



**BlueCross BlueShield
of North Carolina**

Prescription Drug Coverage
Blue Medicare RxSM (PDP)

Welcome to
Blue Medicare RxSM (PDP)

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

In this book you'll find everything you need to learn about **Blue Medicare Rx**. 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/Shop-Plans/Medicare](https://www.BlueCrossNC.com/Shop-Plans/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 Rx!

Questions? Contact a local Blue Cross NC Medicare Plan Expert today.



Phone: 1-800-661-5518 (TTY: 711)



Hours: 7 days a week, 8 a.m. – 8 p.m.



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



Or contact your Blue Cross NC
Authorized Independent Agent.



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



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About Medicare Part D

If you're enrolled in Original Medicare Parts A and/or B and you need prescription drug coverage, you'll need to enroll in a Part D prescription drug plan. Part D plans are offered by private insurers like Blue Cross NC and are not automatically included with Parts A and B.

Medicare requires that all private insurers providing Medicare Part D coverage offer the Medicare standard coverage. They may also choose to provide enhanced coverage.

Blue Cross NC offers two Part D prescription drug plans: Blue Medicare Rx Standard (PDP) and Blue Medicare Rx Enhanced (PDP). Both plans are approved by Medicare, and both are designed to help make filling prescriptions more affordable for you.



Blue Medicare Rx plans are also known as **Medicare Part D**.



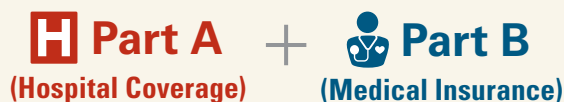
PDP stands for Prescription Drug Plan.



Our plans use our **Preferred Pharmacy Network** – a network of select national and local pharmacies that give you lower costs and greater value.

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

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 prescription 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.



About Blue Medicare RxSM (PDP)

Blue Cross NC offers two Part D prescription drug plans: Blue Medicare Rx Standard (PDP) and Blue Medicare Rx Enhanced (PDP). Both plans are approved by Medicare, and both are designed to help make filling prescriptions more affordable for you.

Your Drug Costs Will Vary Based On:

- **The plan** (see the Summary of Benefits starting on page 12)
- Which drug **benefit stage** you're in
- What **tier** the drug is in
- If your prescription is on the plan's **formulary** (list of covered drugs)
- If you're using a **Standard or Preferred pharmacy**
- If you get **Extra Help** paying for your Medicare drug costs

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



Save With Generics

Whenever your provider prescribes a medication, be sure to ask if there's a generic equivalent. Generics deliver the same benefits as their brand-name counterparts but are often available at a lower cost.

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**.

Yearly Deductible Stage	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.
Initial Coverage Stage	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 \$2,000 .*
Catastrophic Coverage Stage	This stage begins when your out-of-pocket drug costs reach \$2,000 . 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.



A partial list of drugs in our formulary is on **pages 10-11**. For a full list of drugs covered by our plan, visit **BlueCrossNC.com/Members/Medicare/Prescription-Drug** or look up your medications at **BlueCrossNC.com/FindADrug**.

Tier 1	Preferred Generic Drugs
Tier 2	Generic Drugs
Tier 3	Preferred Brand-Name and Some Generic Drugs
Tier 4	Non-Preferred Drugs
Tier 5	Specialty Drugs**

*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.

Standard vs. Preferred 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 Pharmacy Network includes:

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

Plus many independent pharmacies near you.

You can also save time by using one of our preferred mail order pharmacy services and receive your medications conveniently at your door.

Our Preferred Mail Order Pharmacy Network includes:

- Express Scripts® Pharmacy
- Walgreens Mail Service



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 pharmacy).*

*Excludes Tier 5 (Specialty Drugs).



Find an in-network pharmacy:
**BlueCrossNC.com/
FindAPharmacy**

Medicare Prescription Payment Plan

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

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
 Phone: 1-800-MEDICARE (1-800-633-4227)	Phone: 1-800-772-1213	Phone: 1-888-245-0179
 TTY: 1-877-486-2048	TTY: 1-800-325-0778	TTY: 1-877-452-2514
 Hours: 7 days a week, 24 hours a day	Hours: Mon. – Fri., 8 a.m. – 7 p.m.	Hours: Mon. – Fri., 8 a.m. – 5 p.m.
 Visit: Medicare.gov	Visit: SSA.gov	Visit: NCDHHS.gov

Frequently Asked Questions

Question: If I have a Medicare Advantage plan, can I also have a standalone Medicare prescription drug plan?

Answer: No. Medicare does not allow a standalone prescription drug plan with a Medicare Advantage plan. If you want a Medicare Advantage plan and you want Medicare prescription drug coverage, you should enroll in one of our Medicare Advantage plans that includes prescription drug benefits.

Question: Can my spouse and I share a Medicare prescription drug plan?

Answer: No. All Medicare plans are individual plans. Every person enrolled in Medicare receives an individual certificate of insurance.

Question: What is the difference between a copayment and coinsurance?

Answer: A copayment is a flat fee that you pay for a medical service or drug. In the charts of this brochure, copayment is referred to as "\$ copay." Coinsurance is a percentage of the total amount paid for a medical service or drug. In the charts of this brochure, coinsurance is referred to as "% of cost."

Question: Is help available if I have trouble affording my prescription drugs?

Answer: People with limited incomes may qualify for Extra Help 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, copays and coinsurance.

In addition, if you qualify, you will not be subject to the late enrollment penalty. Many people are unaware that they are eligible for these savings. For more information, contact Medicare, Social Security or Medicaid at the numbers shown on page 8.

