. This benefit includes 12 non-emergency, one-way rides per year.\*



## Personal Emergency Response System

Get help with the push of a button. Your plan includes a wearable device that will connect you with a call center that will get you the emergency services you need. Most devices also include fall detection, GPS tracking and an app to alert family or caregivers.



**Additional Benefits** vary by plan. See the chart on **page 18** for more details.



\*Not available on all plans.

Blue Cross NC contracts with independent companies to provide supplemental benefits. Those companies are responsible for the services they provide. They do not provide Blue Cross or Blue Shield products or services. All other marks and names are property of their respective owners.

<b>Blue Medicare HMO<sup>SM</sup> additional benefits at-a-glance</b>		<b>Medical Only</b>	<b>Essential</b>	<b>Essential Plus</b>	<b>Choice</b>	<b>Enhanced</b>
<b>Part B premium reduction</b>		✓	✓	✗	✗	✗
<b>Dental services</b>	Preventive and comprehensive in-network and out-of-network	✓	✗	✓	✗	✓
	Preventive with limited comprehensive in-network only	✗	✓	✗	✓	✗
<b>Vision services</b>		✓	✓	✓	✓	✓
<b>Hearing services</b>		✓	✓	✓	✓	✓
<b>Preventive services</b>		✓	✓	✓	✓	✓
<b>Telehealth</b>		✓	✓	✓	✓	✓
<b>Prescription drugs</b>		✗	✓	✓	✓	✓
<b>Fitness</b>		✓	✓	✓	✓	✓
<b>Over-the-counter allowance</b>		✓	✗	✓	✓	✓
<b>Support for caregivers</b>		✓	✓	✓	✓	✓
<b>Post-discharge meals</b>		✓	✓	✓	✓	✓
<b>Skilled nursing facility</b>		✓	✓	✓	✓	✓
<b>In-home support services</b>		✓	✗	✓	✗	✓
<b>Non-emergency medical transportation</b>		✓	✗	✓	✗	✓
<b>Personal emergency response system</b>		✓	✓	✓	✓	✓

Key: ✓ Included ✗ Not Included

For a detailed description of benefits, see the Summary of benefits on pages 19–52.

# 2026 Summary of benefits

## Blue Medicare HMO<sup>SM</sup>

This is a summary of health services and prescription drug coverage that is covered under Blue Medicare HMO plans for **January 1, 2026 – December 31, 2026**.

### Plans:

**Medical Only (HMO-POS):** H3449-012

**Essential (HMO):** H3449-027-001, H3449-027-002

**Essential Plus (HMO-POS):** H3449-023-001, H3449-023-002, H3449-023-004, H3449-023-005

**Choice (HMO):** H3449-026

**Enhanced (HMO-POS):** H3449-024-001, H3449-024-002, H3449-024-003

- 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 tab.
- Blue Medicare HMO 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 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.
- With an HMO-POS (Point of Service) plan, you can go outside the network for your dental benefits. For dental services obtained out-of-network, you will be responsible for 20% of preventive services and 40% of comprehensive services plus additional costs up to the provider billed amount.
- 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 our Evidence of Coverage online.
- Plans may offer supplemental benefits in addition to Part C and Part D benefits.
- Blue Cross and Blue Shield of North Carolina is an HMO and HMO-POS 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 **800-665-8037** (TTY: 711), current members call **888-310-4110** (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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Medicare<sup>Rx</sup>  
Prescription Drug Coverage

# Summary of benefits

## Plan offerings and premiums by county

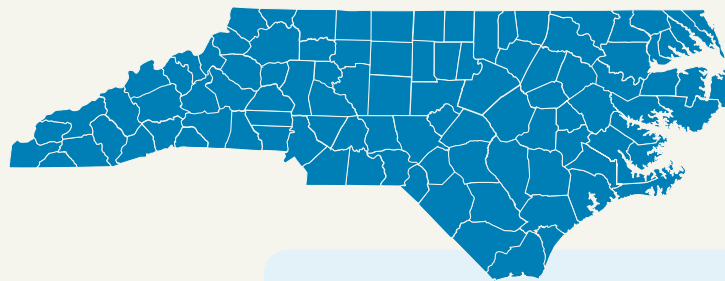
Blue Medicare Medical Only (HMO-POS) is available in all 100 North Carolina counties.

### Blue Medicare Medical Only<sup>SM</sup> (HMO-POS)

H3449-012

**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 Medical Only (HMO-POS) is available in all 100 North Carolina counties.

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

# Summary of benefits

## Blue Medicare Medical Only<sup>SM</sup> (HMO-POS)

H3449-012

<b>Monthly Premium:</b>	You must also continue to pay your Medicare Part B premium.	<b>\$0</b>
<b>Part B Premium Reduction:</b>	Monthly reduction.	<b>\$35 monthly</b>
<b>Deductible:</b>	This plan has no medical deductible.	<b>\$0</b>
<b>Annual Maximum Out-of-Pocket Amount:</b>	Does not include prescription drugs.	<b>\$3,900</b>
<b>Benefits</b>	<b>What You Should Know</b>	
<b>Inpatient Hospital Care:</b> (Cost share applies per day. Benefit period applied per admission.)	<b>Days 1–6:</b>	<b>\$295 copay</b>
	<b>Days 7–90:</b>	<b>\$0 copay</b>
	<b>Days 91 and beyond:</b>	<b>\$0 copay</b>
<b>Outpatient Services:</b> *	<b>Outpatient Hospital: Per stay.</b>	<b>\$0–\$275 copay</b>
	<b>Ambulatory Surgical Center:</b>	<b>\$0–\$225 copay</b>
<b>Doctor Visit:</b>	<b>Primary:</b>	<b>\$0 copay</b>
	<b>Specialist:</b>	<b>\$25 copay</b>
<b>Preventive Care:</b>	Any additional preventive services approved by Medicare during the contract year will be covered.	<b>\$0 copay</b>
<b>Emergency Care:</b>	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.	<b>\$150 copay</b>
<b>Urgently Needed Services:</b>		<b>\$65 copay</b>

\*May require prior authorization.

Note: This chart shows your portion of the costs.

# Summary of benefits

## Blue Medicare Medical Only<sup>SM</sup> (HMO-POS)

H3449-012

Benefits	What You Should Know	PCP office	Any other setting	
Diagnostic Services/ Labs/ Imaging:*	Diagnostic Tests and Procedures:	\$0 copay	\$25 copay	
	Lab Services:	\$0 copay	\$5 copay	
	Diagnostic Radiological Services:	MRI, CT and Other Nuclear Medicine:	\$0 copay	Lesser of 20% of cost or \$150 copay
		PET:	\$0 copay	\$300 copay
		All Other Services:	\$0 copay	\$75 copay
	Therapeutic Radiological Services:	\$0 copay	Lesser of 20% of cost or \$60 copay	
X-rays:	\$0 copay	\$15 copay		
Hearing Services:	Medicare-Covered Hearing Exam:	Exams to diagnose and treat hearing and balance issues.	\$25 copay	
	Routine Hearing Exam:	One per year.	\$0 copay***	
	Hearing Aids:	One per ear, per year.	\$499-\$999 copay***	
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.	\$25 copay	
	Comprehensive and Preventive Dental:**	\$2,000 combined yearly allowance for services including oral exams, cleanings, X-rays, fillings, extractions and dentures.	\$0 copay***	

\*May require prior authorization.

\*\*Certain limits apply. For services obtained out-of-network, you will be responsible for 20% of preventive services and 40% of comprehensive services plus any additional costs up to the provider billed amount. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please see Evidence of Coverage for more information.

\*\*\*Must use designated providers.

# Summary of benefits

## Blue Medicare Medical Only<sup>SM</sup> (HMO-POS)

H3449-012

Benefits	What You Should Know		
<b>Vision Services:</b>	<b>Routine Eye Exam:</b>	One per calendar year.	\$0 copay
	<b>Vision Allowance:</b>	\$300 yearly allowance.	\$0 copay
	<b>Medicare-Covered Eye Exam:</b>	For the diagnosis and treatment of illnesses and injuries of the eye.	\$25 copay
	<b>Glaucoma Screening and Diabetic Eye Exam:</b>	For people who are at high risk of glaucoma or have diabetes.	\$0 copay
	<b>Eyewear After Cataract Surgery:</b>	One pair of eyeglasses or one pair of contact lenses.	20% of cost
<b>Mental Health Services:</b>	<b>Inpatient:*</b> (Cost share applies per day. Benefit period applied per admission.)	<b>Days 1–5:</b>	\$295 copay
		<b>Days 6–90:</b>	\$0 copay
	<b>Outpatient:*</b> (Mental health and substance use.)	Individual and group sessions.	\$25 copay
<b>Skilled Nursing Facility:*</b>	(Cost share applies per day. Benefit period applied per admission.)	<b>Days 1–20:</b>	\$0 copay
		<b>Days 21–100:</b>	\$218 copay
<b>Outpatient Rehabilitation Services:</b>	<b>Physical and Speech Language Therapy:</b>		\$25 copay
	<b>Occupational Therapy:</b>		\$25 copay
	<b>Cardiac Rehab Services:</b>		\$0 copay
	<b>Pulmonary Rehab Services:</b>		\$15 copay
<b>Ambulance Services:*</b>	Covers medically necessary ground and air ambulance services.		\$250 copay
<b>Transportation:</b>	12 one-way rides to health-related locations.		\$0 copay
<b>Medicare Part B Drugs:</b>	<b>Part B Insulins:</b> 30-day supply.		\$35 copay
	<b>Chemotherapy and Other Part B Drugs:**</b>		0–20% of cost

\*May require prior authorization.

\*\*May require prior authorization. Based on Inflation Reduction Act mandates.

Note: This chart shows your portion of the costs.

# Summary of benefits

## Blue Medicare Medical Only<sup>SM</sup> (HMO-POS)

H3449-012

### Other Covered Benefits

#### Benefits

#### What You Should Know

#### Medicare-Covered Podiatry Services:

Foot care.

**\$25 copay**

#### Medical Equipment and Supplies:

**Durable Medical Equipment and Supplies:**\*

**20% of cost**

**Diabetic Shoes or Inserts:**

**20% of cost**

**Diabetes Supplies:**\*

Preferred Brand

**\$0 copay**

Non-Preferred Brands\*\*

**20% of cost**

#### Fitness:

Gym memberships at in-network facilities and unlimited access to the digital platform. Must use designated provider (SilverSneakers).

**\$0 copay**

#### Over-the-Counter Products Allowance:

**\$100** quarterly allowance. Must use participating retail locations or designated catalog; no rollover.

**\$0 copay**

#### Meals Benefit:

Two meals per day for 14 days post-discharge.

**\$0 copay**

#### Support for Caregivers:

Support and resources for non-professional caregivers.

**\$0 copay**

#### In-Home Support Services:

60 hours per year. Hours do not rollover.

**\$0 copay**

#### Personal Emergency Response System:

Wearable device with fast access to emergency services.

**\$0 copay**

\*May require prior authorization.

\*\*With a medical exception.

# Summary of benefits

## Plan offerings and premiums by county

Blue Medicare Essential<sup>SM</sup> (HMO) is available in all 100 North Carolina counties.

### Blue Medicare Essential<sup>SM</sup> (HMO)

H3449-027-001

Monthly premium: \$0

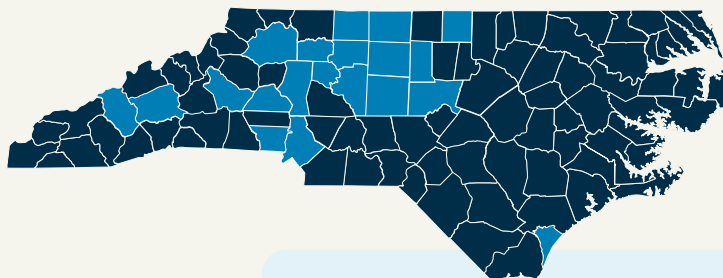
Alamance	Chatham	Gaston	Mecklenburg	Rockingham
Buncombe	Davidson	Guilford	New Hanover	Stokes
Burke	Davie	Haywood	Person	Wilkes
Catawba	Forsyth	Iredell	Randolph	Yadkin

### Blue Medicare Essential<sup>SM</sup> (HMO)

H3449-027-002

Monthly premium: \$0

Alexander	Cherokee	Graham	Lincoln	Pender	Tyrrell
Alleghany	Chowan	Granville	Macon	Perquimans	Union
Anson	Clay	Greene	Madison	Pitt	Vance
Ashe	Cleveland	Halifax	Martin	Polk	Wake
Avery	Columbus	Harnett	McDowell	Richmond	Warren
Beaufort	Craven	Henderson	Mitchell	Robeson	Washington
Bertie	Cumberland	Hertford	Montgomery	Rowan	Watauga
Bladen	Currituck	Hoke	Moore	Rutherford	Wayne
Brunswick	Dare	Hyde	Nash	Sampson	Wilson
Cabarrus	Duplin	Jackson	Northampton	Scotland	Yancey
Caldwell	Durham	Johnston	Onslow	Stanly	
Camden	Edgecombe	Jones	Orange	Surry	
Carteret	Franklin	Lee	Pamlico	Swain	
Caswell	Gates	Lenoir	Pasquotank	Transylvania	



Counties where Blue Medicare Essential (HMO) is available:

001 002



Blue Medicare Essential (HMO) is available in all 100 North Carolina counties.

