



## **Blue Medicare PPO Enhanced<sup>SM</sup> (H3404-003-001) offered by Blue Cross and Blue Shield of North Carolina (Blue Cross NC)**

### **Annual Notice of Changes for 2024**

You are currently enrolled as a member of Blue Medicare PPO Enhanced. Next year, there will be changes to the plan's costs and benefits. *Please see page 5 for a Summary of Important Costs, including Premium.*

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com), click "For Members," then click "Forms Library" and select the *Evidence of Coverage* for your plan. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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#### **What to do now**

##### **1. ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to Medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including authorization requirements and costs.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

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## 2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

## 3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in Blue Medicare PPO Enhanced.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Blue Medicare PPO Enhanced.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

### Additional Resources

- Please contact our Customer Service number at 1-877-494-7647 for additional information. (TTY users should call 711.) Hours are 8 am to 8 pm daily. This call is free.
- This document is available in languages other than English, in braille, in large print or other alternate formats. Please call Customer Service for additional information.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### About Blue Medicare PPO Enhanced

- Blue Cross and Blue Shield of North Carolina is an PPO plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Blue Cross and Blue Shield of North Carolina (Blue Cross NC). When it says “plan” or “our plan,” it means Blue Medicare PPO Enhanced.

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## Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Blue Medicare PPO Enhanced in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$29	\$29
<b>Maximum out-of-pocket amounts</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	<b>From network providers:</b> \$5,650  <b>From network and out-of-network providers combined:</b> \$5,650	<b>From network providers:</b> \$4,900  <b>From network and out-of-network providers combined:</b> \$4,900
<b>Doctor office visits</b>	<b>In-Network:</b> Primary care visits: \$0 per visit Specialist visits: \$25 per visit  <b>Out-of-Network:</b> Primary care visits: 40% of the total cost per visit Specialist visits: 40% of the total cost per visit	<b>In-Network:</b> Primary care visits: \$0 per visit Specialist visits: \$15 per visit  <b>Out-of-Network:</b> Primary care visits: 40% of the total cost per visit Specialist visits: 40% of the total cost per visit

Cost	2023 (this year)	2024 (next year)
<p><b>Inpatient hospital stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor’s order. The day before you are discharged is your last inpatient day.</p>	<p><b>In-Network:</b> You pay a \$335 copayment per day for the first 5 days for each Medicare-covered admission to a network hospital. You pay \$0 for additional days at a network hospital. <b>Out-of-Network</b> You pay 40% Coinsurance per admission</p>	<p><b>In-Network:</b> You pay a \$335 copayment per day for the first 5 days for each Medicare-covered admission to a network hospital. You pay \$0 for additional days at a network hospital. <b>Out-of-Network</b> You pay 40% Coinsurance per admission</p>
<p><b>Part D prescription drug coverage</b> (See Section 1.6 for details.)</p>	<p>Deductible: \$0 Copayment/ Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0 for a 30-day supply at preferred retail pharmacy or preferred mail-order pharmacy</li> <li>• Drug Tier 1: \$15 for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy</li> <li>• Drug Tier 2: \$6 for a 30-day supply at preferred retail pharmacy</li> <li>• Drug Tier 2: \$0 for a 30-day supply at a</li> </ul>	<p>Deductible: \$0 Copayment/ Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0 for a 30-day supply at preferred retail pharmacy or preferred mail-order pharmacy</li> <li>• Drug Tier 1: \$15 for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy</li> <li>• Drug Tier 2: \$6 for a 30-day supply at preferred retail pharmacy</li> <li>• Drug Tier 2: \$0 for a 30-day supply at a</li> </ul>

Cost	2023 (this year)	2024 (next year)
	<p>preferred mail-order pharmacy</p> <ul style="list-style-type: none"> <li>• Drug Tier 2: \$20 for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy</li> <li>• Drug Tier 3: \$37 for a 30-day supply at preferred retail pharmacy or preferred mail-order pharmacy</li> <li>• Drug Tier 3: \$47 for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy</li> </ul> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li>• Drug Tier 4: \$90 for a 30-day supply at preferred retail pharmacy or preferred mail-order pharmacy</li> <li>• Drug Tier 4: \$100 for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy,</li> </ul>	<p>preferred mail-order pharmacy</p> <ul style="list-style-type: none"> <li>• Drug Tier 2: \$20 for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy</li> <li>• Drug Tier 3: \$45 for a 30-day supply at preferred retail pharmacy or preferred mail-order pharmacy</li> <li>• Drug Tier 3: \$47 for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy</li> </ul> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li>• Drug Tier 4: \$99 for a 30-day supply at preferred retail pharmacy or preferred mail-order pharmacy</li> <li>• Drug Tier 4: \$100 for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy,</li> </ul>