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

Common Drugs

Blue Medicare Rx Standard™ (PDP)

A partial list of commonly prescribed drugs covered by our plans

Drug	Tier	Drug	Tier	Drug	Tier
albuterol sulfate HFA	3	ezetimibe	3	mirtazapine	2
alendronate sodium	1	famotidine	2	montelukast sodium	2
allopurinol	2	fenofibrate	3	MYRBETRIQ	3
alprazolam	2	finasteride	2	olmesartan medoxomil	2
amiodarone hydrochloride ...	2,4	fluoxetine hydrochloride	1,2	omeprazole	2
amlodipine besylate	1	fluticasone propionate	2	oxycodone hydrochloride	3
amoxicillin	2	furosemide	1	oxycodone/acetaminophen	3
amoxicillin/clavulanate		gabapentin	2	pantoprazole sodium	2
potassium	2,3	glimepiride	1	pioglitazone hydrochloride ...	1,2
atenolol	1	glipizide ER	2	potassium chloride ER	2
atorvastatin calcium	1	hydralazine hydrochloride	2	pravastatin sodium	1
azithromycin	2	hydrochlorothiazide	1	prednisone	2
benazepril HCl	1	hydrocodone bitartrate/		pregabalin	3
bupropion hydrochloride		acetaminophen	3	ramipril	1
ER (XL)	3	irbesartan	2	rosuvastatin calcium	2
bupirone hydrochloride	2,3	isosorbide mononitrate ER ...	2	sertraline HCl	1
carbidopa/levodopa	2	JANUVIA	3	SHINGRIX	1
carvedilol	1	JARDIANCE	3	simvastatin	1
celecoxib	4	LANTUS SOLOSTAR	3	spironolactone	2
cephalexin	2	latanoprost	1	SYNTHROID	4
chlorthalidone	2	levothyroxine sodium	1	tamsulosin hydrochloride	2
ciprofloxacin hydrochloride ...	2	lisinopril	1	timolol maleate	1,2,4
citalopram hydrobromide	1	lisinopril/hydrochlorothiazide ...	1	tramadol HCl	2
clonazepam	2	lorazepam	2	trazodone hydrochloride	2
clopidogrel	1	losartan potassium	1	TRELEGY ELLIPTA	3
cyclobenzaprine hydrochloride ..	3	losartan potassium/		triamcinolone acetonide	2
diclofenac sodium DR	2,3	hydrochlorothiazide	1	triamterene/	
diltiazem hydrochloride ER	3	lovastatin	1	hydrochlorothiazide	1
donepezil HCl	2	meloxicam	1	TRULICITY	3
doxycycline hyclate	3	memantine hydrochloride	2	valsartan	2
duloxetine hydrochloride	3	metformin hydrochloride	1	venlafaxine hydrochloride ER ...	2
ELIQUIS	3	metformin hydrochloride ER ...	1	VENTOLIN HFA	3
ENTRESTO	3	methotrexate	2	warfarin sodium	1
escitalopram oxalate	2	metoprolol succinate ER	2	XARELTO	3
estradiol	2,3,4	metoprolol tartrate	1	zolpidem tartrate	2

Key

lowercase = generic

UPPERCASE = brand-name

Notes: Some covered drugs may have additional requirements or limits on coverage. The formulary and pharmacy network may change at any time; you'll receive notice when necessary. The above list was verified on July 5, 2024, and is subject to change.

For a complete listing, call **1-800-661-5518** (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).

Common Drugs

Blue Medicare Rx Enhanced™ (PDP)

A partial list of commonly prescribed drugs covered by our plans

Drug	Tier	Drug	Tier	Drug	Tier
albuterol sulfate HFA	3	famotidine.....	2	mirtazapine	2
alendronate sodium	1	fenofibrate	2	montelukast sodium	1
allopurinol	1	finasteride	1	MYRBETRIQ	3
alprazolam.....	2	fluoxetine hydrochloride.....	1	olmesartan medoxomil	1
amiodarone hydrochloride....	2,4	fluticasone propionate.....	2	omeprazole	1
amlodipine besylate	1	furosemide.....	1	oxycodone hydrochloride.....	3
amoxicillin	1	gabapentin	2	oxycodone/ acetaminophen	3
amoxicillin/clavulanate potassium	2	glimepiride	1	OZEMPIC.....	3
atenolol.....	1	glipizide ER	1	pantoprazole sodium.....	1
atorvastatin calcium.....	1	HUMALOG KWIKPEN.....	3	pioglitazone hydrochloride	1
azithromycin.....	2	hydralazine hydrochloride....	1,2	potassium chloride ER.....	2
bupropion hydrochloride ER (XL).....	2	hydrochlorothiazide	1	pravastatin sodium	1
buspirone hydrochloride	2	hydrocodone bitartrate/ acetaminophen	3,4	prednisone.....	1,2
carbidopa/levodopa.....	2	hydroxychloroquine sulfate	2	pregabalin	3
carvedilol	1	irbesartan.....	1	quetiapine fumarate.....	2
celecoxib.....	2	isosorbide mononitrate ER....	1,2	ramipril.....	1
cephalexin.....	2	JANUVIA.....	3	REPATHA SURECLICK	3
chlorthalidone	2	JARDIANCE.....	3	rosuvastatin calcium	1
citalopram hydrobromide	1	lansoprazole.....	2	sertraline HCl.....	1
clonazepam.....	2	LANTUS SOLOSTAR.....	3	simvastatin.....	1
clopidogrel	1	latanoprost.....	1	spironolactone	1
cyclobenzaprine hydrochloride	2	levothyroxine sodium.....	1	SYNTHROID	3
diltiazem hydrochloride ER....	2	lisinopril.....	1	tamsulosin hydrochloride	2
donepezil HCl.....	1,3	lisinopril/hydrochlorothiazide ...	1	telmisartan.....	2
dorzolamide HCl/timolol maleate	2	lorazepam	2	timolol maleate	1,4
doxycycline hyclate	3	losartan potassium	1	toremide	2
duloxetine hydrochloride	2	losartan potassium/ hydrochlorothiazide	1	tramadol HCl.....	2
ELIQUIS.....	3	meloxicam	1	trazodone hydrochloride	1,2
escitalopram oxalate	1	memantine hydrochloride	2	TRELEGY ELLIPTA.....	3
esomeprazole magnesium....	2	metformin hydrochloride	1	triamterene/ hydrochlorothiazide	1
estradiol	2,3,4	metformin hydrochloride ER... 1		valsartan	2
ezetimibe	2	methotrexate	2	warfarin sodium.....	1
		metoprolol succinate ER.....	1	XARELTO.....	3
		metoprolol tartrate.....	1,2	zolpidem tartrate.....	2

Key

lowercase = generic

UPPERCASE = brand-name

Notes: Some covered drugs may have additional requirements or limits on coverage. The formulary and pharmacy network may change at any time; you'll receive notice when necessary. The above list was verified on July 5, 2024, and is subject to change.

For a complete listing, call **1-800-661-5518** (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).



