

2026



**BlueCross BlueShield  
of North Carolina**

Prescription Drug Coverage  
**Blue Medicare Rx<sup>SM</sup> (PDP)**

Y0079\_13542\_M CMS Accepted 08192025  
U47730, 8/25

# Welcome to Blue Medicare Rx<sup>SM</sup> (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](http://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!



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Contact a local Blue Cross NC Medicare plan expert



800-661-5518 (TTY: 711)

7 days a week, 8 a.m. – 8 p.m. ET



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

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



Or contact your Blue Cross NC Authorized Independent Agent



## 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 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 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



**Part A** (Hospital Coverage)



**Part B** (Medical Insurance)

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



**Part A**



**Part B**



**Part D**

(most plans)



**Additional Benefits**

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



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

Blue Cross NC offers two Part D 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
- The **days' supply** of the drug your doctor has prescribed
- If your prescription is on the plan's **formulary** (list of covered drugs)
- If you're using a **Standard or Preferred pharmacy** (retail or mail order)
- If you get **Extra Help** paying for your Medicare drug costs

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

### Keep Your Costs Low

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

# Benefit stages

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

<b>Yearly Deductible Stage</b>	If your plan has a deductible, you'll pay the full, negotiated price of your drugs until you've reached the deductible amount. Your deductible does not apply to covered insulin products and most adult Part D vaccines.
<b>Initial Coverage Stage</b>	After you've met your deductible, your initial coverage stage begins. During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your out-of-pocket drug costs reach <b>\$2,100.*</b>
<b>Catastrophic Coverage Stage</b>	This stage begins when your out-of-pocket drug costs reach <b>\$2,100</b> . During this stage, you pay nothing for your covered Part D drugs. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.

## Drug tiers

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

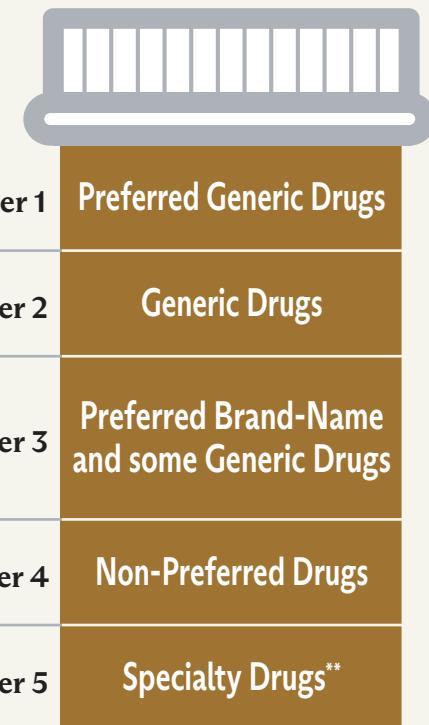
## Our formulary

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



A partial list of drugs in our formulary is on page 10-11.

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



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

\*\*Tier 5 drugs limited to 30-day supply.

## Preferred vs. Standard Pharmacies

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

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

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

Plus many independent pharmacies near you.

### Enjoy the convenience of mail order

Having your medications delivered right to your door makes a lot of sense. Not only will you save time by not having to make as many trips to the pharmacy, you also won't have to worry about running out of your medications.

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

### Medicare Prescription Payment Plan

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



### Benefits of 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 and reduce your trips to the pharmacy.\*

\*Excludes Tier 5 (Specialty Drugs).



Find an in-network pharmacy:

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

### The Extra Help Program

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

#### See if you qualify for Extra Help:

Medicare Office	Social Security Office	NC Medicaid Office
 <b>Phone:</b> 800-MEDICARE (1-800-633-4227)	<b>Phone:</b> 800-772-1213	<b>Phone:</b> 888-245-0179
 <b>TTY:</b> 877-486-2048	<b>TTY:</b> 800-325-0778	<b>TTY:</b> 877-452-2514
 <b>Hours:</b> 7 days a week, 24 hours a day	<b>Hours:</b> Mon. – Fri., 8 a.m. – 7 p.m.	<b>Hours:</b> Mon. – Fri., 8 a.m. – 5 p.m.
 <b>Visit:</b> <a href="https://Medicare.gov">Medicare.gov</a>	<b>Visit:</b> <a href="https://SSA.gov">SSA.gov</a>	<b>Visit:</b> <a href="https://NCDHHS.gov">NCDHHS.gov</a>

# 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.

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

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

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**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.”

