

Blue Medicare AdvantageSM

2024 Rates and Benefits for HMO and PPO Plans



BlueCross BlueShield
of North Carolina

MEDICARE

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U20717, 7/23



Supplemental Benefits

Greater Care, Better Health

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

Part B Premium Reduction

The Part B Premium Reduction,* or “giveback,” contributes \$50 per month toward your Medicare Part B premium. So, you’ll see some money each month in your Social Security check!

- \$50 more in your Social Security check each month
- Up to \$600 back in your wallet over the course of a full year
- \$100 per month with Freedom+ PPO

Over-the-Counter (OTC) Products Allowance

Available on most plans, the quarterly allowance for OTC products comes with a convenient allowance card.

Available on
Blue Medicare
Medical OnlySM
(HMO-POS) and
EssentialSM
(HMO) plans.

Available on
all plans except
Essential (HMO).

Note: *You must pay your own Part B premium to be eligible for the reduction. You cannot receive Medicaid or any other assistance from a health program that could potentially pay your Part B premium.

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Meals Benefit

Mom's Meals® post-discharge meal program offers two meals per day for 14 days.



Support for Caregivers

Carallel® provides live and online support to family members caring for their loved ones to help them make decisions about senior living, in-home care, finances and more.



Vision Services

Coverage for eye exams plus an allowance for prescription eyewear on most plans.



Hearing Services

TruHearing® makes addressing hearing issues more affordable with significant savings on hearing aids and routine hearing exams.



Dental Services

Dental coverage including exams and X-rays on most plans.



In-Home Assistance

60 hours per year of in-home support services from the **CareLinx** network of professional, pre-screened caregivers. Includes meal prep, medication reminders, bathing, companionship visits and more.



Personal Emergency Response System (PERS)

Receive a wearable device from **Connect America**® to improve your safety and live more independently.



Non-Emergency Medical Transportation

SafeRide™ provides flexible options to book a ride in advance or on-demand so you never miss another medical appointment.

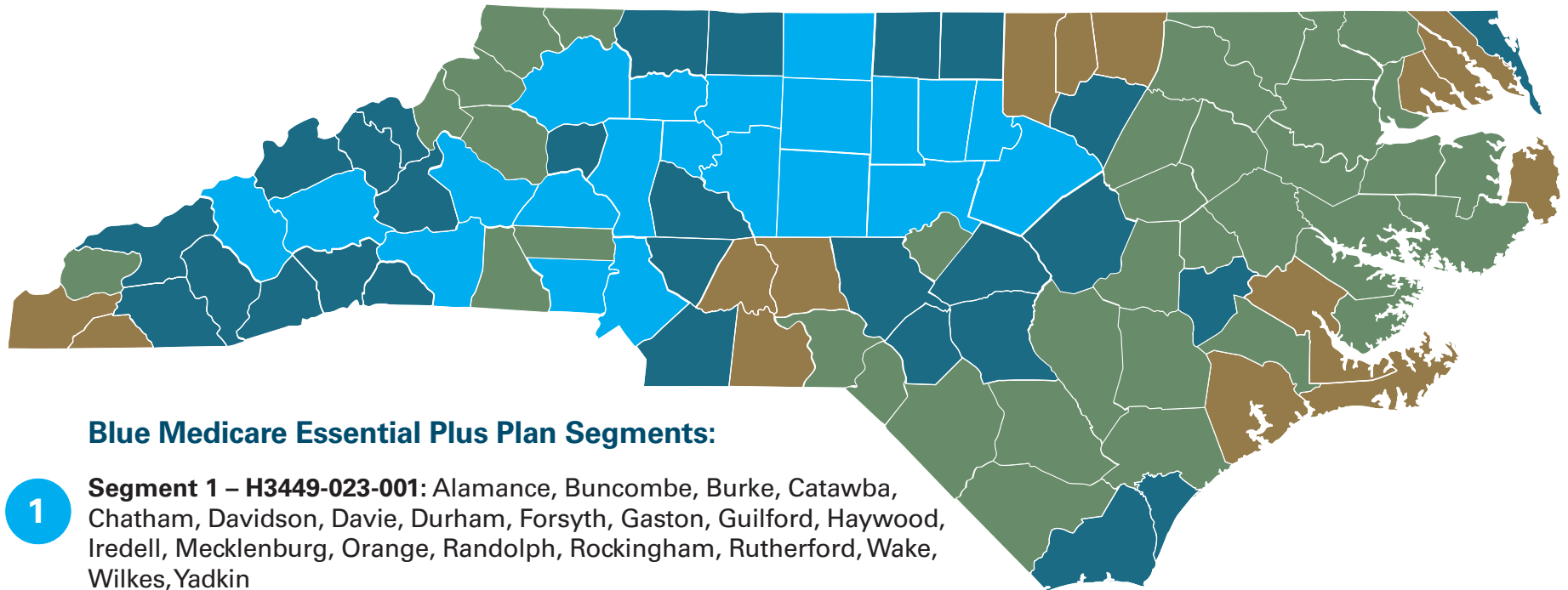


Fitness Benefit

With the **Silver&Fit**® Healthy Aging and Exercise Program, you can join one of thousands of participating fitness centers or select YMCAs at no cost to you. The program also includes on-demand workout videos, home fitness kits, custom workout plans and health coaches to help you work on your fitness, nutrition and lifestyle goals.

The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a federally registered trademark of ASH. All programs and services are not available in all areas and are subject to change. This program includes the Standard network. Premium network may have monthly costs.

Essential Plus Plan



Blue Medicare Essential Plus Plan Segments:

- 1** **Segment 1 – H3449-023-001:** Alamance, Buncombe, Burke, Catawba, Chatham, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Haywood, Iredell, Mecklenburg, Orange, Randolph, Rockingham, Rutherford, Wake, Wilkes, Yadkin
- 2** **Segment 2 – H3449-023-002:** Alexander, Brunswick, Cabarrus, Caswell, Cumberland, Currituck, Franklin, Harnett, Henderson, Hoke, Jackson, Johnston, Lenoir, Macon, Madison, McDowell, Mitchell, Moore, New Hanover, Person, Polk, Rowan, Stokes, Surry, Swain, Transylvania, Union, Yancey
- 4** **Segment 4 – H3449-023-004:** Anson, Camden, Carteret, Cherokee, Clay, Craven, Dare, Granville, Montgomery, Onslow, Pasquotank, Perquimans, Stanly, Vance, Warren
- 5** **Segment 5 – H3449-023-005:** Alleghany, Ashe, Avery, Beaufort, Bertie, Bladen, Caldwell, Chowan, Cleveland, Columbus, Duplin, Edgecombe, Gates, Graham, Greene, Halifax, Hertford, Hyde, Jones, Lee, Lincoln, Martin, Nash, Northampton, Pamlico, Pender, Pitt, Richmond, Robeson, Sampson, Scotland, Tyrrell, Washington, Watauga, Wayne, Wilson