2025 Summary of Benefits

Blue Medicare RxSM (PDP)

This is a summary of drug services covered under Blue Medicare Rx (PDP) plans for **January 1, 2025 – December 31, 2025**.

Plans:

Blue Medicare Rx Standard (PDP) S5540-002

Blue Medicare Rx Enhanced (PDP) S5540-004

- The benefits information provided is a summary of what we cover and what you pay. This information is not a complete description of benefits. Visit [BlueCrossNC.com/Members/Medicare/Forms-Library](https://www.bluecrossnc.com/Members/Medicare/Forms-Library) and click on the Evidence of Coverage tab.
- If you have Medicare Part B, you must continue to pay your Medicare Part B premium, if it's not otherwise paid for under Medicaid or by another third party.
- You must join a Medicare prescription drug plan to receive drug coverage unless you are eligible for both Medicare and Medicaid. Contact your state Medicaid or medical assistance office if you have questions about your eligibility.
- To join Blue Medicare Rx (PDP) plans, you must have Medicare Part A (Hospital Insurance) and/or Medicare Part B (Medical Insurance) and live in our service area. Our service area includes all counties in North Carolina.
- Blue Cross and Blue Shield of North Carolina is a PDP plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal.
- For more information about Original Medicare or to request the *Medicare & You* handbook from Medicare, call 1-800-MEDICARE (1-800-633-4227), TTY: 1-877-486-2048, 7 days a week, 24 hours a day. Or visit [Medicare.gov](https://www.Medicare.gov).
- For more details, call **1-800-661-5518** (TTY: 711), current members call **1-888-247-4142** (TTY: 711), 7 days a week, 8 a.m. – 8 p.m., visit [BlueCrossNC.com/Shop-Plans/Medicare](https://www.BlueCrossNC.com/Shop-Plans/Medicare) or contact your Blue Cross NC Authorized Independent Agent.

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U5073, 8/24

MedicareRx
Prescription Drug Coverage

Plan Offering and Premium by County

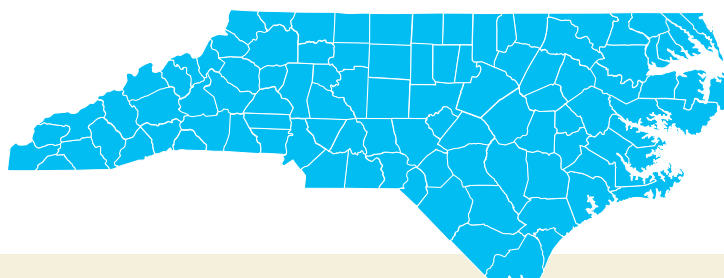
Blue Medicare Rx (PDP) plans are available in all 100 North Carolina counties.

Blue Medicare Rx Standard™ (PDP)

S5540-002

Monthly Premium: \$103.40

Alamance	Catawba	Franklin	Jones	Pamlico	Surry
Alexander	Chatham	Gaston	Lee	Pasquotank	Swain
Alleghany	Cherokee	Gates	Lenoir	Pender	Transylvania
Anson	Chowan	Graham	Lincoln	Perquimans	Tyrrell
Ashe	Clay	Granville	Macon	Person	Union
Avery	Cleveland	Greene	Madison	Pitt	Vance
Beaufort	Columbus	Guilford	Martin	Polk	Wake
Bertie	Craven	Halifax	McDowell	Randolph	Warren
Bladen	Cumberland	Harnett	Mecklenburg	Richmond	Washington
Brunswick	Currituck	Haywood	Mitchell	Robeson	Watauga
Buncombe	Dare	Henderson	Montgomery	Rockingham	Wayne
Burke	Davidson	Hertford	Moore	Rowan	Wilkes
Cabarrus	Davie	Hoke	Nash	Rutherford	Wilson
Caldwell	Duplin	Hyde	New Hanover	Sampson	Yadkin
Camden	Durham	Iredell	Northampton	Scotland	Yancey
Carteret	Edgecombe	Jackson	Onslow	Stanly	
Caswell	Forsyth	Johnston	Orange	Stokes	



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

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

Summary of Benefits

Blue Medicare Rx Standard™ (PDP)

S5540-002


Monthly Premium: \$103.40

Part D, Prescription Drug Benefit Stages

	Tier 1: \$0	Tiers 2, 3, 4 and 5: \$590
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 \$2,000 . 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 \$2,000. During this stage, you pay nothing for your covered Part D drugs. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.	

*Your out-of-pocket drug costs include payments made in the Yearly Deductible Stage and the Initial Coverage Stage.
Note: This chart shows your portion of the costs.

Summary of Benefits

Blue Medicare Rx Standard™ (PDP)			S5540-002		
	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
Preferred Generic Drugs: (Tier 1)	\$5 copay	\$15 copay	\$15 copay	\$15 copay	\$45 copay
Generic Drugs: (Tier 2)	\$10 copay	\$30 copay	\$30 copay	\$20 copay	\$60 copay
Preferred Brand Drugs: (Tier 3)	19% of cost	19% of cost	19% of cost	19% of cost	19% of cost
Non-Preferred Drugs: (Tier 4)	50% of cost	50% of cost	50% of cost	50% of cost	50% of cost
Specialty Tier Drugs:** (Tier 5)	25% of cost	N/A	N/A	25% of cost	N/A
Insulins:	Tier 3:	\$35 copay \$105 copay	\$105 copay	\$35 copay \$105 copay	\$105 copay
	Tier 4:	\$35 copay \$105 copay	\$105 copay	\$35 copay \$105 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.

Notes: Two-month (60-day) supplies may also be available. Standard Mail Order costs may differ. This chart shows your portion of the costs.

Summary of Benefits

Plan Offering and Premium by County

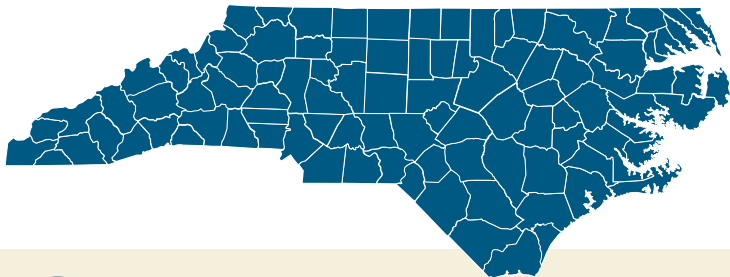
Blue Medicare Rx (PDP) plans are available in all 100 North Carolina counties.