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**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 [BlueCrossNC.com/Members/Medicare/Prescription-Drug/Prescription-Payment-Plan](http://BlueCrossNC.com/Members/Medicare/Prescription-Drug/Prescription-Payment-Plan) 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	fenofibrate .....	3	olmesartan medoxomil.....	2
alendronate sodium.....	1	finasteride .....	2	omeprazole .....	2
allopurinol.....	2	fluoxetine hydrochloride.....	1	ondansetron ODT.....	3
alprazolam .....	2	fluticasone propionate.....	2	oxycodone hydrochloride.....	3
amiodarone hydrochloride..	2,4	furosemide.....	1	oxycodone/acetaminophen....	4
amitriptyline hydrochloride....	3	gabapentin.....	3	OZEMPIC.....	3
amlodipine besylate .....	1	glimepiride.....	1	pantoprazole sodium.....	2
amoxicillin.....	2	glipizide ER .....	2	pioglitazone hydrochloride..	1,2
amoxicillin/clavulanate potassium .....	2	hydrochlorothiazide.....	1	potassium chloride ER .....	2
atenolol .....	1	hydrocodone bitartrate/ acetaminophen .....	4	pravastatin sodium.....	1
atorvastatin calcium .....	1	hydroxychloroquine sulfate ....	3	prednisone .....	2
azithromycin .....	2	irbesartan.....	2	pregabalin .....	3
benazepril hydrochloride.....	1	isosorbide mononitrate ER .....	2	quetiapine fumarate.....	3
bupropion hydrochloride ER (XL).....	3	JARDIANCE.....	3	ramipril .....	1
buspirone hydrochloride.....	2	LANTUS.....	3	REPATHA.....	3
carbidopa/levodopa .....	2	latanoprost .....	1	rosuvastatin calcium .....	2
carvedilol.....	1	levothyroxine sodium .....	1	sertraline hydrochloride .....	1
celecoxib.....	4	lisinopril.....	1	simvastatin .....	1
cephalexin.....	2	lisinopril/ hydrochlorothiazide .....	1	spironolactone .....	2
chlorthalidone .....	2	lorazepam .....	2	SYNTHROID .....	4
citalopram hydrobromide .....	1	losartan potassium .....	1	tamsulosin hydrochloride .....	2
clonazepam.....	2	losartan potassium/ hydrochlorothiazide .....	1	timolol maleate .....	1
clopidogrel.....	1	meloxicam.....	1	tramadol hydrochloride .....	2
diltiazem hydrochloride ER....	3	memantine hydrochloride .....	3	trazodone hydrochloride .....	2
donepezil HCl .....	2	metformin hydrochloride .....	1	TRELEGY .....	3
doxycycline hyclate .....	3	metformin hydrochloride ER .....	1	triamcinolone acetonide .....	2
duloxetine hydrochloride.....	3	methotrexate sodium.....	2	triamterene/ hydrochlorothiazide .....	1
ELIQUIS .....	3	methylprednisolone dose pack.....	2	valacyclovir hydrochloride .....	3
ENTRESTO .....	3	metoprolol succinate ER.....	2	valsartan.....	2
escitalopram oxalate.....	2	metoprolol tartrate.....	1	venlafaxine hydrochloride ER .....	2
estradiol.....	3	mirtazapine .....	2	warfarin sodium .....	1
estradiol.....	2	montelukast sodium.....	2	XARELTO .....	3
ezetimibe.....	4			zolpidem tartrate .....	2
famotidine .....	2				
FARXIGA .....	3				

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 2, 2025, and is subject to change.

