

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

2020 Blue Medicare HMO<sup>SM</sup> Enrollment Kit



**BlueCross BlueShield  
of North Carolina**

Y0079\_8819\_M CMS Accepted 08312019  
U20814, 8/19

**Medicare** plans to fit your needs

Welcome to

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

Thank you for your interest in **Blue Medicare HMO** from Blue Cross and Blue Shield of North Carolina (Blue Cross NC). You'll find all the information you need to sign up today in this enrollment kit.

**Blue Medicare HMO plans – except Blue Medicare Medical Only (HMO) – have Part D prescription drug coverage built right in.** That way, you don't need to buy two plans – a plan for medical benefits and a separate Medicare Part D plan for prescriptions.

**Blue Medicare HMO can provide you with more coverage than Original Medicare and help you keep your costs low.**

**Important Note:**

Out-of-network/non-contracted providers are under no obligation to treat Blue Cross NC members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network service.



When you have Medicare questions, we've got answers. We're ready to help.



To find definitions of commonly used Medicare terms, see the **glossary** on **pages 75 – 77**.

Have Medicare questions? We've got answers.

Contact Blue Cross NC



**Phone:** 1-800-665-8037 (TTY: 711)      **Visit:** [BlueCrossNC.com/Medicare](https://www.bluecrossnc.com/Medicare)



**Hours:**    October – December: 7 days a week, 8 a.m. – 8 p.m.      January – September: Monday – Thursday, 8 a.m. – 6 p.m. Friday, 8 a.m. – 5 p.m.

Or contact your Blue Cross NC **Authorized Agent**

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# The Parts of Medicare

## Medicare Works for You

Medicare is a federal program to help people age 65 and over cover their health care costs. (People under age 65 with certain disabilities may also be eligible.)

When first launched in 1965, the Medicare program included Part A (Hospital Insurance) and Part B (Medical Insurance). Together these two parts are called “Original Medicare.”

Today, you can also choose Part C, a Medicare Advantage plan. Medicare Advantage plans are offered by private companies like Blue Cross NC that contract with Medicare. A Medicare Advantage plan takes the place of Original Medicare and provides you with Part A and Part B benefits.

There’s also Part D, Medicare prescription drug coverage. Most Medicare Advantage plans include Part D. If you choose Original Medicare, Part D is a “stand-alone” option.

Finally, there’s Medicare Supplement (also known as Medigap coverage). These plans cover the gaps in Original Medicare. To learn more, contact Blue Cross NC, your **Authorized Agent** or visit [Medicare.gov](https://www.medicare.gov).

Take the time to **understand Medicare**. It’s important to have a **plan that works for you**, one that fits your needs and budget.



## The A, B, C, Ds of Medicare

### Medicare Basics

Original Medicare (Part A and Part B) is run by the federal government. The government pays doctors and hospitals directly for health care.

#### Part A Covers:

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



#### Part B Covers:

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



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

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



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

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



Note: This information is not a complete description of benefits. Contact Blue Cross NC or your **Authorized Agent** for more information.



# Plan Information

## Blue Medicare HMO is Original Medicare Plus Additional Coverage

Blue Medicare HMO plans provide more coverage than Original Medicare – coverage that not only helps you keep out-of-pocket costs down, but also gives you the security of an out-of-pocket maximum. If your out-of-pocket costs reach that maximum, your Blue Medicare HMO plan begins paying 100% for covered services.

With Blue Medicare HMO, you can count on our extensive network of doctors and specialists – specialists that you can see without needing to get a referral first.

You must use the plan’s network providers, except in emergency or urgent care situations, or for out-of-area renal dialysis. **Please keep in mind that if you obtain routine care from out-of-network providers, neither Medicare nor Blue Cross NC will be responsible for the costs.**



You can count on our **extensive network of doctors and specialists.**

Notes:

- This information is not a complete description of benefits. For more information, contact Blue Cross NC or your **Authorized Agent**.
- See the Summary of Benefits in this brochure for more information on the out-of-pocket maximum.



# About Blue Medicare HMO

## Blue Medicare HMO Plans Offer You Coverage for the Following and More:

- Inpatient and outpatient services
- Skilled nursing facility care
- Home health care
- Worldwide emergency medical care
- Ambulance service and urgent care
- Preventive care
- Healthy aging and exercise program (see page 14)
- Hearing exam and hearing aids (see page 14)
- Dental and vision benefits (see pages 28 – 29)

You’ll also have prescription drug coverage (Medicare Part D) with most of our Blue Medicare HMO plans – plus routine eye exams, mental health and more. And, of course, care you can count on – our Blue Medicare Advantage plans offer you an extensive network of more than 44,000 providers.<sup>1</sup>

You’ll find more information and enrollment forms in the pages that follow.

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

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

- Without additional medical exams
- Without underwriting or additional health questions
- Without any hassle!

During the Annual Enrollment Period or during a Special Enrollment Period you can:

- Switch from one Medicare Advantage plan to another
- Switch from Medicare Advantage to Medicare Supplement
- Switch from Medicare Supplement to Medicare Advantage
- Switch from one of our Medicare Supplement plans to another

So, you can always be sure to have the Medicare plan that best suits your needs and budget.



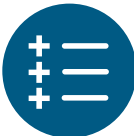
- We’re proud to be one of North Carolina’s leading health insurance companies. Today, more than 3.7 million customers rely on us for health care solutions – more than any other insurer based in North Carolina. In fact, one of every three North Carolinians is among our customers.<sup>2</sup>
- For more than 85 years, North Carolinians have trusted us for the health care coverage they need. We’re ready to meet your Medicare needs.

Footnotes:

- 1 Blue Cross NC internal data, June 2019.
- 2 Blue Cross NC internal membership data and NC Budget and Management Office population data as of April 2019.

Note:

\* Certain limits apply. You may only switch plans at designated times during the year.



# Plan Benefit Highlights

# Plan Benefit Highlights

BlueMedicare HMO <sup>SM</sup>		Medical Only H3449-012	Essential H3449-025	Essential Plus H3449-023-001 H3449-023-002 H3449-023-004 H3449-023-005	Choice H3449-026	Enhanced H3449-024-001 H3449-024-002 H3449-024-003
Annual Out-of-Pocket Maximum:		\$4,400	\$6,700	001 – \$4,200 002 – \$5,400 004 – \$6,700 005 – \$6,700	\$3,900	001 – \$3,900 002 – \$4,900 003 – \$5,500
Doctor Visits:	Primary:	\$20 copay	\$10 copay	\$0 copay	Tier 1: \$0 copay Others: \$35 copay	\$0 copay
	Specialist:	\$40 copay	\$50 copay	\$50 copay	\$40 copay	\$40 copay
Outpatient Services:	Ambulatory Surgical Center:	\$200 copay	\$250 copay	\$250 copay	\$250 copay	\$175 copay
	Outpatient Hospital Facility:	\$300 copay	\$310 copay	\$310 copay	\$310 copay	\$275 copay
Inpatient Care: Copay applies to days 1 – 6, per admission.	Inpatient Hospital Care:	\$310 copay	\$310 copay	\$310 copay	\$310 copay	\$310 copay
	Inpatient Mental Care:	\$276 copay	\$276 copay	\$276 copay	\$276 copay	\$276 copay
Diagnostic Services/Labs/Imaging:		20% of cost	20% of cost	20% of cost	20% of cost	20% of cost
Ambulance Services:	Ground and air	\$250 copay	\$275 copay	\$275 copay	\$275 copay	\$250 copay
Emergency Care:	Urgent Care:	\$65 copay	\$65 copay	\$65 copay	\$65 copay	\$65 copay
	Emergency Room:	\$90 copay	\$90 copay	\$90 copay	\$90 copay	\$90 copay
Healthy Aging and Exercise Program:	Participating facilities	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Routine Hearing Exam:	Select providers	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay

Notes:

- This chart shows the portion of costs that you’re responsible for.
- Limitations, copayments and restrictions may apply. For an outline of coverage, please refer to the Blue Medicare HMO Summary of Benefits.

Notes Continued:

- This information is not a complete description of benefits. For more plan information, contact Blue Cross NC or your **Authorized Agent**.
- Benefits and/or copayments/coinsurance may change on January 1 of each year.



# Prescription Drug Coverage

### Most Blue Medicare HMO Plans Include Drug Coverage

Medicare prescription drug coverage is included with most Blue Medicare HMO plans. You can have your health care and prescription drug coverage in one plan for one monthly premium.

See pages 11 and 32 – 37 to learn more about the prescription drug coverage that’s included with Blue Medicare HMO plans.



### Save Money on Your Prescriptions

The Blue Cross NC Preferred Pharmacy Network includes many national pharmacy chains and local pharmacies. It’s a network of pharmacies that have worked with Blue Cross NC to bring you savings and value.

With our preferred network pharmacies, you’ll find:

- lower costs
- better value
- greater convenience

Chances are you already live or work near one of our network pharmacies.



### Save Time, Too

You can save time when you use our mail-order pharmacy services. Your prescriptions are delivered right to your door, and we handle all the paperwork. What could be simpler?



# Common Drugs<sup>1</sup>

A partial list of commonly prescribed drugs covered by our plans

Blue Medicare HMO<sup>™</sup>

Drug	Tier	Drug	Tier	Drug	Tier
<b>alendronate sodium</b> .....	6	finasteride.....	2	montelukast sodium .....	2
allopurinol .....	2	fluoxetine HCL .....	2	omeprazole.....	2
alprazolam .....	3	fluticasone propionate.....	2	oxybutynin chloride .....	2
amiodarone HCL .....	2,4	furosemide .....	1,2	oxycodone HCL.....	3
amitriptyline HCL .....	4	gabapentin.....	2	oxycodone/ acetaminophen .....	3,4
amlodipine besylate .....	1,2	<b>glimepiride</b> .....	6	pantoprazole sodium.....	2
amoxicillin.....	1	<b>glipizide</b> .....	6	paroxetine HCL .....	4
amoxicillin/ clavulanate potassium.....	2,4	<b>glipizide ER</b> .....	6	<b>pioglitazone HCL</b> .....	6
atenolol.....	2	Humalog Kwikpen.....	3	potassium chloride micro ER.....	2
<b>atorvastatin calcium</b> .....	6	hydralazine HCL .....	2	potassium chloride ER .....	2,3
azithromycin .....	2	hydrochlorothiazide .....	1,2	<b>pravastatin sodium</b> .....	6
baclofen.....	2	hydrocodone/ acetaminophen .....	3	prednisone .....	1,2,3
<b>benazepril HCL</b> .....	6	ibuprofen .....	2	quetiapine fumarate .....	2
brimonidine tartrate.....	2,4	<b>irbesartan</b> .....	6	<b>ramipril</b> .....	6
bupropion hydrochloride ER (XL).....	3	isosorbide mononitrate ER .....	2	ranitidine HCL.....	2
buspirone HCL .....	2,3	Januvia.....	3	ropinirole HCL .....	2
cartia XT .....	3	Lantus Solostar .....	3	<b>rosuvastatin calcium</b> .....	6
carvedilol .....	2	latanoprost .....	2	sertraline HCL .....	2
cephalexin .....	2,4	levothyroxine sodium.....	2	<b>simvastatin</b> .....	6
chlorthalidone.....	2	<b>lisinopril</b> .....	6	Spiriva HandiHaler.....	3
ciprofloxacin HCL .....	2,4	<b>lisinopril/ hydrochlorothiazide</b> .....	6	spironolactone.....	2
citalopram hydrobromide .....	1,2	lorazepam.....	2	Symbicort .....	3
clonazepam .....	2	<b>losartan potassium</b> .....	6	tamsulosin HCL.....	2
clonidine HCL.....	2	<b>losartan potassium/ hydrochlorothiazide</b> .....	6	timolol maleate solution.....	1,2
clopidogrel .....	2	<b>lovastatin</b> .....	6	tizanidine HCL .....	2
diclofenac sodium DR.....	2,3	Lyrica .....	3	topiramate .....	2
donepezil HCL.....	2,3	meloxicam.....	1,2	tramadol HCL .....	3
doxazosin mesylate.....	2	memantine HCL.....	2	trazodone hydrochloride.....	2,3
duloxetine HCL .....	3	<b>metformin hydrochloride</b> .....	6	triamterene/ hydrochlorothiazide .....	2
Eliquis .....	3	<b>metformin hydrochloride ER</b> .....	6	venlafaxine HCL ER .....	2
<b>enalapril maleate</b> .....	6	metoprolol succinate ER.....	2	Ventolin HFA .....	3
escitalopram oxalate .....	2	metoprolol tartrate .....	1	warfarin sodium .....	2
ezetimibe.....	3	mirtazapine.....	2,3	Xarelto .....	3
famotidine .....	2			zolpidem tartrate .....	4
fenofibrate .....	2				

Key	<b>bold</b> = Tier 6	lowercase = generic	Capitalized Name = brand-name
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Footnote: 1 Data provided from 2019 Prime Therapeutics pharmacy data.