Blue Medicare Rx Enhanced™ (PDP)

S5540-004

Monthly Premium: \$113.20

Alamance	Catawba	Franklin	Jones	Pamlico	Surry
Alexander	Chatham	Gaston	Lee	Pasquotank	Swain
Alleghany	Cherokee	Gates	Lenoir	Pender	Transylvania
Anson	Chowan	Graham	Lincoln	Perquimans	Tyrrell
Ashe	Clay	Granville	Macon	Person	Union
Avery	Cleveland	Greene	Madison	Pitt	Vance
Beaufort	Columbus	Guilford	Martin	Polk	Wake
Bertie	Craven	Halifax	McDowell	Randolph	Warren
Bladen	Cumberland	Harnett	Mecklenburg	Richmond	Washington
Brunswick	Currituck	Haywood	Mitchell	Robeson	Watauga
Buncombe	Dare	Henderson	Montgomery	Rockingham	Wayne
Burke	Davidson	Hertford	Moore	Rowan	Wilkes
Cabarrus	Davie	Hoke	Nash	Rutherford	Wilson
Caldwell	Duplin	Hyde	New Hanover	Sampson	Yadkin
Camden	Durham	Iredell	Northampton	Scotland	Yancey
Carteret	Edgecombe	Jackson	Onslow	Stanly	
Caswell	Forsyth	Johnston	Orange	Stokes	



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

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

Summary of Benefits

Blue Medicare Rx Enhanced™ (PDP)

S5540-004

Monthly Premium: \$113.20

Blue Medicare Rx Enhanced™ (PDP)

Summary of Benefits

Part D, Prescription Drug Benefit Stages

Yearly Deductible Stage:

All Tiers: \$0

This is the set amount that you pay before your plan begins to pay its share of the cost. Your deductible does not apply to covered insulin products and most adult Part D vaccines.

Initial Coverage Stage:

Begins after you pay your yearly deductible. You generally stay in this stage until your out-of-pocket drug costs reach **\$2,000**. 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 \$2,000. During this stage, you pay nothing for your covered Part D drugs. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.

*Your out-of-pocket drug costs include payments made in the Yearly Deductible Stage and the Initial Coverage Stage.
Note: This chart shows your portion of the costs.

Summary of Benefits

Blue Medicare Rx Enhanced™ (PDP)

S5540-004

	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
Preferred Generic Drugs: (Tier 1)	\$3 copay	\$9 copay	\$9 copay	\$15 copay	\$45 copay
Generic Drugs: (Tier 2)	\$6 copay	\$18 copay	\$18 copay	\$20 copay	\$60 copay
Preferred Brand Drugs: (Tier 3)	\$45 copay	\$135 copay	\$135 copay	\$47 copay	\$141 copay
Non-Preferred Drugs: (Tier 4)	50% of cost	50% of cost	50% of cost	50% of cost	50% of cost
Specialty Tier Drugs:** (Tier 5)	33% of cost	N/A	N/A	33% of cost	N/A
Insulins:	Tier 3:	\$35 copay \$105 copay	\$105 copay	\$35 copay \$105 copay	\$105 copay
	Tier 4:	\$35 copay \$105 copay	\$105 copay	\$35 copay \$105 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.

Notes: Two-month (60-day) supplies may also be available. Standard Mail Order costs may differ. This chart shows your portion of the costs.



Eligibility & Enrollment

Eligibility

To be eligible for a Medicare Part D plan, you must:

- Be entitled to or enrolled in Medicare Part A or 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.

Note: You can't enroll in a standalone Part D plan if you have a Medicare Advantage plan. Enrolling in a standalone Part D plan while you are enrolled in Medicare Advantage will disenroll you from your Medicare Advantage plan.

If your Medicare Advantage plan doesn't include drug benefits but you need drug coverage, you can switch to a Medicare Advantage plan that includes drug coverage or switch back to Original Medicare and add a Part D plan during certain times of the year.

Enrollment Steps

- 1 **Choose** your plan.
- 2 **Check** that your drugs are in the plan formulary at [BlueCrossNC.com/FindADrug](https://www.bluecrossnc.com/FindADrug).
- 3 **Check** that your pharmacy is in-network at [BlueCrossNC.com/FindAPharmacy](https://www.bluecrossnc.com/FindAPharmacy).
- 4 **Fill out** the enrollment form and return it to your Blue Cross NC Authorized Independent Agent or go to [BlueCrossNC.com/Shop-Plans/Medicare](https://www.bluecrossnc.com/Shop-Plans/Medicare) to enroll online.

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



Enrollment Periods

All Medicare Rx 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 **1-800-661-5518** (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**.

Questions? Contact a local Blue Cross NC Medicare Plan Expert today.



Phone: 1-800-661-5518 (TTY: 711)



Hours: 7 days a week, 8 a.m. – 8 p.m.



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



Or contact your Blue Cross NC Authorized Independent Agent.



When you're ready to enroll in a Blue Medicare Rx plan, simply fill out the enrollment form and return it to your local Blue Cross NC Authorized Independent Agent. You can also enroll online at **[BlueCrossNC.com/Shop-Plans/Medicare](https://www.bluecrossnc.com/Shop-Plans/Medicare)**.

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 the Annual Enrollment Period are **effective January 1**.

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.

Penalties for Late Enrollment

If you were eligible for Medicare Part A and/or Part B, and were not enrolled in a medical plan that had creditable drug coverage (standalone Medicare Part D, group coverage or a Medicare Advantage plan with prescription drug coverage), you may have to pay a penalty for late enrollment. This penalty will not apply to Medicare beneficiaries who have equal or better prescription drug benefits through their employer or another plan. These penalties do not apply to Medicare individuals with Low Income Subsidy (LIS).

Pre-Enrollment Checklist

Blue Medicare RxSM (PDP)

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 **1-800-661-5518** (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 [Medicare.BlueCrossNC.com/Forms-Library](https://www.Medicare.BlueCrossNC.com/Forms-Library), or call **1-800-661-5518** (TTY: 711) to view a copy of the EOC.
- ☐ 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.