For a complete listing, call **800-661-5518** (TTY: 711), contact your Blue Cross NC Authorized Independent Agent or visit [BlueCrossNC.com/Members/Medicare/Prescription-Drug](http://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	montelukast sodium.....	2
alendronate sodium.....	1	FARXIGA .....	3	MOUNJARO .....	3
allopurinol.....	1	fenofibrate .....	2	MYRBETRIQ .....	3
alprazolam .....	2	finasteride .....	1	olmesartan medoxomil.....	2
amiodarone hydrochloride..	2,4	flecainide acetate .....	2	omeprazole .....	1
amlodipine besylate .....	1	fluoxetine hydrochloride.....	1	oxycodone hydrochloride.....	3
amoxicillin.....	1	fluticasone propionate.....	2	oxycodone/acetaminophen....	3
amoxicillin/clavulanate		furosemide.....	1	OZEMPI.....	3
potassium.....	2	gabapentin.....	2	pantoprazole sodium .....	1
atenolol .....	1	glimepiride.....	1	potassium chloride ER .....	2
atorvastatin calcium .....	1	glipizide ER .....	1	pravastatin sodium.....	1
azithromycin .....	2	hydralazine hydrochloride .....	1	prednisone .....	1,2
bupropion hydrochloride		hydrochlorothiazide.....	1	pregabalin .....	3
ER (XL).....	2	hydrocodone bitartrate/		quetiapine fumarate.....	2
buspirone hydrochloride.....	2	acetaminophen .....	3,4	ramipril .....	1
carbidopa/levodopa .....	2	hydroxychloroquine sulfate ....	2	REPATHA .....	3
carvedilol.....	1	isosorbide mononitrate ER .....	2	rosuvastatin calcium.....	1
celecoxib.....	2	JANUVIA .....	3	sertraline hydrochloride .....	1
cephalexin.....	2	JARDIANCE.....	3	simvastatin .....	1
chlorthalidone .....	2	LANTUS.....	3	spironolactone .....	1
citalopram hydrobromide .....	1	latanoprost .....	1	SYNTHROID .....	3
clonazepam.....	2	levothyroxine sodium .....	1	tamsulosin hydrochloride .....	1
clopidogrel.....	1	lisinopril.....	1	telmisartan.....	2
cyclobenzaprine		lisinopril/		torsemide .....	2
hydrochloride .....	2	hydrochlorothiazide .....	1	tramadol hydrochloride .....	2
diltiazem hydrochloride ER....	2	lorazepam .....	2	trazodone hydrochloride .....	1,3
donepezil HCl .....	1,3	losartan potassium .....	1	TRELEGY .....	3
dorzolamide HCl/timolol		losartan potassium/		valacyclovir hydrochloride .....	3
maleate.....	2	hydrochlorothiazide .....	1	valsartan.....	2
doxycycline hyclate .....	3	meloxicam.....	1	venlafaxine hydrochloride	
duloxetine hydrochloride.....	2	memantine hydrochloride .....	2	ER .....	2
ELIQUIS .....	3	metformin hydrochloride .....	1	warfarin sodium .....	1
ENTRESTO .....	3	metformin hydrochloride ER..	1	XARELTO .....	3
escitalopram oxalate.....	2	methotrexate sodium.....	2	zolpidem tartrate .....	2
esomeprazole magnesium .....	3	metoprolol succinate ER.....	1		
estradiol.....	3	metoprolol tartrate.....	1		
ezetimibe.....	2	mirtazapine .....	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 2, 2025, and is subject to change.

For a complete listing, call **800-661-5518** (TTY: 711), contact your Blue Cross NC Authorized Independent Agent or visit [BlueCrossNC.com/Members/Medicare/Prescription-Drug](http://BlueCrossNC.com/Members/Medicare/Prescription-Drug).



# 2026 Summary of benefits

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

This is a summary of drug services covered under Blue Medicare Rx (PDP) plans for **January 1, 2026 – December 31, 2026**.

### 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://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 **800-MEDICARE** (800-633-4227), TTY: 877-486-2048, 7 days a week, 24 hours a day. Or visit [Medicare.gov](https://Medicare.gov).
- For more details, call **800-661-5518** (TTY: 711), current members call **888-247-4142** (TTY: 711), 7 days a week, 8 a.m. – 8 p.m., visit [BlueCrossNC.com/Shop-Plans/Medicare](https://BlueCrossNC.com/Shop-Plans/Medicare) or contact your Blue Cross NC Authorized Independent Agent.