Notes: Some covered drugs may have additional requirements or limits on coverage. Drugs on multiple tiers have different dosages per tier. Tier 6 drugs include select generic medications used to treat blood pressure, cholesterol and diabetes. For more information, refer to the drug list available online. The formulary and pharmacy network may change at any time. You will receive notice when necessary.

For a complete listing, call: **1-800-665-8037** (TTY: 711), Hours: Oct – Dec, 7 days a week, 8 am – 8 pm, Jan – Sept, Mon – Thur, 8 am – 6 pm and Fri 8 am – 5 pm. Or visit: **BlueCrossNC.com/Medicare**

Click on “Find Doctor/Drug/Facility” (center top of the page).

# Qualifying for Financial Help

## There's Financial Help Available

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

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

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

Many people aren't aware that **there's financial help available** for those who need help paying their Medicare premiums.

**To learn more,** use the contact information below.

## To see if you qualify for Extra Help, contact:

	Medicare Office	Social Security Office	Medicaid Office
	<b>Phone:</b> 1-800-MEDICARE (1-800-633-4227)	<b>Phone:</b> 1-800-772-1213	<b>Phone:</b> 1-800-662-7030
	<b>TTY/TDD:</b> 1-877-486-2048	<b>TTY/TDD:</b> 1-800-325-0778	<b>TTY:</b> 1-877-486-2048
	<b>Hours:</b> 7 days a week 24 hrs. a day	<b>Hours:</b> Mon. – Fri. 7 a.m. – 7 p.m.	<b>Hours:</b> Mon. – Fri. 8 a.m. – 5 p.m.
	<b>Online:</b> <i>Medicare.gov</i>		

# Visiting the Doctor

## Turn To Our Network Providers

You'll want to choose a primary care provider (PCP) from within the network to coordinate your care. Among the kinds of PCPs that may be available are:

- Family practice doctor
- General practice doctor
- Internal medicine doctor
- Nurse practitioner
- Physician assistant

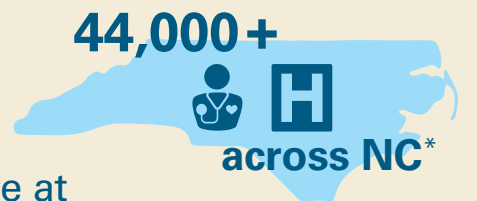
## In-Network Value

With our HMO plans, you must use the plan's in-network providers, except in emergency or urgent care situations or for out-of-area renal dialysis. If you obtain routine care from out-of-network providers, neither Medicare nor Blue Cross NC will be responsible for the costs.

With your HMO plan, you may visit a specialist at any time without a referral. However, as with any other doctor, you should visit an in-network specialist or you may be responsible for more of the costs.

## Care You Can Count On

Our Blue Medicare Advantage plans offer you an **extensive network** of more than **44,000 providers.\*** You'll get your health care at **lower prices** by using these in-network providers.



Footnote: \*Blue Cross NC internal data, June 2019.  
Note: Not all plans are available in all areas.

## How to find a doctor:

Visit **BlueCrossNC.com/Medicare**

Click on "Find **Doctor/Drug/Facility**" (center top of the page)

# There's More to Your Blue Medicare Plan

## You Can Also Count on These Included Programs



### Healthy Aging and Exercise Program

This fitness program offers you a no-cost membership at a fitness facility or exercise center near you. And if the gym's not for you? You can enroll in the Silver&Fit Home Fitness Program and work out in the comfort of your own home. There is a wide selection of home fitness kits to choose from. All are available at no extra cost.



### Hearing Aid Program

Your TruHearing benefit covers up to two hearing aids per year. (See pages 28 – 29 for more information.) As part of the program, a TruHearing provider will consult with you to determine the best type and style of hearing aid to address your lifestyle and unique hearing needs. If you are experiencing hearing loss, we hope you'll take advantage of your benefit. To schedule a hearing exam with a provider in your area, call TruHearing at 1-866-202-0093.

## PLUS

### Dental and Vision Services

Your Blue Medicare Advantage plan also comes with benefits for vision and dental care. See page 28 – 29 for more information.

#### Notes:

- The Silver&Fit® program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit, the Silver&Fit logo and Something For Everyone are trademarks of ASH and used with permission herein. ASH is an independent company that is solely responsible for fitness services it is providing. American Specialty Health does not offer Blue Cross or Blue Shield products or services. You should consult with your doctor before taking part in a fitness program. All programs and services are not available in all areas. Silver&Fit and the Silver&Fit logo are trademarks of ASH. Not connected with or endorsed by the U.S. government or the federal Medicare program. American Fitness does not offer Blue Cross NC products or services. This program may change or be discontinued at any time.
- TruHearing® is a registered trademark of TruHearing, Inc. TruHearing is an independent company and does not offer Blue Cross NC products or services. This program may change or be discontinued at any time.



# Which Plans Are Available to Me?

## Coverage You Can Count On

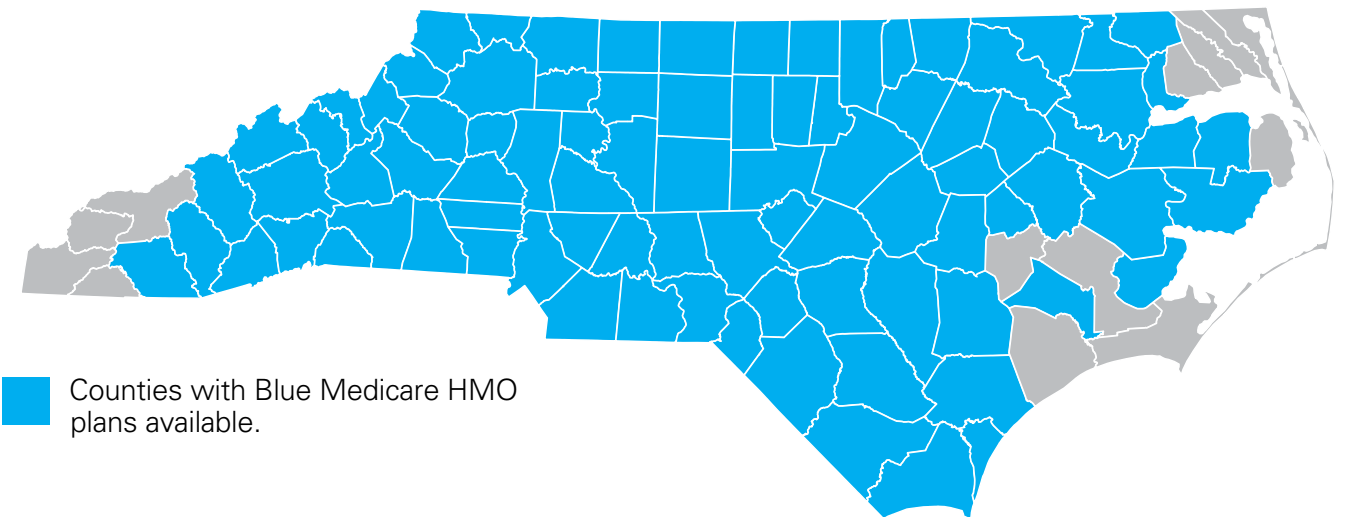
Selecting the right plan is important. Depending on where you live, you may have several Blue Medicare HMO plan offerings to choose from.

Use the charts on pages 16 – 19 to see which plans are available in your county.

If your county is not listed in the charts, Blue Medicare HMO is not available where you live. Please contact Blue Cross NC or your **Authorized Agent** to discuss our other Medicare plan options.



We offer Blue Medicare HMO plans in **87 counties** across **North Carolina**.



Counties with Blue Medicare HMO plans available.

## Have Medicare questions? We've got answers.

### Contact Blue Cross NC



**Phone:** 1-800-665-8037 (TTY: 711)

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



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

January – September:  
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Friday, 8 a.m. – 5 p.m.

Or contact your Blue Cross NC **Authorized Agent**





# Plan Offerings and Premiums by County

BlueMedicare HMO™

		Medical Only H3449-012	Essential H3449-025	Essential Plus H3449-023-				Choice H3449-026	Enhanced H3449-024-		
				001	002	004	005		001	002	003
Monthly Premium:*		\$0	\$0	\$0	\$0	\$19	\$39	\$0	\$39	\$49	\$75
A	Alamance	✓		✓					✓		
	Alexander	✓			✓					✓	
	Alleghany	✓	✓				✓				✓
	Anson	✓	✓			✓					
	Ashe	✓	✓				✓				✓
B	Avery	✓	✓				✓				✓
	Beaufort	✓	✓				✓				✓
	Bertie	✓	✓				✓				✓
	Bladen	✓	✓				✓				✓
	Brunswick	✓			✓						
C	Buncombe	✓		✓					✓		
	Burke	✓		✓					✓		
	Cabarrus	✓			✓						
	Caldwell	✓	✓				✓				✓
	Caswell	✓	✓			✓					✓
	Catawba	✓		✓					✓		
	Chatham	✓	✓			✓					✓
	Chowan	✓	✓				✓				✓
	Cleveland	✓	✓				✓				✓
	Columbus	✓	✓				✓				✓
	Cumberland	✓			✓					✓	

\*You must continue to pay your Medicare Part B premium.  
Note: Premiums may change on January 1 of each year.

