



## 2025 Summary of Benefits

### Experience Health Medicare Advantage<sup>SM</sup> (HMO)

H3777-001-002

H3777-001-003

H3777-001-004

This is a summary of health services and prescription drug coverage that is covered under the Experience Health Medicare Advantage (HMO) plan for **January 1, 2025 – December 31, 2025**.

- The benefits information provided is a summary of what we cover and what you pay. This information is not a complete description of benefits. Visit [BlueCrossNC.com/experience-health/plan-documents](https://BlueCrossNC.com/experience-health/plan-documents) and click on the Evidence of Coverage tab.
- Experience Health Medicare Advantage (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 their services.
- Out-of-network/non-contracted providers are under no obligation to treat Blue Cross and Blue Shield of North Carolina (Blue Cross NC) members, except in emergency situations. 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 services.
- 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.
- Blue Cross and Blue Shield of North Carolina is an HMO plan with a Medicare contract. Enrollment in Experience Health Medicare Advantage (HMO) depends on contract renewal.
- For more information about Original Medicare or to request the *Medicare & You* handbook from Medicare, call 1-800-MEDICARE (1-800-633-4227), TTY: 1-877-486-2048, 7 days a week, 24 hours a day. Or visit [Medicare.gov](https://www.Medicare.gov).
- For more details, call **1-833-905-1311** (TTY: 711), current members call **1-833-777-7394** (TTY: 711), 7 days a week, 8 a.m. – 8 p.m., visit [BlueCrossNC.com/experience-health](https://BlueCrossNC.com/experience-health) or contact your Blue Cross NC Authorized Independent Agent.

®, SM are marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. All other marks and names are property of their respective owners. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

Y0079\_12969\_M CMS Accepted 08202024  
U43265, 8/24

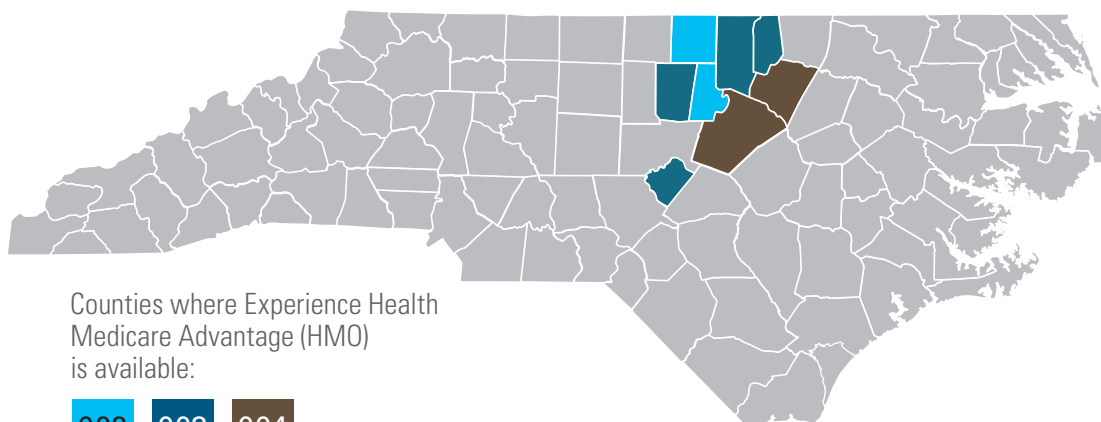
**Medicare**  
Prescription Drug Coverage **X**

# Summary of Benefits

## The Experience Health Medicare Advantage (HMO) Service Area

The Experience Health Medicare Advantage (HMO) plan is available in the following counties in North Carolina:

H3777-001-002 Durham Region		Monthly Premium: \$25
Durham	Person	
H3777-001-003 Orange Region		Monthly Premium: \$25
Granville Lee	Orange Vance	
H3777-001-004 Raleigh Region		Monthly Premium: \$25
Franklin	Wake	



**Please note:** To join the Experience Health Medicare Advantage (HMO) plan, you must have both Medicare Part A and Medicare Part B and live in our service area.