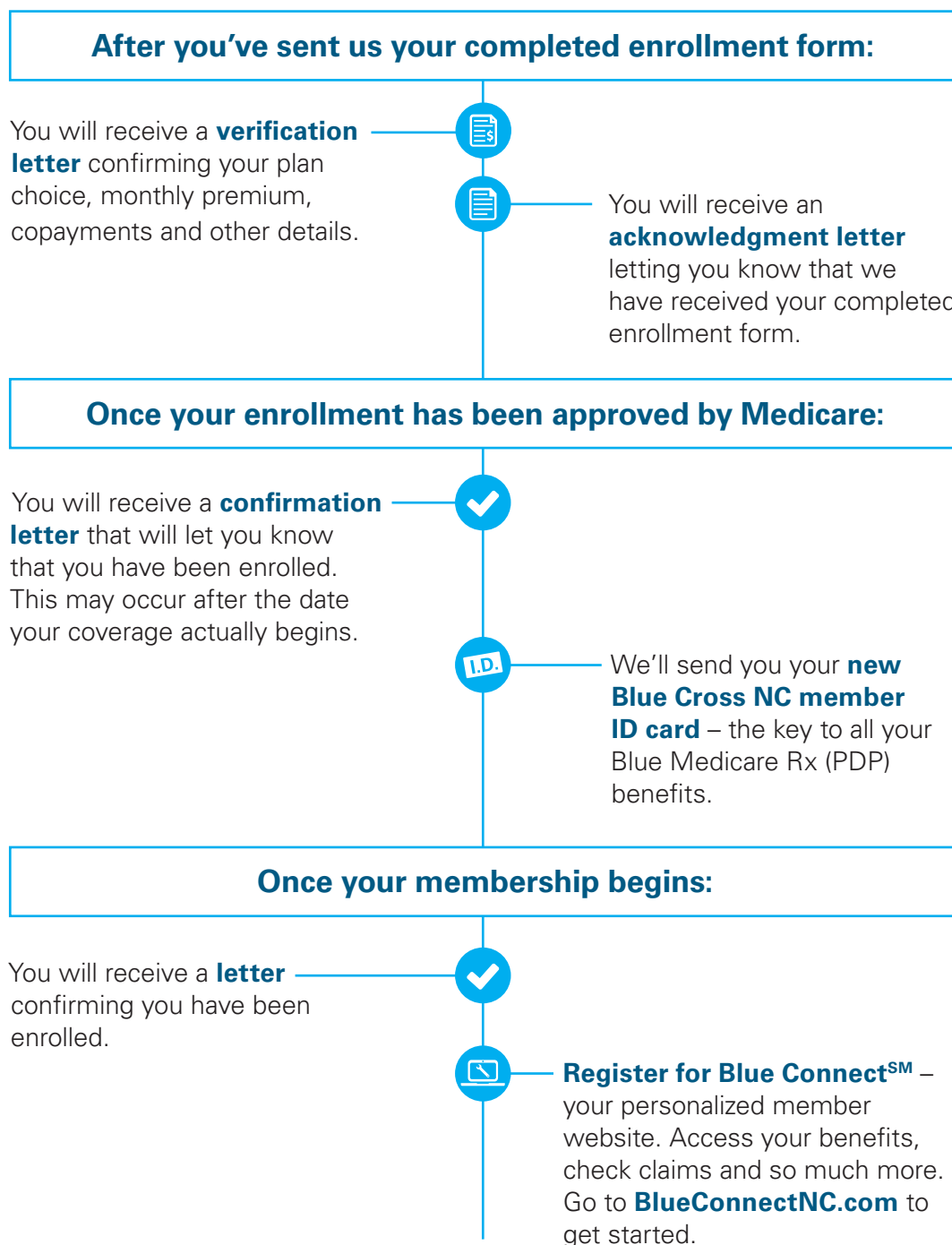
Understanding Important Rules

- ☐ 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.

®, SM are marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. All other marks and names are property of their respective owners. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

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Post-Enrollment Timeline



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**2025 Individual Enrollment Form for Medicare Prescription Drug 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.

A. Personal Information (exactly as it appears on your Medicare card):

First Name:

Middle Initial:

Last Name:

Suffix:

Birth Date: (mm/dd/yyyy)

 / /
Sex: ☐ Male ☐ Female

Primary Phone Number:

 - -

Alternate Phone Number: (optional)

 - -

Email Address: (optional)

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

City:

State:

Zip Code:

County:

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

City:

State:

Zip Code:

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 or Part B (or both) to join a Medicare prescription drug plan.

Name: (as it appears on your Medicare card)

Medicare Number:

Effective Date: (mm/dd/yyyy)

Hospital (Part A): / /

Medical (Part B): / /

F. Paying your plan premium:

You can pay your monthly plan premium (including any late enrollment penalty you may owe) by mail each month. You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit 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.

- ☐ If you are a part of a list bill, please fill out the following:

Entity Name: _____ Group #

G. Please answer the following question:

- ☐ 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 Rx? If "yes," please list your other coverage and your identification (ID) number(s) for this coverage.
- ☐ No

Name of other coverage: _____

ID # for this coverage: _____ Group # for this coverage: _____

H. Eligibility for an enrollment period:

Typically, you may enroll in a Medicare Prescription Drug Plan only during the annual enrollment period from October 15 through December 7 of each year. Additionally, there are exceptions that may allow you to enroll in a Medicare Prescription Drug Plan outside of the annual enrollment 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.

I moved on: (mm/dd/yyyy)

/ /

Where are you moving from:

County: _____ State: _____

Choose your plan's effective date: (mm/dd/yyyy)

/ /

☐ I recently was released from incarceration.

I was released on: (mm/dd/yyyy)

/ /

☐ 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: (mm/dd/yyyy)

/ /

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

I recently left a PACE program on: (mm/dd/yyyy)

/ /

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

I lost my drug coverage on: (mm/dd/yyyy)

/ /

Choose your plan's effective date: (mm/dd/yyyy)

/ /

☐ I am leaving employer or union coverage on: (mm/dd/yyyy)
 [] [] / [] [] / [] [] [] []
 Choose your plan's effective date: (mm/dd/yyyy)
 [] [] / 0 1 / [] [] [] []

☐ 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: (mm/dd/yyyy)
 [] [] / [] [] / [] [] [] []
 Choose your plan's effective date: (mm/dd/yyyy)
 [] [] / 0 1 / [] [] [] []

☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan. My plan is ending on: (mm/dd/yyyy)
 [] [] / [] [] / [] [] [] []
 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: (mm/dd/yyyy)
 [] [] / [] [] / [] [] [] []
 Choose your plan's effective date: (mm/dd/yyyy)
 [] [] / 0 1 / [] [] [] []

☐ 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: (mm/dd/yyyy)
 [] [] / [] [] / [] [] [] []

☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on: (mm/dd/yyyy)
 [] [] / [] [] / [] [] [] []

☐ 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: (mm/dd/yyyy) / /

☐ 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: (mm/dd/yyyy) / /

☐ 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 **1-800-661-5518** (TTY users should call TTY 711) to see if you are eligible to enroll. We are open 7 days a week, 8 a.m. to 8 p.m.

