

# Blue Medicare Rx<sup>SM</sup> (PDP)

2023 Prescription Drug Coverage Enrollment Kit



BlueCross BlueShield  
of North Carolina

# MEDICARE

Visit [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com)

# Welcome to Blue Medicare Rx<sup>SM</sup> (PDP)

## Your Prescription Drug Coverage

At Blue Cross and Blue Shield of North Carolina (Blue Cross NC), we're here to help. We want to make sure you have the information you need to choose the Medicare prescription drug plan that works best for you.

In this brochure you'll find clear answers to important Medicare prescription drug coverage questions.

- What common prescription medicines are covered?
- When am I eligible for Medicare prescription drug coverage?
- How much will I have to pay?
- When should I enroll in a plan?
- How do I enroll?

**PDP** stands for **Prescription Drug Plan**.



**Blue Cross NC** is proud to be one of North Carolina's leading health insurance companies. Today, **more than 4.3 million customers** rely on us for health care solutions – more than any other insurer based in North Carolina. In fact, one of every three North Carolinians is among our customers.<sup>1</sup>

For **more than 89 years**, North Carolinians have trusted us for the health care coverage they need. We're ready to meet your Medicare needs.

Footnote:

<sup>1</sup> Blue Cross NC internal membership data and NC Budget and Management Office population data as of May 2022.

### How do I find a Preferred Pharmacy?

Visit [BlueCrossNC.com/FindaPharmacy](https://www.bluecrossnc.com/FindaPharmacy)

Have Medicare questions? We've got answers. **Contact Blue Cross NC:**

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

**Hours:** 7 days a week, 8 a.m. – 8 p.m.

**Visit:** [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com)



Or contact your Blue Cross NC Authorized Independent Agent.

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## Understanding Your Prescription Drug Plan

### Eligibility and Types of Coverage

You must have Medicare Part A or Part B (or both) to join a Medicare prescription drug coverage plan. You are not enrolled automatically. You must join a plan to receive the coverage. This program is voluntary and provides coverage that you may choose to purchase annually.

Unlike Medicare Part A and Part B, Medicare prescription drug coverage is available only through companies like Blue Cross NC. Medicare requires that all companies providing Medicare Part D coverage offer the Medicare standard coverage. Companies may also choose to provide enhanced coverage, like the Blue Medicare Rx Enhanced (PDP) plan.

You can learn more about the four parts of Medicare, and where Part D prescription coverage fits in, on the following page.



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

## The Four Parts of Medicare



### Part A Covers:

- Hospital care
- Skilled nursing facility care
- Hospice care
- Home health services



### Part B Covers:

- Doctor visits
- Preventive services
- Ambulance services
- Physical and speech therapy

### Original Medicare (Parts A and B)

Original Medicare is run by the federal government.

The government pays doctors and hospitals directly for health care.



### Part C (Medicare Advantage Plan) Provides:



- Part A benefits, including hospital visits, skilled nursing care and home health care
- Part B benefits, such as doctor visits, outpatient care, screenings and lab tests
- Prescription drug coverage (Part D coverage is included in most Medicare Advantage plans)



### Part D (Prescription Drug Plan) Provides:

- Help paying for prescription drugs including both brand-name and generic medications
- A list of the drugs (also called a formulary) covered under the plan
- A network of available pharmacies to choose from and mail order pharmacy services





## Your Drug Coverage

### We Offer Two Medicare Prescription Drug Plans:

**Blue Medicare Rx Standard (PDP)** and **Blue Medicare Rx Enhanced (PDP)**. Both plans, like all Medicare prescription drug plans, are approved by Medicare. And both plans are designed to help make filling prescriptions more affordable for you.

Our plans utilize our Preferred Pharmacy Network – a select network of national and local pharmacies that bring you lower costs and greater value. You can also save time by using one of our mail order pharmacy services and receive your medications conveniently at your door. You can even choose a pharmacy that presorts and packages your medication based on its dosing schedule, which can make managing your medications even easier.

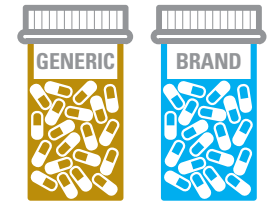
**Blue Medicare Rx Standard™ (PDP)**  
**Blue Medicare Rx Enhanced™ (PDP)**



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

## What's Covered

Blue Medicare Rx (PDP) plans cover most of the drugs eligible for coverage 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.



### Prescription Drug Benefit Stages

As the year goes on, the cost of your prescription drugs may vary depending on which stage of coverage you are in.