®, 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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U5073, 8/25

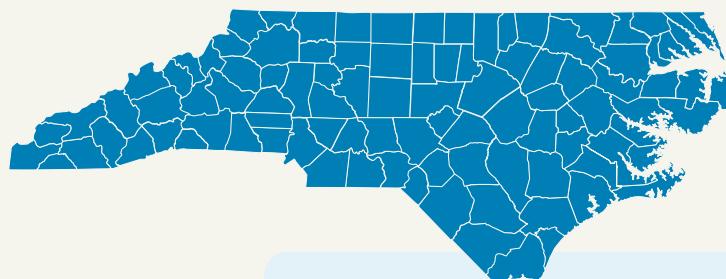
**MedicareRx**  
Prescription Drug Coverage

# Summary of benefits

## Plan offerings and premiums by county

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

Blue Medicare Rx Standard <sup>SM</sup> (PDP)		S5540-002		Monthly premium: \$83.90	
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: \$83.90**



### Part D Drug Benefit Stages

**Tier 1: \$0**

**Tiers 2, 3, 4 and 5: \$615**

#### Yearly Deductible Stage:

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

**Begins after you pay your yearly deductible.**

#### Initial Coverage Stage:

You generally stay in this stage until your out-of-pocket drug costs reach **\$2,100**. The amount you pay in this stage is shown in the chart on the next page.\*

**Begins when your out-of-pocket drug costs reach \$2,100.**

#### Catastrophic Coverage Stage:

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



Tiers	Preferred Retail Pharmacies	Preferred Mail Order	Standard (Non-Preferred) Pharmacies		
	1 month 30-day supply	3 months 90-day supply	3 months 90-day supply	1 month 30-day supply*	3 months 90-day supply
<b>Tier 1 – Preferred Generic Drugs:</b>	\$5 copay	\$15 copay	\$15 copay	\$15 copay	\$45 copay
<b>Tier 2 – Generic Drugs:</b>	\$10 copay	\$30 copay	\$30 copay	\$20 copay	\$60 copay
<b>Tier 3 – Preferred Brand Drugs:</b>	20% of cost	20% of cost	20% of cost	20% of cost	20% of cost
<b>Tier 4 – Non-Preferred Drugs:</b>	32% of cost	32% of cost	32% of cost	32% of cost	32% of cost
<b>Tier 5 – Specialty Tier Drugs:**</b>	25% of cost	N/A	N/A	25% of cost	N/A
<b>Insulins:</b>	<b>Tier 3:***</b>	\$35 copay	\$105 copay	\$35 copay	\$105 copay
	<b>Tier 4:†</b>	\$35 copay	\$105 copay	\$35 copay	\$105 copay

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

\*\*Tier 5 drugs limited to 30-day supply.

\*\*\*Cost-sharing for covered Part D insulins on Tier 3 will not exceed the lesser of \$35 or 20% of the drug's cost for a one-month supply.

†Cost-sharing for covered Part D insulins on Tier 4 will not exceed the lesser of \$35 or 25% of the drug's cost for a one-month supply.

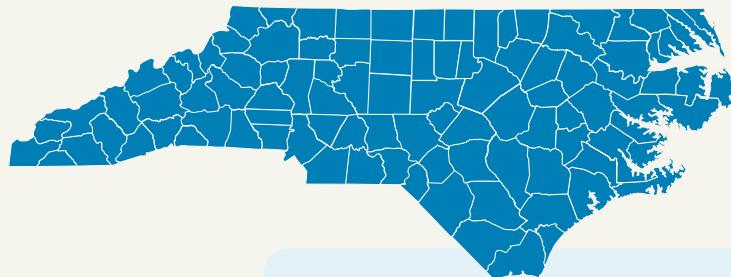
Notes: Two-month (60-day) supplies may also be available. Standard Mail Order costs may differ. This chart shows your portion of the costs.

# Summary of benefits

## Plan offerings and premiums by county

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

Blue Medicare Rx Enhanced™ (PDP)			S5540-004	Monthly Premium: \$163.20	
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)

\$5540-004

**Monthly Premium: \$163.20**



### Part D Drug Benefit Stages

#### All Tiers: \$0

##### 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.

#### Begins after you pay your yearly deductible.

##### Initial Coverage Stage:

You generally stay in this stage until your out-of-pocket drug costs reach **\$2,100**. The amount you pay in this stage is shown in the chart on the next page.\*