I. Please read this important information:



If you are a member of a Medicare Advantage Plan (like an HMO or PPO), you may already have prescription drug coverage from your Medicare Advantage Plan that will meet your needs. By joining Blue Cross NC, your membership in your Medicare Advantage Plan may end. This will affect both your doctor and hospital coverage as well as your prescription drug coverage. Read the information that your Medicare Advantage Plan sends you and if you have questions, contact your Medicare Advantage Plan.

If you currently have health coverage from an employer or union, joining Blue Cross NC could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Blue Cross NC. 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.

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 Part D Prescription Drug plan - including coverage under a Medicare Advantage Plan - at a time and that enrollment in this Prescription Drug Plan will automatically end my enrollment in my current Medicare Advantage and/ or Prescription Drug plan.

2. I must keep Hospital (Part A) or Medical (Part B) to stay in Blue Medicare Rx.
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. 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.
6. Once I am a member of Blue Cross NC, I have the right to appeal plan decisions about payment or services if I disagree.
7. 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.
8. I will read the Evidence of Coverage document from Blue Cross NC when I get it to know which rules I must follow to get coverage.
9. I understand that if I leave this plan and don't have or get other Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty in addition to my premium for Medicare prescription drug coverage in the future.

Release of Information

By joining this Medicare Prescription Drug Plan, I acknowledge that Blue Medicare Rx will release my information to Medicare, who may use it to track beneficiary enrollment, for payment and other purposes applicable to Federal statutes 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) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 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.

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.

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.

Your Signature: _____

/ /
 Today's Date: (mm/dd/yyyy)

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:

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.

Name: _____ Relationship to enrollee: _____

Signature: _____ National Producer Number: _____

(Agents / Brokers only)

LICENSED AGENT USE ONLY

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

Agent's Signature: _____ Print Agent's Name: _____

Date Application Received: / / (mm/dd/yyyy) NPN#: _____ 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 1-800-661-5518 (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 1-800-661-5518 (TTY: 711) para obtener ayuda.

Blue Cross and Blue Shield of North Carolina is an PDP 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.

**2025 Individual Enrollment Form for Medicare Prescription Drug 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.

A. Personal Information (exactly as it appears on your Medicare card):

First Name:

Middle Initial:

Last Name:

Suffix:

Birth Date: (mm/dd/yyyy)

 / /
Sex: ☐ Male ☐ Female

Primary Phone Number:

 - -

Alternate Phone Number: (optional)

 - -

Email Address: (optional)

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

City:

State:

Zip Code:

County:

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

City:

State:

Zip Code:

B. All fields in this section are optional:

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Are you Hispanic, Latino(a), or Spanish origin? Select all that apply.

- ☐ No; not of Hispanic, Latino(a), or Spanish origin
 ☐ Yes; Puerto Rican
☐ Yes; Mexican, Mexican-American, Chicano(a)
 ☐ Yes; Cuban
☐ Yes; another Hispanic, Latino(a), or Spanish origin
 ☐ **I choose not to answer.**

What is your race? Select all that apply.

- ☐ American Indian or Alaska Native
 ☐ Asian Indian
 ☐ Black or African American
☐ Chinese
 ☐ Filipino
 ☐ Guamanian or Chamorro
☐ Japanese
 ☐ Korean
 ☐ Native Hawaii
☐ Other Asian
 ☐ Other Pacific Islander
 ☐ Samoan
☐ Vietnamese
 ☐ White
 ☐ **I choose not to answer.**

What is your gender? Select one.

- ☐ Woman
- ☐ Man
- ☐ Non-binary
- ☐ I use a different term: _____
- ☐ I choose not to answer.

Which of the following best represents how you think of yourself? Select one.

- ☐ Lesbian or gay
- ☐ Straight, that is, not gay or lesbian
- ☐ Bisexual
- ☐ I don't know
- ☐ I use a different term: _____
- ☐ **I choose not to answer.**

C. 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 1-800-661-5518 (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. Once a member, please visit **BlueConnectNC.com** to set your communications preferences.

- ☐ Yes ☐ No

D. Please check which plan you want to enroll in:

I understand by enrolling in a Blue Cross Medicare Part D Prescription Drug 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 Rx (PDP)**
- ☐ **Standard** (S5540-002)
- ☐ **Enhanced** (S5540-004)

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 or Part B (or both) to join a Medicare prescription drug plan.

Name: (as it appears on your Medicare card)

Medicare Number:

Effective Date: (mm/dd/yyyy)
Hospital (Part A): / /

Medical (Part B): / /

F. Paying your plan premium:

You can pay your monthly plan premium (including any late enrollment penalty you may owe) by mail each month. You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit 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.

- ☐ If you are a part of a list bill, please fill out the following:

Entity Name: _____ Group #

G. Please answer the following question:

- ☐ 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 Rx? If "yes," please list your other coverage and your identification (ID) number(s) for this coverage.
- ☐ No

Name of other coverage: _____

ID # for this coverage: _____ Group # for this coverage: _____

H. Eligibility for an enrollment period:

Typically, you may enroll in a Medicare Prescription Drug Plan only during the annual enrollment period from October 15 through December 7 of each year. Additionally, there are exceptions that may allow you to enroll in a Medicare Prescription Drug Plan outside of the annual enrollment 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.

I moved on: (mm/dd/yyyy)

/ /

Where are you moving from:

County: _____ State: _____

Choose your plan's effective date: (mm/dd/yyyy)

/ /

☐ I recently was released from incarceration.