**Initial Coverage Limit**  
 The coverage offered until your total drug costs reach **\$4,660**.

**Coverage Gap**  
 Reached once you and your plan have spent **\$4,660** on covered drugs.

**Catastrophic**  
 Reached once you have spent **\$7,400** on covered drugs.

### Drug Tiers

The prescription drugs we cover are grouped in tiers. You'll see some drugs listed in more than one tier; this may be because the drug is available in both a generic and brand-name version.

- Tier 1** – Preferred Generic Drugs
- Tier 2** – Generic Drugs
- Tier 3** – Preferred Brand Drugs
- Tier 4** – Non-Preferred Drugs
- Tier 5** – Specialty Tier Drugs

### Three Ways to Find Out If Your Prescription Drugs Are Covered By Our Formulary:

<b>1</b> Check the formulary	Check the lists of Common Drugs on <b>pages 8–9</b> and the comprehensive list of covered drugs online at: <a href="https://www.bluecrossnc.com/medicare/prescription-drug-coverage">Medicare.BlueCrossNC.com/Medicare/Prescription-Drug-Coverage</a>
<b>2</b> Use our online tool	Go online to: <a href="https://www.bluecrossnc.com/findadrug">BlueCrossNC.com/FindaDrug</a>
<b>3</b> Contact Blue Cross NC	<b>Phone: 1-800-661-5518</b> (TTY: 711) <b>Hours:</b> 7 days a week, 8 a.m. – 8 p.m. Or contact your Blue Cross NC Authorized Independent Agent

Take a look at **pages 8–9** for the **Common Drugs list** and **pages 13–18** in the **Summary of Benefits** to compare our plans.



# Common Drugs

Blue Medicare Rx Standard<sup>SM</sup> (PDP)

A partial list of commonly prescribed drugs covered by our plans

Drug	Tier	Drug	Tier	Drug	Tier
albuterol sulfate HFA	3	ezetimibe	3	metoprolol succinate ER	2
alendronate sodium	1	famotidine	2	metoprolol tartrate	1
allopurinol	2	fenofibrate	3	mirtazapine	2
alprazolam	2	finasteride	2	montelukast sodium	2
amiodarone hydrochloride	2, 4	flecainide acetate	2	MYRBETRIQ	3
amlodipine besylate	1	fluoxetine hydrochloride	1,2	olmesartan medoxomil	2
amoxicillin	2	fluticasone propionate	2	omeprazole	1,2
amoxicillin/clavulanate potassium	2,3	furosemide	1	oxycodone hydrochloride	3
atenolol	1	gabapentin	2	oxycodone/acetaminophen	3
atorvastatin calcium	1	glimepiride	1	pantoprazole sodium	2
azelastine hydrochloride	3	glipizide	1	pioglitazone hydrochloride	1
azithromycin	2	glipizide ER	2	potassium chloride ER	2
benazepril HCl	1	hydralazine hydrochloride	2	pravastatin sodium	1
BREO ELLIPTA	3	hydrochlorothiazide	1	prednisone	2
bupropion hydrochloride ER (XL)	3	hydrocodone bitartrate/acetaminophen	3	pregabalin	3
carbidopa/levodopa	2	hydroxychloroquine sulfate	3	quetiapine fumarate	2
carvedilol	1	irbesartan	2	ramipril	1
cephalexin	2	isosorbide mononitrate ER	2	rosuvastatin calcium	2
chlorthalidone	2	JANUVIA	3	sertraline HCl	1
ciprofloxacin hydrochloride	2	JARDIANCE	3	simvastatin	1
citalopram hydrobromide	1	LANTUS SOLOSTAR	3	spironolactone	2
clonazepam	2	latanoprost	1	SYNTHROID	4
clopidogrel	1	levodopa	1	tamsulosin hydrochloride	2
diltiazem hydrochloride ER	3	levothyroxine sodium	1	timolol maleate	2
donepezil HCl	2	lisinopril	1	tramadol HCl	2
doxazosin mesylate	2	lisinopril/hydrochlorothiazide	1	trazodone hydrochloride	2
doxycycline hyclate	2,3	lorazepam	2	TRELEGY ELLIPTA	3
duloxetine hydrochloride	3	losartan potassium	1	triamterene/hydrochlorothiazide	1
ELIQUIS	3	losartan potassium/hydrochlorothiazide	1	valsartan	2
enalapril maleate	2	lovastatin	1	venlafaxine hydrochloride ER	2
escitalopram oxalate	2	meloxicam	1	VENTOLIN HFA	3
estradiol	2	memantine hydrochloride	2	warfarin sodium	1
euthyrox	1	metformin hydrochloride	1	XARELTO	3
		metformin hydrochloride ER	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 June 24, 2022 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/FindaDrug](https://www.bluecrossnc.com/FindaDrug).