Cost	2023 (this year)	2024 (next year)
	<p>or out-of-network pharmacy</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li>• Drug Tier 5: 33% of the total cost for a 30-day supply at preferred retail pharmacy or preferred mail-order pharmacy</li> <li>• Drug Tier 5: 33% of the total cost for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy</li> <li>• Drug Tier 6: \$0 for a 30-day supply at preferred retail pharmacy or preferred mail-order pharmacy</li> <li>• Drug Tier 6: \$1 for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy</li> <li>• Insulins: \$35 copayment for a 30-day supply at</li> </ul>	<p>or out-of-network pharmacy</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li>• Drug Tier 5: 33% of the total cost for a 30-day supply at preferred retail pharmacy or preferred mail-order pharmacy</li> <li>• Drug Tier 5: 33% of the total cost for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy</li> <li>• Drug Tier 6: \$0 for a 30-day supply at preferred retail pharmacy or preferred mail-order pharmacy</li> <li>• Drug Tier 6: \$1 for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy</li> <li>• Insulins: \$35 copayment for a 30-day supply at</li> </ul>

Cost	2023 (this year)	2024 (next year)
	<p>standard and preferred retail or mail order pharmacies.</p> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays most of the cost for your covered drugs. You pay either 5% coinsurance of the cost of the drug or \$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs, whichever is larger.</li> </ul>	<p>standard and preferred retail or mail order pharmacies.</p> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. You pay nothing.</li> </ul>



## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$29	\$29

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 7 regarding “Extra Help” from Medicare.

### Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Cost	2023 (this year)	2024 (next year)
<b>Maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$5,650	\$4,900 Once you have paid \$4,900 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.

Cost	2023 (this year)	2024 (next year)
<b>Combined maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.	\$5,650	\$4,900  Once you have paid \$4,900 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

### Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at [www.bluecrossnc.com/find-a-doctor-or-facility/medicare](http://www.bluecrossnc.com/find-a-doctor-or-facility/medicare). You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

## Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

*Note that beginning July 2023 cost-sharing for insulin furnished through an item of DME is subject to a coinsurance cap of \$35 for one-month's supply of insulin.*

Cost	2023 (this year)	2024 (next year)
<b>Acupuncture for Chronic Low Back Pain (cLBP)</b>	<b>In Network:</b>  You pay a \$25 copay for this benefit.	<b>In Network:</b>  You pay a \$15 copay for this benefit.
<b>Additional Telehealth Services</b>	<b>In-Network:</b>  You pay a \$0 - \$25 copay for this benefit.	<b>In-Network:</b>  You pay a \$0 - \$15 copay for this benefit.
<b>Colorectal Cancer Screening</b>	<b>In-Network and Out-of-Network:</b>  For 2023, Colorectal Cancer Screening tests were covered for aged 50 and older.	<b>In-Network and Out-of-Network:</b>  For 2024, Colorectal Cancer Screening tests are covered for people aged 45 and older.
<b>Contact Lens Exams</b>	<b>In-Network:</b>  You pay a \$25 copay for this benefit.	<b>In-Network:</b>  You pay a \$15 copay for this benefit.
<b>Diabetic Eye Exams</b>	<b>In-Network:</b>  You pay a \$25 copay for this benefit.	<b>In-Network:</b>  You pay a \$0 copay for this benefit.

Cost	2023 (this year)	2024 (next year)
<b>Emergency Care</b>	<b>In-Network and Out-of-Network:</b>  You pay a \$110 copay for this benefit.	<b>In-Network and Out-of-Network:</b>  You pay a \$120 copay for this benefit.
<b>Eye Exams - Medicare-Covered</b>	<b>In-Network:</b>  You pay a \$25 copay for this benefit.	<b>In-Network:</b>  You pay a \$15 copay for this benefit.
<b>Eye Exams- Routine Eye Exams</b>	<b>In-Network:</b>  You pay a \$25 copay for this benefit.	<b>In-Network:</b>  You pay a \$15 copay for this benefit.
<b>Hearing Exams - Medicare-Covered</b>	<b>In-Network:</b>  You pay a \$25 copay for this benefit.	<b>In-Network:</b>  You pay a \$15 copay for this benefit.
<b>Home Safety Devices</b>	<b>In-Network and Out-of-Network:</b>  This service is not covered.	<b>In-Network and Out-of-Network:</b>  You pay a \$0 copay for this benefit for up to two home safety devices per year. Must use designated vendor.