Continued ▶



# Plan Offerings and Premiums by County

BlueMedicare HMO™

		Medical Only H3449-012	Essential H3449-025	Essential Plus H3449-023-				Choice H3449-026	Enhanced H3449-024-		
				001	002	004	005		001	002	003
Monthly Premium:*		\$0	\$0	\$0	\$0	\$19	\$39	\$0	\$39	\$49	\$75
D	Davidson	✓		✓							
	Davie	✓	✓				✓				✓
	Duplin	✓	✓				✓				
	Durham	✓		✓					✓		
E	Edgecombe	✓	✓				✓				✓
F	Forsyth	✓		✓				✓			
	Franklin	✓			✓					✓	
G	Gaston	✓	✓				✓				✓
	Gates	✓	✓				✓				✓
	Granville	✓	✓			✓					✓
	Greene	✓	✓				✓				✓
	Guilford	✓		✓				✓	✓		
	Halifax	✓	✓				✓				✓
H	Harnett	✓	✓				✓				✓
	Haywood	✓		✓					✓		
	Henderson	✓			✓					✓	
	Hertford	✓	✓				✓				✓
	Hoke	✓			✓					✓	
	Hyde	✓	✓				✓				✓
	Iredell	✓	✓				✓				
	Jackson	✓			✓					✓	
J	Johnston	✓	✓			✓					✓

\*You must continue to pay your Medicare Part B premium.  
Note: Premiums may change on January 1 of each year.

Continued ▶



# Plan Offerings and Premiums by County

Blue Medicare HMO™

		Medical Only H3449-012	Essential H3449-025	Essential Plus H3449-023-				Choice H3449-026	Enhanced H3449-024-		
				001	002	004	005		001	002	003
Monthly Premium:*		\$0	\$0	\$0	\$0	\$19	\$39	\$0	\$39	\$49	\$75
J	Jones	✓	✓				✓				✓
	Lee	✓	✓				✓				✓
L	Lincoln	✓	✓				✓				✓
	Macon	✓			✓					✓	
M	Madison	✓			✓					✓	
	Martin	✓	✓				✓				✓
	McDowell	✓			✓					✓	
	Mecklenburg	✓		✓				✓			
	Mitchell	✓			✓					✓	
	Montgomery	✓	✓			✓					✓
	Moore	✓			✓					✓	
	Nash	✓	✓				✓				✓
N	New Hanover	✓			✓					✓	
	Northampton	✓	✓				✓				✓
O	Orange	✓		✓					✓		
P	Pamlico	✓	✓				✓				✓
	Pender	✓	✓				✓				✓
	Person	✓			✓					✓	
	Pitt	✓	✓				✓				
	Polk	✓			✓					✓	
	Randolph	✓		✓					✓		
R	Richmond	✓	✓				✓				✓

\* You must continue to pay your Medicare Part B premium.  
Note: Premiums may change on January 1 of each year.

Continued ►



# Plan Offerings and Premiums by County

Blue Medicare HMO™

		Medical Only H3449- 012	Essential  H3449- 025	Essential Plus  H3449-023-				Choice  H3449- 026	Enhanced  H3449-024-			
				001	002	004	005		001	002	003	
		Monthly Premium:*	\$0	\$0	\$0	\$0	\$19	\$39	\$0	\$39	\$49	\$75
R	Robeson	✓	✓				✓				✓	
	Rockingham	✓		✓					✓			
	Rowan	✓			✓							
	Rutherford	✓		✓					✓			
S	Sampson	✓	✓				✓				✓	
	Scotland	✓	✓				✓				✓	
	Stanly	✓	✓			✓					✓	
	Stokes	✓	✓			✓						
	Surry	✓	✓			✓						
T	Transylvania	✓			✓					✓		
	Tyrrell	✓	✓				✓				✓	
U	Union	✓			✓					✓		
V	Vance	✓	✓			✓					✓	
W	Wake	✓		✓					✓			
	Warren	✓	✓			✓					✓	
	Washington	✓	✓				✓					
	Watauga	✓	✓				✓				✓	
	Wayne	✓	✓				✓				✓	
	Wilkes	✓	✓				✓					
	Wilson	✓	✓				✓					
	Yadkin	✓	✓				✓				✓	
	Yancey	✓			✓					✓		

\* You must continue to pay your Medicare Part B premium.  
Note: Premiums may change on January 1 of each year.

Plan Information



## Frequently Asked Questions

**Question:** Can I buy a Medicare Advantage plan and a stand-alone Medicare prescription drug plan?

**Answer:** No. Our Medicare Advantage plans do not allow you to have a stand-alone prescription drug plan. If you want a Medicare Advantage plan and want Medicare prescription drug coverage, you should enroll in one of our Medicare Advantage plans that includes prescription drug benefits.

**Question:** If I choose the Blue Medicare HMO plan that does not include Medicare prescription drug coverage, can I buy this drug coverage separately from another source?

**Answer:** No. If you choose to enroll in a Medicare Advantage plan that does not include drug coverage, like our Medical Only plan, federal regulations prohibit you from purchasing a separate Medicare prescription drug plan with certain types of Medicare Advantage plans.

**Question:** What if I already have health insurance through my employer and plan to continue working past age 65? Do I have to sign up for Original Medicare?

**Answer:** No. But you will want to compare the benefits and costs of Original Medicare with your current plan to make sure you have the coverage that works best for you.

**Question:** If I choose a Blue Medicare HMO plan, can I also buy a Blue Medicare Supplement plan?

**Answer:** No. If you choose to enroll in a Medicare Advantage plan, like Blue Medicare HMO, you cannot enroll in a Medicare Supplement plan. Medicare Supplement plans are only available if you maintain Original Medicare as your primary coverage. (Medicare Supplement plans are also known as Medigap plans.)

**Question:** Can my spouse and I share a Medicare policy?

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



## Frequently Asked Questions

**Question:** What happens to my Original Medicare coverage when I join a Medicare Advantage plan?

**Answer:** Once you become a member of a Blue Medicare HMO plan, we handle the administration of your Original Medicare. You keep your status as a Medicare beneficiary, plus you gain the enhanced coverage available through your Medicare Advantage health plan. You will receive a Blue Medicare Advantage ID card that you must present when using your benefits.

**Question:** If I am a military retiree, can I join a Medicare Advantage plan without losing my military benefits?

**Answer:** Yes. Once you join Blue Medicare HMO, you can continue to use your military benefits at military facilities, and you can use your Blue Medicare HMO plan benefits outside of the military system. For example, if you join the Blue Medicare HMO Medical Only plan, you can continue to obtain your prescription drugs from the military system.

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

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

### Have Medicare questions? We've got answers.

#### Contact Blue Cross NC



**Phone:** 1-800-665-8037 (TTY: 711)

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



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

January – September:  
Monday – Thursday, 8 a.m. – 6 p.m.  
Friday, 8 a.m. – 5 p.m.

Or contact your Blue Cross NC **Authorized Agent**





# 2020 Summary of Benefits

**Blue**Medicare HMO<sup>SM</sup> MedicareRx<sup>SM</sup>  
Prescription Drug Coverage

Plans: H3449-012, H3449-025, H3449-023-001, H3449-023-002, H3449-023-004,  
H3449-023-005, H3449-026, H3449-024-001, H3449-024-002, H3449-024-003

This is a summary of drug and health services covered under Blue Medicare HMO Plans  
**January 1, 2020 – December 31, 2020.**

## Blue Medicare HMO<sup>SM</sup> Summary of Benefits

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) is an HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal. The benefits information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the “Evidence of Coverage.” Call customer service at **1-888-310-4110** (TTY: 711), access online at [BlueCrossNC.com/Medicare](https://www.BlueCrossNC.com/Medicare) or contact your **Authorized Agent**.

**Please note:**  
Blue Medicare HMO has a network of doctors, hospitals, pharmacies and other providers. If you use providers that are not in our network, the plan may not pay for these services.  
  
To join Blue Medicare HMO Plans, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area.

**Our service area includes the following counties in North Carolina:**

**Blue**Medicare Medical Only<sup>SM</sup> (HMO) H3449-012:

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

# Summary of Benefits

Our service area includes the following counties in North Carolina (Continued):

**Blue**Medicare Essential<sup>SM</sup> (HMO) H3449-025:

Alleghany	Chatham	Granville	Lee	Richmond	Warren
Anson	Chowan	Greene	Lincoln	Robeson	Washington
Ashe	Cleveland	Halifax	Martin	Sampson	Watauga
Avery	Columbus	Harnett	Montgomery	Scotland	Wayne
Beaufort	Davie	Hertford	Nash	Stanly	Wilkes
Bertie	Duplin	Hyde	Northampton	Stokes	Wilson
Bladen	Edgecombe	Iredell	Pamlico	Surry	Yadkin
Caldwell	Gaston	Johnston	Pender	Tyrrell	
Caswell	Gates	Jones	Pitt	Vance	

**Blue**Medicare Essential Plus<sup>SM</sup> (HMO) H3449-023-001:

Alamance	Catawba	Forsyth	Mecklenburg	Rockingham
Buncombe	Davidson	Guilford	Orange	Rutherford
Burke	Durham	Haywood	Randolph	Wake

**Blue**Medicare Essential Plus<sup>SM</sup> (HMO) H3449-023-002:

Alexander	Franklin	Macon	Moore	Rowan
Brunswick	Henderson	Madison	New Hanover	Transylvania
Cabarrus	Hoke	McDowell	Person	Union
Cumberland	Jackson	Mitchell	Polk	Yancey

**Blue**Medicare Essential Plus<sup>SM</sup> (HMO) H3449-023-004:

Anson	Chatham	Johnston	Stanly	Surry	Warren
Caswell	Granville	Montgomery	Stokes	Vance	

# Summary of Benefits

Our service area includes the following counties in North Carolina (Continued):

**Blue**Medicare Essential Plus<sup>SM</sup> (HMO) H3449-023-005:

Alleghany	Chowan	Gates	Jones	Pender	Washington
Ashe	Cleveland	Greene	Lee	Pitt	Watauga
Avery	Columbus	Halifax	Lincoln	Richmond	Wayne
Beaufort	Davie	Harnett	Martin	Robeson	Wilkes
Bertie	Duplin	Hertford	Nash	Sampson	Wilson
Bladen	Edgecombe	Hyde	Northampton	Scotland	Yadkin
Caldwell	Gaston	Iredell	Pamlico	Tyrrell	

**Blue**Medicare Choice<sup>SM</sup> (HMO) H3449-026:

Forsyth	Guilford	Mecklenburg
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**Blue**Medicare Enhanced<sup>SM</sup> (HMO) H3449-024-001:

Alamance	Burke	Durham	Haywood	Randolph	Rutherford
Buncombe	Catawba	Guilford	Orange	Rockingham	Wake

**Blue**Medicare Enhanced<sup>SM</sup> (HMO) H3449-024-002:

Alexander	Henderson	Macon	Mitchell	Person	Union
Cumberland	Hoke	Madison	Moore	Polk	Yancey
Franklin	Jackson	McDowell	New Hanover	Transylvania	

**Blue**Medicare Enhanced<sup>SM</sup> (HMO) H3449-024-003:

Alleghany	Chatham	Granville	Lee	Richmond	Watauga
Ashe	Chowan	Greene	Lincoln	Robeson	Wayne
Avery	Cleveland	Halifax	Martin	Sampson	Yadkin
Beaufort	Columbus	Harnett	Montgomery	Scotland	
Bertie	Davie	Hertford	Nash	Stanly	
Bladen	Edgecombe	Hyde	Northampton	Tyrrell	
Caldwell	Gaston	Johnston	Pamlico	Vance	
Caswell	Gates	Jones	Pender	Warren	