#### Begins when your out-of-pocket drug costs reach \$2,100.

##### Catastrophic Coverage Stage:

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



Tiers	Preferred Retail Pharmacies	Preferred Mail Order	Standard (Non-Preferred) Pharmacies		
	1 month 30-day supply	3 months 90-day supply	3 months 90-day supply	1 month 30-day supply*	3 months 90-day supply
<b>Tier 1 – Preferred Generic Drugs:</b>	\$3 copay	\$9 copay	\$9 copay	\$15 copay	\$45 copay
<b>Tier 2 – Generic Drugs:</b>	\$6 copay	\$18 copay	\$18 copay	\$20 copay	\$60 copay
<b>Tier 3 – Preferred Brand Drugs:</b>	\$45 copay	\$135 copay	\$135 copay	\$47 copay	\$141 copay
<b>Tier 4 – Non-Preferred Drugs:</b>	40% of cost	40% of cost	40% of cost	40% of cost	40% of cost
<b>Tier 5 – Specialty Tier Drugs:**</b>	33% of cost	N/A	N/A	33% of cost	N/A
<b>Insulins:***</b>	<b>Tier 3:</b> \$35 copay	\$105 copay	\$105 copay	\$35 copay	\$105 copay
	<b>Tier 4:</b> \$35 copay	\$105 copay	\$105 copay	\$35 copay	\$105 copay

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

\*\*Tier 5 drugs limited to 30-day supply.

\*\*\*Cost-sharing for covered Part D insulins will not exceed the lesser of \$35 or 25% of the drug's cost for a one-month supply.

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 Medicare Part D, you must:**

- Have Medicare Part A and/or Medicare 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/MAFindDrug](http://BlueCrossNC.com/MAFindDrug).
- 3 **Check** that your pharmacy is in-network at [BlueCrossNC.com/MAFindPharmacy](http://BlueCrossNC.com/MAFindPharmacy).
- 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](http://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 **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](http://Medicare.gov).



Contact a local Blue Cross NC Medicare plan expert



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

7 days a week, 8 a.m. – 8 p.m. ET



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

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



Or contact your Blue Cross NC Authorized Independent Agent

# Enrollment periods (continued)



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](http://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.



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

## 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

## 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 RX<sup>SM</sup> (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 **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 [BlueCrossNC.com/Members/Medicare/Forms-Library](http://BlueCrossNC.com/Members/Medicare/Forms-Library), or call **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.

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# 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 may occur after the date your coverage actually begins.



We'll send you your new **Blue Cross NC member ID card** – the key to all your Blue Medicare Rx (PDP) benefits.

## Once your membership begins:

You will receive a **letter** confirming you have been enrolled.



**Register for Blue Connect<sup>SM</sup>** – your personalized member website. Access your benefits, check claims and so much more. Go to [BlueConnectNC.com](http://BlueConnectNC.com) to get started.

Page intentionally left blank.

## 2026 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.

---

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

First Name	Middle Initial	Last Name	Suffix
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			—				—						
--	--	--	---	--	--	--	---	--	--	--	--	--	--

Sex

Male  Female

Primary Phone Number

			—				—					
--	--	--	---	--	--	--	---	--	--	--	--	--

Alternate Phone Number (Optional)

Date of Birth (Month, Day, Year)

			—				—					
--	--	--	---	--	--	--	---	--	--	--	--	--

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

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City	State	Zip Code	County
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Email Address (Optional)

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

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City	State	Zip Code
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## SECTION B Communication Preferences

Please contact Blue Cross and Blue Shield of North Carolina (Blue Cross NC) if you need information in an alternative language, such as Spanish at 1-800-661-5518 (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.

<input type="checkbox"/> Braille	<input type="checkbox"/> Audio CD
<input type="checkbox"/> Large print	<input type="checkbox"/> Data CD (Flash drive)

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

Yes     No

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

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

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

---

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

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)

---

## SECTION D 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



Hospital (Part A)



Medical (Part B)



Effective Date: (Month, Day, Year)

---

## SECTION E Paying your plan premium

You can pay your monthly plan premium, including any late enrollment penalty that you currently have or may owe by mail each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. **If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium.** The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). **Do NOT 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 #



---

**SECTION F Please answer the following question**

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?

- Yes
- No

If "yes," please list your other coverage and your identification (ID) number(s) for this coverage.

---

Name of other coverage

ID Number for this coverage

Group Number for this coverage

---

**SECTION 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.

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

## SECTION 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.

Where are you moving from?

County

State

 I moved on (Month, Day, Year)

Choose your plan's effective date

 **0 1**  (Month, Day, Year)

- I recently was released from incarceration.