# Common Drugs

Blue Medicare Rx Enhanced<sup>SM</sup> (PDP)

A partial list of commonly prescribed drugs covered by our plans

Drug	Tier	Drug	Tier	Drug	Tier
albuterol sulfate HFA	3	fenofibrate	2	mirtazapine	2
alendronate sodium	1	finasteride	1	montelukast sodium	1
allopurinol	1	fluoxetine hydrochloride	1	MYRBETRIQ	3
alprazolam	1	fluticasone propionate	2	olmesartan medoxomil	1
amiodarone hydrochloride	2,4	furosemide	1	omeprazole	1
amlodipine besylate	1	gabapentin	1,2	oxycodone hydrochloride	3
amlodipine besylate/benazepril hydrochloride	1	glimepiride	1	oxycodone/acetaminophen	3,4
amoxicillin	1	glipizide	1	OZEMPIC	3
amoxicillin/clavulanate potassium	2	glipizide ER	1	pantoprazole sodium	1
atenolol	1	HUMALOG KWIKPEN	3	pioglitazone hydrochloride	1
atorvastatin calcium	1	hydralazine hydrochloride	1	potassium chloride ER	2
azithromycin	2	hydrochlorothiazide	1	pravastatin sodium	1
bupropion hydrochloride ER (XL)	2	hydrocodone bitartrate/acetaminophen	3,4	prednisone	1,2
bupropion hydrochloride ER (XL)	2	hydroxychloroquine sulfate	2	pregabalin	2
bupropion hydrochloride ER (XL)	2	irbesartan	1	quetiapine fumarate	2
bupropion hydrochloride ER (XL)	2	isosorbide mononitrate ER	1,2	ramipril	1
bupropion hydrochloride ER (XL)	2	JANUVIA	3	rosuvastatin calcium	1
bupropion hydrochloride ER (XL)	2	JARDIANCE	3	sertraline HCl	1
bupropion hydrochloride ER (XL)	2	latanoprost	1	simvastatin	1
bupropion hydrochloride ER (XL)	2	levodopa	1	spironolactone	1
bupropion hydrochloride ER (XL)	2	levothyroxine sodium	1	SYNTHROID	3
bupropion hydrochloride ER (XL)	2	lisinopril	1	tamsulosin hydrochloride	1
bupropion hydrochloride ER (XL)	2	lisinopril/hydrochlorothiazide	1	telmisartan	1
bupropion hydrochloride ER (XL)	2	lorazepam	1	timolol maleate	1,2
bupropion hydrochloride ER (XL)	2	losartan potassium	1	torseamide	1
bupropion hydrochloride ER (XL)	2	losartan potassium/hydrochlorothiazide	1	tramadol HCl	2
bupropion hydrochloride ER (XL)	2	lovastatin	1	trazodone hydrochloride	1,2
bupropion hydrochloride ER (XL)	2	meloxicam	1	TRELEGY ELLIPTA	3
bupropion hydrochloride ER (XL)	2	memantine hydrochloride	2	triamterene/hydrochlorothiazide	1
bupropion hydrochloride ER (XL)	2	metformin hydrochloride	1	valsartan	1
bupropion hydrochloride ER (XL)	2	metformin hydrochloride ER	1	valsartan/hydrochlorothiazide	1
bupropion hydrochloride ER (XL)	2	metoprolol succinate ER	1	warfarin sodium	1
bupropion hydrochloride ER (XL)	2	metoprolol tartrate	1,2	XARELTO	3
bupropion hydrochloride ER (XL)	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 June 24, 2022 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/FindaDrug](https://www.bluecrossnc.com/FindaDrug).

# Save Money on Your Prescriptions

## Ask for Generics

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



Be sure to ask if there's a generic equivalent.

## Use Our Preferred Pharmacy Network

The Blue Cross NC Preferred Pharmacy Network includes many national pharmacy chains and local pharmacies. It's a network of pharmacies that have worked with Blue Cross NC to bring you savings and value. With our preferred network pharmacies, you'll find lower costs, better value and greater convenience. Chances are you already live or work near one of our network pharmacies.



Lower costs, better value and greater convenience.