# Summary of Benefits

Experience Health Medicare Advantage <sup>SM</sup> (HMO)		H3777-001-002 H3777-001-003 H3777-001-004
<b>Monthly Premium:</b>	You must also continue to pay your Medicare Part B premium.	\$25
<b>Deductible:</b>	This plan has no medical deductible.	\$0
<b>Annual Maximum Out-of-Pocket Amount:</b>	Does not include prescription drugs.	\$3,900
Benefits	What You Should Know	
<b>Inpatient Hospital Care:*</b> (Cost share applies per day. Benefit period applied per admission.)	<b>Days 1–6:</b>	\$295 copay
	<b>Days 7 and beyond:</b>	\$0 copay
<b>Outpatient Services:*</b>	<b>Outpatient Hospital:</b> Per stay.	\$200 copay
	<b>Ambulatory Surgical Center:</b>	\$200 copay
<b>Doctor Visit:</b> No referral is required.	<b>Primary:</b>	\$0 copay
	<b>Specialist:</b>	\$20 copay
<b>Preventive Care:</b>	Any additional preventive services approved by Medicare during the contract year will be covered.	\$0 copay
<b>Emergency Care:</b>	If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency care. Emergency services are covered worldwide.	\$120 copay
<b>Urgently Needed Services:</b>	This coverage is worldwide.	\$60 copay

\*May require prior authorization.  
Note: This chart shows your portion of the costs.

# Summary of Benefits

Experience Health Medicare Advantage <sup>SM</sup> (HMO)		H3777-001-002 H3777-001-003 H3777-001-004	
Benefits	What You Should Know	PCP Office	Any Other Setting
Diagnostic Services/ Labs/ Imaging:*	Diagnostic Tests and Procedures:	\$0 copay	\$20 copay
	Lab Services:	\$0 copay	\$8 copay
	CT:	\$0 copay	\$75 copay
	Diagnostic Radiological Services:	\$0 copay	\$100 copay
	PET or Nuclear Medicine:	\$0 copay	\$150 copay
	Therapeutic Radiological Services:	\$0 copay	20% of cost
	X-rays:	\$0 copay	\$10 copay
Hearing Services:	Medicare-Covered Hearing Exam:	Exams to diagnose and treat hearing and balance issues.	\$0 copay
	Routine Hearing Exam:	One per year. Must use designated providers.	\$0 copay
	Hearing Aids:	One per ear, per year. Must use designated providers.	\$599–\$899 copay
Dental Services:	Medicare-Covered Dental Services:*	Medicare may pay for certain services when you're in a hospital and need emergency or complicated dental procedures.	\$20 copay
	Preventive Dental:	\$500 reimbursement per calendar year.	\$0 copay
	Comprehensive Dental:	\$1,500 reimbursement per calendar year.	\$0 copay

\*May require prior authorization.  
Note: This chart shows your portion of the costs.

# Summary of Benefits

## Experience Health Medicare Advantage<sup>SM</sup> (HMO)

H3777-001-002  
H3777-001-003  
H3777-001-004

### Benefits

### What You Should Know


<b>Vision Services:</b>	<b>Routine Eye and Contact Lens Exams:</b>	One of each per calendar year.	\$0 copay
	<b>Vision Allowance:</b>	\$300 yearly allowance.	\$0 copay
	<b>Medicare-Covered Eye Exam:</b>	For the diagnosis and treatment of illnesses and injuries of the eye.	\$0 copay
<b>Mental Health Services:</b>	<b>Inpatient:*</b> (Cost share applies per day. Benefit period applied per admission.)	<b>Days 1–6:</b>	\$275 copay
		<b>Days 7–90:</b>	\$0 copay
	<b>Outpatient:</b> (Mental health* and substance use.)	Individual and group sessions.	\$0 copay
<b>Skilled Nursing Facility:*</b>	(Cost share applies per day. Benefit period applied per admission.)	<b>Days 1–20:</b>	\$0 copay
		<b>Days 21–60:</b>	\$214 copay
		<b>Days 61–100:</b>	\$0 copay
<b>Outpatient Rehabilitation Services:</b>	<b>Physical and Speech Language Therapy:</b>		\$20 copay
	<b>Occupational Therapy:</b>		\$20 copay
	<b>Cardiac Rehab Services:</b>		\$20 copay
	<b>Pulmonary Rehab Services:</b>		\$15 copay

\*May require prior authorization.