Blue Medicare Essential Plus Plan


Plan Benefits		Segment 1 H3449-023-001	Segment 2 H3449-023-002	Segment 4 H3449-023-004	Segment 5 H3449-023-005
Premium		\$0	\$0	\$0	\$0
Annual maximum out-of-pocket	In-network:	\$3,950	\$3,950	\$5,900	\$5,900
Physician	Primary Care Provider:	\$0	\$0	\$0	\$0
	Specialist:	\$25	\$25	\$35	\$35
Hospital	Days 1-5:	\$335	\$335	\$335	\$335
	Additional unlimited days:	\$0	\$0	\$0	\$0
Outpatient surgery	Outpatient Hospital:	\$295	\$295	\$295	\$295
	Ambulatory Surgical Center:	\$275	\$275	\$275	\$275
Skilled nursing facility	Days 1–20:	\$0	\$0	\$0	\$0
	Days 21–60:	\$203	\$203	\$203	\$203
	Days 61–100:	\$0	\$0	\$0	\$0


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Blue Medicare Essential Plus Plan



 Plan Benefits	Segment 1 H3449-023-001	Segment 2 H3449-023-002	Segment 4 H3449-023-004	Segment 5 H3449-023-005
Diagnostic Services/Labs/Imaging*	\$0–\$300	\$0–\$300	\$0–\$300	\$0–\$300
Ground & Air Ambulance	\$275	\$275	\$275	\$275
Emergency room	\$120	\$120	\$120	\$120
Urgent care	\$60	\$60	\$60	\$60
Medicare-covered eye exam	\$25 copay	\$25 copay	\$25 copay	\$25 copay

 Additional Plan Benefits	Segment 1 H3449-023-001	Segment 2 H3449-023-002	Segment 4 H3449-023-004	Segment 5 H3449-023-005
Silver&Fit	\$0	\$0	\$0	\$0
Hearing aids (1 per ear per year)	\$699–\$999 copay	\$699–\$999 copay	\$699–\$999 copay	\$699–\$999 copay
Vision allowance (routine prescription eyewear)	\$300 per year	\$300 per year	\$300 per year	\$300 per year
Diabetic Eye Exams	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Dental allowance (preventive and comprehensive)	\$2,000 combined OON at 20%	\$2,000 combined OON at 20%	\$2,000 combined OON at 20%	\$2,000 combined OON at 20%
Meals (post-discharge)	2 per day for 14 days	2 per day for 14 days	2 per day for 14 days	2 per day for 14 days
Over the Counter (OTC) allowance	\$95 per quarter	\$70 per quarter	\$70 per quarter	\$70 per quarter
Home Safety Devices (2 per year)**	\$0 copay	\$0 copay	\$0 copay	\$0 copay

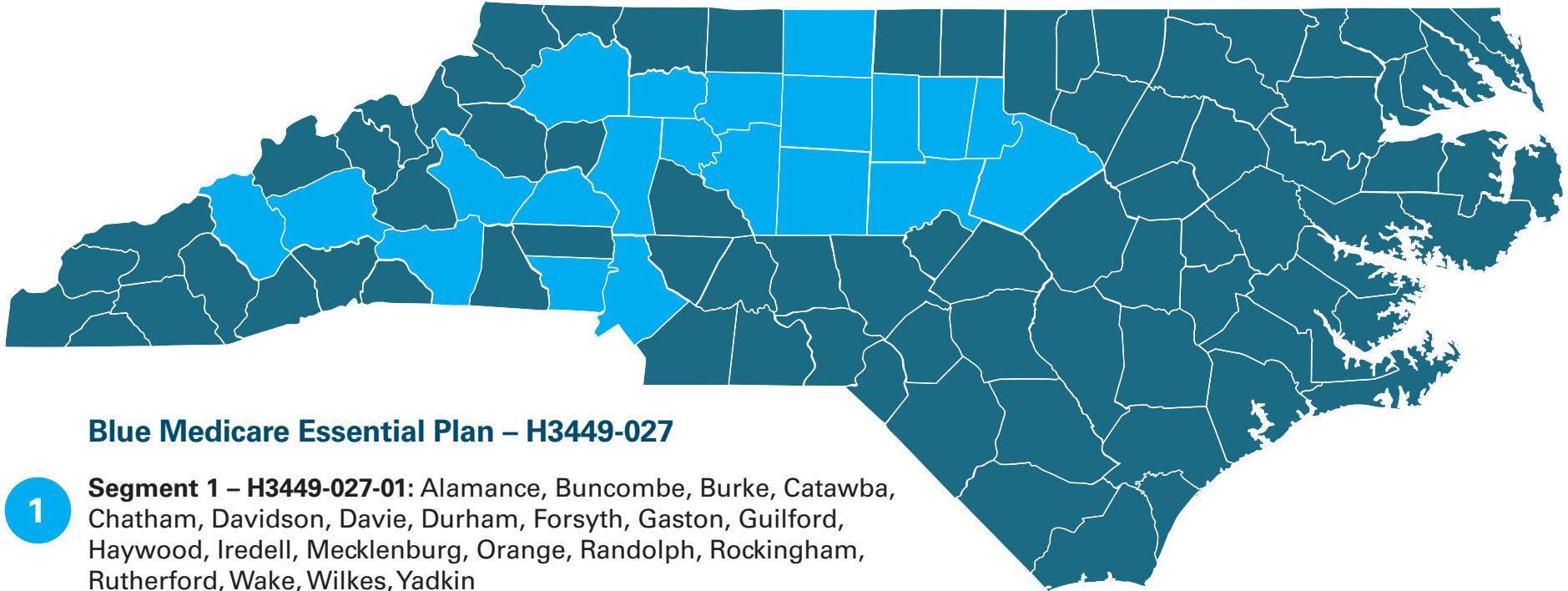
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Blue Medicare Essential Plus Plan

Rx Prescription Benefits		All Segments
Has Gap coverage?		Yes
Rx deductible		\$150
Rx deductible applies to ...		Tiers 4 & 5
Preferred Rx – 30 day supply	Tier 1: Preferred generic	\$0
	Tier 2: Generic	\$6
	Tier 3: Preferred brand	\$45
	Tier 4: Non-preferred drug	\$99
	Tier 5: Specialty	30%
	Tier 6: Select care	\$0
Preferred Mail Order	For a 90 day supply, you pay \$0 copay for Tiers 1, 2 and 6; for Tiers 3 and 4, after deductible is met, you pay up to 2 times the copay at a Preferred Mail Order pharmacy.	