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

# Summary of benefits

## Blue Medicare Essential<sup>SM</sup> (HMO)

H3449-027-001  
H3449-027-002

<b>Monthly Premium:</b>	You must also continue to pay your Medicare Part B premium.	<b>\$0</b>
<b>Part B Premium Reduction:</b>	Monthly reduction.	<b>001: \$42.50 monthly</b> <b>002: \$62.50 monthly</b>
<b>Deductible:</b>	This plan has no medical deductible.	<b>\$0</b>
<b>Annual Maximum Out-of-Pocket Amount:</b>	Does not include prescription drugs.	<b>\$9,250</b>
<b>Benefits</b>	<b>What You Should Know</b>	
<b>Inpatient Hospital Care:</b> (Cost share applies per day. Benefit period applied per admission.)	<b>Days 1–6:</b>	<b>\$407 copay</b>
	<b>Days 7–90:</b>	<b>\$0 copay</b>
	<b>Days 91 and beyond:</b>	<b>\$0 copay</b>
<b>Outpatient Services:</b>	<b>Outpatient Hospital: Per stay.</b>	<b>\$0-\$335 copay</b>
	<b>Ambulatory Surgical Center:</b>	<b>\$0-\$300 copay</b>
<b>Doctor Visit:</b>	<b>Primary:</b>	<b>001: \$5 copay</b>
		<b>002: \$10 copay</b>
	<b>Specialist:</b>	<b>\$45 copay</b>
<b>Preventive Care:</b>	Any additional preventive services approved by Medicare during the contract year will be covered.	<b>\$0 copay</b>
<b>Emergency Care:</b>	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.	<b>\$115 copay</b>
<b>Urgently Needed Services:</b>		<b>\$40 copay</b>

\*May require prior authorization.

26 Note: This chart shows your portion of the costs.

# Summary of benefits

## Blue Medicare Essential<sup>SM</sup> (HMO)

H3449-027-001  
H3449-027-002

Benefits	What you should know	PCP office	Any other setting	
Diagnostic Services/ Labs/ Imaging:*	Diagnostic Tests and Procedures:	\$0 copay	\$25 copay	
	Lab Services:	\$0 copay	\$5 copay	
	Diagnostic Radiological Services:	MRI, CT and Other Nuclear Medicine:	\$0 copay	Lesser of 20% of cost or \$150 copay
		PET:	\$0 copay	\$300 copay
		All Other Services:	\$0 copay	\$75 copay
	Therapeutic Radiological Services:	\$0 copay	Lesser of 20% of cost or \$60 copay	
X-rays:	\$0 copay	\$15 copay		
Hearing Services:	Medicare-Covered Hearing Exam:	001: 002:	\$20 copay \$25 copay	
	Routine Hearing Exam:	One per year.	\$0 copay**	
	Hearing Aids:	One per ear, per year.	\$499-\$999 copay**	
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.	\$45 copay	
	Preventive Dental:	Oral exams, cleanings, X-rays and screenings.**	\$0 copay	

\*May require prior authorization.

\*\*Certain limits apply. Must use designated providers.

Note: This chart shows your portion of the costs.

# Summary of benefits

## Blue Medicare Essential<sup>SM</sup> (HMO)

H3449-027-001  
H3449-027-002

Benefits	What you should know		
<b>Vision Services:</b>	<b>Routine Eye Exam:</b>	One per calendar year.	<b>\$0 copay</b>
	<b>Vision Allowance:</b>	<b>\$100</b> yearly allowance.	<b>\$0 copay</b>
	<b>Medicare-Covered Eye Exam:</b>	For the diagnosis and treatment of illnesses and injuries of the eye.	<b>\$25 copay</b>
	<b>Glaucoma Screening and Diabetic Eye Exam:</b>	For people who are at high risk of glaucoma or have diabetes.	<b>\$0 copay</b>
	<b>Eyewear After Cataract Surgery:</b>	One pair of eyeglasses or one pair of contact lenses.	<b>20% of cost</b>
<b>Mental Health Services:</b>	<b>Inpatient:*</b> (Cost share applies per day. Benefit period applied per admission.)	<b>Days 1–5:</b>	<b>\$407 copay</b>
		<b>Days 6–90:</b>	<b>\$0 copay</b>
	<b>Outpatient:*</b> (Mental health and substance use.)	Individual and group sessions.	<b>\$40 copay</b>
<b>Skilled Nursing Facility:*</b>	(Cost share applies per day. Benefit period applied per admission.)	<b>Days 1–20:</b>	<b>\$0 copay</b>
		<b>Days 21–100:</b>	<b>\$218 copay</b>
<b>Outpatient Rehabilitation Services:</b>	<b>Physical and Speech Language Therapy:</b>		<b>\$25 copay</b>
	<b>Occupational Therapy:</b>		<b>\$25 copay</b>
	<b>Cardiac Rehab Services:</b>		<b>\$0 copay</b>
	<b>Pulmonary Rehab Services:</b>		<b>\$15 copay</b>

\*May require prior authorization.

# Summary of benefits

## Blue Medicare Essential<sup>SM</sup> (HMO)

H3449-027-001  
H3449-027-002

### Benefits

### What you should know

<b>Ambulance Services:</b> *	Covers medically necessary ground and air ambulance services.	<b>\$275 copay</b>
<b>Transportation:</b>		<b>Not Covered</b>
<b>Medicare Part B Drugs:</b>	<b>Part B Insulins:</b> 30-day supply.	<b>\$35 copay</b>
	<b>Chemotherapy and Other Part B Drugs:**</b>	<b>0–20% of cost</b>



## Part D Drug Benefit Stages

H3449-027-001  
H3449-027-002

**Tiers 1, 2 and 6: \$0**

**Tiers 3, 4 and 5: \$615**

### 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 **\$2,100**. 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.

\*May require prior authorization.

\*\*May require prior authorization. Based on Inflation Reduction Act mandates.

\*\*\*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 Essential<sup>SM</sup> (HMO)

H3449-027-001  
H3449-027-002



Preferred  
Retail Pharmacies



Preferred  
Mail Order



Standard (Non-Preferred)  
Pharmacies

Tiers	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
	<b>Tier 1 – Preferred Generic Drugs:</b>	\$0 copay	\$0 copay	\$0 copay	\$15 copay
<b>Tier 2 – Generic Drugs:</b>	\$4 copay	\$12 copay	\$0 copay	\$20 copay	\$60 copay
<b>Tier 3 – Preferred Brand Drugs:</b>	25% of cost	25% of cost	25% of cost	25% of cost	25% of cost
<b>Tier 4 – Non-Preferred Drugs:</b>	25% of cost	25% of cost	25% of cost	25% of cost	25% of cost
<b>Tier 5 – Specialty Tier Drugs:**</b>	25% of cost	N/A	N/A	25% of cost	N/A
<b>Tier 6 – Select Care Drugs:***</b>	\$0 copay	\$0 copay	\$0 copay	\$3 copay	\$3 copay
<b>Insulins:†</b>	<b>Tier 3:</b>	\$35 copay	\$105 copay	\$35 copay	\$105 copay
	<b>Tier 4:</b>	\$35 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 vaccines and select generic medications used to treat high blood pressure, diabetes and high cholesterol.

†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.

Note: Two-month (60-day) supplies may also be available. Standard Mail Order costs may differ.

# Summary of benefits

## Blue Medicare Essential<sup>SM</sup> (HMO)

H3449-027-001  
H3449-027-002

### Other Covered Benefits

Benefits	What you should know		
<b>Medicare-Covered Podiatry Services:</b>	Foot care.	<b>\$45 copay</b>	
<b>Medical Equipment and Supplies:</b>	<b>Durable Medical Equipment and Supplies:</b> *	<b>20% of cost</b>	
	<b>Diabetic Shoes or Inserts:</b>	<b>20% of cost</b>	
	<b>Diabetes Supplies:</b> *	Preferred Brand	<b>\$0 copay</b>
		Non-Preferred Brands**	<b>20% of cost</b>
<b>Fitness:</b>	Gym memberships at in-network facilities and unlimited access to the digital platform. Must use designated provider (SilverSneakers).	<b>\$0 copay</b>	
<b>Meals Benefit:</b>	Two meals per day for 14 days post-discharge.	<b>\$0 copay</b>	
<b>Support for Caregivers:</b>	Support and resources for non-professional caregivers.	<b>\$0 copay</b>	
<b>Personal Emergency Response System:</b>	Wearable device with fast access to emergency services.	<b>\$0 copay</b>	

\*May require prior authorization.

\*\*With a medical exception.

Note: This chart shows your portion of the costs.

# Summary of benefits

## Plan offerings and premiums by county

Blue Medicare Essential Plus<sup>SM</sup> (HMO-POS) is available in all 100 North Carolina counties.

### Blue Medicare Essential Plus<sup>SM</sup> (HMO-POS)

H3449-023-001

Monthly premium: \$0

Alamance	Chatham	Forsyth	Haywood	New Hanover	Rockingham
Buncombe	Davidson	Gaston	Iredell	Person	Stokes
Burke	Davie	Guilford	Mecklenburg	Randolph	Yadkin
Catawba					

### Blue Medicare Essential Plus<sup>SM</sup> (HMO-POS)

H3449-023-002

Monthly premium: \$0

Alexander	Durham	Macon	Mitchell	Polk	Union
Brunswick	Harnett	Madison	Moore	Rowan	Wake
Caswell	Hoke	McDowell	Orange	Surry	Yancey
Cumberland	Johnston				

### Blue Medicare Essential Plus<sup>SM</sup> (HMO-POS)

H3449-023-004

Monthly premium: \$0

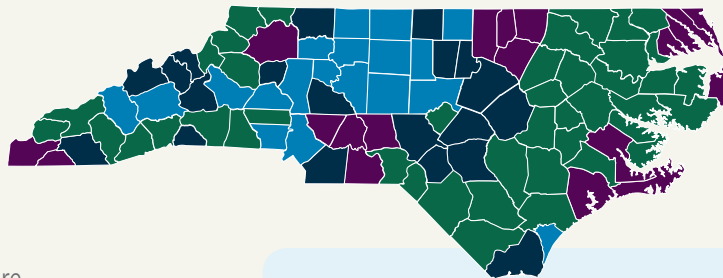
Anson	Cherokee	Currituck	Granville	Pasquotank	Vance
Cabarrus	Clay	Dare	Montgomery	Perquimans	Warren
Camden	Craven	Franklin	Onslow	Stanly	Wilkes
Carteret					

### Blue Medicare Essential Plus<sup>SM</sup> (HMO-POS)

H3449-023-005

Monthly premium: \$0

Alleghany	Chowan	Greene	Lee	Pender	Swain
Ashe	Cleveland	Halifax	Lenoir	Pitt	Transylvania
Avery	Columbus	Henderson	Lincoln	Richmond	Tyrrell
Beaufort	Duplin	Hertford	Martin	Robeson	Washington
Bertie	Edgecombe	Hyde	Nash	Rutherford	Watauga
Bladen	Gates	Jackson	Northampton	Sampson	Wayne
Caldwell	Graham	Jones	Pamlico	Scotland	Wilson



Counties where Blue Medicare Essential Plus (HMO-POS) is available:

001 002 004 005



Blue Medicare Essential Plus (HMO-POS) is available in all 100 North Carolina counties.

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

# Summary of benefits

## Blue Medicare Essential Plus<sup>SM</sup> (HMO-POS)

H3449-023-001  
H3449-023-002  
H3449-023-004  
H3449-023-005

<b>Monthly Premium:</b>	You must also continue to pay your Medicare Part B premium.	<b>\$0</b>
<b>Deductible:</b>	This plan has no medical deductible.	<b>\$0</b>
<b>Annual Maximum Out-of-Pocket Amount:</b>	Does not include prescription drugs.	<b>001: \$4,900</b>
		<b>002: \$5,400</b>
		<b>004: \$6,750</b>
		<b>005: \$7,450</b>

### Benefits

### What You Should Know

<b>Inpatient Hospital Care:</b> (Cost share applies per day. Benefit period applied per admission.)	<b>Days 1-6:</b>	<b>\$400 copay</b>
	<b>Days 7-90:</b>	<b>\$0 copay</b>
	<b>Days 91 and beyond:</b>	<b>\$0 copay</b>
<b>Outpatient Services:</b>	<b>Outpatient Hospital: Per stay.</b>	<b>\$0-\$400 copay</b>
	<b>Ambulatory Surgical Center:</b>	<b>\$0-\$350 copay</b>
<b>Doctor Visit:</b>	<b>Primary:</b>	<b>\$0 copay</b>
		<b>001: \$20 copay</b>
		<b>002: \$25 copay</b>
	<b>Specialist:</b>	<b>004: \$30 copay</b>
		<b>005: \$40 copay</b>
<b>Preventive Care:</b>	Any additional preventive services approved by Medicare during the contract year will be covered.	<b>\$0 copay</b>
<b>Emergency Care:</b>	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.	<b>001, 002, 004: \$130 copay</b>
		<b>005: \$115 copay</b>
<b>Urgently Needed Services:</b>		<b>001, 002, 004: \$50 copay</b>
		<b>005: \$40 copay</b>

\*May require prior authorization.  
Note: This chart shows your portion of the costs.