Cost	2023 (this year)	2024 (next year)
<p><b>Inpatient Hospital Care</b></p>	<p><b>In Network and Out-of-Network:</b></p> <p>There is no transportation and lodging benefit for 2023.</p>	<p><b>In Network and Out-of-Network:</b></p> <p>For 2024, to receive the transportation and lodging benefit, the transplant facility or approved location for transplant services must be located at least 100 miles (one way) from the member’s address (not a PO box). The cost of transportation and lodging is for the member and one eligible person to accompany the member during the member’s episode of care. The member’s episode of care is defined as 5 days prior to the transplant and ends one year after the transplant surgery date. The maximum amount payable for allowed transportation and lodging services related to a covered transplant is \$10,000 per transplant.</p>
<p><b>Medicare Part B Rx Drugs</b></p>	<p><b>In-Network:</b></p> <p>You pay a 20% coinsurance for this benefit.</p>	<p><b>In-Network:</b></p> <p>You pay a 0% - 20% coinsurance for this benefit.</p>
<p><b>Medicare-Covered Comprehensive Dental</b></p>	<p><b>In-Network:</b></p> <p>You pay a \$25 copay for this benefit.</p>	<p><b>In-Network:</b></p> <p>You pay a \$15 copay for this benefit.</p>

Cost	2023 (this year)	2024 (next year)
<b>Mental Health Specialty Services- Medicare-covered Individual/Group Sessions</b>	<b>In-Network:</b> You pay a \$25 copay for this benefit.	<b>In-Network:</b> You pay a \$15 copay for this benefit.
<b>Occupational Therapy Services</b>	<b>In-Network:</b> You pay a \$40 copay for this benefit.	<b>In-Network:</b> You pay a \$10 copay for this benefit.
<b>OTC Items</b>	<b>In-Network and Out-of-Network:</b> There is a \$95 allowance every three months. Must use designated OTC vendor.	<b>In-Network and Out-of-Network:</b> There is a \$105 allowance every three months. Must use designated OTC vendor.
<b>Outpatient Substance Abuse Services- Individual/Group Sessions</b>	<b>In-Network:</b> You pay a \$25 copay for this benefit.	<b>In-Network:</b> You pay a \$15 copay for this benefit.
<b>Physician Specialist Services</b>	<b>In-Network:</b> You pay a \$25 copay for this benefit.	<b>In-Network:</b> You pay a \$15 copay for this benefit.
<b>Podiatry Services</b>	<b>In-Network:</b> You pay a \$25 copay for this benefit.	<b>In-Network:</b> You pay a \$15 copay for this benefit.

Cost	2023 (this year)	2024 (next year)
<b>Preferred Continuous Glucose Monitoring (CGM)</b>	<b>In-Network and Out-of-Network:</b>  Preferred Continuous Glucose Monitoring (CGM) products obtained through the pharmacy are Dexcom G6 and Abbott Freestyle Libre.	<b>In-Network and Out-of-Network:</b>  Preferred Continuous Glucose Monitoring (CGM) products obtained through the pharmacy include Dexcom G6, Dexcom G7 when used with a Dexcom Receiver, Abbott Freestyle Libre, Freestyle Libre 2, and Freestyle Libre 3 when used with a Freestyle Libre receiver. CGM's may be subject to Prior Authorization.
<b>Psychiatric Services- Individual/Group Sessions</b>	<b>In-Network:</b>  You pay a \$25 copay for this benefit.	<b>In-Network:</b>  You pay a \$15 copay for this benefit.
<b>Pulmonary Rehabilitation Services</b>	<b>In-Network:</b>  You pay a \$20 copay for this benefit.	<b>In-Network:</b>  You pay a \$15 copay for this benefit.
<b>Skilled Nursing Facility (SNF) Medicare-covered stay</b>	<b>In-Network:</b>  You pay a \$0 copay for days 1-20. You pay a \$196 copay for days 21-60. You pay a \$0 copay for days 61-100.	<b>In-Network:</b>  You pay a \$0 copay for days 1-20. You pay a \$203 copay for days 21-60. You pay a \$0 copay for days 61-100.