# Summary of Benefits

# Summary of Benefits

Blue Medicare HMO <sup>SM</sup>		Medical Only H3449-012	Essential H3449-025	Essential Plus H3449-023-				Choice H3449-026	Enhanced H3449-024-		
Benefit	What You Should Know	001	002	004	005	001	002	003	001	002	003
Monthly Premium:	You must also continue to pay your Medicare Part B premium.	\$0	\$0	\$0	\$0	\$19	\$39	\$0	\$39	\$49	\$75
Deductible:	These plans have no medical deductible.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annual Maximum Out-of-Pocket Amount:	Does not include prescription drugs.	\$4,400	\$6,700	\$4,200	\$5,400	\$6,700	\$6,700	\$3,900	\$3,900	\$4,900	\$5,500
The below shows your portion of the costs / \$ = copay / % = of cost											
Inpatient Hospital Care: (Cost share applies per day. Benefit period applied per admission.)	Days 1–6:	\$310	\$310	\$310	\$310	\$310	\$310	\$310	\$310	\$310	\$310
	Days 7–90:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Days 91 & beyond:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Services:*	Ambulatory Surgical Center:	\$200	\$250	\$250	\$250	\$250	\$250	\$250	\$175	\$175	\$175
	Outpatient Hospital:	\$300	\$310	\$310	\$310	\$310	\$310	\$310	\$275	\$275	\$275
Doctor Visit:	Primary:	\$20	\$10	\$0	\$0	\$0	\$0	Tier 1: \$0 Others: \$35	\$0	\$0	\$0
	Specialist:	\$40	\$50	\$50	\$50	\$50	\$50	\$40	\$40	\$40	\$40
Preventive Care:	Any additional preventive services approved by Medicare during the contract year will be covered.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Emergency Care:	If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs. Emergency services are covered worldwide.	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90
Urgently Needed Services:		\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Diagnostic Services/ Labs/Imaging:*	Diagnostic Tests, Labs, Radiology Services and X-rays.	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%

Note: \* May require prior authorization.



# Summary of Benefits

# Summary of Benefits

Blue Medicare HMO™			Medical Only H3449-012	Essential H3449-025	Essential Plus H3449-023-				Choice H3449-026	Enhanced H3449-024-		
Benefit	What You Should Know				001	002	004	005		001	002	003
Hearing Services:	Medicare-Covered Hearing Exam:	Exams to diagnose and treat hearing and balance issues.	\$40	\$50	\$50	\$50	\$50	\$50	\$40	\$40	\$40	\$40
	Routine Hearing Exam:	One per ear, per year. Must use TruHearing* providers.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Hearing Aids:	One per ear, per year. Must use TruHearing* providers.	\$699 – \$999	\$699 – \$999	\$699 – \$999	\$699 – \$999	\$699 – \$999	\$699 – \$999	\$699 – \$999	\$699 – \$999	\$699 – \$999	\$699 – \$999
Dental Services:	Medical-Covered Dental Services:**	Medicare may pay for certain services when you're in a hospital and need emergency or complicated dental procedures.	\$40	\$50	\$50	\$50	\$50	\$50	\$40	\$40	\$40	\$40
	Allowance:	Yearly amount for preventive services (oral exams, cleaning, fluoride treatment, and x-rays).	N/A	N/A	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300
Vision Services:	Routine Eye Exam:	Once every 12 months.	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
	Allowance:	Yearly amount for routine exam.	\$100	\$100	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Yearly amount for routine exam and eyewear.	N/A	N/A	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200
	Medicare-Covered Glaucoma Test:	For people who are at high risk of glaucoma.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Medicare-Covered Eye Exam:	For the diagnosis and treatment of illnesses and injuries of the eye.	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
	Eyewear After Cataract Surgery:	One pair of eyeglasses or one pair of contact lenses.	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%

Notes:  
\* TruHearing® is a registered trademark of TruHearing, Inc.  
TruHearing is an independent company and does not offer Blue Cross NC products or services.  
\*\* May require prior authorization.

The above shows your portion of the costs / \$ = copay / % = of cost

# Summary of Benefits

# Summary of Benefits

Blue Medicare HMO™			Medical Only	Essential	Essential Plus				Choice	Enhanced		
Benefit		What You Should Know	H3449-012	H3449-025	001	002	004	005	H3449-026	001	002	003
Mental Health Services:*	Inpatient: (Cost share applies per day. Benefit period applied per admission.)	Days 1–6:	\$276	\$276	\$276	\$276	\$276	\$276	\$276	\$276	\$276	\$276
		Days 7–90:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		Days 91–190:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Outpatient: (Mental health and substance abuse*)	Individual and group sessions	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Skilled Nursing Facility:*	(Cost share applies per day. Benefit period applied per admission.)	Days 1–20:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		Days 21–60:	\$178	\$178	\$178	\$178	\$178	\$178	\$178	\$178	\$178	\$178
		Days 61–100:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Rehabilitation Services:	Occupational, Physical and Speech Language Therapy:*	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
	Cardiac and Pulmonary Rehab Services:*	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Ambulance Services:*	Covers medically necessary ground and air ambulance services.	\$250	\$275	\$275	\$275	\$275	\$275	\$275	\$275	\$250	\$250	\$250
Transportation:			Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Medicare Part B Drugs:*			20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Podiatry Services:	Foot care	\$40	\$50	\$50	\$50	\$50	\$50	\$50	\$40	\$40	\$40	\$40
Medical Equipment and Supplies:	Durable Medical Equipment and Supplies: *	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
	Prosthetics:*	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
	Diabetic Shoes or Inserts:	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
	Diabetes Supplies:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Aging and Exercise Program:	Participating facilities	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Note: \* May require prior authorization.

The above shows your portion of the costs / \$ = copay / % = of cost

# Summary of Benefits

Blue Medicare Essential<sup>SM</sup> H3449-025

**Deductible:** Tiers 1, 2 and 6: \$0  
Tiers 3, 4 and 5: \$375

 Prescription Drug Coverage

Benefit	Preferred Pharmacies			Non-preferred Pharmacies		
	1-month 30-day supply	2-months 60-day supply	3-months 90-day supply	1-month 30-day supply†	2-months 60-day supply	3-months 90-day supply
Tier 1 - Preferred Generic:	\$3 copay	\$6 copay	\$9 copay	\$15 copay	\$30 copay	\$45 copay
Tier 2 - Generic:	\$10 copay	\$20 copay	\$30 copay	\$20 copay	\$40 copay	\$60 copay
Tier 3 - Preferred Brand:	\$37 copay	\$74 copay	\$111 copay	\$47 copay	\$94 copay	\$141 copay
Tier 4 - Non-preferred Drug:	45% of cost	45% of cost	45% of cost	50% of cost	50% of cost	50% of cost
Tier 5 - Specialty Tier:	26% of cost	Tier 5 is limited to a one-month (30-day) supply		26% of cost	Tier 5 is limited to a one-month (30-day) supply	
Tier 6 - Select Care Drug:	\$0 copay	\$0 copay	\$0 copay	\$3 copay	\$3 copay	\$3 copay

† Long-Term Care pharmacy benefit is covered the same as retail non-preferred for 31 days instead of 30 days.

- This chart shows your portion of the costs. Benefits shown are available at preferred pharmacies.
- For a 90-day supply for Tiers 1, 2 and 3 you pay up to 2 times the 30-day copay at a Preferred Mail order pharmacy.
- Our preferred pharmacy and preferred mail-order pharmacy networks include: **EPIC, Walmart, Walgreens, AllianceRx Walgreens Prime** and other local pharmacy networks. To find a pharmacy near you, go to [BlueCrossNC.com/Medicare](https://www.bluecrossnc.com/medicare). Click on "Find Doctor/Drug/Facility".
- The Preferred Pharmacy Network is a select network of national and local independent pharmacies designed to help save you money on your prescriptions. You may choose non-preferred pharmacies to fill prescriptions, but your costs may be higher. Our pharmacy network may change at any time. You will receive notice when necessary.
- Cost sharing may vary depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.

# Summary of Benefits

Blue Medicare Essential Plus<sup>SM</sup> H3449-023-001, H3449-023-002, H3449-023-004, H3449-023-005

**Deductible:** Tiers 1, 2 and 6: \$0  
Tiers 3, 4 and 5: \$195

 Prescription Drug Coverage

Benefit	Preferred Pharmacies			Non-preferred Pharmacies		
	1-month 30-day supply	2-months 60-day supply	3-months 90-day supply	1-month 30-day supply†	2-months 60-day supply	3-months 90-day supply
Tier 1 - Preferred Generic:	\$0 copay	\$0 copay	\$0 copay	\$15 copay	\$30 copay	\$45 copay
Tier 2 - Generic:	\$10 copay	\$20 copay	\$30 copay	\$20 copay	\$40 copay	\$60 copay
Tier 3 - Preferred Brand:	\$37 copay	\$74 copay	\$111 copay	\$47 copay	\$94 copay	\$141 copay
Tier 4 - Non-preferred Drug:	45% of cost	45% of cost	45% of cost	50% of cost	50% of cost	50% of cost
Tier 5 - Specialty Tier:	25% of cost	Tier 5 is limited to a one-month (30-day) supply		25% of cost	Tier 5 is limited to a one-month (30-day) supply	
Tier 6 - Select Care Drug:	\$0 copay	\$0 copay	\$0 copay	\$3 copay	\$3 copay	\$3 copay

† Long-Term Care pharmacy benefit is covered the same as retail non-preferred for 31 days instead of 30 days.

- This chart shows your portion of the costs. Benefits shown are available at preferred pharmacies.
- For a 90-day supply for Tiers 1, 2 and 3 you pay up to 2 times the 30-day copay at a Preferred Mail order pharmacy.
- Our preferred pharmacy and preferred mail-order pharmacy networks include: **EPIC, Walmart, Walgreens, AllianceRx Walgreens Prime** and other local pharmacy networks. To find a pharmacy near you, go to [BlueCrossNC.com/Medicare](https://www.bluecrossnc.com/medicare). Click on "Find Doctor/Drug/Facility".
- The Preferred Pharmacy Network is a select network of national and local independent pharmacies designed to help save you money on your prescriptions. You may choose non-preferred pharmacies to fill prescriptions, but your costs may be higher. Our pharmacy network may change at any time. You will receive notice when necessary.
- Cost sharing may vary depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.



# Summary of Benefits

BlueMedicare Choice<sup>SM</sup> H3449-026

**Deductible:** All tiers: \$0  **Prescription Drug Coverage**

Benefit	Preferred Pharmacies			Non-preferred Pharmacies		
	1-month 30-day supply	2-months 60-day supply	3-months 90-day supply	1-month 30-day supply†	2-months 60-day supply	3-months 90-day supply
Tier 1 - Preferred Generic:	\$0 copay	\$0 copay	\$0 copay	\$15 copay	\$30 copay	\$45 copay
Tier 2 - Generic:	\$6 copay	\$12 copay	\$18 copay	\$20 copay	\$40 copay	\$60 copay
Tier 3 - Preferred Brand:	\$37 copay	\$74 copay	\$111 copay	\$47 copay	\$94 copay	\$141 copay
Tier 4 - Non-preferred Drug:	45% of cost	45% of cost	45% of cost	50% of cost	50% of cost	50% of cost
Tier 5 - Specialty Tier:	33% of cost	Tier 5 is limited to a one-month (30-day) supply		33% of cost	Tier 5 is limited to a one-month (30-day) supply	
Tier 6 - Select Care Drug:	\$0 copay	\$0 copay	\$0 copay	\$3 copay	\$3 copay	\$3 copay

- † Long-Term Care pharmacy benefit is covered the same as retail non-preferred for 31 days instead of 30 days.
- This chart shows your portion of the costs. Benefits shown are available at preferred pharmacies.
  - For a 90-day supply for Tiers 1, 2 and 3 you pay up to 2 times the 30-day copay at a Preferred Mail order pharmacy.
  - Our preferred pharmacy and preferred mail-order pharmacy networks include: **EPIC, Walmart, Walgreens, AllianceRx Walgreens Prime** and other local pharmacy networks. To find a pharmacy near you, go to [BlueCrossNC.com/Medicare](https://www.bluecrossnc.com/medicare). Click on "Find Doctor/Drug/Facility".
  - The Preferred Pharmacy Network is a select network of national and local independent pharmacies designed to help save you money on your prescriptions. You may choose non-preferred pharmacies to fill prescriptions, but your costs may be higher. Our pharmacy network may change at any time. You will receive notice when necessary.
  - Cost sharing may vary depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.