# Summary of benefits

## Blue Medicare Essential Plus<sup>SM</sup> (HMO-POS)

H3449-023-001  
H3449-023-002  
H3449-023-004  
H3449-023-005

Benefits	What you should know	PCP office	Any other setting	
Diagnostic Services/ Labs/ Imaging:*	Diagnostic Tests and Procedures:	\$0 copay	\$25 copay	
	Lab Services:	\$0 copay	\$5 copay	
	Diagnostic Radiological Services:	MRI, CT and Other Nuclear Medicine:	\$0 copay	Lesser of 20% of cost or \$150 copay
		PET:	\$0 copay	\$300 copay
		All Other Services:	\$0 copay	\$75 copay
	Therapeutic Radiological Services:	\$0 copay	Lesser of 20% of cost or \$60 copay	
X-rays:	\$0 copay	\$15 copay		
Hearing Services:	Medicare-Covered Hearing Exam: Exams to diagnose and treat hearing and balance issues.	001:	\$20 copay	
		002:	\$25 copay	
		004:	\$20 copay	
		005:	\$25 copay	
Routine Hearing Exam:	One per year.		\$0 copay***	
Hearing Aids:	One per ear, per year.		\$499-\$999 copay***	
Dental Services:	Medicare-Covered Dental Services:*	001:	\$20 copay	
		002:	\$25 copay	
		004:	\$30 copay	
		005:	\$40 copay	
Comprehensive and Preventive Dental:	\$1,500 combined yearly allowance for services including oral exams, cleanings, X-rays, fillings, extractions and dentures.**		\$0 copay***	

\*May require prior authorization.

\*\*Certain limits apply. For services obtained out-of-network, you will be responsible for 20% of preventive services and 40% of comprehensive services plus any additional costs up to the provider billed amount. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please see Evidence of Coverage for more information.

\*\*\*Must use designated providers.

# Summary of benefits

## Blue Medicare Essential Plus<sup>SM</sup> (HMO-POS)

H3449-023-001  
H3449-023-002  
H3449-023-004  
H3449-023-005

Benefits	What you should know		
Vision Services:	<b>Routine Eye Exam:</b>	One per calendar year.	001: \$0 copay 002:
	<b>Vision Allowance:</b>	\$200 yearly allowance.	004: \$0 copay 005:
	<b>Medicare-Covered Eye Exam:</b>	For the diagnosis and treatment of illnesses and injuries of the eye.	001: \$20 copay 002: \$25 copay 004: \$30 copay 005:
	<b>Glaucoma Screening and Diabetic Eye Exam:</b>	For people who are at high risk of glaucoma or have diabetes.	\$0 copay
	<b>Eyewear After Cataract Surgery:</b>	One pair of eyeglasses or one pair of contact lenses.	20% of cost
	Mental Health Services:	<b>Inpatient:</b> (Cost share applies per day. Benefit period applied per admission.)	<b>Days 1–5:</b>
		<b>Days 6–90:</b>	\$0 copay
<b>Outpatient:</b> (Mental health and substance use.)		Individual and group sessions.	001: \$20 copay 002: \$25 copay 004: \$30 copay 005: \$40 copay
Skilled Nursing Facility:	(Cost share applies per day. Benefit period applied per admission.)	<b>Days 1–20:</b>	\$0 copay
		<b>Days 21–100:</b>	\$218 copay
Outpatient Rehabilitation Services:	<b>Physical and Speech Language Therapy:</b>		001: \$15 copay 002: 004: \$20 copay 005:
	<b>Occupational Therapy:</b>		001: \$15 copay 002: 004: \$20 copay 005:
	<b>Cardiac Rehab Services:</b>		\$0 copay
	<b>Pulmonary Rehab Services:</b>		\$15 copay

\*May require prior authorization.

Note: This chart shows your portion of the costs.

# Summary of benefits

## Blue Medicare Essential Plus<sup>SM</sup> (HMO-POS)

H3449-023-001  
H3449-023-002  
H3449-023-004  
H3449-023-005

### Benefits

### What you should know

<b>Ambulance Services:</b> *	Covers medically necessary ground and air ambulance services.	<b>\$300 copay</b>
<b>Transportation:</b>	12 one-way rides to health-related locations.	<b>\$0 copay</b>
<b>Medicare Part B Drugs:</b>	<b>Part B Insulins:</b> 30-day supply.	<b>\$35 copay</b>
	<b>Chemotherapy and Other Part B Drugs:**</b>	<b>0–20% of cost</b>



## Part D Drug Benefit Stages

H3449-023-001  
H3449-023-002  
H3449-023-004  
H3449-023-005

**Tiers 1, 2 and 6: \$0**

**Tiers 3, 4 and 5: \$615**

### 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 **\$2,100**. 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.

\*May require prior authorization.

\*\*May require prior authorization. Based on Inflation Reduction Act mandates.

\*\*\*Your out-of-pocket drug costs include payments made in the Yearly Deductible Stage and the Initial Coverage Stage.

# Summary of benefits

## Blue Medicare Essential Plus<sup>SM</sup> (HMO-POS)

H3449-023-001  
H3449-023-002  
H3449-023-004  
H3449-023-005



Preferred  
Retail Pharmacies



Preferred  
Mail Order



Standard (Non-Preferred)  
Pharmacies

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	
<b>Tier 1 – Preferred Generic Drugs:</b>	\$0 copay	\$0 copay	\$0 copay	\$15 copay	\$45 copay	
<b>Tier 2 – Generic Drugs:</b>	\$4 copay	\$12 copay	\$0 copay	\$20 copay	\$60 copay	
<b>Tier 3 – Preferred Brand Drugs:</b>	25% of cost	25% of cost	25% of cost	25% of cost	25% of cost	
<b>Tier 4 – Non-Preferred Drugs:</b>	25% of cost	25% of cost	25% of cost	25% of cost	25% of cost	
<b>Tier 5 – Specialty Tier Drugs:**</b>	25% of cost	N/A	N/A	25% of cost	N/A	
<b>Tier 6 – Select Care Drugs:***</b>	\$0 copay	\$0 copay	\$0 copay	\$3 copay	\$3 copay	
<b>Insulins:†</b>	<b>Tier 3:</b>	\$35 copay	\$105 copay	\$105 copay	\$35 copay	\$105 copay
	<b>Tier 4:</b>	\$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 vaccines and select generic medications used to treat high blood pressure, diabetes and high cholesterol.

†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.

Note: Two-month (60-day) supplies may also be available. Standard Mail Order costs may differ.

Note: This chart shows your portion of the costs.

# Summary of benefits

## Blue Medicare Essential Plus<sup>SM</sup> (HMO-POS)

H3449-023-001  
H3449-023-002  
H3449-023-004  
H3449-023-005

### Other Covered Benefits

#### Benefits

#### What you should know

<b>Medicare-Covered Podiatry Services:</b>	Foot care.	001:	\$20 copay
		002:	\$25 copay
		004:	\$30 copay
		005:	\$40 copay
		<b>Durable Medical Equipment and Supplies:*</b>	
<b>Medical Equipment and Supplies:</b>	<b>Diabetic Shoes or Inserts:</b>		20% of cost
	<b>Diabetes Supplies:*</b>	Preferred Brand	\$0 copay
		Non-Preferred Brands**	20% of cost
<b>Fitness:</b>	Gym memberships at in-network facilities and unlimited access to the digital platform. Must use designated provider (SilverSneakers).		\$0 copay
<b>Over-the-Counter Products Allowance:</b>	001: \$49 per quarter		Must use participating retail locations or designated catalog; no rollover.
	002: \$40 per quarter		
	004: \$30 per quarter		
	005: \$25 per quarter		
	005: \$25 per quarter		
<b>Meals Benefit:</b>	Two meals per day for 14 days post-discharge.		\$0 copay
<b>Support for Caregivers:</b>	Support and resources for non-professional caregivers.		\$0 copay
<b>In-Home Support Services:</b>	60 hours per year. Hours do not rollover.		\$0 copay
<b>Personal Emergency Response System:</b>	Wearable device with fast access to emergency services.		\$0 copay

\*May require prior authorization.

\*\*With a medical exception.

# Summary of benefits

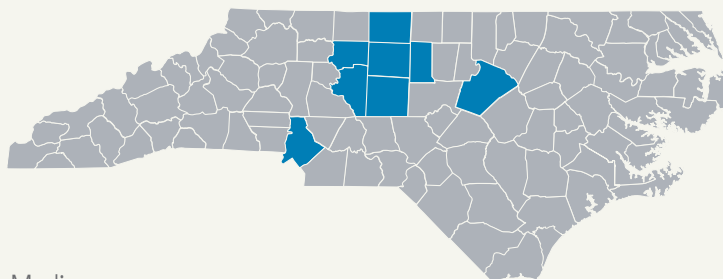
## Plan offerings and premiums by county

### Blue Medicare Choice<sup>SM</sup> (HMO)

H3449-026

Monthly premium: \$0

Alamance	Forsyth	Mecklenburg	Rockingham
Davidson	Guilford	Randolph	Wake



026

Counties where Blue Medicare Choice (HMO) is available:

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

# Summary of benefits

## Blue Medicare Choice<sup>SM</sup> (HMO)

H3449-026

<b>Monthly Premium:</b>	You must also continue to pay your Medicare Part B premium.	<b>\$0</b>
<b>Deductible:</b>	This plan has no medical deductible.	<b>\$0</b>
<b>Annual Maximum Out-of-Pocket Amount:</b>	Does not include prescription drugs.	<b>\$4,200</b>
<b>Benefits</b>	<b>What You Should Know</b>	
<b>Inpatient Hospital Care:</b> (Cost share applies per day. Benefit period applied per admission.)	<b>Days 1–6:</b>	<b>\$350 copay</b>
	<b>Days 7–90:</b>	<b>\$0 copay</b>
	<b>Days 91 and beyond:</b>	<b>\$0 copay</b>
<b>Outpatient Services:</b>	<b>Outpatient Hospital: Per stay.</b>	<b>\$0-\$295 copay</b>
	<b>Ambulatory Surgical Center:</b>	<b>\$0-\$275 copay</b>
<b>Doctor Visit:</b>	<b>Primary:</b>	<b>\$0 copay</b>
	<b>Specialist:</b>	<b>\$25 copay</b>
<b>Preventive Care:</b>	Any additional preventive services approved by Medicare during the contract year will be covered.	<b>\$0 copay</b>
<b>Emergency Care:</b>	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.	<b>\$150 copay</b>
<b>Urgently Needed Services:</b>		<b>\$65 copay</b>

\*May require prior authorization.

40 Note: This chart shows your portion of the costs.

# Summary of benefits

## Blue Medicare Choice<sup>SM</sup> (HMO)

H3449-026

Benefits	What you should know	PCP office	Any other setting	
Diagnostic Services/ Labs/ Imaging:*	Diagnostic Tests and Procedures:	\$0 copay	\$15 copay	
	Lab Services:	\$0 copay	\$5 copay	
	Diagnostic Radiological Services:	MRI, CT and Other Nuclear Medicine:	\$0 copay	Lesser of 20% of cost or \$150 copay
		PET:	\$0 copay	\$300 copay
		All Other Services:	\$0 copay	\$75 copay
	Therapeutic Radiological Services:	\$0 copay	Lesser of 20% of cost or \$60 copay	
X-rays:	\$0 copay	\$15 copay		
Hearing Services:	Medicare-Covered Hearing Exam:	Exams to diagnose and treat hearing and balance issues.	\$25 copay	
	Routine Hearing Exam:	One per year.	\$0 copay**	
	Hearing Aids:	One per ear, per year.	\$499-\$999 copay**	
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.	\$25 copay	
	Preventive Dental:	Oral exams, cleanings, X-rays and screenings.**	\$0 copay	

\*May require prior authorization.

\*\*Certain limits apply. Must use designated providers.

Note: This chart shows your portion of the costs.

# Summary of benefits

Blue Medicare Choice<sup>SM</sup> (HMO)

H3449-026

Benefits	What you should know		
<b>Vision Services:</b>	<b>Routine Eye Exam:</b>	One per calendar year.	\$0 copay
	<b>Vision Allowance:</b>	\$200 yearly allowance.	\$0 copay
	<b>Medicare-Covered Eye Exam:</b>	For the diagnosis and treatment of illnesses and injuries of the eye.	\$25 copay
	<b>Glaucoma Screening and Diabetic Eye Exam:</b>	For people who are at high risk of glaucoma or have diabetes.	\$0 copay
	<b>Eyewear After Cataract Surgery:</b>	One pair of eyeglasses or one pair of contact lenses.	20% of cost
<b>Mental Health Services:</b>	<b>Inpatient:*</b> (Cost share applies per day. Benefit period applied per admission.)	<b>Days 1–5:</b>	\$350 copay
		<b>Days 6–90:</b>	\$0 copay
	<b>Outpatient:*</b> (Mental health and substance use.)	Individual and group sessions.	\$25 copay
<b>Skilled Nursing Facility:*</b>	(Cost share applies per day. Benefit period applied per admission.)	<b>Days 1–20:</b>	\$0 copay
		<b>Days 21–100:</b>	\$218 copay
<b>Outpatient Rehabilitation Services:</b>	<b>Physical and Speech Language Therapy:</b>		\$15 copay
	<b>Occupational Therapy:</b>		\$15 copay
	<b>Cardiac Rehab Services:</b>		\$0 copay
	<b>Pulmonary Rehab Services:</b>		\$20 copay

\*May require prior authorization.

# Summary of benefits

## Blue Medicare Choice<sup>SM</sup> (HMO)

H3449-026

### Benefits

### What you should know

**Ambulance Services:**\* Covers medically necessary ground and air ambulance services. **\$275 copay**

**Transportation:** **Not Covered**

**Medicare Part B Drugs:** **Part B Insulins:** 30-day supply. **\$35 copay**

**Chemotherapy and Other Part B Drugs:\*\*** **0–20% of cost**



## Part D Drug Benefit Stages

H3449-026

**Tiers 1, 2 and 6: \$0**

**Tiers 3, 4 and 5: \$615**

### 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 **\$2,100**. 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.

\*May require prior authorization.

\*\*May require prior authorization. Based on Inflation Reduction Act mandates.