Essential Plan



Blue Medicare Essential Plan – H3449-027


1

Segment 1 – H3449-027-01: Alamance, Buncombe, Burke, Catawba, Chatham, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Haywood, Iredell, Mecklenburg, Orange, Randolph, Rockingham, Rutherford, Wake, Wilkes, Yadkin

2


Segment 2 – H3449-027-02: Alexander, Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Bladen, Brunswick, Cabarrus, Caldwell, Camden, Carteret, Caswell, Cherokee, Chowan, Clay, Cleveland, Columbus, Craven, Cumberland, Currituck, Dare, Duplin, Edgecombe, Franklin, Gates, Graham, Granville, Greene, Halifax, Harnett, Henderson, Hertford, Hoke, Hyde, Jackson, Johnston, Jones, Lee, Lenoir, Lincoln, Macon, Madison, Martin, McDowell, Mitchell, Montgomery, Moore, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Person, Pitt, Polk, Richmond, Robeson, Rowan, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Tyrrell, Union, Vance, Warren, Washington, Watauga, Wayne, Wilson, Yancey


Blue Medicare Essential Plan

 Plan Benefits		Segment 1 H3449-027-01	Segment 2 H3449-027-02
Premium		\$0	\$0
Annual maximum out-of-pocket	In-network:	\$8,300	\$8,300
Physician	Primary Care Provider:	\$5	\$10
	Specialist:	\$45	\$45
Hospital	Days 1–5:	\$335	\$335
	Additional unlimited days:	\$0	\$0
Outpatient surgery	Outpatient Hospital:	\$295	\$345
	Ambulatory Surgical Center:	\$275	\$275
Skilled nursing facility	Days 1–20:	\$0	\$0
	Days 21–60:	\$203	\$203
	Days 61–100:	\$0	\$0

Blue Medicare Essential Plan



 Plan Benefits	Segment 1 H3449-027-01	Segment 2 H3449-027-02
Diagnostic Services/Labs/Imaging*	\$0–\$300	\$0–\$300
Ground & Air Ambulance	\$275	\$275
Emergency room	\$100	\$100
Urgent care	\$55	\$55
Medicare-covered eye exam	\$25 copay	\$25 copay

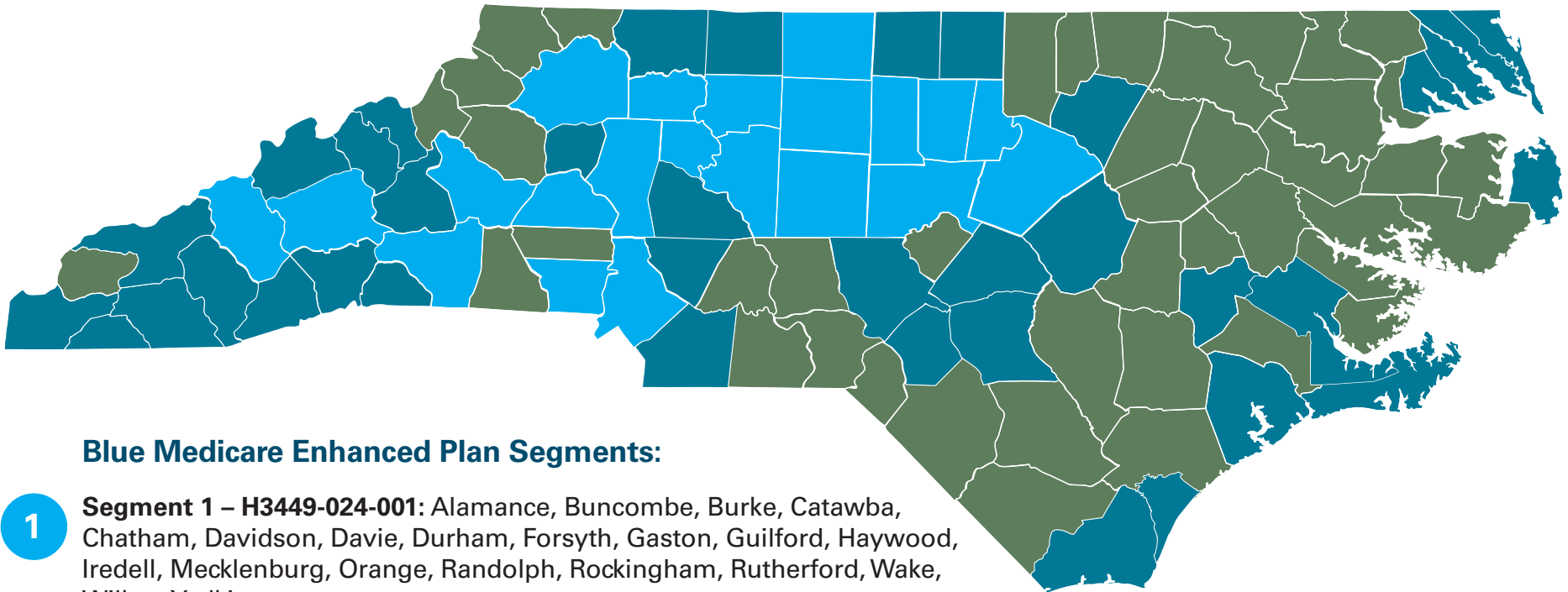
 Additional Plan Benefits	Segment 1 H3449-027-01	Segment 2 H3449-027-02
Silver&Fit	\$0	\$0
Hearing aids (1 per ear per year)	\$699–\$999 copay	\$699–\$999 copay
Vision allowance (routine prescription eyewear)	\$100 per year	\$100 per year
Diabetic Eye Exams	\$0 copay	\$0 copay
Preventive dental (limits apply)	\$0 copay	\$0 copay
Meals (post-discharge)	2 per day for 14 days	2 per day for 14 days
Part B Premium Reduction	\$50 monthly	\$50 monthly

*Actual charge will depend on specific service.