# Summary of Benefits

BlueMedicare Enhanced<sup>SM</sup> H3449-024-01, H3449-024-02, H3449-024-03

**Deductible:** All tiers: \$0  **Prescription Drug Coverage**

Benefit	Preferred Pharmacies			Non-preferred Pharmacies		
	1-month 30-day supply	2-months 60-day supply	3-months 90-day supply	1-month 30-day supply†	2-months 60-day supply	3-months 90-day supply
Tier 1 - Preferred Generic:	\$0 copay	\$0 copay	\$0 copay	\$15 copay	\$30 copay	\$45 copay
Tier 2 - Generic:	\$6 copay	\$12 copay	\$18 copay	\$20 copay	\$40 copay	\$60 copay
Tier 3 - Preferred Brand:	\$37 copay	\$74 copay	\$111 copay	\$47 copay	\$94 copay	\$141 copay
Tier 4 - Non-preferred Drug:	45% of cost	45% of cost	45% of cost	50% of cost	50% of cost	50% of cost
Tier 5 - Specialty Tier:	33% of cost	Tier 5 is limited to a one-month (30-day) supply		33% of cost	Tier 5 is limited to a one-month (30-day) supply	
Tier 6 - Select Care Drug:	\$0 copay	\$0 copay	\$0 copay	\$1 copay	\$1 copay	\$1 copay

- † Long-Term Care pharmacy benefit is covered the same as retail non-preferred for 31 days instead of 30 days.
- This chart shows your portion of the costs. Benefits shown are available at preferred pharmacies.
  - For a 90-day supply for Tiers 1, 2 and 3 you pay up to 2 times the 30-day copay at a Preferred Mail order pharmacy.
  - Our preferred pharmacy and preferred mail-order pharmacy networks include: **EPIC, Walmart, Walgreens, AllianceRx Walgreens Prime** and other local pharmacy networks. To find a pharmacy near you, go to [BlueCrossNC.com/Medicare](https://www.bluecrossnc.com/medicare). Click on "Find Doctor/Drug/Facility".
  - The Preferred Pharmacy Network is a select network of national and local independent pharmacies designed to help save you money on your prescriptions. You may choose non-preferred pharmacies to fill prescriptions, but your costs may be higher. Our pharmacy network may change at any time. You will receive notice when necessary.
  - Cost sharing may vary depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.

# Summary of Benefits

BlueMedicare HMO <sup>SM</sup>		Essential H3449-025	Essential Plus H3449-023-001 H3449-023-002 H3449-023-004 H3449-023-005	Choice H3449-026	Enhanced H3449-024-001 H3449-024-002 H3449-024-003
Rx Prescription Drug Coverage					
Benefit	What You Should Know				
Deductible:	Tiers 1, 2 and 6:	\$0	\$0	\$0	\$0
	Tiers 3, 4 and 5:	\$375	\$195	\$0	\$0
Initial Coverage Limit (ICL): (Cost sharing amounts are for a 30-day supply at a preferred retail or preferred mail-order pharmacy.)	Tier 1 - Preferred Generic:	\$3 copay	\$0 copay	\$0 copay	\$0 copay
	Tier 2 - Generic:	\$10 copay	\$10 copay	\$6 copay	\$6 copay
	Tier 3 - Preferred Brand:	\$37 copay	\$37 copay	\$37 copay	\$37 copay
	Tier 4 - Non-preferred Drug:	45% of cost	45% of cost	45% of cost	45% of cost
	Tier 5 - Specialty Tier:	26% of cost	25% of cost	33% of cost	33% of cost
	Tier 6 - Select Care Drug:	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Coverage Gap: After total drug costs reach \$4,020.	Tier 6:	\$0 copay	\$0 copay	\$0 copay	\$0 copay
	Generic:	25% of cost	25% of cost	25% of cost	25% of cost
	Brand:	25% of cost	25% of cost	25% of cost	25% of cost
Catastrophic: After your out-of-pocket drug costs reach \$6,350.	Generic:	5% of cost or \$3.60 copay (whichever is greater)			
	Brand:	5% of cost or \$8.95 copay (whichever is greater)			

Notes:

- This chart shows your portion of the costs. Benefits shown are available at preferred pharmacies.
- Our preferred pharmacy and preferred mail-order pharmacy networks include: **EPIC, Walmart, Walgreens, AllianceRx Walgreens Prime** and other local pharmacy networks. To find a pharmacy near you, go to **BlueCrossNC.com/Medicare**. Click on "Find Doctor/Drug/Facility".

# Summary of Benefits

BlueMedicare HMO <sup>SM</sup>		Essential H3449-025	Essential Plus H3449-023-001 H3449-023-002 H3449-023-004 H3449-023-005	Choice H3449-026	Enhanced H3449-024-001 H3449-024-002 H3449-024-003
Rx Prescription Drug Coverage					
Benefit	What You Should Know				
Deductible:	Tiers 1, 2 and 6:	\$0	\$0	\$0	\$0
	Tiers 3, 4 and 5:	\$375	\$195	\$0	\$0
Initial Coverage Limit (ICL): (Cost sharing amounts are for a 30-day supply at a preferred retail or preferred mail-order pharmacy.)	Tier 1 - Preferred Generic:	\$3 copay	\$0 copay	\$0 copay	\$0 copay
	Tier 2 - Generic:	\$10 copay	\$10 copay	\$6 copay	\$6 copay
	Tier 3 - Preferred Brand:	\$37 copay	\$37 copay	\$37 copay	\$37 copay
	Tier 4 - Non-preferred Drug:	45% of cost	45% of cost	45% of cost	45% of cost
	Tier 5 - Specialty Tier:	26% of cost	25% of cost	33% of cost	33% of cost
	Tier 6 - Select Care Drug:	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Coverage Gap: After total drug costs reach \$4,020.	Tier 6:	\$0 copay	\$0 copay	\$0 copay	\$0 copay
	Generic:	25% of cost	25% of cost	25% of cost	25% of cost
	Brand:	25% of cost	25% of cost	25% of cost	25% of cost
Catastrophic: After your out-of-pocket drug costs reach \$6,350.	Generic:	5% of cost or \$3.60 copay (whichever is greater)			
	Brand:	5% of cost or \$8.95 copay (whichever is greater)			

Notes:

- The Preferred Pharmacy Network is a select network of national and local independent pharmacies designed to help save you money on your prescriptions. You may choose non-preferred pharmacies to fill prescriptions, but your costs may be higher. Our pharmacy network may change at any time. You will receive notice when necessary.
- You reach the coverage gap once you and your plan have spent \$4,020 on covered drugs. You reach the catastrophic level once your out-of-pocket drug costs reach \$6,350.

# Summary of Benefits

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. If you have questions or need to request a copy of the handbook, see the contact information below. This Blue Medicare HMO Enrollment Kit is available in other formats such as Braille and large print.

If you have questions about Blue Medicare HMO, contact Blue Cross NC or your **Authorized Agent**.

Notes:

- Limitations, copayments and restrictions may apply.
- Benefits, premiums and/or copayments and/or coinsurance may change on January 1 of each year.
- The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.
- This information is not a complete description of benefits. Contact Blue Cross NC for more details.

## Medicare & You handbook information:



**Phone:** 1-800-MEDICARE (1-800-633-4227) **Hours:** 7 days a week, 24 hrs. a day



**TTY/TTD:** 1-877-486-2048

### Contact Medicare

## How to find a doctor, drug or facility:



Click on “Find **Doctor/Drug/Facility**”(center top of the page)

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

## Have Medicare questions? We’ve got answers.



**Phone:** 1-800-665-8037 (TTY: 711) **Visit:** [BlueCrossNC.com/Medicare](https://www.bluecrossnc.com/Medicare)



**Hours:** October – December: 7 days a week, 8 a.m. – 8 p.m. January – September: Monday – Thursday, 8 a.m. – 6 p.m. Friday, 8 a.m. – 5 p.m.

Or contact your Blue Cross NC **Authorized Agent**



# Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-888-310-4110** (TTY: 711).

## Understanding the Benefits



Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit [BlueCrossNC.com/Medicare](https://www.bluecrossnc.com/Medicare) or call **1-888-310-4110** (TTY: 711) to view a copy of the EOC.



Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.



Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

## Understanding Important Rules



In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.



Benefits, premiums and/or copayments/coinsurance may change on January 1, 2021.



Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).





# Enrollment

## Enrollment Periods

**Initial Enrollment Period:** For those new to Medicare, the period you can first sign up **begins 3 months before** the month you are eligible; includes **the month** you are eligible and **ends 3 months after** the month you are eligible.

**Annual Enrollment Period:**  
**October 15 through December 7**

- ✓ • Change from one Medicare Advantage plan to another Medicare Advantage plan
- Change from Medicare Advantage back to Original Medicare
- Change from Original Medicare to Medicare Advantage
- Join, switch or drop a Medicare prescription drug plan

**Medicare Advantage Open Enrollment Period:**  
**January 1 through March 31**

- ✓ • Change from one Medicare Advantage plan to another Medicare Advantage plan
  - Change from Medicare Advantage back to Original Medicare with or without a Medicare prescription drug plan
- However, during this Open Enrollment Period, you cannot:
- ✗ • Change from Original Medicare to Medicare Advantage
  - ✗ • Join, switch or drop a standalone Medicare prescription drug plan

**Ready? Let's go!**  
On the following pages you'll find step-by-step instructions for choosing and enrolling in your Blue Medicare HMO plan.

## Enrollment Steps

### 1 Choose a plan

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

### 2 Select your Primary Care Provider (PCP)

To select your PCP – the doctor or other health care provider who will provide your routine health care – please visit us online at [BlueCrossNC.com/Medicare](https://www.bluecrossnc.com/Medicare) and click on “Find Doctor/Drug/Facility” (center top of the page) to review the plan’s participating providers. If you need assistance finding a provider, please contact us.

### 3 Complete the enrollment form

- Fill out the enrollment form included in this booklet for the plan you’ve chosen, or go online to complete an enrollment form at [BlueCrossNC.com/Medicare](https://www.bluecrossnc.com/Medicare). You must complete one enrollment form per person.
- Return the form to Blue Cross NC or your **Authorized Agent**. If approved, you will be enrolled in the Medicare Advantage plan you selected, and Medicare will be informed that you have enrolled.

#### Important Note:

Out-of-network/non-contracted providers are under no obligation to treat Blue Cross NC members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network service.



Choose from our **extensive network** of more than **44,000** health care providers across North Carolina.\*  
You'll get your **health care** at **lower prices** by using these in-network providers.