\*\*\*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 Choice<sup>SM</sup> (HMO)

H3449-026



Preferred  
Retail Pharmacies



Preferred  
Mail Order



Standard (Non-Preferred)  
Pharmacies

Tiers	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
	<b>Tier 1 – Preferred Generic Drugs:</b>	\$0 copay	\$0 copay	\$0 copay	\$15 copay
<b>Tier 2 – Generic Drugs:</b>	\$4 copay	\$12 copay	\$0 copay	\$20 copay	\$60 copay
<b>Tier 3 – Preferred Brand Drugs:</b>	25% of cost	25% of cost	25% of cost	25% of cost	25% of cost
<b>Tier 4 – Non-Preferred Drugs:</b>	25% of cost	25% of cost	25% of cost	25% of cost	25% of cost
<b>Tier 5 – Specialty Tier Drugs:**</b>	25% of cost	N/A	N/A	25% of cost	N/A
<b>Tier 6 – Select Care Drugs:***</b>	\$0 copay	\$0 copay	\$0 copay	\$3 copay	\$3 copay
<b>Insulins:†</b>	<b>Tier 3:</b>	\$35 copay	\$105 copay	\$35 copay	\$105 copay
	<b>Tier 4:</b>	\$35 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 vaccines and select generic medications used to treat high blood pressure, diabetes and high cholesterol.

†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.

Note: Two-month (60-day) supplies may also be available. Standard Mail Order costs may differ.

# Summary of benefits

## Blue Medicare Choice<sup>SM</sup> (HMO)

H3449-026

### Other Covered Benefits

#### Benefits

#### What you should know

<b>Medicare-covered Podiatry Services:</b>	Foot care.	<b>\$25 copay</b>	
<b>Medical Equipment and Supplies:</b>	<b>Durable Medical Equipment and Supplies:*</b>	<b>20% of cost</b>	
	<b>Diabetic Shoes or Inserts:</b>	<b>20% of cost</b>	
	<b>Diabetes Supplies:*</b>	Preferred Brand	<b>\$0 copay</b>
		Non-Preferred Brands**	<b>20% of cost</b>
<b>Fitness:</b>	Gym memberships at in-network facilities and unlimited access to the digital platform. Must use designated provider (SilverSneakers).	<b>\$0 copay</b>	
<b>Over-the-Counter Products Allowance:</b>	<b>\$25</b> quarterly allowance. Must use participating retail locations or designated catalog; no rollover.	<b>\$0 copay</b>	
<b>Meals Benefit:</b>	Two meals per day for 14 days post-discharge.	<b>\$0 copay</b>	
<b>Support for Caregivers:</b>	Support and resources for non-professional caregivers.	<b>\$0 copay</b>	
<b>Personal Emergency Response System:</b>	Wearable device with fast access to emergency services.	<b>\$0 copay</b>	

\*May require prior authorization.

\*\*With a medical exception.

Note: This chart shows your portion of the costs.

# Summary of benefits

## Plan offerings and premiums by county

Blue Medicare Enhanced<sup>SM</sup> (HMO-POS) is available in all 100 North Carolina counties.

### Blue Medicare Enhanced<sup>SM</sup> (HMO-POS)

H3449-024-001

**Monthly premium: \$30**

Alamance	Chatham	Gaston	Mecklenburg	Randolph	Wilkes
Buncombe	Davidson	Guilford	New Hanover	Rockingham	Yadkin
Burke	Davie	Haywood	Person	Stokes	
Catawba	Forsyth	Iredell			

### Blue Medicare Enhanced<sup>SM</sup> (HMO-POS)

H3449-024-002

**Monthly premium: \$40**

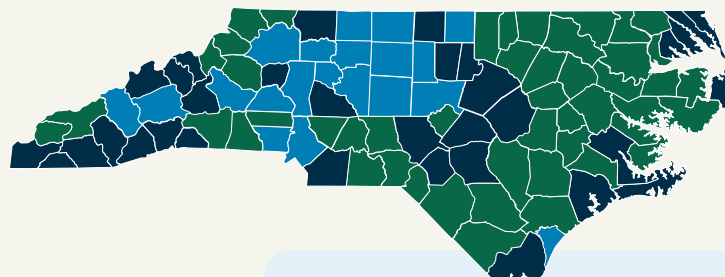
Alexander	Clay	Harnett	Madison	Pasquotank	Union
Brunswick	Craven	Henderson	McDowell	Perquimans	Wake
Camden	Cumberland	Hoke	Mitchell	Polk	Yancey
Carteret	Currituck	Jackson	Moore	Rowan	
Caswell	Dare	Johnston	Onslow	Surry	
Cherokee	Durham	Macon	Orange	Transylvania	

### Blue Medicare Enhanced<sup>SM</sup> (HMO-POS)

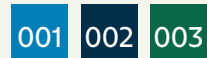
H3449-024-003

**Monthly premium: \$47**

Alleghany	Caldwell	Graham	Lenoir	Pitt	Tyrrell
Anson	Chowan	Granville	Lincoln	Richmond	Vance
Ashe	Cleveland	Greene	Martin	Robeson	Warren
Avery	Columbus	Halifax	Montgomery	Rutherford	Washington
Beaufort	Duplin	Hertford	Nash	Sampson	Watauga
Bertie	Edgecombe	Hyde	Northampton	Scotland	Wayne
Bladen	Franklin	Jones	Pamlico	Stanly	Wilson
Cabarrus	Gates	Lee	Pender	Swain	



Counties where Blue Medicare Enhanced (HMO-POS) is available:



**Blue Medicare Enhanced (HMO-POS) is available in all 100 North Carolina counties.**

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

# Summary of benefits

## Blue Medicare Enhanced<sup>SM</sup> (HMO-POS)

H3449-024-001  
H3449-024-002  
H3449-024-003

<b>Monthly Premium:</b>	You must also continue to pay your Medicare Part B premium.	001: \$30
		002: \$40
		003: \$47
<b>Deductible:</b>	This plan has no medical deductible.	\$0
<b>Annual Maximum Out-of-Pocket Amount:</b>	Does not include prescription drugs.	\$4,200
<b>Benefits</b>	<b>What You Should Know</b>	
<b>Inpatient Hospital Care:</b> (Cost share applies per day. Benefit period applied per admission.)	Days 1–6:	\$350 copay
	Days 7–90:	\$0 copay
	Days 91 and beyond:	\$0 copay
<b>Outpatient Services:</b>	Outpatient Hospital: Per stay.	\$0–\$335 copay
	Ambulatory Surgical Center:	\$0–\$200 copay
<b>Doctor Visit:</b>	Primary:	\$0 copay
	Specialist:	\$20 copay
<b>Preventive Care:</b>	Any additional preventive services approved by Medicare during the contract year will be covered.	\$0 copay
<b>Emergency Care:</b>	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.	\$150 copay
<b>Urgently Needed Services:</b>		\$65 copay

\*May require prior authorization.  
Note: This chart shows your portion of the costs.

# Summary of benefits

## Blue Medicare Enhanced<sup>SM</sup> (HMO-POS)

H3449-024-001  
H3449-024-002  
H3449-024-003

Benefits	What you should know	PCP office	Any other setting	
Diagnostic Services/ Labs/ Imaging:*	Diagnostic Tests and Procedures:	\$0 copay	\$25 copay	
	Lab Services:	\$0 copay	\$5 copay	
	Diagnostic Radiological Services:	MRI, CT and Other Nuclear Medicine:	\$0 copay	Lesser of 20% of cost or \$150 copay
		PET:	\$0 copay	\$300 copay
		All Other Services:	\$0 copay	\$75 copay
	Therapeutic Radiological Services:	\$0 copay	Lesser of 20% of cost or \$60 copay	
X-rays:	\$0 copay	\$15 copay		
Hearing Services:	Medicare-Covered Hearing Exam:	Exams to diagnose and treat hearing and balance issues.	\$20 copay	
	Routine Hearing Exam:	One per year.	\$0 copay***	
	Hearing Aids:	One per ear, per year.	\$499-\$999 copay***	
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 copay	
	Comprehensive and Preventive Dental:	\$2,000 combined yearly allowance for services including oral exams, cleanings, X-rays, fillings, extractions and dentures.**	\$0 copay***	

\*May require prior authorization.

\*\*Certain limits apply. For services obtained out-of-network, you will be responsible for 20% of preventive services and 40% of comprehensive services plus any additional costs up to the provider billed amount. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please see Evidence of Coverage for more information.

\*\*\*Must use designated providers.

# Summary of benefits

## Blue Medicare Enhanced<sup>SM</sup> (HMO-POS)

H3449-024-001  
H3449-024-002  
H3449-024-003

Benefits	What you should know		
<b>Vision Services:</b>	<b>Routine Eye Exam:</b>	One per calendar year.	\$0 copay
	<b>Vision Allowance:</b>	\$300 yearly allowance.	\$0 copay
	<b>Medicare-Covered Eye Exam:</b>	For the diagnosis and treatment of illnesses and injuries of the eye.	\$20 copay
	<b>Glaucoma Screening and Diabetic Eye Exam:</b>	For people who are at high risk of glaucoma or have diabetes.	\$0 copay
	<b>Eyewear After Cataract Surgery:</b>	One pair of eyeglasses or one pair of contact lenses.	20% of cost
<b>Mental Health Services:</b>	<b>Inpatient:</b> (Cost share applies per day. Benefit period applied per admission.)	<b>Days 1–5:</b>	\$350 copay
		<b>Days 6–90:</b>	\$0 copay
	<b>Outpatient:</b> (Mental health and substance use.)	Individual and group sessions.	\$20 copay
<b>Skilled Nursing Facility:</b> *	(Cost share applies per day. Benefit period applied per admission.)	<b>Days 1–20:</b>	\$0 copay
		<b>Days 21–100:</b>	\$218 copay
<b>Outpatient Rehabilitation Services:</b>	<b>Physical and Speech Language Therapy:</b>		\$10 copay
	<b>Occupational Therapy:</b>		\$10 copay
	<b>Cardiac Rehab Services:</b>		\$0 copay
	<b>Pulmonary Rehab Services:</b>		\$20 copay

\*May require prior authorization.

Note: This chart shows your portion of the costs.

# Summary of benefits

## Blue Medicare Enhanced<sup>SM</sup> (HMO-POS)

H3449-024-001  
H3449-024-002  
H3449-024-003

### Benefits

### What you should know

<b>Ambulance Services:</b> *	Covers medically necessary ground and air ambulance services.	<b>\$250 copay</b>
<b>Transportation:</b>	12 one-way rides to health-related locations.	<b>\$0 copay</b>
<b>Medicare Part B Drugs:</b>	<b>Part B Insulins:</b> 30-day supply.	<b>\$35 copay</b>
	<b>Chemotherapy and Other Part B Drugs:**</b>	<b>0–20% of cost</b>



## Part D Drug Benefit Stages

H3449-024-001  
H3449-024-002  
H3449-024-003

**Tiers 1, 2 and 6: \$0**

**Tiers 3, 4 and 5: \$100**

### 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 **\$2,100**. 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.

\*May require prior authorization.

\*\*May require prior authorization. Based on Inflation Reduction Act mandates.

\*\*\*Your out-of-pocket drug costs include payments made in the Yearly Deductible Stage and the Initial Coverage Stage.

# Summary of benefits

## Blue Medicare Enhanced<sup>SM</sup> (HMO-POS)

H3449-024-001  
H3449-024-002  
H3449-024-003



Preferred  
Retail Pharmacies



Preferred  
Mail Order



Standard (Non-Preferred)  
Pharmacies

Tiers	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
	<b>Tier 1 – Preferred Generic Drugs:</b>	\$0 copay	\$0 copay	\$0 copay	\$15 copay
<b>Tier 2 – Generic Drugs:</b>	\$4 copay	\$12 copay	\$0 copay	\$20 copay	\$60 copay
<b>Tier 3 – Preferred Brand Drugs:</b>	25% of cost	25% of cost	25% of cost	25% of cost	25% of cost
<b>Tier 4 – Non-Preferred Drugs:</b>	31% of cost	31% of cost	31% of cost	31% of cost	31% of cost
<b>Tier 5 – Specialty Tier Drugs:**</b>	31% of cost	N/A	N/A	31% of cost	N/A
<b>Tier 6 – Select Care Drugs:***</b>	\$0 copay	\$0 copay	\$0 copay	\$1 copay	\$1 copay
<b>Insulins:†</b>	<b>Tier 3:</b>	\$35 copay	\$105 copay	\$35 copay	\$105 copay
	<b>Tier 4:</b>	\$35 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 vaccines and select generic medications used to treat high blood pressure, diabetes and high cholesterol.

†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.

Note: Two-month (60-day) supplies may also be available. Standard Mail Order costs may differ.

Note: This chart shows your portion of the costs.

# Summary of benefits

## Blue Medicare Enhanced<sup>SM</sup> (HMO-POS)

H3449-024-001  
H3449-024-002  
H3449-024-003

### Other Covered Benefits

#### Benefits

#### What you should know

<b>Medicare-covered Podiatry Services:</b>	Foot care.	<b>\$20 copay</b>				
<b>Medical Equipment and Supplies:</b>	<b>Durable Medical Equipment and Supplies:*</b>	<b>20% of cost</b>				
	<b>Diabetic Shoes or Inserts:</b>	<b>20% of cost</b>				
	<b>Diabetes Supplies:*</b>	Preferred Brand	<b>\$0 copay</b>			
		Non-Preferred Brands**	<b>20% of cost</b>			
<b>Fitness:</b>	Gym memberships at in-network facilities and unlimited access to the digital platform. Must use designated provider (SilverSneakers).	<b>\$0 copay</b>				
<b>Over-the-Counter Products Allowance:</b>	<table border="0"> <tr> <td><b>001: \$41</b> per quarter</td> <td rowspan="3">Must use participating retail locations or designated catalog; no rollover.</td> </tr> <tr> <td><b>002: \$41</b> per quarter</td> </tr> <tr> <td><b>003: \$20</b> per quarter</td> </tr> </table>	<b>001: \$41</b> per quarter	Must use participating retail locations or designated catalog; no rollover.	<b>002: \$41</b> per quarter	<b>003: \$20</b> per quarter	<b>\$0 copay</b>
<b>001: \$41</b> per quarter	Must use participating retail locations or designated catalog; no rollover.					
<b>002: \$41</b> per quarter						
<b>003: \$20</b> per quarter						
<b>Meals Benefit:</b>	Two meals per day for 14 days post-discharge.	<b>\$0 copay</b>				
<b>Support for Caregivers:</b>	Support and resources for non-professional caregivers.	<b>\$0 copay</b>				
<b>In-Home Support Services:</b>	60 hours per year. Hours do not rollover.	<b>\$0 copay</b>				
<b>Personal Emergency Response System:</b>	Wearable device with fast access to emergency services.	<b>\$0 copay</b>				

\*May require prior authorization.