I was released on: (mm/dd/yyyy)

/ /

☐ 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: (mm/dd/yyyy)

/ /

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

I recently left a PACE program on: (mm/dd/yyyy)

/ /

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

I lost my drug coverage on: (mm/dd/yyyy)

/ /

Choose your plan's effective date: (mm/dd/yyyy)

/ /

☐ I am leaving employer or union coverage on: (mm/dd/yyyy)
 [] [] / [] [] / [] [] [] []
 Choose your plan's effective date: (mm/dd/yyyy)
 [] [] / 0 1 / [] [] [] []

☐ 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: (mm/dd/yyyy)
 [] [] / [] [] / [] [] [] []
 Choose your plan's effective date: (mm/dd/yyyy)
 [] [] / 0 1 / [] [] [] []

☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan. My plan is ending on: (mm/dd/yyyy)
 [] [] / [] [] / [] [] [] []
 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: (mm/dd/yyyy)
 [] [] / [] [] / [] [] [] []
 Choose your plan's effective date: (mm/dd/yyyy)
 [] [] / 0 1 / [] [] [] []

☐ 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: (mm/dd/yyyy)
 [] [] / [] [] / [] [] [] []

☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on: (mm/dd/yyyy)
 [] [] / [] [] / [] [] [] []

☐ 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: (mm/dd/yyyy)
 / /

☐ 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: (mm/dd/yyyy)
 / /

☐ 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 **1-800-661-5518** (TTY users should call TTY 711) to see if you are eligible to enroll. We are open 7 days a week, 8 a.m. to 8 p.m.

I. Please read this important information:



If you are a member of a Medicare Advantage Plan (like an HMO or PPO), you may already have prescription drug coverage from your Medicare Advantage Plan that will meet your needs. By joining Blue Cross NC, your membership in your Medicare Advantage Plan may end. This will affect both your doctor and hospital coverage as well as your prescription drug coverage. Read the information that your Medicare Advantage Plan sends you and if you have questions, contact your Medicare Advantage Plan.

If you currently have health coverage from an employer or union, joining Blue Cross NC could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Blue Cross NC. 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.

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 Part D Prescription Drug plan - including coverage under a Medicare Advantage Plan - at a time and that enrollment in this Prescription Drug Plan will automatically end my enrollment in my current Medicare Advantage and/ or Prescription Drug plan.

2. I must keep Hospital (Part A) or Medical (Part B) to stay in Blue Medicare Rx.
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. 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.
6. Once I am a member of Blue Cross NC, I have the right to appeal plan decisions about payment or services if I disagree.
7. 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.
8. I will read the Evidence of Coverage document from Blue Cross NC when I get it to know which rules I must follow to get coverage.
9. I understand that if I leave this plan and don't have or get other Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty in addition to my premium for Medicare prescription drug coverage in the future.

Release of Information

By joining this Medicare Prescription Drug Plan, I acknowledge that Blue Medicare Rx will release my information to Medicare, who may use it to track beneficiary enrollment, for payment and other purposes applicable to Federal statutes 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) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 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.

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.

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.

Your Signature: _____

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------

Today's Date: (mm/dd/yyyy)

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:

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.

Name: _____ Relationship to enrollee: _____

Signature: _____ National Producer Number: _____
(Agents / Brokers only)

LICENSED AGENT USE ONLY

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

Agent's Signature: _____ Print Agent's Name: _____

Date Application Received: / / (mm/dd/yyyy) NPN#: _____
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 1-800-661-5518 (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 1-800-661-5518 (TTY: 711) para obtener ayuda.

Blue Cross and Blue Shield of North Carolina is an PDP 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.

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:

/ /
 (mm/dd/yyyy)

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)

- | | |
|--|---|
| <input type="checkbox"/> Any information requested | <input type="checkbox"/> Explanation of Benefits information |
| <input type="checkbox"/> Premium Payment information | <input type="checkbox"/> All services from a specific health care provider:
(list provider's name) _____ |
| <input type="checkbox"/> All claims information | <input type="checkbox"/> Other: (list specific PHI) _____ |
| <input type="checkbox"/> Enrollment information | |
| <input type="checkbox"/> 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:

/ /
 (mm/dd/yyyy)

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: / /
(mm/dd/yyyy)

OR

Personal Representative Signature: _____

Date: / /
(mm/dd/yyyy)

A) Personal Representative Name: (print) _____

AND

B) Describe your authority to act for the member: _____
(e.g., durable power of attorney, court order, parent of minor child, etc.)

AND

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:

/ /
(mm/dd/yyyy)

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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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:

/ /

(mm/dd/yyyy)

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)

- | | |
|--|---|
| <input type="checkbox"/> Any information requested | <input type="checkbox"/> Explanation of Benefits information |
| <input type="checkbox"/> Premium Payment information | <input type="checkbox"/> All services from a specific health care provider: |
| <input type="checkbox"/> All claims information | (list provider's name) _____ |
| <input type="checkbox"/> Enrollment information | <input type="checkbox"/> Other: (list specific PHI) _____ |
| <input type="checkbox"/> 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:

/ /

(mm/dd/yyyy)

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: / /
(mm/dd/yyyy)

OR

Personal Representative Signature: _____

Date: / /
(mm/dd/yyyy)

A) Personal Representative Name: (print) _____

AND

B) Describe your authority to act for the member: _____
(e.g., durable power of attorney, court order, parent of minor child, etc.)

AND

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:

/ /
(mm/dd/yyyy)

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:	

PLAN USE ONLY:

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

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

☐

Standalone Medicare Prescription Drug Plans (Part D)

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☐

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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:	

PLAN USE ONLY:

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

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Agent Checklist for Selling Medicare Part D Prescription Drug Plan (PDP)

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

- ☐ a. What kind of health plan does the prospect wish to enroll in? _____
- ☐ b. 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.
- ☐ c. Explain to the prospect they have the right to cancel this enrollment as well as the specific date through which cancellation may occur.

Plan Specific Information

- ☐ d. Go over premiums, including Part B premium per month/quarter/year.
- ☐ e. Review cost sharing such as deductibles, copays and coinsurances.
☐ Deductible cost ☐ Other copays for services/items the prospects needs
- ☐ f. Review coverage outside of the United States.
- ☐ g. 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.

Continued ►

Agent Checklist for Selling Medicare Part D Prescription Drug Plan (PDP) (Continued)

☐ h. Explain that this plan operates on a calendar year basis, so benefits may change January 1 of the following year.

☐ i. Explain the Evidence of Coverage provides all the costs, benefits and rules for the plan.

☐ j. Review how to file a complaint.