 I was released on (Month, Day, Year)

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

I moved/will move into facility on:

 (Month, Day, Year)

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

I recently left a PACE program on

 (Month, Day, Year)

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

I lost my drug coverage on

 (Month, Day, Year)

Choose your plan's effective date

 **0 1**  (Month, Day, Year)

I am leaving employer or union coverage on



(Month, Day, Year)

Choose your plan's effective date



(Month, Day, Year)

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

I returned to the U.S. on:



(Month, Day, Year)

Choose your plan's effective date



(Month, Day, Year)

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

My plan is ending on



(Month, Day, Year)

My plan is with

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

I was disenrolled from an SNP on



(Month, Day, Year)

Choose your plan's effective date



(Month, Day, Year)

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

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



(Month, Day, Year)

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



(Month, Day, Year)

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

\_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_

(Month, Day, Year)

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

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

\_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_

(Month, Day, Year)

None of these statements apply to me.\*

---

#### Other Special Enrollment Period (SEP) reason

\* If none of these statements applies to you or you're not sure, please contact Blue Cross NC at **1-800-661-5518 (TTY: 711)** to see if you are eligible to enroll. We are open 7 days a week, 8 a.m. to 8 p.m.

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## SECTION I 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. Benefits and services provided by Blue Cross NC and contained in my Blue Medicare Rx "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Blue Cross NC will pay for benefits or services that are not covered.
6. 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 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 Cross NC will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).

## Privacy Act Statement

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

---

## SECTION J Applicant Agreement

I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:

- 1) this person is authorized under state law to complete this enrollment form; and
- 2) documentation of this authority is available upon request from Medicare.

**X**

---

Your Signature



Today's Date (Month, Day, Year)

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

---

Name

---

Address

---

City

State

Zip Code



Phone Number

---

Relationship to Enrollee

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

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

---

First Name

---

Last Name

Relationship to enrollee:

Agent       Broker       SHIP counselor       Authorized Representative  
 Other       Self

X

---

Signature

---

National Producer Number (Agents/Brokers only)

### Licensed Agent Use Only

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

X

---

Agent's Signature

---

Print Agent's Name

  —   —    

---

**NPN Number (Required)**

Date Application Received (Month, Day, Year)

---

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.

## 2026 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.

---

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

First Name	Middle Initial	Last Name	Suffix
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			—				—					
--	--	--	---	--	--	--	---	--	--	--	--	--

Sex

Male  Female

Primary Phone Number

			—				—					
--	--	--	---	--	--	--	---	--	--	--	--	--

		—			—							
--	--	---	--	--	---	--	--	--	--	--	--	--

Alternate Phone Number (Optional)

Date of Birth (Month, Day, Year)

---

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

---

City

State

Zip Code

County

---

Email Address (Optional)

---

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

---

City

State

Zip Code

---

## SECTION B Communication Preferences

Please contact Blue Cross and Blue Shield of North Carolina (Blue Cross NC) if you need information in an alternative language, such as Spanish at 1-800-661-5518 (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.

Yes  No

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

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

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

---

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

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)

---

## SECTION D 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



Hospital (Part A)



Medical (Part B)



Effective Date: (Month, Day, Year)

---

## SECTION E Paying your plan premium

You can pay your monthly plan premium, including any late enrollment penalty that you currently have or may owe by mail each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. **If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium.** The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). **Do NOT** 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 #



---

**SECTION F Please answer the following question**

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?

- Yes
- No

If "yes," please list your other coverage and your identification (ID) number(s) for this coverage.

---

Name of other coverage

ID Number for this coverage

Group Number for this coverage

---

**SECTION 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.

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

## SECTION 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.

Where are you moving from?

County

State



I moved on (Month, Day, Year)

Choose your plan's effective date



(Month, Day, Year)

- I recently was released from incarceration.



I was released on (Month, Day, Year)

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

I moved/will move into facility on:



(Month, Day, Year)

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

I recently left a PACE program on



(Month, Day, Year)

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

I lost my drug coverage on



(Month, Day, Year)

Choose your plan's effective date



(Month, Day, Year)

I am leaving employer or union coverage on



(Month, Day, Year)

Choose your plan's effective date



(Month, Day, Year)

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

I returned to the U.S. on:



(Month, Day, Year)

Choose your plan's effective date



(Month, Day, Year)

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

My plan is ending on



(Month, Day, Year)

My plan is with

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

I was disenrolled from an SNP on



(Month, Day, Year)

Choose your plan's effective date



(Month, Day, Year)

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

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



(Month, Day, Year)

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



(Month, Day, Year)

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

 —  —  —  —  —  —  —  — 

(Month, Day, Year)

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

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

 —  —  —  —  —  —  —  — 

(Month, Day, Year)

None of these statements apply to me.\*

---

#### Other Special Enrollment Period (SEP) reason

\* If none of these statements applies to you or you're not sure, please contact Blue Cross NC at **1-800-661-5518 (TTY: 711)** to see if you are eligible to enroll. We are open 7 days a week, 8 a.m. to 8 p.m.