\*\*With a medical exception.



## Eligibility & enrollment

### Eligibility

To be eligible for a Medicare Advantage plan, you must:

- Be entitled to or enrolled in Medicare Part A and enrolled in Part B\*
- Permanently reside in the service area where the plan is available
- Be a U.S. citizen or lawfully present in the U.S.

### Enrollment steps

- 1 Pick your plan**

---
- 2 Check that your Primary Care Provider (PCP) is in-network**

Each enrollment form includes a section where you will provide information about your PCP. Visit [BlueCrossNC.com/Members/Medicare/Find-Care](https://www.bluecrossnc.com/Members/Medicare/Find-Care) to check that your PCP is in-network. If you do not list a PCP, one will be selected for you.

---
- 3 Fill out the enrollment form**

Return the enrollment form to your Blue Cross NC Authorized Independent Agent or enroll online at [BlueCrossNC.com/Shop-Plans/Medicare](https://www.bluecrossnc.com/Shop-Plans/Medicare).

\*Note: Enrollment in Medicare Part A and Part B must be effective on the date of coverage under the plan.

# Enrollment periods

All Medicare Advantage plans must follow the Centers for Medicare and Medicaid Services (CMS) guidelines for enrollment periods.

## Initial Enrollment Period

Your Initial Enrollment Period (IEP) is when you are first eligible for Medicare. This will vary depending on your situation. Let's take a closer look:

### Age

If you're eligible for Medicare due to age, this period begins three months before you turn 65, includes the month you turn 65, and ends three months after you turn 65. Coverage begins the month after you sign up. Note: If your Part A and Part B effective dates are not the same, you can only enroll during the three months before your Part B effective date. Contact your Blue Cross NC Authorized Independent Agent or call us at **800-665-8037** (TTY: 711) for more information.

### Disability

For those eligible due to disability, this period begins three months before your 25th month of disability payments, includes the 25th month, and ends three months after. Disabled individuals who have gotten disability benefits from Social Security for 24 months are automatically enrolled in Medicare.

**For more information** about Initial Enrollment Period eligibility, download the *Medicare & You* handbook at [Medicare.gov](https://www.medicare.gov).

## Annual Enrollment Period (AEP)

**October 15 – December 7**

This period allows anyone with Medicare coverage to make changes to their plan. You can:

- Switch from Original Medicare to Medicare Advantage – or vice versa
- Change Medicare Advantage plans
- Add or drop Medicare Part D coverage

Changes made during this period are effective January 1.



### What if I have health benefits through an employer or retiree health benefits?

Check with your human resources manager or benefits specialist to review your options. In some cases, if you keep your current coverage and wait until later to join Medicare, you may have fewer choices and/or pay more.



See the next page for details about Medicare Advantage Open Enrollment Period and Special Enrollment Periods.

# Enrollment periods (continued)

## Medicare Advantage Open Enrollment Period

January 1 – March 31

This period allows people in a Medicare Advantage plan to change Medicare Advantage plans or switch back to Original Medicare. You can only make one change during this period. Changes made during this period become effective the first day of the following month. For example, changes made on January 15 have an effective date of February 1.

The only difference between this period and the Annual Enrollment Period is you must already be enrolled in a Medicare Advantage plan during this period to make changes. Those enrolled in Original Medicare who want to switch to Medicare Advantage must wait until the Annual Enrollment Period in October.

## Special Enrollment Periods

These are times outside of the above periods when you are eligible to make changes to your Medicare plan due to a qualifying event. Examples of qualifying events include:

- Losing health coverage from your employer
- You move outside your current plan's service area
- Your insurer no longer offers your plan

Visit [Medicare.gov](https://www.Medicare.gov) for more details.



### What happens to my Original Medicare coverage after I enroll?

Medicare will be notified of your enrollment, and Blue Cross NC will become the administrator of your Part A and Part B benefits on your start date. Don't forget to continue paying your Part B premium – this is required of all Medicare Advantage plan members, not just Blue Medicare members.



## Contact a local Blue Cross NC Medicare plan expert



800-665-8037 (TTY: 711)

7 days a week, 8 a.m. – 8 p.m. ET



[BlueCrossNC.com/Contact-Us](https://www.BlueCrossNC.com/Contact-Us)

[BlueCrossNC.com/Members/Medicare/Find-Care](https://www.BlueCrossNC.com/Members/Medicare/Find-Care)



Or contact your Blue Cross NC Authorized Independent Agent

# Pre-enrollment checklist

Blue Medicare HMO<sup>SM</sup>  
Blue Medicare PPO<sup>SM</sup>

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Blue Cross and Blue Shield of North Carolina (Blue Cross NC) representative at **800-665-8037** (TTY: 711), 7 days a week, 8 a.m. – 8 p.m.

## Understanding the benefits

- Review the health plans available in your area, and choose the one that best fits your needs.
- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit [BlueCrossNC.com/Members/Medicare/Forms-Library](https://www.bluecrossnc.com/Members/Medicare/Forms-Library), or call **800-665-8037** (TTY: 711) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. This includes your primary care provider (PCP), specialists, preferred provider facilities and your hospital. If they are not listed, it means you will likely have to select new doctors and facilities.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review our formulary (list of covered drugs) to make sure your prescriptions are covered.

## Understanding important rules

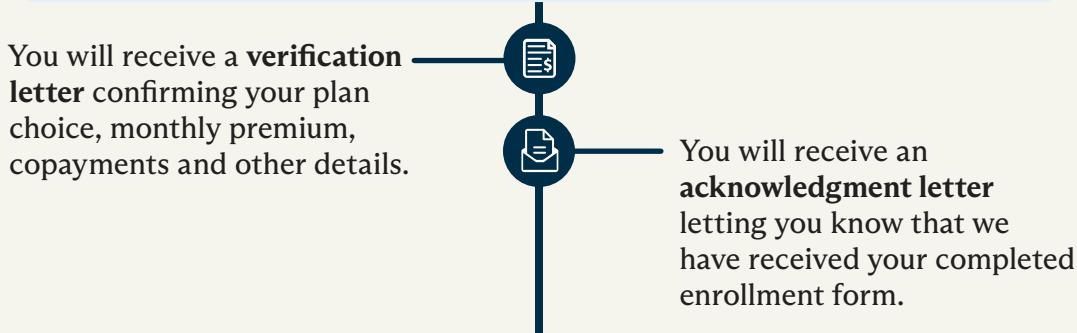
- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- This plan operates on a calendar year basis. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.
- If you are not satisfied with your plan, you may change plans during Open Enrollment Period (January 1–March 31) or if you have a qualified Special Enrollment Period event.
- Enrolling in this plan will automatically cancel your Medicare Advantage plan, including a Part D prescription drug plan.
- Except in emergency or urgent situations, HMO plans do not cover services provided by out-of-network providers (doctors who are not listed in the provider directory).
- For PPO plans, our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you may pay a higher copay for services received by non-contracted providers.

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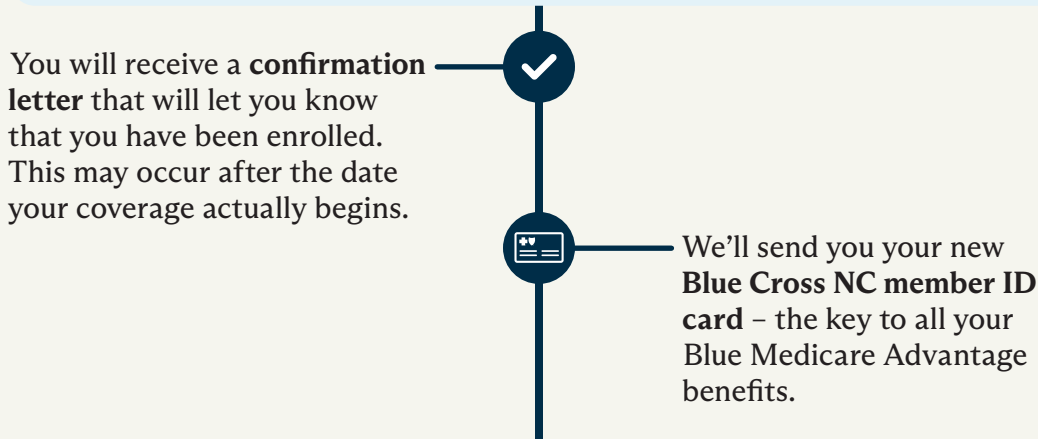
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# Post-enrollment timeline

## After you've sent us your completed enrollment form:



## Once your enrollment has been approved by Medicare:



## Once your membership begins:



Page intentionally left blank.

## 2026 Individual Enrollment Form for Medicare Advantage HMO Plan

All fields on this form are required (unless marked optional).

Individuals experiencing homelessness:

- If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., Social Security checks) may be considered your permanent residence address.

---

### SECTION A Personal Information (exactly as it appears on your Medicare card)

---

First Name                                      Middle Initial                                      Last Name                                      Suffix

■ ■ ■ — ■ ■ ■ — ■ ■ ■ ■ ■

Sex

Male  Female

Primary Phone Number

■ ■ ■ — ■ ■ ■ — ■ ■ ■ ■ ■

Alternate Phone Number (Optional)

■ ■ — ■ ■ — ■ ■ ■ ■ ■

Date of Birth (Month, Day, Year)

---

Permanent Residence Street Address (P.O. Box is not allowed)

---

City

State

Zip Code

County

---

Email Address (Optional)

---

Mailing Address (if different from your permanent address. P.O. Box allowed.)

---

City

State

Zip Code

---

## SECTION B Communication Preferences

Please contact Blue Cross and Blue Shield of North Carolina (Blue Cross NC) if you need information in an alternative language, such as Spanish at 1-800-665-8037 (TTY: 711). Our office hours are 7 days a week, 8 a.m. to 8 p.m.

Select one if you want us to send you information in an accessible format.

- Braille                       Audio CD  
 Large print                 Data CD (Flash drive)

I want to get Plan Materials via email. I have provided my email address above.

- Yes     No

**By sharing your phone number, you agree to calls or text from Blue Cross NC or its partners. Blue Cross NC and its partners will not utilize your number for commercial or marketing purposes. Calls could include prerecorded or robot voiced calls.**

**Once you become a member, please visit [BlueConnectNC.com](http://BlueConnectNC.com) to create your Blue Connect member portal account. With Blue Connect, you can sign-up to receive health plan notices, account updates, and more via email and text.**

**To stop receiving text messages, reply STOP to the message you receive on your mobile phone or opt out in Blue Connect.**

---

## SECTION C Please check which plan you want to enroll in

Instructions: Identify the plan name and number for which you would like to enroll from the Summary of Benefits and check the corresponding box below.

**I understand by enrolling in a Blue Cross Medicare Advantage Plan, I will be automatically disenrolled from my current Medicare Advantage Plan (MA/MAPD) or Part D Prescription Drug Plan (PDP) upon the effective date selected.**

### Blue Medicare Medical Only (HMO-POS)

- H3449-012

### Blue Medicare Choice (HMO)

- H3449-026

### Blue Medicare Essential (HMO)

- H3449-027-001       H3449-027-002

### Blue Medicare Essential Plus (HMO-POS)

- H3449-023-001       H3449-023-002       H3449-023-004       H3449-023-005

### Blue Medicare Enhanced (HMO-POS)

- H3449-024-001       H3449-024-002       H3449-024-003





## SECTION H Please read this important information



**If you currently have health coverage from an employer or union, joining Blue Medicare HMO could affect your employer or union health benefits.** You could lose your employer or union health coverage if you join Blue Medicare HMO. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

## SECTION I Eligibility for an enrollment period

Typically, you may enroll in a Medicare Advantage Plan only during the annual enrollment period from **October 15 through December 7 of each year**. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box on the left if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

Annual Enrollment Period (AEP). Your plan effective date will be **January 1**.

I am new to Medicare.

I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).

I recently moved outside the service area for my current plan or I recently moved and this plan is a new option for me.

Where are you moving from?

\_\_\_\_\_ County

\_\_\_\_\_ State

■ ■ — ■ ■ — ■ ■ ■ ■  
I moved on (Month, Day, Year)

Choose your plan's effective date

■ ■ — 0 1 — ■ ■ ■ ■  
(Month, Day, Year)

I recently was released from incarceration.

■ ■ — ■ ■ — ■ ■ ■ ■  
I was released on (Month, Day, Year)

I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility).