### Our Preferred Pharmacy Network Includes:

- Harris Teeter
  - Sam's Club
  - Walgreens
  - Walmart and more
- Plus** many independent pharmacies near you.

### How do I find a Preferred Pharmacy?

Visit [BlueCrossNC.com/Find-a-Drug-or-Pharmacy](https://www.bluecrossnc.com/Find-a-Drug-or-Pharmacy)

### Have Medicare questions? We've got answers. Contact Blue Cross NC:

**Phone:** 1-800-661-5518 (TTY: 711)  
**Hours:** 7 days a week, 8 a.m. – 8 p.m.  
**Visit:** [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com)



Or contact your Blue Cross NC Authorized Independent Agent.

# Qualifying for Financial Help

## There's Financial Help Available

If you have both Medicare and Medicaid, you already qualify for low-income help with your Medicare premiums. But even if you do not qualify for Medicaid, you may still qualify for some help. The amount of help will depend on your income and resources.

People with limited incomes may also 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, if you qualify, you will not be subject to the Part D coverage gap or a late enrollment penalty.



If you qualify, Medicare could pay for a portion of your drug costs.

### For more information and to see if you qualify for **Extra Help**, contact:

	Medicare Office	Social Security Office	NC Medicaid Office
	<b>Phone:</b> 1-800-MEDICARE (1-800-633-4227)	<b>Phone:</b> 1-800-772-1213	<b>Phone:</b> 1-800-662-7030
	<b>TTY:</b> 1-877-486-2048	<b>TTY:</b> 1-800-325-0778	<b>TTY:</b> 1-877-452-2514
	<b>Hours:</b> 7 days a week, 24 hours a day	<b>Hours:</b> Mon. – Fri., 8 a.m. – 7 p.m.	<b>Hours:</b> Mon. – Fri., 8 a.m. – 5 p.m.
	<b>Visit:</b> <a href="https://www.Medicare.gov">Medicare.gov</a>	<b>Visit:</b> <a href="https://www.SSA.gov">SSA.gov</a>	<b>Visit:</b> <a href="https://www.NCDHHS.gov">NCDHHS.gov</a>

### Seniors' Health Insurance Information Program (SHIIP):

**Phone:** 1-855-408-1212 (TTY: 711)  
**Hours:** Mon. – Fri., 8 a.m. – 5 p.m.  
**Email:** [ncshiip@ncdoi.gov](mailto:ncshiip@ncdoi.gov)  
**Online:** [ncshiip.com](https://www.ncshiip.com)

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





## Frequently Asked Questions

**Question:** If I have a Medicare Advantage plan, can I also have a stand-alone Medicare prescription drug plan?

**Answer:** No. Medicare does not allow a stand-alone 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 supply. In the charts of this brochure, copayment is referred to as "\$ copay." Coinsurance is a percentage of the total amount paid for a 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 and coinsurance.

In addition, if you qualify, you will not be subject to the Part D coverage gap or a 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 11.



## 2023 Summary of Benefits

### Blue Medicare Rx<sup>SM</sup> (PDP)

Medicare<sub>Rx</sub>  
Prescription Drug Coverage

This is a summary of drug services covered under Blue Medicare Rx (PDP) plans for **January 1, 2023 – December 31, 2023.**

**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 [Medicare.BlueCrossNC.com/medicare/forms-library](https://www.Medicare.BlueCrossNC.com/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), visit [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com) or contact your Blue Cross NC Authorized Independent Agent.

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# Summary of Benefits

Blue Medicare Rx Standard™ (PDP)

S5540-002

Monthly Premium: \$101.50

## Rx Part D, Prescription Drug Benefit Stages

	Tier 1: \$0	Tiers 2, 3, 4 and 5: \$475
<b>Annual Deductible:</b>	This is the set amount that you pay before your plan begins to pay its share of the cost.	
<b>Initial Coverage Limit (ICL):</b>	<b>Begins after you pay your yearly deductible.</b> You remain in this stage until your covered drugs reach <b>\$4,660</b> . <sup>1</sup> The amount you pay in this stage is shown in the chart on the next page.	
<b>Coverage Gap:</b>	<b>Begins when your total year-to-date costs on covered drugs exceed \$4,660.</b> In this stage, you'll pay 25% of the cost for generic drugs and 25% of the cost for brand-name drugs, excluding dispensing and administration fees, until your total year-to-date costs reach <b>\$7,400</b> . <sup>2</sup>	
<b>Catastrophic Coverage:</b>	<b>Begins when your total year-to-date costs on covered drugs exceed \$7,400.</b> During this stage, you pay the greater of <b>\$4.15</b> or 5% of the cost for generic drugs, and the greater of <b>\$10.35</b> or 5% of the cost for brand-name drugs.	