Blue Medicare Essential Plan

Rx Prescription Benefits		Segment 1 H3449-027-01	Segment 2 H3449-027-02
Has Gap coverage?		Yes	Yes
Rx deductible		\$375	\$375
Rx deductible applies to ...		Tiers 4 & 5	Tiers 4 & 5
Preferred Rx – 30 day supply	Tier 1: Preferred generic	\$0	\$0
	Tier 2: Generic	\$6	\$6
	Tier 3: Preferred brand	\$45	\$45
	Tier 4: Non-preferred drug	\$99	\$99
	Tier 5: Specialty	27%	27%
	Tier 6: Select care	\$0	\$0
Preferred Mail Order	For a 90 day supply, you pay \$0 copay for Tiers 1, 2 and 6; for Tiers 3 and 4, after deductible is met, you pay up to 2 times the copay at a Preferred Mail Order pharmacy.		

Enhanced Plan



Blue Medicare Enhanced Plan Segments:

1

Segment 1 – H3449-024-001: Alamance, Buncombe, Burke, Catawba, Chatham, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Haywood, Iredell, Mecklenburg, Orange, Randolph, Rockingham, Rutherford, Wake, Wilkes, Yadkin

2

Segment 2 – H3449-024-002: Alexander, Brunswick, Cabarrus, Camden, Carteret, Caswell, Cherokee, Clay, Craven, Cumberland, Currituck, Dare, Franklin, Harnett, Henderson, Hoke, Iredell, Jackson, Johnston, Lenoir, Macon, Madison, McDowell, Mitchell, Moore, New Hanover, Onslow, Pasquotank, Perquimans, Person, Polk, Rowan, Stokes, Surry, Swain, Transylvania, Union, Yancey

3


Segment 3 – H3449-024-003: Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Bladen, Caldwell, Chowan, Cleveland, Columbus, Duplin, Edgecombe, Gates, Graham, Granville, Greene, Halifax, Hertford, Hyde, Jones, Lee, Lincoln, Martin, Montgomery, Nash, Northampton, Pamlico, Pender, Pitt, Richmond, Robeson, Sampson, Scotland, Stanly, Tyrrell, Vance, Warren, Washington, Watauga, Wayne, Wilson


Blue Medicare Enhanced Plan

Plan Benefits		Segment 1 H3449-024-001	Segment 2 H3449-024-002	Segment 3 H3449-024-003
Premium		\$19	\$34	\$49
Annual maximum out-of-pocket	In-network:	\$3,700	\$3,700	\$3,700
Physician	Primary Care Provider:	\$0	\$0	\$0
	Specialist:	\$25	\$25	\$25
Hospital	Days 1–5:	\$335	\$335	\$335
	Additional unlimited days:	\$0	\$0	\$0
Outpatient surgery	Outpatient Hospital:	\$295	\$295	\$295
	Ambulatory Surgical Center:	\$200	\$200	\$200
Skilled nursing facility	Days 1–20:	\$0	\$0	\$0
	Days 21–60:	\$203	\$203	\$203
	Days 61–100:	\$0	\$0	\$0

Blue Medicare Enhanced Plan



 Plan Benefits	Segment 1 H3449-024-001	Segment 2 H3449-024-002	Segment 3 H3449-024-003
Diagnostic Services/Labs/Imaging*	\$0-\$300	\$0-\$300	\$0-\$300
Ground & Air Ambulance	\$250	\$250	\$250
Emergency room	\$135	\$135	\$135
Urgent care	\$60	\$60	\$60
Medicare-covered eye exam	\$25 copay	\$25 copay	\$25 copay

 Additional Plan Benefits	Segment 1 H3449-024-001	Segment 2 H3449-024-002	Segment 3 H3449-024-003
Silver&Fit	\$0	\$0	\$0
Hearing aids (1 per ear per year)	\$699-\$999 copay	\$699-\$999 copay	\$699-\$999 copay
Vision allowance (routine prescription eyewear)	\$300 per year	\$300 per year	\$300 per year
Diabetic Eye Exams	\$0 copay	\$0 copay	\$0 copay
Dental allowance (preventive and comprehensive)	\$2,000 combined OON at 20%	\$2,000 combined OON at 20%	\$2,000 combined OON at 20%
Meals (post-discharge)	2 per day for 14 days	2 per day for 14 days	2 per day for 14 days
OTC allowance	\$95 per quarter	\$95 per quarter	\$95 per quarter
Home Safety Devices (2 per year)**	\$0 copay	\$0 copay	\$0 copay

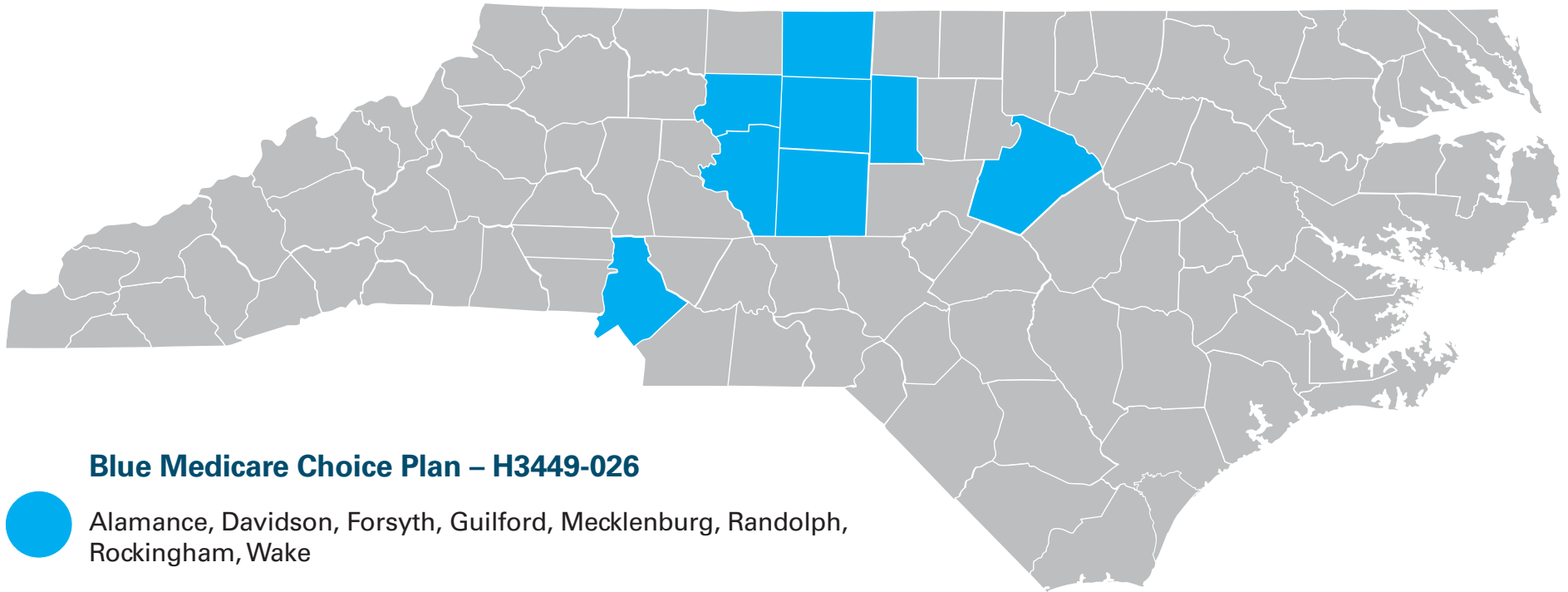
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Blue Medicare Enhanced Plan