I moved / will move into facility on

■ ■ — ■ ■ — ■ ■ ■ ■  
(Month, Day, Year)

I recently left a PACE program on:  
(Programs of All-Inclusive Care for the Elderly)

I recently left a PACE program on

■ ■ — ■ ■ — ■ ■ ■ ■  
(Month, Day, Year)

I recently involuntarily lost my creditable prescription drug coverage.  
(Coverage as good as Medicare's)

I lost my drug coverage on

■ ■ — ■ ■ — ■ ■ ■ ■

(Month, Day, Year)

Choose your plan's effective date

■ ■ — 0 1 — ■ ■ ■ ■

(Month, Day, Year)

I am leaving employer or union coverage on

■ ■ — ■ ■ — ■ ■ ■ ■

(Month, Day, Year)

Choose your plan's effective date

■ ■ — 0 1 — ■ ■ ■ ■

(Month, Day, Year)

I belong to a pharmacy assistance program provided by my state.

I recently returned to the United States after living permanently outside of the U.S.

I returned to the U.S. on

■ ■ — ■ ■ — ■ ■ ■ ■

(Month, Day, Year)

Choose your plan's effective date

■ ■ — 0 1 — ■ ■ ■ ■

(Month, Day, Year)

My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.

My plan is ending on

■ ■ — ■ ■ — ■ ■ ■ ■

(Month, Day, Year)

My plan is with \_\_\_\_\_

I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan.

I was disenrolled from an SNP on

■ ■ — ■ ■ — ■ ■ ■ ■

(Month, Day, Year)

Choose your plan's effective date

■ ■ — 0 1 — ■ ■ ■ ■

(Month, Day, Year)

I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity). One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.

I recently obtained lawful presence status in the United States. I got this status on

■ ■ — ■ ■ — ■ ■ ■ ■

(Month, Day, Year)

- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on   —   —      
(Month, Day, Year)
- I recently had a change in my *Extra Help* paying for Medicare prescription drug coverage (newly got *Extra Help*, had a change in the level of *Extra Help*, or lost *Extra Help*) on   —   —      
(Month, Day, Year)
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get *Extra Help* paying for my Medicare prescription drug coverage, but I haven't had a change.
- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on   —   —      
(Month, Day, Year)
- None of these statements apply to me.\*

---

Other Special Enrollment Period (SEP) reason

\* If none of these statements applies to you or you're not sure, please contact Blue Cross NC at **1-800-665-8037 (TTY: 711)** to see if you are eligible to enroll. We are open 7 days a week, 8 a.m. to 8 p.m.

---

## SECTION J Statement of Understanding

By completing this enrollment application, I agree to the following:

1. I understand that I can be enrolled in only one Medicare Advantage plan at a time and that enrollment in this plan will automatically end my enrollment in another Medicare Advantage and/or Prescription Drug plan. **If I am enrolled in a Medicare Supplement Plan, I must disenroll in order to not duplicate benefits.**
2. I must keep both Hospital (Part A) and Medical (Part B) to stay in Blue Medicare HMO.
3. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
4. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
5. I understand that when my Blue Medicare HMO coverage begins, I must get all of my medical and prescription drug benefits (if applicable) from Blue Medicare HMO. Benefits and services provided by Blue Cross NC and contained in my Blue Medicare HMO "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Blue Cross NC will pay for benefits or services that are not covered.

6. Blue Cross NC serves a specific service area. If I move out of the area that Blue Cross NC serves, I need to notify the plan so I can disenroll and find a new plan in my new area.
7. Once I am a member of Blue Cross NC, I have the right to appeal plan decisions about payment or services if I disagree.
8. I understand that if I am getting assistance from a sales agent, broker or other individual employed by or contracted with Blue Cross NC, he/she may be paid based on my enrollment in Blue Cross NC.

## Release of Information

By joining this Medicare Advantage Plan, I acknowledge that Blue Cross NC will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).

## Privacy Act Statement

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1860D-1 of the Social Security Act and 42 CFR §§ 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) “Medicare Advantage Prescription Drug (MARx)”, System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

---

## SECTION K Applicant Agreement

I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that: 1) this person is authorized under state law to complete this enrollment form; and 2) documentation of this authority is available upon request from Medicare.

X

\_\_\_\_\_  
Your Signature



Today's Date (Month, Day, Year)

**If you are the authorized representative, you must sign above and provide the following information:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

■ ■ ■ — ■ ■ ■ — ■ ■ ■ ■ ■

Phone Number

Relationship to Enrollee

---

## SECTION L For individuals helping enrollee with completing this form only

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

First Name

Last Name

Relationship to enrollee:

Agent

Broker

SHIP counselor

Authorized Representative

Other

Self

X

Signature

National Producer Number (Agents/Brokers only)

---

## Licensed Agent Use Only

Agents must submit a signed enrollment form within 24 hours of receipt.

X

Agent's Signature

Print Agent's Name

■ ■ — ■ ■ — ■ ■ ■ ■ ■

Date Application Received (Month, Day, Year)

NPN Number (Required)

■ ■ ■ — ■ ■ ■ — ■ ■ ■ ■ ■

Phone Number

Agent Number

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact **1-800-665-8037** (TTY: 711) for assistance.

*Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Llame al 1-800-665-8037 (TTY: 711) para obtener ayuda.*

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

Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

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## 2026 Individual Enrollment Form for Medicare Advantage HMO Plan

All fields on this form are required (unless marked optional).

Individuals experiencing homelessness:

- If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., Social Security checks) may be considered your permanent residence address.

---

### SECTION A Personal Information (exactly as it appears on your Medicare card)

---

First Name                                      Middle Initial                                      Last Name                                      Suffix

■ ■ ■ — ■ ■ ■ — ■ ■ ■ ■ ■

Sex

Male  Female

Primary Phone Number

■ ■ ■ — ■ ■ ■ — ■ ■ ■ ■ ■

Alternate Phone Number (Optional)

■ ■ — ■ ■ — ■ ■ ■ ■ ■

Date of Birth (Month, Day, Year)

---

Permanent Residence Street Address (P.O. Box is not allowed)

---

City                                      State                                      Zip Code                                      County

---

Email Address (Optional)

---

Mailing Address (if different from your permanent address. P.O. Box allowed.)

---

City                                      State                                      Zip Code

**SECTION B Communication Preferences**

Please contact Blue Cross and Blue Shield of North Carolina (Blue Cross NC) if you need information in an alternative language, such as Spanish at 1-800-665-8037 (TTY: 711). Our office hours are 7 days a week, 8 a.m. to 8 p.m.

Select one if you want us to send you information in an accessible format.

- Braille
- Audio CD
- Large print
- Data CD (Flash drive)

I want to get Plan Materials via email. I have provided my email address above.

- Yes
- No

By sharing your phone number, you agree to calls or text from Blue Cross NC or its partners. Blue Cross NC and its partners will not utilize your number for commercial or marketing purposes. Calls could include prerecorded or robot voiced calls.

Once you become a member, please visit [BlueConnectNC.com](http://BlueConnectNC.com) to create your Blue Connect member portal account. With Blue Connect, you can sign-up to receive health plan notices, account updates, and more via email and text.

To stop receiving text messages, reply STOP to the message you receive on your mobile phone or opt out in Blue Connect.

**SECTION C Please check which plan you want to enroll in**

Instructions: Identify the plan name and number for which you would like to enroll from the Summary of Benefits and check the corresponding box below.

I understand by enrolling in a Blue Cross Medicare Advantage Plan, I will be automatically disenrolled from my current Medicare Advantage Plan (MA/MAPD) or Part D Prescription Drug Plan (PDP) upon the effective date selected.

**Blue Medicare Medical Only (HMO-POS)**

- H3449-012

**Blue Medicare Choice (HMO)**

- H3449-026

**Blue Medicare Essential (HMO)**

- H3449-027-001
- H3449-027-002

**Blue Medicare Essential Plus (HMO-POS)**

- H3449-023-001
- H3449-023-002
- H3449-023-004
- H3449-023-005

**Blue Medicare Enhanced (HMO-POS)**

- H3449-024-001
- H3449-024-002
- H3449-024-003

## SECTION D Please choose the name of a Primary Care Provider (PCP)

Name of Primary Care Provider If you do not choose a PCP, one will be assigned to you.

Provider Address

City

State

Zip Code

■ ■ ■ ■ ■ ■ ■ ■ ■ ■

■ ■ ■ — ■ ■ ■ — ■ ■ ■ ■ ■

PCP Code (National Provider Identifier #)

PCP Phone

(To find a PCP code, go online to [BlueCrossNC.com/members/medicare/find-care](http://BlueCrossNC.com/members/medicare/find-care))

Current patient       New patient

## SECTION E Please provide your Medicare insurance information

Please take out your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.

– OR –

- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

**Please note:** You must have Medicare Part A and Part B to join a Medicare Advantage plan.

Name: (as it appears on your Medicare card)

Hospital (Part A)

■ ■ ■ — ■ ■ ■ — ■ ■ ■ ■ ■

Medicare  
Number

■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■

Medical (Part B)

■ ■ ■ — ■ ■ ■ — ■ ■ ■ ■ ■

Effective Date (Month, Day, Year)

## SECTION F Paying your plan premium

**Zero Premium Plans:** If we determine that you owe a late enrollment penalty or if you currently have a late enrollment penalty, we need to know how you would prefer to pay it. You can pay by mail each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

**Plans with premiums:** You can pay your monthly plan premium, including any late enrollment penalty that you currently have or may owe by mail each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

**If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium.** The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). **DON'T** pay Blue Cross NC the Part D-IRMAA.

**Please select a premium payment option:**

- Get a bill each month.
- Automatic deduction from your monthly Social Security benefit check.
- Automatic deduction from your monthly Railroad Retirement Board (RRB) benefit check.

**Please note:** The Social Security / RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.

### SECTION G Please read and answer these important questions

- Yes      1. Do you have End Stage Renal Disease (ESRD)?
- No              **Note:** Answering this question does not affect your eligibility to enroll.

- Yes      2. Do you work?
- No

- Yes      3. Does your spouse work?
- No

- Yes      Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal Employee health benefits coverage, VA benefits or state pharmaceutical assistance programs. Will you have other prescription drug coverage in addition to Blue Medicare HMO? **If “yes,”** please list your other coverage and your identification (ID) number(s) for this coverage.
- No

Name of other coverage

ID Number for this coverage

- Yes      4. Are you enrolled in your state Medicaid program? **If yes,** please provide your Medicaid number.
- No

Group Number for this coverage

Medicaid Number

-   -

Effective Date (Month, Day, Year)

**SECTION H Please read this important information**



**If you currently have health coverage from an employer or union, joining Blue Medicare HMO could affect your employer or union health benefits.** You could lose your employer or union health coverage if you join Blue Medicare HMO. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

**SECTION I Eligibility for an enrollment period**

Typically, you may enroll in a Medicare Advantage Plan only during the annual enrollment period from **October 15 through December 7 of each year.** There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box on the left if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

Annual Enrollment Period (AEP). Your plan effective date will be **January 1.**

I am new to Medicare.

I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).

I recently moved outside the service area for my current plan or I recently moved and this plan is a new option for me.

Where are you moving from?

\_\_\_\_\_ County

\_\_\_\_\_ State

■ ■ — ■ ■ — ■ ■ ■ ■

I moved on (Month, Day, Year)

Choose your plan's effective date

■ ■ — 0 1 — ■ ■ ■ ■

(Month, Day, Year)

I recently was released from incarceration.

■ ■ — ■ ■ — ■ ■ ■ ■

I was released on (Month, Day, Year)

I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility).

I moved / will move into facility on

■ ■ — ■ ■ — ■ ■ ■ ■

(Month, Day, Year)

I recently left a PACE program on: (Programs of All-Inclusive Care for the Elderly)

I recently left a PACE program on

■ ■ — ■ ■ — ■ ■ ■ ■

(Month, Day, Year)

I recently involuntarily lost my creditable prescription drug coverage.  
(Coverage as good as Medicare's)

I lost my drug coverage on

■ ■ — ■ ■ — ■ ■ ■ ■

(Month, Day, Year)

Choose your plan's effective date

■ ■ — 0 1 — ■ ■ ■ ■

(Month, Day, Year)

I am leaving employer or union coverage on

■ ■ — ■ ■ — ■ ■ ■ ■

(Month, Day, Year)

Choose your plan's effective date

■ ■ — 0 1 — ■ ■ ■ ■

(Month, Day, Year)

I belong to a pharmacy assistance program provided by my state.

I recently returned to the United States after living permanently outside of the U.S.

I returned to the U.S. on

■ ■ — ■ ■ — ■ ■ ■ ■

(Month, Day, Year)

Choose your plan's effective date

■ ■ — 0 1 — ■ ■ ■ ■

(Month, Day, Year)

My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.

My plan is ending on

■ ■ — ■ ■ — ■ ■ ■ ■

(Month, Day, Year)

My plan is with \_\_\_\_\_

I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan.

I was disenrolled from an SNP on

■ ■ — ■ ■ — ■ ■ ■ ■

(Month, Day, Year)

Choose your plan's effective date

■ ■ — 0 1 — ■ ■ ■ ■

(Month, Day, Year)

I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity). One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.

I recently obtained lawful presence status in the United States. I got this status on

■ ■ — ■ ■ — ■ ■ ■ ■

(Month, Day, Year)

I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on   —   —      
(Month, Day, Year)

I recently had a change in my *Extra Help* paying for Medicare prescription drug coverage (newly got *Extra Help*, had a change in the level of *Extra Help*, or lost *Extra Help*) on   —   —      
(Month, Day, Year)

I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get *Extra Help* paying for my Medicare prescription drug coverage, but I haven't had a change.

I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on   —   —      
(Month, Day, Year)

None of these statements apply to me.\*

---

Other Special Enrollment Period (SEP) reason

\* If none of these statements applies to you or you're not sure, please contact Blue Cross NC at **1-800-665-8037 (TTY: 711)** to see if you are eligible to enroll. We are open 7 days a week, 8 a.m. to 8 p.m.