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## SECTION I 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. Benefits and services provided by Blue Cross NC and contained in my Blue Medicare Rx "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Blue Cross NC will pay for benefits or services that are not covered.
6. 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 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 Cross NC will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).

## Privacy Act Statement

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

## SECTION J Applicant Agreement

I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:

- 1) this person is authorized under state law to complete this enrollment form; and
- 2) documentation of this authority is available upon request from Medicare.

**X**

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

\_\_\_\_\_  
Today's Date (Month, Day, Year)

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship to Enrollee

---

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

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

---

First Name

Last Name

Relationship to enrollee:

Agent       Broker       SHIP counselor       Authorized Representative  
 Other       Self

---

X

Signature

National Producer Number (Agents/Brokers only)

---

**Licensed Agent Use Only**

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

---

X

Agent's Signature

Print Agent's Name

---



Date Application Received (Month, Day, Year)

---

**NPN Number (Required)**

Phone Number

---

Agent Number

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact **1-800-661-5518** (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:

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

(Month, Day, Year)

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

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

## **The purpose of this disclosure is:**

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

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

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

- Any information requested
- Premium payment information
- All claims information
- Enrollment information
- Benefit information

- Explanation of benefits information
- All services from a specific health care provider:  
(list provider's name) \_\_\_\_\_
- Other: (list specific PHI) \_\_\_\_\_

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

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

I want the designated person to have access to my PHI

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

## Member Authorization Request Form (continued)

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

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

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

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

Date:  -  -         (Month, Day, Year)

OR

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

Date:  -  -       (Month, Day, Year)

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

AND

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

AND

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

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

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

Date:  -  -    -     (Month, Day, Year)

### Return this completed authorization form to:

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

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

®, 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.

## Member authorization request form

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

Member's name: (print)

Member's date of birth:

Blue Cross NC ID number:

(Month, Day, Year)

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

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

### **The purpose of this disclosure is:**

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

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

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

- Any information requested
- Premium payment information
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- Benefit information

- Explanation of benefits information
- All services from a specific health care provider:  
(list provider's name) \_\_\_\_\_
- Other: (list specific PHI) \_\_\_\_\_

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

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

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

## Member Authorization Request Form (continued)

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

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

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

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

Date:  -   
(Month, Day, Year)

OR

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

Date:  -   
(Month, Day, Year)

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

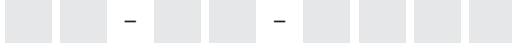
AND

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

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

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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)

<b>To Be Completed By Agent:</b>	
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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## 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)**

**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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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)

<b>To Be Completed By Agent:</b>	
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:
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## Agent Checklist for Selling Medicare Advantage Plans

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

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

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.

**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 Advantage Plans

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

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

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.
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 Deductible cost    Other copays for services/items the prospects needs
- f. Review coverage outside of the United States.
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**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](https://shiphelp.org) to get the phone number for your local SHIP and get free, personalized health insurance counseling.

## How do I sign up?

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

## Need this information in another format or language?

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

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

## Notice of Availability of Language Assistance Services and Auxiliary Aids and Services



BlueCross BlueShield  
of North Carolina

### English

**ATTENTION:** If you speak any of the following languages, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-888-247-4142 (TTY: 711), or speak to your provider.

### Spanish / Español

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayudas y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-888-247-4142 (TTY: 711) o hable con su proveedor.

### Chinese / 中文

**注意：**如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-888-247-4142 (TTY: 711) 或咨询您的服务提供商。

### Vietnamese / Việt

**LƯU Ý:** Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cấp miễn phí. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-247-4142 (Người khuyết tật: 711) hoặc trao đổi với nhà cung cấp dịch vụ của quý vị.

### Korean / 한국어

**알림：**한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-888-247-4142 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

### French / Français

**ATTENTION:** Si vous parlez français, vous pouvez bénéficier de services d'assistance gratuits. Vous avez également à votre disposition des outils et services supplémentaires vous permettant de fournir des informations dans un format accessible, sans frais. Appelez le 1-888-247-4142 (TTY: 711) ou parlez à votre fournisseur.