Rx Prescription Benefits		All Segments
Has Gap coverage?		Yes
Rx deductible		\$0
Rx deductible applies to ...		No deductible
Preferred Rx – 30 day supply	Tier 1: Preferred generic	\$0
	Tier 2: Generic	\$6
	Tier 3: Preferred brand	\$45
	Tier 4: Non-preferred drug	\$99
	Tier 5: Specialty	33%
	Tier 6: Select care	\$0
Preferred Mail Order	For a 90 day supply, you pay \$0 copay for Tiers 1, 2 and 6; for Tiers 3 and 4, you pay up to 2 times the copay at a Preferred Mail Order pharmacy.	

Blue Medicare ChoiceSM (HMO)
Choice Plan



Blue Medicare Choice Plan – H3449-026




Alamance, Davidson, Forsyth, Guilford, Mecklenburg, Randolph,
Rockingham, Wake


Blue Medicare Choice Plan

Plan Benefits		Blue Medicare Choice Plan – H3449-026
Premium		\$0
Annual maximum out-of-pocket	In-network:	\$3,200
Physician	Primary Care Provider:	\$0
	Specialist:	\$20
Hospital	Days 1–5:	\$295
	Additional unlimited days:	\$0
Outpatient surgery	Outpatient Hospital:	\$295
	Ambulatory Surgical Center:	\$275
Skilled nursing facility	Days 1–20:	\$0
	Days 21–60:	\$203
	Days 61–100:	\$0

Blue Medicare Choice Plan



 Plan Benefits	Blue Medicare Choice Plan – H3449-026
Diagnostic Services/Labs/Imaging*	\$0–\$300
Ground & Air Ambulance	\$275
Emergency room	\$135
Urgent care	\$60
Medicare-covered eye exam	\$25 copay

 Additional Plan Benefits	Blue Medicare Choice Plan – H3449-026
Silver&Fit	\$0
Hearing aids (1 per ear per year)	\$699–\$999 copay
Vision allowance (routine prescription eyewear)	\$200 per year
Diabetic Eye Exams	\$0 copay
Preventive dental (limits apply)	\$0
Meals (post-discharge)	2 per day for 14 days
OTC allowance	\$70 per quarter
Home Safety Devices (2 per year)**	\$0 copay

*Actual charge will depend on specific service. **Devices must be ordered from approved product list using designated provider.

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Blue Medicare Choice Plan

Prescription Benefits

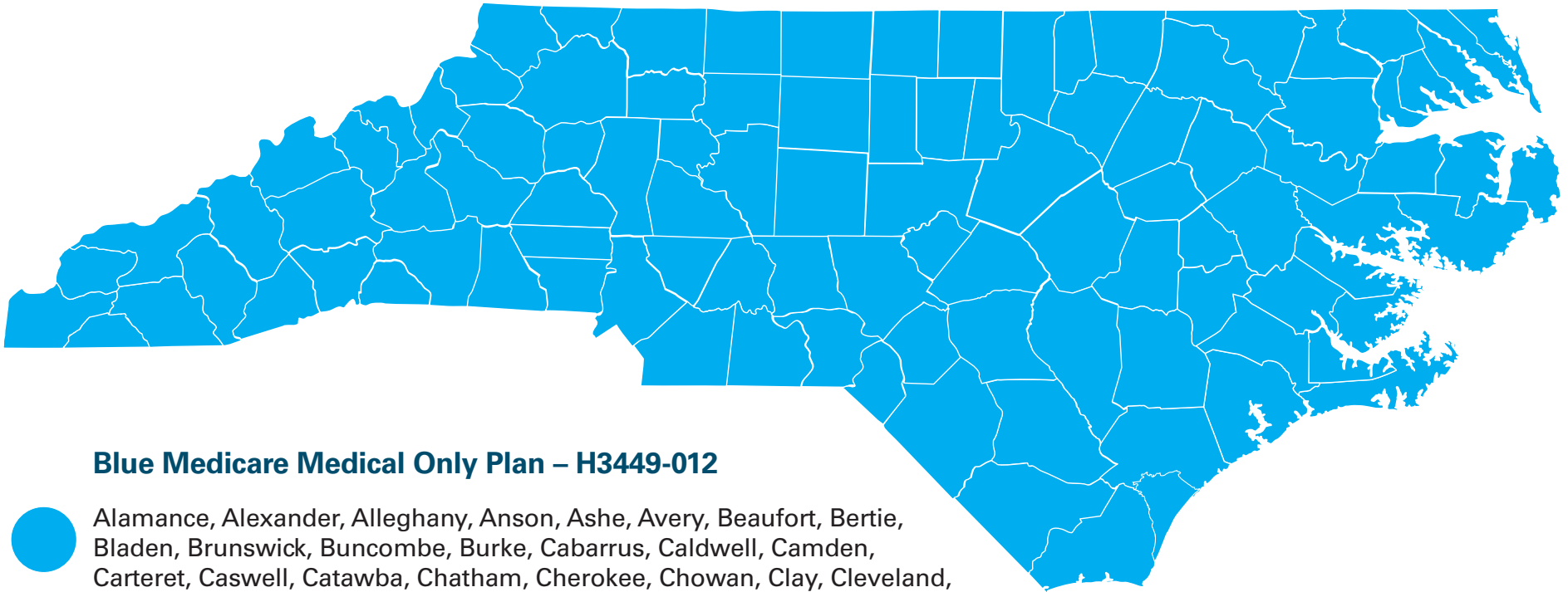
Blue Medicare Choice Plan – H3449-026

Has Gap coverage?	Yes	
Rx deductible	\$0	
Rx deductible applies to ...	No deductible	
Preferred Rx – 30 day supply	Tier 1: Preferred generic	\$0
	Tier 2: Generic	\$6
	Tier 3: Preferred brand	\$45
	Tier 4: Non-preferred drug	\$99
	Tier 5: Specialty	33%
	Tier 6: Select care	\$0
Preferred Mail Order	For a 90 day supply, you pay \$0 copay for Tiers 1, 2 and 6; for Tiers 3 and 4, you pay up to 2 times the copay at a Preferred Mail Order pharmacy.	