---

## SECTION J Statement of Understanding

By completing this enrollment application, I agree to the following:

1. I understand that I can be enrolled in only one Medicare Advantage plan at a time and that enrollment in this plan will automatically end my enrollment in another Medicare Advantage and/or Prescription Drug plan. **If I am enrolled in a Medicare Supplement Plan, I must disenroll in order to not duplicate benefits.**
2. I must keep both Hospital (Part A) and Medical (Part B) to stay in Blue Medicare HMO.
3. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
4. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
5. I understand that when my Blue Medicare HMO coverage begins, I must get all of my medical and prescription drug benefits (if applicable) from Blue Medicare HMO. Benefits and services provided by Blue Cross NC and contained in my Blue Medicare HMO "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Blue Cross NC will pay for benefits or services that are not covered.

- 6. Blue Cross NC serves a specific service area. If I move out of the area that Blue Cross NC serves, I need to notify the plan so I can disenroll and find a new plan in my new area.
- 7. Once I am a member of Blue Cross NC, I have the right to appeal plan decisions about payment or services if I disagree.
- 8. I understand that if I am getting assistance from a sales agent, broker or other individual employed by or contracted with Blue Cross NC, he/she may be paid based on my enrollment in Blue Cross NC.

## Release of Information

By joining this Medicare Advantage Plan, I acknowledge that Blue Cross NC will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).

## Privacy Act Statement

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1860D-1 of the Social Security Act and 42 CFR §§ 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) “Medicare Advantage Prescription Drug (MARx)”, System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

---

## SECTION K Applicant Agreement

I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that: 1) this person is authorized under state law to complete this enrollment form; and 2) documentation of this authority is available upon request from Medicare.

X \_\_\_\_\_

Your Signature



Today's Date (Month, Day, Year)

**If you are the authorized representative, you must sign above and provide the following information:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

■ ■ ■ — ■ ■ ■ — ■ ■ ■ ■ ■

Phone Number

Relationship to Enrollee

**SECTION L For individuals helping enrollee with completing this form only**

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

First Name

Last Name

Relationship to enrollee:

- Agent     
  Broker     
  SHIP counselor     
  Authorized Representative  
 Other     
  Self

X

Signature

National Producer Number (Agents/Brokers only)

**Licensed Agent Use Only**

**Agents must submit a signed enrollment form within 24 hours of receipt.**

X

Agent's Signature

Print Agent's Name

■ ■ — ■ ■ — ■ ■ ■ ■ ■

Date Application Received (Month, Day, Year)

NPN Number (Required)

■ ■ ■ — ■ ■ ■ — ■ ■ ■ ■ ■

Phone Number

Agent Number

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact **1-800-665-8037** (TTY: 711) for assistance.

*Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Llame al 1-800-665-8037 (TTY: 711) para obtener ayuda.*

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

Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association.  
 ®, SM Marks of the Blue Cross and Blue Shield Association.

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## Member authorization request form

You may give Blue Cross and Blue Shield of North Carolina (Blue Cross NC) written authorization to disclose your **Protected Health Information (PHI)** to anyone that you designate and for any purpose. If you want to authorize a person or entity to receive your PHI upon their request, please provide the information below. Completion of this form is not a condition or requirement of coverage and will not change the way that Blue Cross NC communicates with you. For example, we will continue to send Explanation of Benefits (EOB) statements to you upon request. However, if your adult child calls Blue Cross NC to inquire about you, your Protected Health Information will not be shared with your adult child unless you have given Blue Cross NC permission to do so by completion of this form.

Parents/Guardians: We want to be able to speak with you on behalf of your dependent child (over the age of 18 or between the ages of 14–18 for certain diagnoses) about their PHI. In order to do this, we are required to have their consent by completion of this form.

Member's name: (print) \_\_\_\_\_

Member's date of birth:

-   -

(Month, Day, Year)

Blue Cross NC ID number: \_\_\_\_\_

**At my request, I authorize Blue Cross NC to disclose my PHI to:** (If you choose, you may designate more than one person.)

Name/Entity:	Address:
Phone:	Relationship to member:

**The purpose of this disclosure is:**

- To assist me with my health plan     
  To coordinate and manage my health     
  Other: \_\_\_\_\_

We request that you provide the following information to the person you have authorized so that we may verify the person's identity and authority to receive your PHI: A) your ID number, B) your date of birth and C) your address.

**I authorize Blue Cross NC to disclose only the following Protected Health Information to the person designated above:** (check all that apply)

- Any information requested     
  Explanation of benefits information  
 Premium payment information     
  All services from a specific health care provider:  
 (list provider's name) \_\_\_\_\_  
 All claims information     
  Other: (list specific PHI) \_\_\_\_\_  
 Enrollment information  
 Benefit information

If applicable, this information may contain sensitive data, including data related to treatment of sexually transmitted or communicable diseases, HIV/AIDS, mental and behavioral health (except psychotherapy notes), genetic testing and termination of pregnancy.

If applicable, I authorize Blue Cross NC to release alcohol/substance abuse information related to the above request.  Yes  No

I want the designated person to have access to my PHI until my policy expires OR until the specified date of:

Date:   -   -

(Month, Day, Year)

## Member Authorization Request Form (continued)

I understand that I may revoke this authorization at any time by giving Blue Cross NC written notice mailed to the address provided. However, if I revoke this authorization, I also understand that the revocation will not affect any action Blue Cross NC took while this authorization was valid before Blue Cross NC received my written notice of revocation.

I also understand that I do not have to authorize anyone to receive my PHI as a condition or requirement for coverage by Blue Cross NC.

I also understand that if the persons or entities I have authorized to receive my PHI are not health plans, covered health care providers or health care clearing houses subject to the Health Insurance Portability and Accountability Act (HIPAA) or other federal health information privacy laws, they may further disclose my PHI and it may no longer be protected by HIPAA or federal health information privacy laws. However, if this information is protected by the Federal Substance Use Confidentiality Regulations, the recipient may not re-disclose such information without my further written authorization unless otherwise provided for by state or federal law.

Member signature: \_\_\_\_\_

Date:   -   -      
(Month, Day, Year)

**OR**

Personal representative signature: \_\_\_\_\_

Date:   -   -      
(Month, Day, Year)

A) Personal representative name: (print) \_\_\_\_\_

**AND**

B) Describe your authority to act for the member: \_\_\_\_\_

**AND** (e.g., durable power of attorney, court order, parent of minor child, etc.)

C) Attach the legal document naming you as the personal representative when you return this form.

**NOTE:** We will consider the effective date of this authorization to be the date we enter this authorization into our computer system, typically 5 days following receipt. If you would like this authorization to become effective on a date after Blue Cross NC enters the authorization into its system, provide the date here:

Date:   -   -      
(Month, Day, Year)

**Return this completed authorization form to:**

Attention: Data Operations  
Blue Cross and Blue Shield of North Carolina  
P.O. Box 2291  
Durham, NC 27702

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

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# Member authorization request form

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Parents/Guardians: We want to be able to speak with you on behalf of your dependent child (over the age of 18 or between the ages of 14–18 for certain diagnoses) about their PHI. In order to do this, we are required to have their consent by completion of this form.

Member's name: (print) \_\_\_\_\_

Member's date of birth:   -   -

(Month, Day, Year)

Blue Cross NC ID number: \_\_\_\_\_

At my request, I authorize Blue Cross NC to disclose my PHI to: (If you choose, you may designate more than one person.)	
Name/Entity:	Address:
Phone:	Relationship to member:

**The purpose of this disclosure is:**

- To assist me with my health plan
- To coordinate and manage my health
- Other: \_\_\_\_\_

We request that you provide the following information to the person you have authorized so that we may verify the person's identity and authority to receive your PHI: A) your ID number, B) your date of birth and C) your address.

**I authorize Blue Cross NC to disclose only the following Protected Health Information to the person designated above:** (check all that apply)

- Any information requested
- Premium payment information
- All claims information
- Enrollment information
- Benefit information
- Explanation of benefits information
- All services from a specific health care provider: (list provider's name) \_\_\_\_\_
- Other: (list specific PHI) \_\_\_\_\_

If applicable, this information may contain sensitive data, including data related to treatment of sexually transmitted or communicable diseases, HIV/AIDS, mental and behavioral health (except psychotherapy notes), genetic testing and termination of pregnancy.

If applicable, I authorize Blue Cross NC to release alcohol/substance abuse information related to the above request.  Yes  No

I want the designated person to have access to my PHI until my policy expires OR until the specified date of: Date:   -   -      
(Month, Day, Year)

## Member Authorization Request Form (continued)

I understand that I may revoke this authorization at any time by giving Blue Cross NC written notice mailed to the address provided. However, if I revoke this authorization, I also understand that the revocation will not affect any action Blue Cross NC took while this authorization was valid before Blue Cross NC received my written notice of revocation.

I also understand that I do not have to authorize anyone to receive my PHI as a condition or requirement for coverage by Blue Cross NC.

I also understand that if the persons or entities I have authorized to receive my PHI are not health plans, covered health care providers or health care clearing houses subject to the Health Insurance Portability and Accountability Act (HIPAA) or other federal health information privacy laws, they may further disclose my PHI and it may no longer be protected by HIPAA or federal health information privacy laws. However, if this information is protected by the Federal Substance Use Confidentiality Regulations, the recipient may not re-disclose such information without my further written authorization unless otherwise provided for by state or federal law.

Member signature: \_\_\_\_\_

Date:   -   -      
(Month, Day, Year)

**OR**

Personal representative signature: \_\_\_\_\_

Date:   -   -      
(Month, Day, Year)

A) Personal representative name: (print) \_\_\_\_\_

**AND**

B) Describe your authority to act for the member: \_\_\_\_\_

**AND** (e.g., durable power of attorney, court order, parent of minor child, etc.)

C) Attach the legal document naming you as the personal representative when you return this form.

**NOTE:** We will consider the effective date of this authorization to be the date we enter this authorization into our computer system, typically 5 days following receipt. If you would like this authorization to become effective on a date after Blue Cross NC enters the authorization into its system, provide the date here:

Date:   -   -      
(Month, Day, Year)

**Return this completed authorization form to:**  
 Attention: Data Operations  
 Blue Cross and Blue Shield of North Carolina  
 P.O. Box 2291  
 Durham, NC 27702

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## Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any one-on-one appointment, regardless of venue (e.g., home, telephone, etc.) to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

**PLEASE INITIAL** beside the type of product(s) you want the agent to discuss:

### Standalone Medicare Prescription Drug Plans (Part D)

**Medicare Prescription Drug Plan (PDP)** – A standalone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost plans, some Medicare Private Fee-for-Service plans, and Medicare Medical Savings Account plans.

### Medicare Advantage Plans (Part C)

**Medicare Health Maintenance Organization (HMO) Plan** – A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan’s network (except in emergencies).

**Medicare Preferred Provider Organization (PPO) Plan** – A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

**Medicare Special Needs Plan (SNP)** – A Medicare Advantage plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes and people who have certain chronic medical conditions.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment or enroll you in a Medicare plan.

A new Scope of Sales Appointment is required if, during an appointment, you request information regarding a different plan type than previously agreed upon.

Signature (Beneficiary or Authorized Representative): \_\_\_\_\_

Date:  /  /   
(mm/dd/yyyy)

Authorized Representative Name (print): \_\_\_\_\_

Your Relationship to the Beneficiary: \_\_\_\_\_

## Scope of Sales Appointment Confirmation Form (continued)

To Be Completed By Agent:	
Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone (optional):
Beneficiary Address:	
Initial Method of Contact: (i.e. in-person, phone, etc.)	
Agent Signature:	Date Appointment Completed:
List plan(s) the agent represented during this meeting:	

<b>PLAN USE ONLY:</b>
-----------------------

Note: Scope of Sales Appointment documentation is subject to CMS record retention requirements.

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

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## Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any one-on-one appointment, regardless of venue (e.g., home, telephone, etc.) to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

**PLEASE INITIAL** beside the type of product(s) you want the agent to discuss:

	<b>Standalone Medicare Prescription Drug Plans (Part D)</b>
--	---

**Medicare Prescription Drug Plan (PDP)** – A standalone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost plans, some Medicare Private Fee-for-Service plans, and Medicare Medical Savings Account plans.

	<b>Medicare Advantage Plans (Part C)</b>
--	--

**Medicare Health Maintenance Organization (HMO) Plan** – A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan’s network (except in emergencies).

**Medicare Preferred Provider Organization (PPO) Plan** – A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

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By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the federal government. This individual may also be paid based on your enrollment in a plan.

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A new Scope of Sales Appointment is required if, during an appointment, you request information regarding a different plan type than previously agreed upon.

Signature (Beneficiary or Authorized Representative): \_\_\_\_\_

Date:  /  /   
(mm/dd/yyyy)

Authorized Representative Name (print): \_\_\_\_\_

Your Relationship to the Beneficiary: \_\_\_\_\_

## Scope of Sales Appointment Confirmation Form (continued)

To Be Completed By Agent:	
Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone (optional):
Beneficiary Address:	
Initial Method of Contact: (i.e. in-person, phone, etc.)	
Agent Signature:	Date Appointment Completed:
List plan(s) the agent represented during this meeting:	

<b>PLAN USE ONLY:</b>
-----------------------

Note: Scope of Sales Appointment documentation is subject to CMS record retention requirements.

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

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## Agent Checklist for Selling Medicare Advantage Plans

To Be Completed By Agent	
Beneficiary Name: (print)	Location:
Agent Name:	Phone #:
Agency Name:	

Read over these items and questions with the prospect, and have them initial next to their name at the end of the document if they understand and agree that all items were discussed.