### Arabic / العربية

، توفر لك خدمات مساعدة لغوية مجانية. كما توفر مساعدة وخدمات إضافية مناسبة لتقديم تنبية: إذا كنت تتحدث اللغة العربية ، المعلومات بتتنسيقات يمكن الوصول إليها مجاناً. يرجى الاتصال على الرقم 1-888-247-4142 (TTY: 711) أو تحدث مع مزود الخدمة الخاص بك.

### Hmong / Lus Hmoob

LUG CEEV TSHWJ XEEB: yog has tas koj has lug Hmoob muaj cov kev paab cuam txhais lug pub dlawb rua koj. Cov kev paab hab cov kev paab cuam ntxiv kws tsim nyog txhawm rua muab lug qha paub ua cov hom ntaub ntawv kws tuaj yeem nkaag cuag tau rua los kuj yeej tseem muaj paab dlawb tsis xaam tug nqe dlaab tsi tuab yaam nkaus. Hu rua 1-888-247-4142 (TTY: 711) los yog thaam nrug koj tug kws muab kev saib xyuas khu mob.

### Russian / РУССКИЙ

**ВНИМАНИЕ:** Если Вы говорите на русском, то Вам доступны бесплатные услуги языковой поддержки. Соответствующие инструменты и информационные сервисы также предоставляются бесплатно. Позвоните по телефону 1-888-247-4142 (TTY: 711) или обратитесь к своему поставщику услуг.

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

## Notice of Availability of Language Assistance Services and Auxiliary Aids and Services



BlueCross BlueShield  
of North Carolina

### Tagalog

**PAALALA:** Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyon tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga na-access na format. Tumawag sa 1-888-247-4142 (TTY: 711) o makipag-usap sa iyong provider.

### Gujarati / ગુજરાતી

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હોવ તો, મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિઝલરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-888-247-4142 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

### Mon-Khmer, Cambodian / កាសាខ្មែរ

កំណត់ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មដែនយកាសាតតតិតតិតផ្តើមានផលបង្គនសម្រាប់អ្នក។ ដំឡូយ និងសេវាកម្មសម្រាប់ផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បានក៏មានផ្តល់ផ្តល់ជាយតតិតតិតផ្តើមផែនក្នុង សូមទូរស័ព្ទការលាង 1-888-247-4142 (TTY: 711) និយាយទៅកាន់អ្នកផលប់សេវាសម្រាប់អ្នក។

### German / Deutsch

**WICHTIGER HINWEIS:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-888-247-4142 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

### Hindi / हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-888-247-4142 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

### Laotian / ລາວ

ແຖ່ງຊາບ: ຖ້າທ່ານວິເວັບພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍລັດ້ານພາສາແບບບໍ່ແສລຄ່າເຫັນທ່ານ. ມີຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ແສລຄ່າເຫັນທ່ານ. ເພີ້ມສີມເບື້ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໄທທ່ານເປີ 1-888-247-4142 (TTY: 711) ຫຼື ລົງທຶນໃຫ້ບໍລິການຂອງທ່ານ.

### Japanese / 日本語

お知らせ：日本語をお話しの場合、無料の言語支援サービスをご利用いただけます。アクセス可能な形式で情報を提供するための適切な補助的なサポートやサービスも無料でご利用いただけます。1-888-247-4142 (TTY: 711) にお電話いただくか、プロバイダーにお問い合わせください。

## IMPORTANT INFORMATION:

### 2025 Medicare Star Ratings

#### Blue Cross and Blue Shield of North Carolina - S5540

For 2025, 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:**

★ ★ ★ ☆☆



**BlueCross BlueShield  
of North Carolina**

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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## Contact a local Blue Cross NC Medicare plan expert



800-661-5518 (TTY: 711)

7 days a week, 8 a.m. – 8 p.m. ET



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

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



Or contact your Blue Cross NC Authorized Independent Agent



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



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

## Seniors' Health Insurance Information Program (SHIIP)



855-408-1212 (TTY: 711)

Mon. – Fri., 8 a.m. – 5 p.m.



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



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

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.

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*Plans designed with you in mind.*

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

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

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

**Visit:** **[BlueCrossNC.com/Shop-Plans/Medicare](http://BlueCrossNC.com/Shop-Plans/Medicare)**

Or contact your Blue Cross NC Authorized Independent Agent.