Blue Medicare Medical OnlySM (HMO-POS)



Medical Only Plan



Blue Medicare Medical Only Plan – H3449-012



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


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Blue Medicare Medical Only Plan

Plan Benefits		Blue Medicare Medical Only Plan – H3449-012
Premium		\$0
Annual maximum out-of-pocket	In-network:	\$3,900
Physician	Primary Care Provider:	\$0
	Specialist:	\$25
Hospital	Days 1–5:	\$295
	Additional unlimited days:	\$0
Outpatient surgery	Outpatient Hospital:	\$275
	Ambulatory Surgical Center:	\$225
Skilled nursing facility	Days 1–20:	\$0
	Days 21–60:	\$203
	Days 61–100:	\$0

Blue Medicare Medical Only Plan



 Plan Benefits	Blue Medicare Medical Only Plan – H3449-012
Diagnostic Services/Labs/Imaging*	\$0–\$300
Ground & Air Ambulance	\$250
Emergency room	\$120
Urgent care	\$60
Medicare-covered eye exam	\$25 copay

*Actual charge will depend on specific service.

Blue Medicare Medical Only Plan

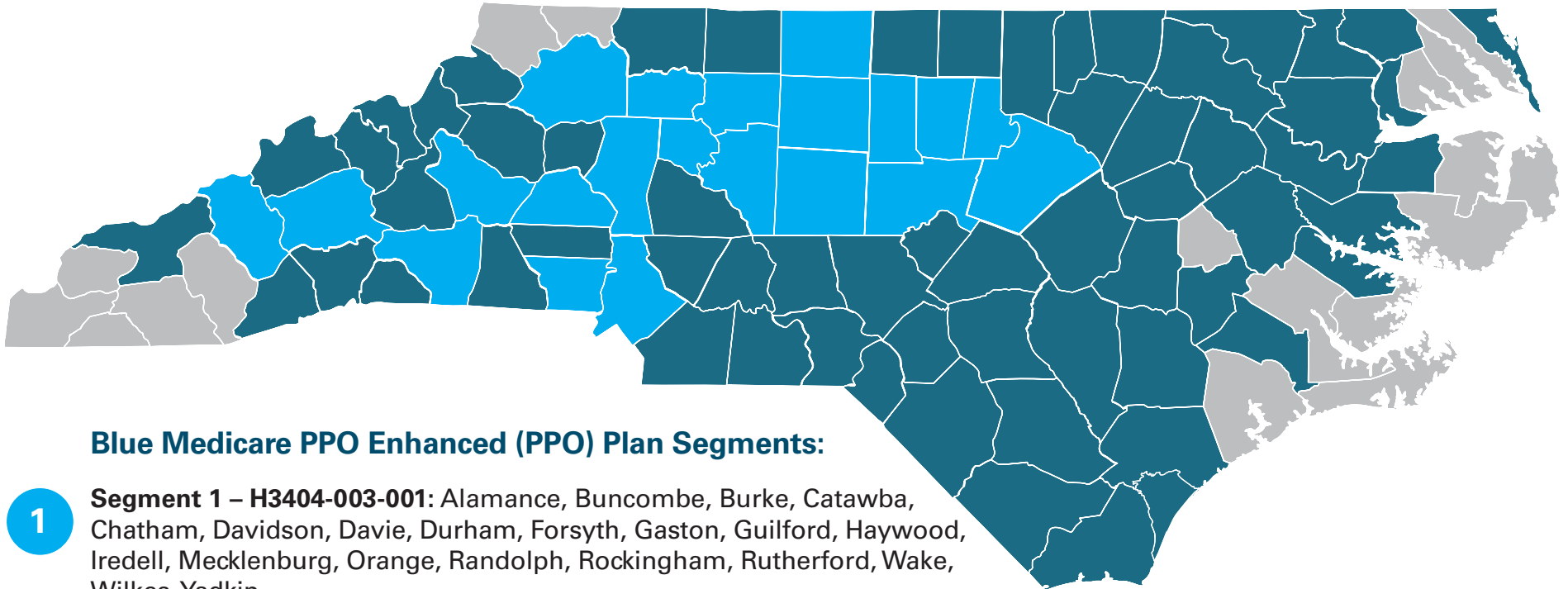
i Additional Plan Benefits	Blue Medicare Medical Only Plan – H3449-012
Silver&Fit	\$0
Routine hearing exam	\$0 copay
Hearing aids (1 per ear per year)	\$699–\$999 copay
Vision allowance (routine prescription eyewear)	\$300 per year
Diabetic Eye Exams	\$0 copay
Dental allowance (preventive and comprehensive)	\$2,000 combined OON at 20%
Meals (post-discharge)	2 per day for 14 days
OTC allowance	\$100 per quarter
Part B Premium Reduction	\$50 a month
Home Safety Devices (2 per year)*	\$0 copay

Rx Prescription Benefits

No prescription benefits offered with this plan

*Devices must be ordered from approved product list using designated provider.