Note: This chart shows your portion of the costs.

# Summary of Benefits

Experience Health Medicare Advantage <sup>SM</sup> (HMO)		H3777-001-002 H3777-001-003 H3777-001-004
Benefits	What You Should Know	
<b>Ambulance Services:*</b>	Covers medically necessary ground and air ambulance services. This coverage is worldwide.	\$295 copay
<b>Transportation:</b>	12 one-way trips to or from health-related locations.	\$0 copay
<b>Medicare Part B Drugs:**</b>	<b>Part B Insulins:</b> 30-day supply.	\$35 copay
	<b>Chemotherapy and Other Part B Drugs:</b>	0–20% of cost

 <b>Part D, Prescription Drug Benefit Stages</b>		H3777-001-002 H3777-001-003 H3777-001-004
<b>Yearly Deductible Stage:</b>	<b>All Tiers: \$0</b>  This is the set amount that you pay before your plan begins to pay its share of the cost. Your deductible does not apply to covered insulin products and most adult Part D vaccines.	
<b>Initial Coverage Stage:</b>	<b>Begins after you pay your yearly deductible.</b> You generally stay in this stage until your out-of-pocket drug costs reach <b>\$2,000</b> . The amount you pay in this stage is shown in the chart on the next page.***	
<b>Catastrophic Coverage Stage:</b>	<b>Begins when your out-of-pocket drug costs reach \$2,000.</b> During this stage, you pay nothing for your covered Part D drugs. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.	


\*May require prior authorization.

\*\*May require prior authorization. Based on Inflation Reduction Act mandates.

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

Note: This chart shows your portion of the costs.

# Summary of Benefits

Experience Health Medicare Advantage <sup>SM</sup> (HMO)				H3777-001-002 H3777-001-003 H3777-001-004
 Prescription Drug	Standard Retail Pharmacies	Preferred Mail Order	Standard Retail/Standard Mail Order	
	1 month 30-day supply	3 months 90-day supply	3 months 90-day supply	
<b>Preferred Generic Drugs:</b> (Tier 1)	\$0 copay	\$0 copay	\$0 copay	
<b>Generic Drugs:</b> (Tier 2)	\$5 copay	\$12.50 copay	\$15 copay	
<b>Preferred Brand Drugs:</b> (Tier 3)	\$45 copay	\$112.50 copay	\$135 copay	
<b>Non-Preferred Drugs:</b> (Tier 4)	\$99 copay	\$247.50 copay	\$297 copay	
<b>Specialty Tier Drugs:*</b> (Tier 5)	33% of cost	N/A	N/A	
<b>Select Care Drugs:</b> (Tier 6)	\$0 copay	\$0 copay	\$0 copay	
<b>Insulins:</b>	Tier 3:	\$35 copay	\$105 copay	\$105 copay
	Tier 4:	\$35 copay	\$105 copay	\$105 copay

Note: Two-month (60-day) supplies may also be available. Standard Mail Order costs may differ.

Note: This chart shows your portion of the costs.

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

# Summary of Benefits

## Experience Health Medicare Advantage<sup>SM</sup> (HMO)

H3777-001-002

H3777-001-003

H3777-001-004

### Other Covered Benefits

Benefit	What You Should Know	
<b>Podiatry Services:</b>	Foot care.	\$20 copay
<b>Medical Equipment and Supplies:</b>	<b>Medical Equipment and Supplies:*</b>	20% of cost
	<b>Diabetic Shoes or Inserts:</b>	20% of cost
	<b>Diabetes Supplies:*</b>	\$0 copay
<b>Fitness:</b>	\$112/month to spend with designated vendor on gym memberships, classes and select equipment; no rollover.	\$0 copay
<b>Over-the-Counter Products Allowance:</b>	\$116 quarterly allowance. Must use participating retail locations or designated catalog; no rollover.	\$0 copay
<b>Meals Benefit:</b>	Two meals per day for 14 days post-discharge.	\$0 copay
<b>Acupuncture:</b>	\$50 reimbursement allowance per visit for up to 20 visits per year. \$20 visits for chronic lower back pain.	
<b>In-Home Assistance:</b>	6 hours of in-home assistance per month, no rollover.	\$0 copay
<b>Personal Emergency Response System:</b>	Wearable device with fast access to emergency services.	\$0 copay
<b>Home Safety Devices:†</b>	Two devices per year.	\$0 copay

\*May require prior authorization.