Footnotes:

1 Total year-to-date includes drug costs paid by you and any Part D plan from the beginning of the calendar year.

2 Total year-to-date includes costs that only you have paid.

# Summary of Benefits

Blue Medicare Rx Standard™ (PDP)

S5540-002

Rx Prescription Drug Initial Coverage Limit (ICL)	Preferred Retail Pharmacies		Preferred Mail Order	Standard (Non-Preferred) Pharmacies	
	1-month 30-day supply	3-months 90-day supply	3-months 90-day supply	1-month 30-day supply*	3-months 90-day supply
<b>Preferred Generic Drugs (Tier 1)</b>	\$5 copay	\$15 copay	\$15 copay	\$15 copay	\$45 copay
<b>Generic Drugs (Tier 2)</b>	\$8 copay	\$24 copay	\$24 copay	\$20 copay	\$60 copay
<b>Preferred Brand Drugs (Tier 3)</b>	\$37 copay	\$111 copay	\$111 copay	\$47 copay	\$141 copay
<b>Non-Preferred Drugs (Tier 4)</b>	46% of cost	46% of cost	46% of cost	48% of cost	48% of cost
<b>Specialty Tier Drugs (Tier 5)</b>	25% of cost	N/A	N/A	25% of cost	N/A

\*Long-term care pharmacy benefit is covered the same as Non-Preferred Retail Pharmacies for 31 days instead of 30 days.

Notes: Two-month (60-day) supplies may also be available. Non-preferred mail order costs may differ.



# Summary of Benefits

Blue Medicare Rx Enhanced™ (PDP)

S5540-004

Monthly Premium: \$132.50

## Rx Part D, Prescription Drug Benefit Stages

<b>Annual Deductible:</b>	<p><b>All Tiers: \$0</b></p> <p>This is the set amount that you pay before your plan begins to pay its share of the cost.</p>
<b>Initial Coverage Limit (ICL):</b>	<p><b>Begins after you pay your yearly deductible.</b></p> <p>You remain in this stage until your costs on covered drugs reach <b>\$4,660</b>.<sup>1</sup> The amount you pay in this stage is shown in the chart on the next page.</p>
<b>Coverage Gap:</b>	<p><b>Begins when your costs on covered drugs exceed \$4,660.</b></p> <p>In this stage, you'll pay <b>25%</b> of the cost for generic drugs and <b>25%</b> of the cost for brand-name drugs, excluding dispensing and administration fees, until your total year-to-date costs reach <b>\$7,400</b>.<sup>2</sup> Tier 1 drugs are covered in the Coverage Gap; there's a <b>\$3</b> copayment at preferred pharmacies or a <b>\$15</b> copayment at non-preferred pharmacies for a 30-day supply.</p>
<b>Catastrophic Coverage:</b>	<p><b>Begins when your total year-to-date costs on covered drugs exceed \$7,400.</b></p> <p>During this stage, you pay the greater of <b>\$4.15</b> or <b>5%</b> of the cost for generic drugs, and the greater of <b>\$10.35</b> or <b>5%</b> of the cost for brand-name drugs.</p>

Footnotes:

1 Total year-to-date includes drug costs paid by you and any Part D plan from the beginning of the calendar year.

2 Total year-to-date includes costs that only you have paid.

# Summary of Benefits

Blue Medicare Rx Enhanced™ (PDP)

S5540-004

Rx Prescription Drug Initial Coverage Limit (ICL)	Preferred Retail Pharmacies		Preferred Mail Order	Standard (Non-Preferred) Pharmacies	
	1-month 30-day supply	3-months 90-day supply	3-months 90-day supply	1-month 30-day supply*	3-months 90-day supply
<b>Preferred Generic Drugs (Tier 1)</b>	\$3 copay	\$9 copay	\$9 copay	\$15 copay	\$45 copay
<b>Generic Drugs (Tier 2)</b>	\$6 copay	\$18 copay	\$18 copay	\$20 copay	\$60 copay
<b>Preferred Brand Drugs (Tier 3)</b>	\$30 copay	\$90 copay	\$90 copay	\$45 copay	\$135 copay
<b>Non-Preferred Drugs (Tier 4)</b>	32% of cost	32% of cost	32% of cost	34% of cost	34% of cost
<b>Specialty Tier Drugs (Tier 5)</b>	33% of cost	N/A	N/A	33% of cost	N/A

\*Long-term care pharmacy benefit is covered the same as Non-Preferred Retail Pharmacies for 31 days instead of 30 days.