Enhanced Plan



Blue Medicare PPO Enhanced (PPO) Plan Segments:

1

Segment 1 – H3404-003-001: Alamance, Buncombe, Burke, Catawba, Chatham, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Haywood, Iredell, Mecklenburg, Orange, Randolph, Rockingham, Rutherford, Wake, Wilkes, Yadkin

2


Segment 2 – H3404-003-002: Alexander, Anson, Avery, Beaufort, Bertie, Bladen, Brunswick, Cabarrus, Caldwell, Caswell, Chowan, Cleveland, Columbus, Cumberland, Currituck, Duplin, Edgecombe, Franklin, Gates, Granville, Halifax, Harnett, Henderson, Hertford, Hoke, Johnston, Jones, Lee, Lenior, Lincoln, Madison, Martin, McDowell, Mitchell, Montgomery, Moore, Nash, New Hanover, Northhampton, Pender, Person, Pitt, Polk, Richmond, Robeson, Rowan, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Union, Vance, Warren, Washington, Watauga, Wayne, Wilson, Yancey


Blue Medicare PPO Enhanced Plan

Plan Benefits		Segment 1 H3404-003-001	Segment 2 H3404-003-002
Premium		\$29	\$49
Annual maximum out-of-pocket	In-network:	\$5,650	\$5,650
	Out-of-network:	\$5,650	\$5,650
Physician	Primary Care Provider:	\$0	\$0
	Specialist:	\$25	\$35
Hospital	Days 1–5:	\$335	\$335
	Additional unlimited days:	\$0	\$0
Outpatient surgery	Outpatient Hospital:	\$295	\$295
	Ambulatory Surgical Center:	\$200	\$200
Skilled nursing facility	Days 1–20:	\$0	\$0
	Days 21–60:	\$203	\$203
	Days 61–100:	\$0	\$0

Blue Medicare PPO Enhanced Plan



 Plan Benefits	Segment 1 H3404-003-001	Segment 2 H3404-003-002
Diagnostic Services/Labs/Imaging*	\$0–\$300	40% of cost
Ground & Air Ambulance	\$250	\$250
Emergency room	\$120	\$120
Urgent care	\$60	\$60
Medicare-covered eye exam	\$25 copay	\$25 copay
Visitor/traveler program	Yes	Yes

 Additional Plan Benefits	Segment 1 H3404-003-001	Segment 2 H3404-003-002
Silver&Fit	\$0	\$0
Hearing aids (1 per ear per year)	\$699–\$999 copay	\$699–\$999 copay
Vision allowance (routine prescription eyewear)	\$300 per year	\$300 per year
Dental allowance (preventive and comprehensive)	\$2,000 combined OON at 20%	\$2,000 combined OON at 20%
Meals (post-discharge)	2 per day for 14 days	2 per day for 14 days
OTC allowance	\$95 per quarter	\$70 per quarter

Unless otherwise noted, these are in-network benefits.

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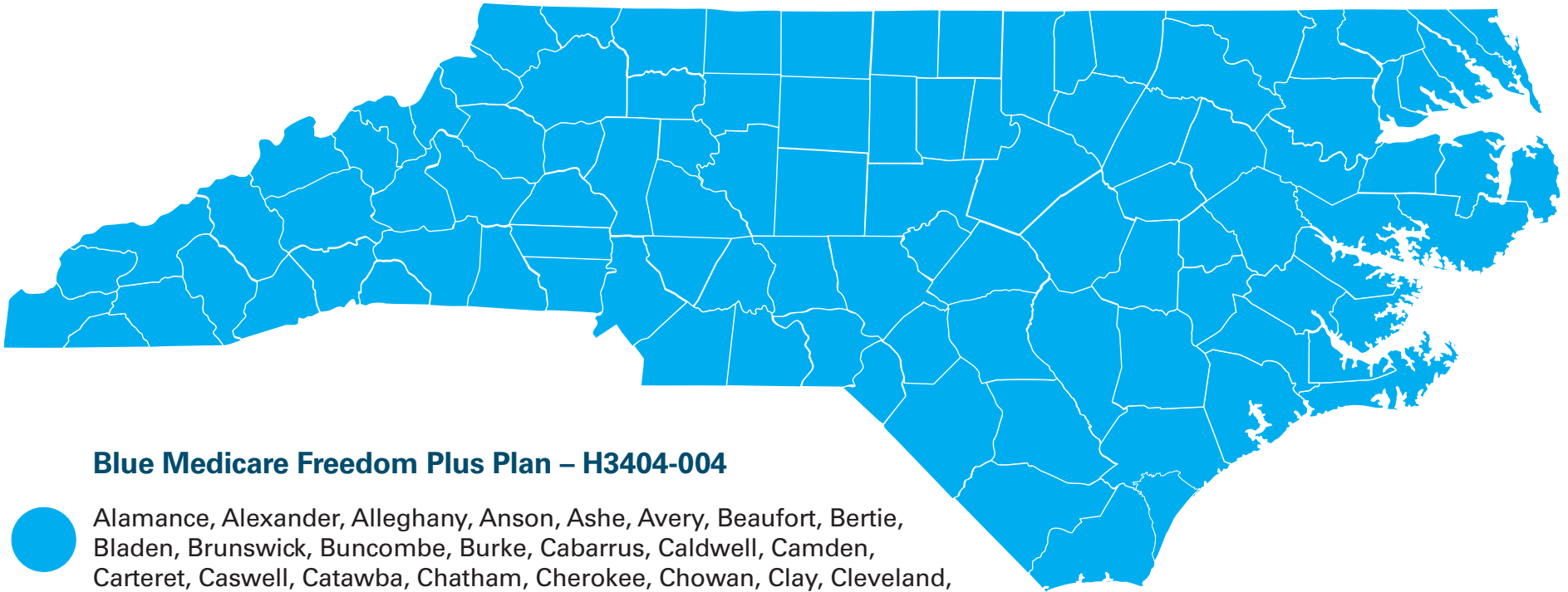
Blue Medicare PPO Enhanced Plan

Rx Prescription Benefits		All Segments
Has Gap coverage?		Yes
Rx deductible		\$0
Rx deductible applies to ...		No deductible
Preferred Rx – 30 day supply	Tier 1: Preferred generic	\$0
	Tier 2: Generic	\$6
	Tier 3: Preferred brand	\$45
	Tier 4: Non-preferred drug	\$99
	Tier 5: Specialty	33%
	Tier 6: Select care	\$0
Preferred Mail Order	For a 90 day supply, you pay \$0 copay for Tiers 1, 2 and 6; for Tiers 3 and 4, you pay up to 2 times the copay at a Preferred Mail Order pharmacy.	

Unless otherwise noted, these are in-network benefits.