5. Was Late Enrollment Penalty explained? ☐ Yes ☐ No

6. 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)

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Agent Checklist for Selling Medicare Part D Prescription Drug Plan (PDP)

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.

1. How was the appointment set? _____
2. Who was present during this appointment? _____
3. Was the Scope of Appointment form signed 48 hours prior to the appointment?
☐ Yes ☐ No If not, explain why: _____
4. Was the following discussed/explained/covered?

Beneficiary Specific Information

- ☐ a. What kind of health plan does the prospect wish to enroll in? _____
- ☐ b. 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.
- ☐ c. Explain to the prospect they have the right to cancel this enrollment as well as the specific date through which cancellation may occur.

Plan Specific Information

- ☐ d. Go over premiums, including Part B premium per month/quarter/year.
- ☐ e. Review cost sharing such as deductibles, copays and coinsurances.
☐ Deductible cost ☐ Other copays for services/items the prospects needs
- ☐ f. Review coverage outside of the United States.
- ☐ g. 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.

Continued ►

Agent Checklist for Selling Medicare Part D Prescription Drug Plan (PDP) (Continued)

☐ h. Explain that this plan operates on a calendar year basis, so benefits may change January 1 of the following year.

☐ i. Explain the Evidence of Coverage provides all the costs, benefits and rules for the plan.

☐ j. Review how to file a complaint.

5. Was Late Enrollment Penalty explained? ☐ Yes ☐ No

6. 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)

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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 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.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-247-4142 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llámenos al 1-888-247-4142 (TTY: 711). Alguien que hable inglés le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的口译服务，帮助您解答关于我们健康或药物计划的任何疑问。要获得口译员服务，请致电 1-888-247-4142 (TTY: 711)。会有讲英文/中文的工作人员帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康保險或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-247-4142 (TTY: 711) 聯絡我們。我們講英語/您的語言的人員將樂意為您提供幫助。這項服務是免費的。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-247-4142 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng English o Tagalog. Ito ay libreng serbisyo.

French: Nous fournissons gratuitement les services d'un interprète pour répondre à toutes les questions que vous pouvez avoir sur notre régime d'assurance maladie ou de médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-247-4142 (TTY: 711). Un interlocuteur qui parle anglais/français peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về kế hoạch sức khỏe hoặc thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-247-4142 (TTY: 711) sẽ có nhân viên nói tiếng Anh/Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelplan. Die Dolmetscher erreichen Sie unter 1-888-247-4142 (TTY: 711). Man wird Ihnen dort auf Deutsch oder Englisch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 처방약 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-247-4142 (TTY: 711) 번으로 문의해 주십시오. 영어/한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно плана медицинского страхования или плана получения лекарств, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-247-4142 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-английски или на вашем языке. Данная услуга бесплатная.

Arabic: يمكننا تقديم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بخطة الصحة أو الأدوية الخاصة بنا. وللحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على رقم 1-888-247-4142 (TTY: 711). وسوف يساعدك شخص يتحدث اللغة الإنجليزية / العربية. هذه خدمة مجانية.

Multi-language Interpreter Services

Hindi: हमारी स्वास्थ्य या दवा योजना के बारे में आपके किसी भी प्रश्न का जवाब देने के लिए हमारे पास मुफ्त में दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-247-4142 (TTY: 711) पर फोन करें। अंग्रेजी/हिन्दी बोलने वाला व्यक्ति आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-247-4142 (TTY: 711). Un nostro incaricato che parla inglese/italiano vi fornirà l'assistenza necessaria. Il servizio è gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que você tiver acerca de nosso plano de saúde ou de medicação. Para obter um intérprete, contate-nos pelo número 1-888-247-4142 (TTY: 711). Você encontrará alguém que fale o idioma inglês ou português para ajudá-lo. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan asirans maladi oswa asirans medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-247-4142 (TTY: 711). Yon moun ki pale Anglè/Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza należy zadzwonić pod numer 1-888-247-4142 (TTY: 711). Osoba znająca polski i angielski udzieli Państwu pomocy. Usługa ta jest bezpłatna.

Japanese: 弊社の健康保険または処方薬保険に関するあらゆるご質問にお答えするために、無料の通訳サービスをご用意しております。通訳をご希望の場合は、1-888-247-4142 (TTY: 711) までお電話ください。日本語または英語を話す担当の者が支援いたします。これは無料のサービスです。

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IMPORTANT INFORMATION:

2024 Medicare Star Ratings

Blue Cross and Blue Shield of North Carolina - S5540

For 2024, Blue Cross and Blue Shield of North Carolina - S5540 received the following Star Ratings from Medicare:

Overall Star Rating: ★★☆☆☆
 Health Services Rating: Service not offered
 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 866-760-3711 (toll free) or 711 (TTY). Current members please call 888-247-4142 (toll free) or 711 (TTY).

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

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Blue ConnectSM



When you enroll in **Blue Medicare Rx (PDP)**, you'll have access to **Blue Connect**, your member website, at **BlueConnectNC.com**.



There you'll find complete information about your coverage, 24 hours a day, 7 days a week.

Questions? Contact a local Blue Cross NC Medicare Plan Expert today.



Phone: 1-800-661-5518 (TTY: 711)



Hours: 7 days a week, 8 a.m. – 8 p.m.



Online: BlueCrossNC.com/Contact-Us



Or contact your Blue Cross NC
Authorized Independent Agent.



BlueCrossNC.com/FindADoctor

Seniors' Health Insurance Information Program (SHIIP)

Phone: 1-855-408-1212 (TTY: 711)

Hours: Mon. – Fri., 8 a.m. – 5 p.m.

Email: ncdoi.ncshiip@ncdoi.gov

SHIIP is a state consumer division of the North Carolina Department of Insurance. SHIIP assists with Medicare, Medicare Part D, Medicare Supplement, Medicare Advantage, Medicare fraud and abuse and long-term care insurance questions.

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

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 1-800-661-5518 (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 1-800-661-5518 (TTY: 711) para obtener ayuda.

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Plans designed with you in mind.



Blue Medicare RxSM (PDP)

Call: 1-800-661-5518 (TTY: 711)

Hours: 7 days a week, 8 a.m. – 8 p.m.

Visit: BlueCrossNC.com/Shop-Plans/Medicare

Or contact your Blue Cross NC Authorized Independent Agent.