Notes: Two-month (60-day) supplies may also be available. Non-preferred mail order costs may differ.

# Summary of Benefits

## Prescription Drug – Frequently Asked Questions

### Which drugs are covered?

For commonly used drugs, see the Common Drugs page of the Blue Medicare Rx (PDP) enrollment kit. For a comprehensive list of covered drugs, visit [Medicare.BlueCrossNC.com/Medicare/Prescription-Drug-Coverage](https://www.Medicare.BlueCrossNC.com/Medicare/Prescription-Drug-Coverage).

### Which pharmacies can I use?

Our **Preferred Pharmacy Network** is a select network of national and local independent pharmacies designed to help save you money on your prescriptions. **The network includes Harris Teeter, Sam's Club, Walgreens, Walmart and more, plus many independent pharmacies.**

You may choose Standard (Non-Preferred) Pharmacies to fill prescriptions, but your costs may be higher.

Our **Preferred Mail Order Pharmacy Network** includes:




- AllianceRx Walgreens Pharmacy
- Express Scripts® Pharmacy
- Postal Prescription Services (PPS)®

### How do I find a Preferred Pharmacy?

Visit [BlueCrossNC.com/FindaPharmacy](https://www.BlueCrossNC.com/FindaPharmacy)

The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

Have Medicare questions? We've got answers. **Contact Blue Cross NC:**

-  **Phone:** 1-800-661-5518 (TTY: 711)
-  **Hours:** 7 days a week, 8 a.m. – 8 p.m.
-  **Visit:** [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com)



Or contact your Blue Cross NC Authorized Independent Agent.



## Enrollment

### Ready? Let's go!

On the following pages, you'll find step-by-step instructions for choosing and enrolling in your Blue Medicare Rx (PDP) plan. And on page 23, you'll see a timeline on what to expect after you've sent in your completed enrollment form. If you have any questions as you go through the process, contact Blue Cross NC or your Authorized Independent Agent.



When you enroll in **Blue Medicare Rx (PDP)**, you'll have **access to Blue Connect<sup>SM</sup>**, our member website. You'll have **complete information on your coverage** at your fingertips, 24 hours a day, 7 days a week.

## Pre-Enrollment Checklist

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 Customer Service representative at **1-888-247-4142** (TTY: 711).

### Understanding the Benefits

- 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.

### 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.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2024.

## Enrollment Requirements

You can join a **Medicare Part D** plan any time during your **initial enrollment period** for Medicare. Your initial enrollment period begins three months before you are eligible, includes the month of eligibility and ends three months after the month of eligibility.



### Eligibility for Beneficiaries

To join a Medicare Prescription Drug Plan, you must have Medicare Part A (Hospital Insurance) and/or Medicare Part B (Medical Insurance); however, you are not enrolled automatically. You must enroll in a prescription drug plan. Our Blue Medicare Rx (PDP) plans are available to Medicare-eligible people living in North Carolina.

### Additional Enrollment Criteria

You may enroll in only one Part D plan at a time. If you are enrolled in a Medicare Advantage plan, your enrollment in any of the PDP plans from Blue Cross NC may automatically disenroll you from your Medicare Advantage plan, and re-enroll you in Original Medicare for medical coverage. Check with Blue Cross NC or your Authorized Independent Agent for more information.

### Changing Medicare Part D Plans

Congress designed Medicare prescription drug coverage to work on an annual enrollment cycle. This means that each year you will have the option to remain with your existing Medicare Part D plan, or change plans between **October 15 and December 7** during the Annual Enrollment Period (AEP).

If you need to change your Medicare Rx plan outside the Annual Enrollment Period (AEP), you may be eligible for a Special Enrollment Period (SEP). There are a number of situations that allow you to qualify for an SEP – moving outside your plan’s service area, moving into a nursing home, ending coverage from your employer and others. You can find complete information at [Medicare.gov](https://www.medicare.gov).

### Penalties for Late Enrollment

If you were eligible for Medicare Part A and/or Part B, and did not enroll in a medical plan that had credible drug coverage (PDP, group coverage or a Medicare Advantage Prescription Drug plan), 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).



# Enrollment Steps

## 1 Choose a Plan

After reviewing the information on plans, decide which plan works best for you.