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

Note: This chart shows your portion of the costs.



# Experience Health Medicare Advantage<sup>SM</sup> (HMO)

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



### English

ATTENTION: If you speak any of the following languages, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-833-777-7394 (TTY: 711), or speak to your provider.

### Spanish / Español

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayudas y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-833-777-7394 (TTY: 711) o hable con su proveedor.

### Chinese / 中文

注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-833-777-7394 (TTY: 711) 或咨询您的服务提供商。

### Vietnamese / Việt

LƯU Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cấp miễn phí. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-833-777-7394 (Người khuyết tật: 711) hoặc trao đổi với nhà cung cấp dịch vụ của quý vị.

### Korean / 한국어

알림: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-833-777-7394 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

### French / Français

ATTENTION: Si vous parlez français, vous pouvez bénéficier de services d'assistance gratuits. Vous avez également à votre disposition des outils et services supplémentaires vous permettant de fournir des informations dans un format accessible, sans frais. Appelez le 1-833-777-7394 (TTY: 711) ou parlez à votre fournisseur.

### Arabic / العربية

، تتوفر لك خدمات مساعدة لغوية مجانية. كما تتوفر مساعدة وخدمات إضافية مناسبة لتقديم تنبيه: إذا كنت تتحدث اللغة العربية المعلومات بتنسيقات يمكن الوصول إليها مجانًا. يُرجى الاتصال على الرقم 1-833-777-7394 (TTY: 711) أو تحدث مع مزود الخدمة الخاص بك.

### Hmong / Lus Hmoob

LUG CEEV TSHWJ XEEB: yog has tas koj has lug Hmoob muaj cov kev paab cuam txhais lug pub dlawb rua koj. Cov kev paab hab cov kev paab cuam ntxiv kws tsim nyog txhawm rua muab lug qha paub ua cov hom ntaub ntawv kws tuaj yeem nkaag cuag tau rua los kuj yeej tseem muaj paab dlawb tsis xam tug nqe dlaab tsi tuab yaam nkaus. Hu rua 1-833-777-7394 (TTY: 711) los yog thaam nrug koj tug kws muab kev saib xyuas khu mob.

### Russian / РУССКИЙ

ВНИМАНИЕ: Если Вы говорите на русском, то Вам доступны бесплатные услуги языковой поддержки. Соответствующие инструменты и информационные сервисы также предоставляются бесплатно. Позвоните по телефону 1-833-777-7394 (TTY: 711) или обратитесь к своему поставщику услуг.

# Experience Health Medicare Advantage<sup>SM</sup> (HMO)

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



## Tagalog

**PAALALA:** Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-833-777-7394 (TTY: 711) o makipag-usap sa iyong provider.

## Gujarati / ગુજરાતી

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હોવ તો, મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસ/વરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-833-777-7394 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

## Mon-Khmer, Cambodian / ភាសាខ្មែរ

កំណត់ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយភាសាភាគតិចថ្លៃគឺមានផ្តល់ជូនសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មសមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បានក៏មានផ្តល់ជូនដោយឥតគិតថ្លៃផងដែរ។ សូមទូរស័ព្ទទុកលេខ 1-833-777-7394 (TTY: 711) និយាយទៅកាន់អ្នកផ្តល់សេវាសេវាអ្នក។

## German / Deutsch

**WICHTIGER HINWEIS:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-833-777-7394 (TTY: 711) oan oder sprechen Sie mit Ihrem Provider.

## Hindi / हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-833-777-7394 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

## Laotian / ລາວ

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ ໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-833-777-7394 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

## Japanese / 日本語

お知らせ：日本語をお話した場合、無料の言語支援サービスをご利用いただけます。アクセス可能な形式で情報を提供するための適切な補助的なサポートやサービスも無料でご利用いただけます。1-833-777-7394 (TTY: 711) にお電話いただくか、プロバイダーにお問い合わせください。