Note:  
\* Blue Cross NC internal data, June 2019.

## How to find a doctor:

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



Click on “Find **Doctor/Drug/Facility**” (center top of the page)



# Post-Enrollment Timeline



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

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



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

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



### Once your membership begins:

- We'll provide you with a special **welcome program** that includes a guide to your new coverage. The guide takes you through your new Blue Medicare Advantage plan and helps make it easy to understand. From visiting your primary care provider to managing your prescriptions, the welcome program makes Medicare simple and convenient.
- We'll send you your **new Blue Cross NC ID card** – the key to all your Blue Medicare Advantage benefits.



## 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 face-to-face sales meeting 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 below beside the type of product(s) you want the agent to discuss.

### Stand-alone Medicare Prescription Drug Plans (Part D)

**Medicare Prescription Drug Plan (PDP)** — A stand-alone 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) and Cost Plans

**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 Private Fee-For-Service (PFFS) Plan** – A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you – not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

**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.

**Medicare Medical Savings Account (MSA) Plan** – MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

**Medicare Cost Plan** – In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

Note: Welcome program content varies depending on the plan you choose.

Scope of Sales Appointment Confirmation Form (continued)

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.

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

Date:   /   /      
(mm/dd/yyyy)

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

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

To be completed by Agent:	
Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone (optional):
Beneficiary Address (optional):	
Initial Method of Contact: (indicate here if beneficiary was a walk-in)	
Agent Signature:	Date Appointment Completed:
Plan(s) the agent represented during this meeting:	
(Plan Use Only):	

Scope of Appointment (SOA) documentation is subject to CMS record retention requirements.

Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting: \_\_\_\_\_

Blue Cross and Blue Shield of North Carolina is an HMO, PPO and PDP plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal. ®, SM Marks of the Blue Cross and Blue Shield Association. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association.

Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting 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 below beside the type of product(s) you want the agent to discuss.

☐

**Stand-alone Medicare Prescription Drug Plans (Part D)**  
**Medicare Prescription Drug Plan (PDP)** — A stand-alone 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) and Cost Plans**  
**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 Private Fee-For-Service (PFFS) Plan** – A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan’s payment, terms and conditions and agrees to treat you – not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.  
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**Medicare Medical Savings Account (MSA) Plan** – MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

**Medicare Cost Plan** – In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan’s network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

Scope of Sales Appointment Confirmation Form (continued)

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.

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

Date:   /   /      
(mm/dd/yyyy)

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

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

To be completed by Agent:	
Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone (optional):
Beneficiary Address (optional):	
Initial Method of Contact: (indicate here if beneficiary was a walk-in)	
Agent Signature:	Date Appointment Completed:
Plan(s) the agent represented during this meeting:	
(Plan Use Only):	


Scope of Appointment (SOA) documentation is subject to CMS record retention requirements.

Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting: \_\_\_\_\_

Blue Cross and Blue Shield of North Carolina is an HMO, PPO and PDP plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal. ®, SM Marks of the Blue Cross and Blue Shield Association. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association.

BlueMedicare HMO™

MedicareRx  
Prescription Drug Coverage X

 BlueCross BlueShield  
of North Carolina  
P.O. Box 17168  
Winston-Salem, NC 27116-7168

2020 Individual Enrollment Form for Medicare Advantage HMO Plan

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

A. To enroll in Blue Medicare HMO, please provide the following information:

First Name:                    Middle Initial:

Last Name:                    Suffix:

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

Primary Phone Number:    -    -       Alternate Phone Number: (optional)    -    -

Email Address: (optional)

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

City:                 State:   Zip Code:

County:

Mailing Address: (only if different from your permanent residence address)

City:                 State:   Zip Code:

Emergency Contact: (optional)

Relationship To You:                 Phone Number:    -    -

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U13325, 7/19



B. Please provide your Medicare insurance information:

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

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

– OR –

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

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

Name: (as it appears on your Medicare card)

Medicare Number:

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

Medical (Part B):  /  /

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

- ☐ **Blue Medicare Medical Only (HMO) (H3449-012): \$0.00 per month**  
Available in 87 counties:

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

- ☐ **Blue Medicare Enhanced (HMO) (H3449-024-001): \$39.00 per month**  
Available in 12 counties:

Alamance	Burke	Durham	Haywood	Randolph	Rutherford
Buncombe	Catawba	Guilford	Orange	Rockingham	Wake

- ☐ **Blue Medicare Enhanced (HMO) (H3449-024-002): \$49.00 per month**  
Available in 17 counties:

Alexander	Henderson	Macon	Mitchell	Person	Union
Cumberland	Hoke	Madison	Moore	Polk	Yancey
Franklin	Jackson	McDowell	New Hanover	Transylvania	

- ☐ **Blue Medicare Enhanced (HMO) (H3449-024-003): \$75.00 per month**  
Available in 43 counties:

Alleghany	Chatham	Granville	Lee	Richmond	Watauga
Ashe	Chowan	Greene	Lincoln	Robeson	Wayne
Avery	Cleveland	Halifax	Martin	Sampson	Yadkin
Beaufort	Columbus	Harnett	Montgomery	Scotland	
Bertie	Davie	Hertford	Nash	Stanly	
Bladen	Edgecombe	Hyde	Northampton	Tyrrell	
Caldwell	Gaston	Johnston	Pamlico	Vance	
Caswell	Gates	Jones	Pender	Warren	

- ☐ **Blue Medicare Essential (HMO) (H3449-025): \$0.00 per month**  
Available in 52 counties:

Alleghany	Chatham	Granville	Lee	Richmond	Warren
Anson	Chowan	Greene	Lincoln	Robeson	Washington
Ashe	Cleveland	Halifax	Martin	Sampson	Watauga
Avery	Columbus	Harnett	Montgomery	Scotland	Wayne
Beaufort	Davie	Hertford	Nash	Stanly	Wilkes
Bertie	Duplin	Hyde	Northampton	Stokes	Wilson
Bladen	Edgecombe	Iredell	Pamlico	Surry	Yadkin
Caldwell	Gaston	Johnston	Pender	Tyrrell	
Caswell	Gates	Jones	Pitt	Vance	

- ☐ **Blue Medicare Essential Plus (HMO) (H3449-023-001): \$0.00 per month**  
Available in 15 counties:

Alamance	Catawba	Forsyth	Mecklenburg	Rockingham
Buncombe	Davidson	Guilford	Orange	Rutherford
Burke	Durham	Haywood	Randolph	Wake

- ☐ **Blue Medicare Essential Plus (HMO) (H3449-023-002): \$0.00 per month**  
Available in 20 counties:

Alexander	Franklin	Macon	Moore	Rowan
Brunswick	Henderson	Madison	New Hanover	Transylvania
Cabarrus	Hoke	McDowell	Person	Union
Cumberland	Jackson	Mitchell	Polk	Yancey

☐ **Blue Medicare Essential Plus (HMO) (H3449-023-004): \$19.00 per month**  
Available in 11 counties:

Anson	Chatham	Johnston	Stanly	Surry	Warren
Caswell	Granville	Montgomery	Stokes	Vance	

☐ **Blue Medicare Essential Plus (HMO) (H3449-023-005): \$39.00 per month**  
Available in 41 counties:

Alleghany	Chowan	Gates	Jones	Pender	Washington
Ashe	Cleveland	Greene	Lee	Pitt	Watauga
Avery	Columbus	Halifax	Lincoln	Richmond	Wayne
Beaufort	Davie	Harnett	Martin	Robeson	Wilkes
Bertie	Duplin	Hertford	Nash	Sampson	Wilson
Bladen	Edgecombe	Hyde	Northampton	Scotland	Yadkin
Caldwell	Gaston	Iredell	Pamlico	Tyrrell	

☐ **Blue Medicare Choice (HMO) (H3449-026): \$0.00 per month**  
Available in 3 counties:

Forsyth	Guilford	Mecklenburg
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D. Please choose the name of a Primary Care Provider (PCP):

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

Provider Address:

City: State: Zip Code:

PCP Code: (National Provider Identifier #) PCP Phone:

(To find a PCP code, go online to [BlueCrossNC.com/Find-a-doctor-or-facility/Medicare](https://www.bluecrossnc.com/Find-a-doctor-or-facility/Medicare))

- ☐ Current patient
- ☐ New patient

E. Paying your plan premium:

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

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

**Zero Premium and Plans with premiums:** If you are assessed a Part D-Income Related Monthly Adjustment Amount (IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the RRB. DO NOT pay Blue Cross NC the Part D-IRMAA.

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it.

For more information about this extra help, contact your local Social Security office, or call Social Security at **1-800-772-1213** (TTY users should call **1-800-325-0778**). You can also apply for extra help online at [ssa.gov/PrescriptionHelp](https://ssa.gov/PrescriptionHelp).

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of the premium, we will bill you for the amount that Medicare doesn't cover. If you don't select a payment option, you will get a bill each month. **You must continue to pay your Medicare Part B premium.**

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.

F. Please read and answer these important questions:

- ☐ Yes

1. Do you have End Stage Renal Disease (ESRD)? If you have had a successful kidney transplant and/or you don't need regular dialysis anymore, **please attach a note or records** from your doctor showing you have had a successful kidney transplant or you don't need dialysis. Otherwise, we may need to contact you to obtain additional information.

- ☐ Yes

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

Name of other coverage: \_\_\_\_\_

ID # for this coverage: \_\_\_\_\_

Group # for this coverage: \_\_\_\_\_

☐ Yes

☐ No

3. Are you enrolled in your state Medicaid program? **If “yes,”** please provide your Medicaid number.

Medicaid number

G. Please read this important information:



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

H. Eligibility for an enrollment period:

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

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

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

☐ I am new to Medicare.

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

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

I moved on: (mm/dd/yyyy)

Where are you moving from:

County: \_\_\_\_\_ State: \_\_\_\_\_

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

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

☐ I get extra help paying for Medicare prescription drug coverage.

☐ I no longer qualify for extra help paying for my Medicare prescription drugs.

I stopped receiving extra help on: (mm/dd/yyyy)

☐ I am moving into or live in a Long-Term Care Facility. (For example, a nursing home or long-term care facility)

I moved/will move into facility on: (mm/dd/yyyy)

☐ I recently moved out of a Long-Term Care Facility. (For example, a nursing home or long-term care facility)

I moved/will move out of facility on: (mm/dd/yyyy)

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

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

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

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

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

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☐ I am leaving employer or union coverage on:

(mm/dd/yyyy)

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

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

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

I returned to the U.S. on: (mm/dd/yyyy)  

/  /

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

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

My plan is ending on: (mm/dd/yyyy)  

/  /

  
My plan is with:

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

I was disenrolled from an SNP on: (mm/dd/yyyy)  

/  /

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

/ 

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☐ I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

☐ None of these statements apply to me.\*

Other Special Enrollment Period (SEP) reason:

\* To see if you are eligible to enroll, please contact Blue Cross NC at: **1-800-665-8037** (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. between October 1 – December 31; 8 a.m. to 6 p.m. Monday – Thursday and 8 a.m. to 5 p.m. on Fridays between January 1 and September 30.