## 2 Complete the Enrollment Form

- Fill out the enrollment form included in this enrollment kit, or go online to complete an online enrollment form at [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com). You must complete one enrollment form per person.
- Return the enrollment form to your Authorized Independent Agent, or mail the form to Blue Cross NC (address is provided on the enrollment form). If approved, you will be enrolled in the Blue Medicare Rx (PDP) plan you select, and Medicare will be informed that you have enrolled.

## 3 Enrollment Confirmation

You will receive acknowledgment of your enrollment request via mail.

### 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.

Have Medicare questions? We've got answers. **Contact Blue Cross NC:**

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

**Hours:** 7 days a week, 8 a.m. – 8 p.m.

**Visit:** [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com)



Or contact your Blue Cross NC Authorized Independent Agent.

# Post-Enrollment Timeline



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

- You will receive a **verification letter** confirming your plan choice, monthly premium, copayments and other details.
- You will receive an **acknowledgment letter** letting you know that we have received your completed enrollment form.



### Once your enrollment has been approved by Medicare:

- You will receive a **confirmation letter** that will let you know that you have been enrolled. This usually occurs after the date your coverage actually begins.



### Once your membership begins:

- You will receive a **Welcome Kit** with information about your coverage.
- You will receive your **Blue Cross NC ID card** – the key to all your Blue Medicare Rx (PDP) benefits.
- **Register for Blue Connect<sup>SM</sup>** – your personalized member website. Access your benefits, check claims and so much more. Go to [BlueCrossNC.com/Members](https://www.BlueCrossNC.com/Members) to get started.



## 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: \_\_\_\_\_

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U36020, 8/20

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

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.

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**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: \_\_\_\_\_

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 U36020, 8/20

Enrollment  
DUPLICATE







- I recently was released from incarceration. I was released 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 get *Extra Help* paying for Medicare prescription drug coverage.

---

- I no longer qualify for *Extra Help* paying for my Medicare prescription drugs. I stopped receiving *Extra Help* on: (mm/dd/yyyy)  
  /   /

---

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

---

- 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)  
  /   /

---

- 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)  
  /   /

---

- 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.

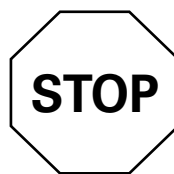
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- None of these statements apply to me.\* Other Special Enrollment Period (SEP) reason:  


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\* To see if you are eligible to enroll, please contact Blue Cross NC at: **1-800-661-5518** (TTY: 711), 7 days a week, 8 a.m. to 8 p.m.

**G. 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.







**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)

Phone Number: \_\_\_\_\_ NPN#: (required) \_\_\_\_\_

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.*

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DUPLICATE

Blue Medicare Rx™ (PDP)

MedicareRx  
Prescription Drug Coverage



BlueCross BlueShield  
of North Carolina

P.O. Box 17168  
Winston-Salem, NC 27116-7168

**2023 Individual Enrollment Form for Medicare Prescription Drug Plan**

Please contact Blue Cross and Blue Shield of North Carolina (Blue Cross NC) if you need information in another language other than English or in an accessible format (Braille).

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

**A. To enroll in Blue Medicare Rx (PDP), please provide the following information:**

First Name:                    Middle Initial:

Last Name:                    Suffix:

Birth Date: (mm/dd/yyyy)   /   /     Sex:  Male  Female

Are you Hispanic, Latino(a), or Spanish origin? Select all that apply. (Optional)  
 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's your race? Select all that apply. (Optional)  
 American Indian or Alaska Native  Asian Indian  Black or African American  
 Chinese  Filipino  Guamanian or Chamorro  
 Japanese  Korean  Native Hawaiian  
 Other Asian  Other Pacific Islander  Samoan  
 Vietnamese  White  I choose not to answer.

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:

D168, 7/22  
Y0079\_10877\_C CMS Approved 07222022

Enrollment  
DUPLICATE



- I recently was released from incarceration. I was released 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 get *Extra Help* paying for Medicare prescription drug coverage.

---

- I no longer qualify for *Extra Help* paying for my Medicare prescription drugs. I stopped receiving *Extra Help* on: (mm/dd/yyyy)  
  /   /

---

- I am moving into or live in 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)  
  /   /

---

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  /   /

---

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  /   /

---

- 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)  
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---

- 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)  
  /   /

---

- 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)  
  /   /

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---

- None of these statements apply to me.\* Other Special Enrollment Period (SEP) reason:  
 \_\_\_\_\_  
 \_\_\_\_\_

\* To see if you are eligible to enroll, please contact Blue Cross NC at: **1-800-661-5518** (TTY: 711), 7 days a week, 8 a.m. to 8 p.m.