- How was the appointment set? \_\_\_\_\_
- Who was present during this appointment? \_\_\_\_\_
- Was the Scope of Appointment form signed 48 hours prior to the appointment?  
 Yes  No If not, explain why: \_\_\_\_\_
- Was the following discussed/explained/covered?

### *Beneficiary Specific Information*

- What kind of health plan does the prospect wish to enroll in? \_\_\_\_\_
- Check to see if the prospect's PCP and Specialists are in-network. If not, explain that they will need to choose new providers or pay out-of-pocket.
- Check to see if the prospect's prescriptions are on our formulary and if their pharmacy is in-network. If not, explain that they will need to choose a new pharmacy or may have to pay the full price of their prescriptions.
- Check to see if the prospect's preferred hospital is in-network. If it is not, explain that they will need to pick a new one.
- Check to see if there are other preferred facilities in-network.
- Does the prospect require dental, vision and/or hearing coverage?  
 Dental  Vision  Hearing
- Does the prospect have any health care needs, such as needing durable medical equipment or physical therapy?  Yes  No  
 Any other specific health care needs?  Yes  No
- Explain to the prospect they have the right to cancel this enrollment as well as the specific date through which cancellation may occur.

## Agent Checklist for Selling Medicare Advantage Plans (Continued)

### *Plan Specific Information*

- i. Go over premiums, including Part B premium per month/quarter/year.
- j. Review cost sharing such as deductibles, copays and coinsurances.
- Deductible cost       Specialist copay       Other copays for services/items the prospects needs  
 PCP copay       Inpatient hospital copay
- k. Discuss cost limitations on dental, vision and hearing.
- l. Review coverage from out-of-network providers and services (e.g., except in emergency or urgent situations, plan does not cover services by providers who are not listed in the provider directory and therefore considered out-of-network).
- m. Review coverage outside of the United States.
- n. Explain the potential effect that enrolling in this plan will have on other, current coverage, which may in some cases mean that the individual is disenrolled from the prospect's current health coverage.
- o. Explain that this is not a hearing/dental/vision "rider" but a full plan.
- p. Explain that this plan operates on a calendar year basis, so benefits may change January 1 of the following year.
- q. Explain the Evidence of Coverage provides all the costs, benefits and rules for the plan.
- r. Review how to file a complaint.

### *Only Applicable to Certain Plan Types*

- s. If prospect has chosen an HMO plan, review the need to use in-network doctors, except in emergency situations.  N/A
- t. If prospect has chosen a PPO plan, review PPO out-of-network coverage.  N/A
- u. If prospect has chosen a D-SNP plan, review the need for the prospect to have Medicaid to qualify for this plan.  N/A
5. If the prospect has a Medicare Supplement plan, advise them that the Medicare Advantage plan does not coordinate benefits.  N/A
6. If the prospect is leaving a Medicare Supplement plan, advise that they need to cancel the Medicare Supplement policy. (Refer to J84 form.)  N/A
7. Were sales presentation, summary of benefits and collateral pieces specific to the plan covered and left with the prospect?  Yes  No

Which items were left with the prospect? \_\_\_\_\_

Beneficiary Name: (print) \_\_\_\_\_

Beneficiary Initials: \_\_\_\_\_

Date of Review:

/   /

(mm/dd/yyyy)

## Agent Checklist for Selling Medicare Advantage Plans

To Be Completed By Agent	
Beneficiary Name: (print)	Location:
Agent Name:	Phone #:
Agency Name:	

Read over these items and questions with the prospect, and have them initial next to their name at the end of the document if they understand and agree that all items were discussed.

- How was the appointment set? \_\_\_\_\_
- Who was present during this appointment? \_\_\_\_\_
- Was the Scope of Appointment form signed 48 hours prior to the appointment?  
 Yes  No If not, explain why: \_\_\_\_\_
- Was the following discussed/explained/covered?

### *Beneficiary Specific Information*

- What kind of health plan does the prospect wish to enroll in? \_\_\_\_\_
- Check to see if the prospect's PCP and Specialists are in-network. If not, explain that they will need to choose new providers or pay out-of-pocket.
- Check to see if the prospect's prescriptions are on our formulary and if their pharmacy is in-network. If not, explain that they will need to choose a new pharmacy or may have to pay the full price of their prescriptions.
- Check to see if the prospect's preferred hospital is in-network. If it is not, explain that they will need to pick a new one.
- Check to see if there are other preferred facilities in-network.
- Does the prospect require dental, vision and/or hearing coverage?  
 Dental  Vision  Hearing
- Does the prospect have any health care needs, such as needing durable medical equipment or physical therapy?  Yes  No  
 Any other specific health care needs?  Yes  No
- Explain to the prospect they have the right to cancel this enrollment as well as the specific date through which cancellation may occur.

## Agent Checklist for Selling Medicare Advantage Plans (Continued)

### *Plan Specific Information*

- i. Go over premiums, including Part B premium per month/quarter/year.
- j. Review cost sharing such as deductibles, copays and coinsurances.
- Deductible cost       Specialist copay       Other copays for services/items the prospects needs  
 PCP copay       Inpatient hospital copay
- k. Discuss cost limitations on dental, vision and hearing.
- l. Review coverage from out-of-network providers and services (e.g., except in emergency or urgent situations, plan does not cover services by providers who are not listed in the provider directory and therefore considered out-of-network).
- m. Review coverage outside of the United States.
- n. Explain the potential effect that enrolling in this plan will have on other, current coverage, which may in some cases mean that the individual is disenrolled from the prospect's current health coverage.
- o. Explain that this is not a hearing/dental/vision "rider" but a full plan.
- p. Explain that this plan operates on a calendar year basis, so benefits may change January 1 of the following year.
- q. Explain the Evidence of Coverage provides all the costs, benefits and rules for the plan.
- r. Review how to file a complaint.

### *Only Applicable to Certain Plan Types*

- s. If prospect has chosen an HMO plan, review the need to use in-network doctors, except in emergency situations.  N/A
- t. If prospect has chosen a PPO plan, review PPO out-of-network coverage.  N/A
- u. If prospect has chosen a D-SNP plan, review the need for the prospect to have Medicaid to qualify for this plan.  N/A
5. If the prospect has a Medicare Supplement plan, advise them that the Medicare Advantage plan does not coordinate benefits.  N/A
6. If the prospect is leaving a Medicare Supplement plan, advise that they need to cancel the Medicare Supplement policy. (Refer to J84 form.)  N/A
7. Were sales presentation, summary of benefits and collateral pieces specific to the plan covered and left with the prospect?  Yes  No

Which items were left with the prospect? \_\_\_\_\_

Beneficiary Name: (print) \_\_\_\_\_

Beneficiary Initials: \_\_\_\_\_

Date of Review:

/   /

(mm/dd/yyyy)

## Consider Managing Your Monthly Drug Costs with the Medicare Prescription Payment Plan

You might benefit from participating in the Medicare Prescription Payment Plan because you have high drug costs.

### What's the Medicare Prescription Payment Plan?

The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January– December). Starting in 2025, anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan with drug coverage) can use this payment option for drugs covered by Part D. **All plans offer this payment option and participation is voluntary.**

If you select this payment option, each month you'll continue to pay your plan premium (if you have one), and you'll get a bill from your health or drug plan to pay for your prescription drugs (instead of paying the pharmacy). There's no cost to participate in the Medicare Prescription Payment Plan, and you won't pay any interest or fees on the amount you owe, even if your payment is late.

### Will this payment option help me?

It depends on your situation. If you have high out-of-pocket drug costs earlier in the calendar year, this payment option spreads out what you'll pay each month across the calendar year (Jan – Dec), so you don't have to pay out-of-pocket costs to the pharmacy. **This payment option might help you manage your monthly expenses, but it doesn't save you money or lower your drug costs.** Visit [Medicare.gov/basics/costs/help/drug-costs](https://www.medicare.gov/basics/costs/help/drug-costs) to learn about programs that can help lower your drug costs.

### How will my costs work?

The prescription drug law caps your out-of-pocket costs at \$2,000 in 2025. This means you'll never pay more than \$2,000 in out-of-pocket drug costs in 2025. **This is true for everyone with Medicare drug coverage, even if you don't join the Medicare Prescription Payment Plan.**

When you fill a prescription for a drug covered by Part D, you won't pay your pharmacy (including mail order and specialty pharmacies). Instead, you'll get a bill each month from your health or drug plan. Your monthly bill is based on what you would have paid for any prescriptions you get, plus your previous month's balance, divided by the number of months left in the year.

Even though you won't pay for your drugs at the pharmacy, you're still responsible for the costs. If you want to know what your drug will cost before you take it home, call your plan or ask the pharmacist.

**Note: Your payments might change every month, so you might not know what your exact bill will be ahead of time.** Future payments might increase when you fill a new prescription (or refill an existing prescription) because as new out-of-pocket drug costs get added to your monthly payment, there are fewer months left in the year to spread out your remaining payments.

### How do I know if this payment option might not be the best choice for me?

**This payment option might not be the best choice for you if:**

- Your yearly drug costs are low.
- Your drug costs are the same each month.

- You're considering signing up for the payment option late in the calendar year (after September).
- You don't want to change how you pay for your drugs.
- You get or are eligible for Extra Help from Medicare.
- You get or are eligible for a Medicare Savings Program.
- You get help paying for your drugs from other organizations, like a State Pharmaceutical Assistance Program (SPAP), a coupon program, or other health coverage.

### **Who can help me decide if I should participate?**

- **Your health or drug plan:** Visit your plan's website, or call your plan to get more information. If you need to pick up a prescription urgently, call your plan to discuss your options.
- **Medicare:** Visit [Medicare.gov/prescription-payment-plan](https://www.medicare.gov/prescription-payment-plan) to learn more about this payment option and if it might be a good fit for you.
- **State Health Insurance Assistance Program (SHIP):** Visit [shiphelp.org](https://shiphelp.org) to get the phone number for your local SHIP and get free, personalized health insurance counseling.

### **How do I sign up?**

Visit your health or drug plan's website, or call your plan to start participating in this payment option at any time during the plan year.

### **Need this information in another format or language?**

To get this material in other formats like large print, braille, or another language, contact your Medicare drug plan at the phone number on the back of your membership card. If you need help contacting your plan, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

### 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 ntauv 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 ફોર્મટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-888-310-4110 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

### Mon-Khmer, Cambodian / ភាសាខ្មែរ

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

### German / Deutsch

WICHTIGER HINWEIS: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen 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。1-888-310-4110 (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。

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	<b>LIBERTY Dental Plan<sup>®</sup></b> ..... <b>866-544-4350</b> Dental <sup>1</sup>
	<b>TruHearing<sup>®</sup></b> ..... <b>866-201-9211</b> Hearing <sup>1</sup>
	<b>SilverSneakers<sup>®</sup></b> ..... <b>888-502-0831</b> Fitness
	<b>Blue FlexCard</b> ..... <b>844-428-9837</b> Over-the-Counter, <sup>1</sup> Vision <sup>1</sup> and Rewards
	<b>Connect America<sup>®</sup></b> ..... <b>877-909-4179</b> Personal Emergency Response System
	<b>CareLinx</b> ..... <b>855-524-1211</b> In-Home Support Services <sup>1</sup>
	<b>SafeRide<sup>SM</sup></b> ..... <b>888-617-0271</b> Non-Emergency Medical Transportation <sup>1</sup>
	<b>Carallel<sup>®</sup></b> ..... <b>877-740-2870</b> Caregiver Support <sup>1</sup>

**For questions about other benefits, call the number on the  
back of your member ID card.**

Y0079\_13551\_C PA07312025

<sup>1</sup> Not available on all plans.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) contracts with independent companies to provide supplemental benefits. Those companies are responsible for the services they provide. They do not provide Blue Cross or Blue Shield products or services.

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## IMPORTANT INFORMATION:

### 2025 Medicare Star Ratings

#### Blue Cross and Blue Shield of North Carolina - H3449

For 2025, Blue Cross and Blue Shield of North Carolina - H3449 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★

Health Services Rating: ★★★★★

Drug Services Rating: ★★★★★



Every year, Medicare evaluates plans based on a 5-star rating system.

### Why Star Ratings Are Important

Medicare rates plans on their health and drug services. This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars shows how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

### Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

### Questions About This Plan?

Contact Blue Cross and Blue Shield of North Carolina 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 866-760-0823 (toll free) or 711 (TTY). Current members please call 888-310-4110 (toll free) or 711 (TTY).

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## Contact a local Blue Cross NC Medicare plan expert



800-665-8037 (TTY: 711)

7 days a week, 8 a.m. – 8 p.m. ET



[BlueCrossNC.com/Contact-Us](https://www.bluecrossnc.com/contact-us)

[BlueCrossNC.com/Members/Medicare/Find-Care](https://www.bluecrossnc.com/members/medicare/find-care)



Or contact your Blue Cross NC Authorized Independent Agent



## Blue Connect<sup>SM</sup>

When you enroll in Blue Medicare HMO, you'll have access to Blue Connect, your member website, at [BlueConnectNC.com](https://www.blueconnectnc.com). There you'll find complete information about your coverage, 24 hours a day, 7 days a week.

## Seniors' Health Insurance Information Program (SHIIP)



855-408-1212 (TTY: 711)

Mon. – Fri., 8 a.m. – 5 p.m.



[ncdoi.ncshiip@ncdoi.gov](mailto:ncdoi.ncshiip@ncdoi.gov)



[ncdoi.gov/consumers/medicare-and-seniors-health-insurance-information-program-shiip](https://www.ncdoi.gov/consumers/medicare-and-seniors-health-insurance-information-program-shiip)

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## **Blue Medicare HMO<sup>SM</sup>**

**Call:** 800-665-8037 (TTY: 711)

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