I. Applicant Agreement:

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means that I have read and understand the contents of this application. **If signed by an authorized individual**, this signature certifies that: 1) this person is authorized under state law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Your Signature: 

/  /

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

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

Name:

Address:

City:

State:

Zip Code:

Phone Number:

-  -

Relationship to Enrollee:

If you prefer us to send you information in a language other than English or in another format (e.g., Braille, audio tape or large print), please contact Blue Cross NC at: **1-800-665-8037** (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. between October 1 – December 31; 8 a.m. to 6 p.m. Monday – Thursday and 8 a.m. to 5 p.m. on Fridays between January 1 and September 30.

LICENSED AGENT USE ONLY

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

Agent's Signature:

Print Agent's Name:

Date Application Received: 

/  /

 (mm/dd/yyyy)

Phone Number:  NPN#: (required)

Agent Number:



Statement of Understanding

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

- 1. Blue Cross and Blue Shield of North Carolina is an HMO plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan.
- 2. It is my responsibility to inform Blue Cross NC of any prescription drug coverage that I have or may get in the future.
- 3. I understand that if I do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future.
- 4. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available. Example: October 15 - December 7 of every year, or under certain special circumstances.
- 5. Blue Cross NC serves a specific service area. If I move out of the area that Blue Cross NC serves, I need to notify the plan so I can disenroll and find a new plan in my new area.
- 6. Once I am a member of Blue Cross NC, I have the right to appeal plan decisions about payment or services if I disagree.
- 7. I will read the Evidence of Coverage from Blue Cross NC when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan.
- 8. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.
- 9. I understand that beginning on the date Blue Medicare HMO coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If medically necessary, Blue Cross NC provides refunds for all covered benefits, even if I get services out-of-network.
- 10. Services authorized by Blue Medicare HMO and other services contained in my Blue Medicare HMO Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, NEITHER MEDICARE NOR BLUE MEDICARE HMO WILL PAY FOR THE SERVICES.
- 11. 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.
- 12. Counseling services may be available in my state to provide advice concerning Medicare supplement insurance or other Medicare Advantage or Prescription Drug plan options as well as medical assistance through the state Medicaid program and the Medicare Savings Program.

Release of Information

- 1. By joining this Medicare health plan, I acknowledge that Blue Cross NC will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations.
- 2. I also acknowledge that Blue Cross NC will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations.
- 3. 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.

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.

DUPLICATE

BlueMedicare HMO™

MedicareRx  
Prescription Drug Coverage X

BlueCross BlueShield  
of North Carolina  
P.O. Box 17168  
Winston-Salem, NC 27116-7168

2020 Individual Enrollment Form for Medicare Advantage HMO Plan

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

A. To enroll in Blue Medicare HMO, please provide the following information:

First Name:

Middle Initial:

Last Name:

Suffix:

Birth Date: (mm/dd/yyyy)

Sex:

Male  Female

Primary Phone Number:

Alternate Phone Number: (optional)

Email Address: (optional)

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

City:

State:

Zip Code:

County:

Mailing Address: (only if different from your permanent residence address)

City:

State:

Zip Code:

Emergency Contact: (optional)

Relationship To You:

Phone Number:

**B. Please provide your Medicare insurance information:**

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

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

**- OR -**

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

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

Name: (as it appears on your Medicare card)

**Medicare Number:**

Effective Date: (mm/dd/yyyy)

Hospital (Part A):   /   /

Medical (Part B):   /   /

**C. Please check which plan you want to enroll in:**

- ☐ **Blue Medicare Medical Only (HMO) (H3449-012): \$0.00 per month**  
Available in 87 counties:

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

- ☐ **Blue Medicare Enhanced (HMO) (H3449-024-001): \$39.00 per month**  
Available in 12 counties:

Alamance	Burke	Durham	Haywood	Randolph	Rutherford
Buncombe	Catawba	Guilford	Orange	Rockingham	Wake

- ☐ **Blue Medicare Enhanced (HMO) (H3449-024-002): \$49.00 per month**  
Available in 17 counties:

Alexander	Henderson	Macon	Mitchell	Person	Union
Cumberland	Hoke	Madison	Moore	Polk	Yancey
Franklin	Jackson	McDowell	New Hanover	Transylvania	

- ☐ **Blue Medicare Enhanced (HMO) (H3449-024-003): \$75.00 per month**  
Available in 43 counties:

Alleghany	Chatham	Granville	Lee	Richmond	Watauga
Ashe	Chowan	Greene	Lincoln	Robeson	Wayne
Avery	Cleveland	Halifax	Martin	Sampson	Yadkin
Beaufort	Columbus	Harnett	Montgomery	Scotland	
Bertie	Davie	Hertford	Nash	Stanly	
Bladen	Edgecombe	Hyde	Northampton	Tyrrell	
Caldwell	Gaston	Johnston	Pamlico	Vance	
Caswell	Gates	Jones	Pender	Warren	

- ☐ **Blue Medicare Essential (HMO) (H3449-025): \$0.00 per month**  
Available in 52 counties:

Alleghany	Chatham	Granville	Lee	Richmond	Warren
Anson	Chowan	Greene	Lincoln	Robeson	Washington
Ashe	Cleveland	Halifax	Martin	Sampson	Watauga
Avery	Columbus	Harnett	Montgomery	Scotland	Wayne
Beaufort	Davie	Hertford	Nash	Stanly	Wilkes
Bertie	Duplin	Hyde	Northampton	Stokes	Wilson
Bladen	Edgecombe	Iredell	Pamlico	Surry	Yadkin
Caldwell	Gaston	Johnston	Pender	Tyrrell	
Caswell	Gates	Jones	Pitt	Vance	

- ☐ **Blue Medicare Essential Plus (HMO) (H3449-023-001): \$0.00 per month**  
Available in 15 counties:

Alamance	Catawba	Forsyth	Mecklenburg	Rockingham
Buncombe	Davidson	Guilford	Orange	Rutherford
Burke	Durham	Haywood	Randolph	Wake

- ☐ **Blue Medicare Essential Plus (HMO) (H3449-023-002): \$0.00 per month**  
Available in 20 counties:

Alexander	Franklin	Macon	Moore	Rowan
Brunswick	Henderson	Madison	New Hanover	Transylvania
Cabarrus	Hoke	McDowell	Person	Union
Cumberland	Jackson	Mitchell	Polk	Yancey

☐
**Blue Medicare Essential Plus (HMO) (H3449-023-004): \$19.00 per month**  
 Available in 11 counties:

Anson	Chatham	Johnston	Stanly	Surry	Warren
Caswell	Granville	Montgomery	Stokes	Vance	

☐
**Blue Medicare Essential Plus (HMO) (H3449-023-005): \$39.00 per month**  
 Available in 41 counties:

Alleghany	Chowan	Gates	Jones	Pender	Washington
Ashe	Cleveland	Greene	Lee	Pitt	Watauga
Avery	Columbus	Halifax	Lincoln	Richmond	Wayne
Beaufort	Davie	Harnett	Martin	Robeson	Wilkes
Bertie	Duplin	Hertford	Nash	Sampson	Wilson
Bladen	Edgecombe	Hyde	Northampton	Scotland	Yadkin
Caldwell	Gaston	Iredell	Pamlico	Tyrrell	

☐
**Blue Medicare Choice (HMO) (H3449-026): \$0.00 per month**  
 Available in 3 counties:

Forsyth
 Guilford
 Mecklenburg

D. Please choose the name of a Primary Care Provider (PCP):

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

Provider Address:

City:
 State:
 Zip Code:

PCP Code: (National Provider Identifier #)
 PCP Phone:

(To find a PCP code, go online to [BlueCrossNC.com/Find-a-doctor-or-facility/Medicare](https://www.bluecrossnc.com/Find-a-doctor-or-facility/Medicare))

- ☐
 Current patient
- ☐
 New patient

E. Paying your plan premium:

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

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

**Zero Premium and Plans with premiums:** If you are assessed a Part D-Income Related Monthly Adjustment Amount (IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the RRB. DO NOT pay Blue Cross NC the Part D-IRMAA.

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it.

For more information about this extra help, contact your local Social Security office, or call Social Security at **1-800-772-1213** (TTY users should call **1-800-325-0778**). You can also apply for extra help online at [ssa.gov/PrescriptionHelp](https://ssa.gov/PrescriptionHelp).

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of the premium, we will bill you for the amount that Medicare doesn't cover. If you don't select a payment option, you will get a bill each month. **You must continue to pay your Medicare Part B premium.**

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.

F. Please read and answer these important questions:

- ☐
 Yes
 1. Do you have End Stage Renal Disease (ESRD)? If you have had a successful kidney transplant and/or you don't need regular dialysis anymore, **please attach a note or records** from your doctor showing you have had a successful kidney transplant or you don't need dialysis. Otherwise, we may need to contact you to obtain additional information.
- ☐
 No

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

Name of other coverage:

ID # for this coverage: \_\_\_\_\_

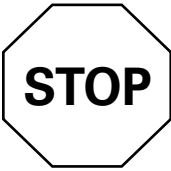
Group # for this coverage: \_\_\_\_\_

☐ Yes
 ☐ No

3. Are you enrolled in your state Medicaid program? **If “yes,”** please provide your Medicaid number.

Medicaid number

G. Please read this important information:



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

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

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

☐ I am new to Medicare.

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

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

I moved on: (mm/dd/yyyy)

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

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Where are you moving from:
 

County: \_\_\_\_\_ State: \_\_\_\_\_

☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get extra help paying for my Medicare prescription drug coverage, but I haven’t had a change.

☐ I get extra help paying for Medicare prescription drug coverage.

☐ I no longer qualify for extra help paying for my Medicare prescription drugs.
 

I stopped receiving extra help on: (mm/dd/yyyy)

☐ I am moving into or live in a Long-Term Care Facility. (For example, a nursing home or long-term care facility)
 

I moved/will move into facility on: (mm/dd/yyyy)

☐ I recently moved out of a Long-Term Care Facility. (For example, a nursing home or long-term care facility)
 

I moved/will move out of facility on: (mm/dd/yyyy)

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

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

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

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

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

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☐ I am leaving employer or union coverage on:
 

(mm/dd/yyyy)
 

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

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

62

Continued ▶

Enrollment
   
 DUPLICATE

63

Continued ▶



☐

I recently returned to the United States after living permanently outside of the U.S.
 I returned to the U.S. on: (mm/dd/yyyy)
 
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Choose your plan's effective date: (mm/dd/yyyy)
 
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☐

My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
 My plan is ending on: (mm/dd/yyyy)
 
/
/

My plan is with:

☐

I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan.
 I was disenrolled from an SNP on: (mm/dd/yyyy)
 
/
/

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

I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

☐

None of these statements apply to me.\*
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I. Applicant Agreement:

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means that I have read and understand the contents of this application. **If signed by an authorized individual**, this signature certifies that: 1) this person is authorized under state law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Your Signature:
 
/
/

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

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

Name:

Address:

City:

State:

Zip Code:

Phone Number:
 
-
-

Relationship to Enrollee:

If you prefer us to send you information in a language other than English or in another format (e.g., Braille, audio tape or large print), please contact Blue Cross NC at: **1-800-665-8037** (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. between October 1 – December 31; 8 a.m. to 6 p.m. Monday – Thursday and 8 a.m. to 5 p.m. on Fridays between January 1 and September 30.