**G. 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.





**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)

Phone Number: \_\_\_\_\_ NPN#: (required) \_\_\_\_\_

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.

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**Member Authorization Request Form**

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

Member's Name (print): \_\_\_\_\_ Member's Date of Birth:   /   /     (mm/dd/yyyy)

Blue Cross NC ID Number: \_\_\_\_\_

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

**The purpose of this disclosure is:**  
 To assist me with my health plan       To coordinate and manage my health       Other: \_\_\_\_\_

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

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

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

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

I want the designated person to have access to my PHI until my policy expires OR until the specified date of:   /   /     (mm/dd/yyyy)

Y0079\_8852\_C PA 09172019  
 V569a, 9/19

Enrollment

**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 Abuse Confidentiality Regulations, the recipient may not re-disclose such information without my further written authorization unless otherwise provided for by state or federal law.

Signature of Member: \_\_\_\_\_

Date:   /   /      
(mm/dd/yyyy)

Signature of Personal Representative: \_\_\_\_\_

Date:   /   /      
(mm/dd/yyyy)

If signed by a Personal Representative, please:

A) Print your full name: \_\_\_\_\_

**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, please provide the date here:

/   /      
(mm/dd/yyyy)

**RETURN THIS AUTHORIZATION TO:** Attention: Data Operations  
Blue Cross and Blue Shield of North Carolina  
P.O. Box 17509  
Winston-Salem, NC 27116-7509

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. ®, SM Mark of the Blue Cross and Blue Shield Association. Blue Cross NC is an independent licensee 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.

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 Protected Health Information (PHI) to: (If you choose, you may designate more than one person.)	
Name/Entity:	Address:
Phone:	Relationship to member:

**The purpose of this disclosure is:**

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

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

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

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

I want the designated person to have access to my PHI until my policy expires OR until the specified date of:   /   /      
(mm/dd/yyyy)

Y0079\_8852\_C PA 09172019  
V569a, 9/19

Enrollment  
DUPLICATE

**Member Authorization Request Form** (continued)

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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 Abuse Confidentiality Regulations, the recipient may not re-disclose such information without my further written authorization unless otherwise provided for by state or federal law.

Signature of Member: \_\_\_\_\_

Date:   /   /      
(mm/dd/yyyy)

Signature of Personal Representative: \_\_\_\_\_

Date:   /   /      
(mm/dd/yyyy)

If signed by a Personal Representative, please:

A) Print your full name: \_\_\_\_\_

**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, please provide the date here:

/   /      
(mm/dd/yyyy)

**RETURN THIS AUTHORIZATION TO:** Attention: Data Operations  
Blue Cross and Blue Shield of North Carolina  
P.O. Box 17509  
Winston-Salem, NC 27116-7509


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. ®, SM Mark of the Blue Cross and Blue Shield Association. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association.

**IMPORTANT INFORMATION:**

**2022 Medicare Star Ratings**

**Blue Cross and Blue Shield of North Carolina – S5540**

**For 2022, Blue Cross and Blue Shield of North Carolina - S5540 received the following Star Ratings from Medicare:**

<b>Overall Star Rating:</b>	★★★★☆	
<b>Health Services Rating:</b>	Not offered	
<b>Drug Services Rating:</b>	★★★★☆	

**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.**

★★★★★	<b>EXCELLENT</b>
★★★★☆	<b>ABOVE AVERAGE</b>
★★★☆☆	<b>AVERAGE</b>
★★☆☆☆	<b>BELOW AVERAGE</b>
★☆☆☆☆	<b>POOR</b>

**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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U39189, 10/21



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## BlueConnect™

-  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.

## Connect With a Medicare Expert at Your Local Blue Cross NC Center



Wherever you are, there's a Blue Cross NC Center near you. With locations across the state, we make it easy to get the answers you need when you need them. Call, visit or meet virtually with a Blue Medicare plan expert today.



**Phone:** 1-888-275-7513 (toll free)



**Online:** [BlueCrossNC.com/Centers](https://www.bluecrossnc.com/centers)

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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# Blue Medicare Rx<sup>SM</sup> (PDP)

## Contact Blue Cross NC

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

**Hours:** 7 days a week, 8 a.m. – 8 p.m.

**Online:** [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com)

**Centers:** [BlueCrossNC.com/Centers](https://www.BlueCrossNC.com/Centers)

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Or contact your Blue Cross NC  
Authorized Independent Agent.



BlueCross BlueShield  
of North Carolina

# MEDICARE

Visit [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com)