Blue Medicare Freedom+™ (PPO)

Freedom+




Blue Medicare Freedom Plus Plan – H3404-004



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

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Freedom+ Plan

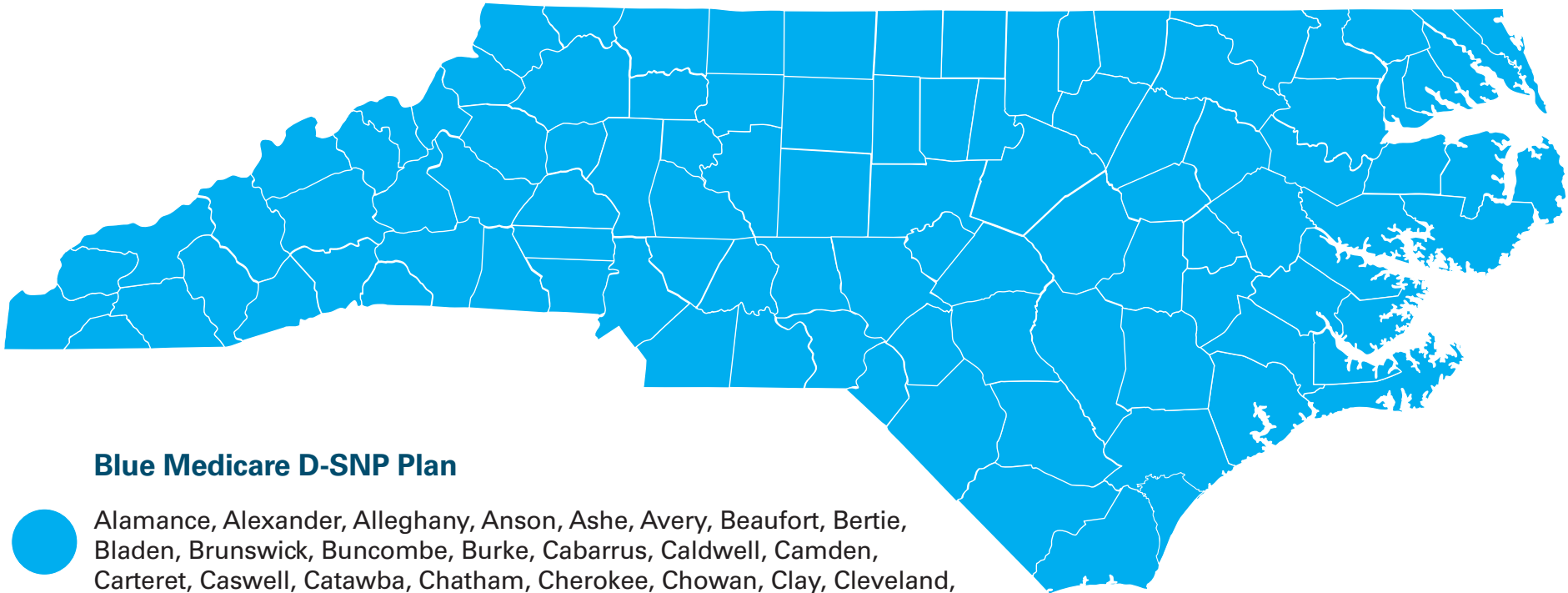
 Plan Benefits	WITH Federal Retiree Benefits* In-Network	WITHOUT Federal Retiree Benefits** In-Network
Monthly premium You must continue to pay your Medicare Part B premium.	\$0	\$0
Part B premium reduction	Up to \$1,200 ¹ yearly	Up to \$1,200 yearly
Annual maximum out-of-pocket	\$6,000 – \$8,500	\$8,850
Primary doctor visit	\$0 copay	20% of cost
Specialist doctor visit	\$0 copay	20% of cost
Inpatient hospital	\$0 copay	\$2,080 copay (per stay up to 90 days)
Outpatient hospital facility	\$0 copay	20% of cost
Ambulatory surgical center	\$0 copay	20% of cost
Diagnostic services/labs/imaging	\$0 copay	20% of cost
Diabetes supplies (Varies by supply)	\$0 copay ²	20% of cost
Emergency room visit	\$0 copay	\$100 copay
Rx coverage	Covered	Not covered
Routine vision services	Not covered	Not covered

*These benefits are illustrative and are based on 2023 federal retiree benefits and having Medicare Advantage pay primary. Out-of-network costs vary based on your federal retiree plan. **Members pay 40% for most out-of-network services.

Footnotes: 1 If you also receive a Part B giveback from your federal retiree benefits, you can receive both – up to, but not exceeding, the total amount of your Part B premium. 2 If supplies are purchased from a professional provider or durable medical equipment supplier.

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D-SNP Plan



Blue Medicare D-SNP Plan

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

D-SNP Plan

 Plan Benefits		H9147-001
Premium		\$0
Annual maximum out-of-pocket		\$8,850
Physician	Primary Care Provider:	\$0 copay
	Specialist:	\$0 copay
Hospital*	Days 1–90:	\$0 copay
	Outpatient Hospital:	\$0 copay
Outpatient surgery	Ambulatory Surgical Center:	\$0 copay
	Skilled nursing facility**	Days 1–100:

Unless otherwise noted, these are in-network benefits.

*Our plan covers 60 “lifetime reserve days.” These are extra days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

**Our plan covers up to 100 days in a Skilled Nursing Facility.

D-SNP Plan




Plan Benefits		H9147-001
Diagnostic Services/Labs/Imaging*		\$0 copay
Ground & Air Ambulance*		\$0 copay
Emergency room		\$0 copay
Urgent care		\$0 copay
Vision care	Routine eye exam:	\$0 copay, 1 per year
	Eyewear allowance:	\$400 per year

Unless otherwise noted, these are in-network benefits.

*May require prior authorization.


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D-SNP Plan

 Additional Plan Benefits	H9147-001
Silver&Fit	\$0 copay
Hearing aids (\$3,000 maximum plan benefit per year)	\$0 copay
Dental allowance (preventative and comprehensive): Unlimited plan benefit combined OON on covered dental services	\$0 copay
Meals (post-discharge)	\$0 copay
OTC/healthy food/household supplies allowance	\$250 per month

Unless otherwise noted, these are in-network benefits.

D-SNP Plan

 Prescription Benefits		Blue Medicare D-SNP Plan – H9147-001
Has Gap coverage?		Yes
Rx deductible		\$0
Rx deductible applies to ...		No deductible
Preferred Rx – 30 day supply	Tier 1: Preferred generic	\$0
	Tier 2: Generic	\$0
	Tier 3: Preferred brand	\$0
	Tier 4: Non-preferred drug	\$0
	Tier 5: Specialty	\$0
	Tier 6: Select care	\$0
Preferred Mail Order	Preferred and Non-Preferred Retail, Mail Order and Long-Term Care Pharmacies. 30-day to 90-day supply.	

Unless otherwise noted, these are in-network benefits.

Blue Medicare AdvantageSM

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