LICENSED AGENT USE ONLY

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

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Print Agent's Name:

Date Application Received:
 
/
/

(mm/dd/yyyy)

Phone Number:

NPN#: (required)

Agent Number:

Statement of Understanding

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

- Blue Cross and Blue Shield of North Carolina is an HMO plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan.
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- Services authorized by Blue Medicare HMO and other services contained in my Blue Medicare HMO Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, NEITHER MEDICARE NOR BLUE MEDICARE HMO WILL PAY FOR THE SERVICES.
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Release of Information

- By joining this Medicare health plan, I acknowledge that Blue Cross NC will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations.
- I also acknowledge that Blue Cross NC will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations.
- 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.

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Agent Checklist for Selling Medicare Advantage Plans

To be completed by Agent	
Beneficiary Name: (print)	Location:

Date of Sale:
 

 /
 

 /
 



 (mm/dd/yyyy)

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

- How was the appointment set? \_\_\_\_\_
- Who was present during the appointment? \_\_\_\_\_
- Were sales presentation/summary of benefit/ and collateral pieces specific to the plan covered and left with the client? ☐ Yes ☐ No  
Which items were left? \_\_\_\_\_
- Was a scope of appointment form signed prior to the appointment? ☐ Yes ☐ No  
If not, explain why? \_\_\_\_\_
- Was the prospect advised to contact their current doctors to make sure the plan would be accepted by that provider? ☐ Yes ☐ No
- If enrolling in an HMO plan, was the need to use in-network doctors, except in emergency situations, explained? ☐ Yes ☐ No
- Were medications checked to assure they were on the formulary? ☐ Yes ☐ No
- If the prospect has a Medicare Supplement plan, were they advised that the Medicare Advantage plan does not coordinate benefits? ☐ Yes ☐ No
- If the prospect is leaving a Medicare Supplement plan, were they advised that they need to cancel the Medicare Supplement policy? ☐ Yes ☐ No
- Was the prospect advised that enrolling in a Medicare Advantage plan would cancel their current PDP plan? ☐ Yes ☐ No

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

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Y0079\_7218 CMS Accepted 09032015  
U7875, 8/17

Agent Checklist for Selling Medicare Advantage Plans

To be completed by Agent	
Beneficiary Name: (print)	Location:

Date of Sale:  /  / 

(mm/dd/yyyy)

Please read over these questions with the prospect and have them initial 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 the appointment? \_\_\_\_\_
3. Were sales presentation/summary of benefit/ and collateral pieces specific to the plan covered and left with the client? 

☐ Yes ☐ No

Which items were left? \_\_\_\_\_
4. Was a scope of appointment form signed prior to the appointment? 

☐ Yes ☐ No

If not, explain why? \_\_\_\_\_
5. Was the prospect advised to contact their current doctors to make sure the plan would be accepted by that provider? 

☐ Yes ☐ No
6. If enrolling in an HMO plan, was the need to use in-network doctors, except in emergency situations, explained? 

☐ Yes ☐ No
7. Were medications checked to assure they were on the formulary? 

☐ Yes ☐ No
8. If the prospect has a Medicare Supplement plan, were they advised that the Medicare Advantage plan does not coordinate benefits? 

☐ Yes ☐ No
9. If the prospect is leaving a Medicare Supplement plan, were they advised that they need to cancel the Medicare Supplement policy? 

☐ Yes ☐ No
10. Was the prospect advised that enrolling in a Medicare Advantage plan would cancel their current PDP plan? 

☐ Yes ☐ No

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

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Member’s Protected Health Information (PHI) Request Form

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

Member Name (print):  
\_\_\_\_\_

Member Date of Birth:  
 /  /   
(mm/dd/yyyy)

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

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

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): \_\_\_\_\_

**Blue Medicare HMO and PPO Members:** To authorize disclosure of your PHI about mental health/ substance abuse services, please call the Mental Health/SA telephone number on the back of your ID card to request a separate authorization form.

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



Member’s Protected Health Information (PHI) 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.

Signature (Member or Personal Representative): \_\_\_\_\_

Date:   /   /      
(mm/dd/yyyy)

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

If signed by a Personal Representative, describe your authority to act for the member (e.g., durable power of attorney, court order, parent of minor child, etc.): \_\_\_\_\_

**AND:** Attach the legal document naming you as the Personal Representative when returning this form.

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

/   /      
(mm/dd/yyyy)

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

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Member’s Protected Health Information (PHI) Request Form

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Member Name (print): \_\_\_\_\_

Member Date of Birth:   /   /      
(mm/dd/yyyy)

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

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

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): \_\_\_\_\_

**Blue Medicare HMO and PPO Members:** To authorize disclosure of your PHI about mental health/ substance abuse services, please call the Mental Health/SA telephone number on the back of your ID card to request a separate authorization form.

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

Y0079\_7945 PA 08222017  
U13403, 7/17

Member’s Protected Health Information (PHI) 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.

Signature (Member or Personal Representative): \_\_\_\_\_

Date:   /   /      
 (mm/dd/yyyy)

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

If signed by a Personal Representative, describe your authority to act for the member (e.g., durable power of attorney, court order, parent of minor child, etc.):

**AND:** Attach the legal document naming you as the Personal Representative when returning this form.

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

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 Winston-Salem, NC 27116-7509

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# Glossary

## A

**Allowed amount**  
 The discounted rate Medicare or Blue Cross NC has negotiated with doctors, hospitals and other health care providers for a covered service to help keep costs low.

**Ambulatory surgical center**  
 Medical facility where surgical procedures that don’t require an overnight hospital stay are performed.

**Annual deductible**  
 The amount you pay for health care or prescriptions before a plan begins to pay.

**Annual Enrollment Period (AEP)**  
 This is the time each year when you can enroll in a Medicare health insurance plan. The Annual Enrollment Period is October 15 through December 7. You can also disenroll during this period.

## B

**Benefit**  
 Medical services that are covered by the plan.

## C

**Coinsurance**  
 An amount you may be required to pay as your share of the cost for services or prescription drugs. Coinsurance is usually a percentage of the cost.



## C (Continued)

### Copayment (Copay)

A fixed dollar amount you pay for a covered service or prescription drug at the time you receive it. Copayments can vary depending on the service or drug.

### Cost sharing

The amount you pay as your share of the cost for health care services. Cost sharing can include copayments, coinsurance and deductibles.

## D

### Deductible

The amount you owe for certain covered services during a benefit period before your Medicare health insurance begins to pay.

## E

### Emergency services

Medical care given when your health or life is threatened, such as with chest pain, head injury or severe bleeding.

### End-Stage Renal Disease (ESRD)

When a person requires dialysis or a kidney transplant because of kidney failure; people with end-stage renal disease qualify for Original Medicare regardless of age.

### Extra Help or Low Income Subsidy

A Medicare program that helps pay for prescription drug costs for those who qualify.

## F

### Formulary

The list of prescription drugs that are paid for in full or in part by the health insurance plan you choose.

## H

### Health care provider

A professional or organization, such as a doctor or a hospital, that provides medical services.

### HMO

HMO stands for Health Maintenance Organization. An HMO offers health coverage through a network of doctors and other health care providers who are under contract to provide covered services at a lower cost to members.

## I

### ID card

The identification card that shows the health insurance plan you have and usually lists your ID number and other essential information.

## L

### Late enrollment penalty

An amount added to your monthly premium for Medicare drug coverage if you go without creditable coverage (coverage that is expected to pay, on average, at least as much as standard Medicare prescription drug coverage) for a continuous period of 63 days or more.

## M

### Medicare beneficiary

An individual who is entitled to benefits under Medicare Part A and enrolled in a Medicare Part B plan, or enrolled in both Medicare Part A and Part B and who resides in the U.S.

## N

### Network or in-network providers

The doctors, other health care service providers, facilities, suppliers and pharmacies that are in the network of your plan. They're also called preferred providers.

## O

### Out-of-network providers

These are the doctors and other health care providers not in your plan's network.

### Out-of-pocket costs

The health care costs you must pay because the plan does not cover them.

### Out-of-pocket maximum

The most you pay for covered services during a benefit period before Blue Cross NC begins to pay 100% of your covered services. This limit never includes premium payments or services that are not covered.

## P

### Preferred pharmacy

A pharmacy that is part of your network; compared to those at an out-of-network pharmacy, out-of-pocket costs are lower when you fill your prescriptions at a preferred pharmacy.

### Preferred providers

The doctors, other health care service providers, facilities, suppliers and pharmacies that are in your plan's network; they're also called network providers.

### Premium

The amount of money you have to pay each month of the year for your health insurance plan.

### Primary Care Provider (PCP)

Your primary care provider is the doctor or other provider you see first for most health problems. He or she makes sure you get the care you need to keep you healthy. He or she also may talk with other doctors and health care providers about your care and refer you to them. In many Medicare health plans, you must see your primary care provider before you see any other health care provider.

## S

### Specialist

Medical specialists are doctors who have completed advanced education and clinical training in a specific area of medicine (their specialty area).

### Special Enrollment Period (SEP)

A set time when members can change their health or drug plans or return to Original Medicare. Situations in which you may be eligible for a Special Enrollment Period include if you move outside the service area, if you are getting "Extra Help" with your prescription drug costs, if you move into a nursing home or if we violate our contract with you.

## U

### Urgent care

Urgently needed services that are provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical care.

Y0079\_8721\_C PA 07182019  
U20687a, 7/19

Blue Cross NC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

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U20687b, 7/19



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Blue Cross and Blue Shield of North Carolina - H3449

2019 Medicare Star Ratings\*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2019, Blue Cross and Blue Shield of North Carolina received the following Overall Star Rating from Medicare.

★★★★  
3.5 Stars

We received the following Summary Star Rating for Blue Cross and Blue Shield of North Carolina's health/drug plan services:

Health Plan Services:★★★★  
3.5 Stars

Drug Plan Services:★★★★  
3.5 Stars

The number of stars shows how well our plan performs.

★★★★★	5 stars - excellent
★★★★	4 stars - above average
★★★	3 stars - average
★★	2 stars - below average
★	1 star - poor

Learn more about our plan and how we are different from other plans at [www.medicare.gov](http://www.medicare.gov).

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 800-665-8037 (toll-free) or 800-922-3140 (TTY).

Current members please call 888-310-4110 (toll-free) or 888-451-9957 (TTY).

\*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

Note:  
Note: Blue Cross and Blue Shield of North Carolina is a HMO plan with a Medicare Contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal.

Y0079\_8463\_M PA 10112018  
U15098, 10/18

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When you enroll in **Blue Medicare HMO**, you'll have **access to Blue Connect**, our member website. You'll have **complete information on your coverage** at your fingertips, 24 hours a day, 7 days a week.

Seniors' Health Insurance Information Program (SHIIP)

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

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

Have Medicare questions? We've got answers.

Contact Blue Cross NC



**Phone:** 1-800-665-8037 (TTY: 711) **Visit:** [BlueCrossNC.com/Medicare](http://BlueCrossNC.com/Medicare)



**Hours:** October – December:  
7 days a week, 8 a.m. – 8 p.m. January – September:  
Monday – Thursday, 8 a.m. – 6 p.m.  
Friday, 8 a.m. – 5 p.m.

Or contact your Blue Cross NC Authorized Agent

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Y0079\_8822\_M CMS Accepted 08312019  
U20814d, 8/19



**Phone:** 1-800-665-8037 (TTY: 711)



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

January – September:  
Monday – Thursday, 8 a.m. – 6 p.m.  
Friday, 8 a.m. – 5 p.m.

**Or contact your Blue Cross NC Authorized Agent**



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



**BlueCross BlueShield  
of North Carolina**

**Medicare** plans to fit your needs