Cost	2023 (this year)	2024 (next year)
<b>Worldwide Emergency Coverage</b>	<b>In-Network and Out-of-Network:</b>  You pay a \$110 copay for this benefit.  There is a \$100,000 combined allowance for Worldwide Emergency.	<b>In-Network and Out-of-Network:</b>  You pay a \$120 copay for this benefit.  There is a \$100,000 combined allowance for Worldwide Emergency.

## Section 1.5 – Changes to Part D Prescription Drug Coverage

### Changes to Our “Drug List”

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our “Drug List” is provided electronically.

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

We have made changes to the list of insulin drugs that will be covered as insulins at a lower cost-sharing. To find out which drugs are insulins, review the most recent “Drug List” we provided electronically. All insulins on our “Drug List” are included in the program. If you have questions about the “Drug List,” you can also call Customer Service (Phone numbers for Customer Service are printed on the back cover of this booklet).



## Changes to Prescription Drug Costs

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30, 2022, please call Customer Service and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

### Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
<b>Stage 1: Yearly Deductible Stage</b> The deductible doesn’t apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

### Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<b>Stage 2: Initial Coverage Stage</b> During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b> The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in	Your cost for a one-month supply at a network pharmacy:  <b>Tier 1 Preferred Generics:</b> <i>Standard cost sharing:</i> You pay \$15 per prescription.  <i>Preferred cost sharing</i> You pay \$0 per prescription.	Your cost for a one-month supply at a network pharmacy:  <b>Tier 1 Preferred Generics:</b> <i>Standard cost sharing:</i> You pay \$15 per prescription.  <i>Preferred cost sharing</i> You pay \$0 per prescription.

Chapter 6, Section 5 of your *Evidence of Coverage*.

We changed the tier for some of the drugs on our “Drug List.” To see if your drugs will be in a different tier, look them up on the “Drug List.”

During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.

Most adult Part D vaccines are covered at no cost to you.

**Tier 2 Generics:**

*Standard cost sharing:*

You pay \$20 per prescription.

*Preferred cost sharing*

You pay \$6 per prescription.

**Tier 3 Preferred Brand:**

*Standard cost sharing:*

You pay \$47 per prescription.

*Preferred cost sharing*

You pay \$37 per prescription.

You pay \$35 per month supply of each covered insulin product on this tier.

**Tier 4 Non-Preferred Drug:**

*Standard cost sharing:*

You pay \$100 per prescription.

*Preferred cost sharing*

You pay \$90 per prescription.

You pay \$35 per month supply of each covered insulin product on this tier.

**Tier 5 Specialty Tier:**

*Standard cost sharing:*

You pay 33% of the total cost.

**Tier 2 Generics:**

*Standard cost sharing:*

You pay \$20 per prescription.

*Preferred cost sharing*

You pay \$6 per prescription.

**Tier 3 Preferred Brand:**

*Standard cost sharing:*

You pay \$47 per prescription.

*Preferred cost sharing*

You pay \$45 per prescription.

You pay \$35 per month supply of each covered insulin product on this tier.

**Tier 4 Non-Preferred Drug:**

*Standard cost sharing:*

You pay \$100 per prescription.

*Preferred cost sharing*

You pay \$99 per prescription.

You pay \$35 per month supply of each covered insulin product on this tier.

**Tier 5 Specialty Tier:**

*Standard cost sharing:*

You pay 33% of the total cost.

Stage	2023 (this year)	2024 (next year)
	<i>Preferred cost sharing</i>	<i>Preferred cost sharing</i>
	You pay 33% of the total cost.	You pay 33% of the total cost.
	Tier 5 is limited to a 30-day supply per fill.	Tier 5 is limited to a 30-day supply per fill.
	<b><i>Tier 6 Select Care Drugs:</i></b>	<b><i>Tier 6 Select Care Drugs:</i></b>
	<i>Standard cost sharing:</i>	<i>Standard cost sharing:</i>
	You pay \$1 per prescription.	You pay \$1 per prescription.
	<i>Preferred cost sharing</i>	<i>Preferred cost sharing</i>
	You pay \$0 per prescription.	You pay \$0 per prescription.
	<b><i>Insulins:</i></b>	<b><i>Insulins:</i></b>
	You pay \$35 per 30-day supply at standard and preferred retail or mail order pharmacies for insulins.	You pay \$35 per 30-day supply at standard and preferred retail or mail order pharmacies for insulins.
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	Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).	Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).

**Changes to the Coverage Gap and Catastrophic Coverage Stages**

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

**Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.**

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

**SECTION 2 Administrative Changes**

	<b>2023 (this year)</b>	<b>2024 (next year)</b>
Address Changes	Walk-in payments and correspondence are accepted at 5660 University Pkwy, Winston-Salem, NC 27105.	The following Blue Cross NC addresses changed in the EOC for 2024: <ul style="list-style-type: none"> <li>- Walk-in payments or Correspondence no longer accepted at 5660 University Pkwy, Winston-Salem, NC 27105</li> <li>- Payments and correspondence accepted at our office at 1965 Ivy Creek Blvd, Durham, NC 27707</li> <li>- Customer Service Contact Information</li> <li>- Coverage Decisions for Medical Care</li> <li>- Coverage Decisions for Part D</li> <li>- Appeals or Complaints About Medical Care or Part D</li> <li>- Claims Payment Requests (Medical and Part D)</li> </ul> (Please reference your 2024 EOC for the new addresses.)
Counties for 2024	There are no service area changes in 2023.	For 2024, Burke, Davie, Rutherford, and Yadkin are in the service area.
Group Number Change	Group number for 2023 was BP0301.	Group number for 2024 is M0000001.
ID Card Re-issue	ID Cards were not re-issued.	Replacement ID Cards will be issued in December 2023 for use starting January 1, 2024. Due to a Blue Cross system change, a new Member ID and Group Number were generated for you which necessitates this ID Card issuance. Use your current ID Card until December 31, 2023.
Service Area		The following counties are added to the service area for 2024: Chatham and Wilkes.

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in Blue Medicare PPO Enhanced

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Blue Medicare PPO Enhanced.

### Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- – *OR*– You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2). As a reminder, Blue Cross NC offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

#### Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Blue Medicare PPO Enhanced.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Blue Medicare PPO Enhanced.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do so.
  - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage Plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In North Carolina, the SHIP is called Seniors' Health Insurance Information Program (SHIIP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHIIP at 1-855-408-1212. You can learn more about SHIIP by visiting their website (<http://www.ncdoi.com/SHIIP>).

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** North Carolina has a program called Seniors’ Health Insurance Information Program that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the North Carolina AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the North Carolina AIDS Drug Assistance Program at 1-877-466-2232 (toll free in NC) or 1-919-733-9161 (out-of-state) or visit their website at [epi.dph.ncdhhs.gov/cd/hiv/hmap.html](http://epi.dph.ncdhhs.gov/cd/hiv/hmap.html).

## SECTION 7 Questions?

### Section 7.1 – Getting Help from Blue Medicare PPO Enhanced

Questions? We're here to help. Please call Customer Service at 1-877-494-7647. (TTY only, call 711.) We are available for phone calls 8 am to 8 pm daily. Calls to these numbers are free.

#### **Read your 2024 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for Blue Medicare PPO Enhanced. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

You can also visit our website at [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/ "Drug List")*.

### Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

#### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

#### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](https://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

#### **Read Medicare & You 2024**

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



**Review other plan materials available as of October 15, 2023.**

View online or request a printed copy by calling us. 8 a.m. to 8 p.m. daily.

**Evidence of Coverage (EOC)**

Your EOC provides you with details about your plan benefits.

To view your EOC, visit [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com), click **Forms Library** and select **Evidence of Coverage** for your plan. You can also complete the insert and return in the mail with the enclosed prepaid envelope to request a printed copy.

**Formulary**

Your Formulary is a list of drugs covered by your plan.

To view your formulary, visit [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com), click **Prescription Drug Resources** and select your plan under **Formulary Guides**. You can also complete the insert and return in the mail with the enclosed prepaid envelope to request a printed copy.

**Provider Directory or Pharmacy Directory**

To search for providers online, visit [bluecrossnc.com/members/find-care](https://bluecrossnc.com/members/find-care), click on **Look up a Doctor or Drug**.

You may also view our **Notice of Privacy Practices** online at [www.bluecrossnc.com/about-us/policies-and-best-practices/notice-privacy-practices](https://www.bluecrossnc.com/about-us/policies-and-best-practices/notice-privacy-practices).

**The Women's Health and Cancer Rights Act (WHCRA) of 1998**

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, this plan provides coverage for:

1. All stages of reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prosthesis and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient. Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.

Contact Customer Service for more information. Hours of operation are 8 am to 8 pm daily.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact the Customer Service number on the back of your ID card for assistance.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Comuníquese con el número para servicio al cliente que aparece en el reverso de su tarjeta del seguro para obtener ayuda.