BlueCross BlueShield of North Carolina

Blue Medicare PPO Enhanced℠ (H3404-003-002) offered by Blue Cross and Blue Shield of North Carolina (Blue Cross NC)

Annual Notice of Changes for 2023

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 4 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, 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.**

What to do now

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.
- This about how much you will spend on premiums, deductibles, and cost sharing.

☐ Check the changes in the 2023 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.

OMB Approval 0938-1051 (Expires: February 29, 2024)

1. **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 website or review the list in the back of your *Medicare & You* 2023 handbook.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

2. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2022, 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, 2023.** 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 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 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.

Annual Notice of Changes for 2023
Table of Contents

OMB Approval 0938-1051 (Expires: February 29, 2024)

Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Blue Medicare PPO Enhanced in several important areas. **Please note this is only a summary of costs**.

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* *Your premium may be higher or lower than this amount. See Section 1.1 for details.	$49	$49
Maximum out-of-pocket amounts This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	**From network providers:** $5,900 **From network and out-of-network providers combined:** $5,900	**From network providers:** $5,650 **From network and out-of-network providers combined:** $5,650
Doctor office visits	**In-Network:** Primary care visits: $0 per visit Specialist visits: $35 per visit **Out-of-Network:** Primary care visits: 40% of the total cost per visit. Specialist visits: 40% of the total cost per visit.	**In-Network:** Primary care visits: $0 per visit Specialist visits: $35 per visit **Out-of-Network:** Primary care visits: 40% of the total cost per visit. Specialist visits: 40% of the total cost per visit.

Cost	2022 (this year)	2023 (next year)
Inpatient hospital stays 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.	**In-Network:** You pay a $335 copayment per day for the first **6** days for each Medicare-covered admission to a network hospital. You pay $0 for additional days at a network hospital. **Out-of-Network:** You pay 40% of the total cost for each Medicare-covered admission to an out-of-network hospital.	**In-Network:** 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. **Out-of-Network:** You pay 40% of the total cost for each Medicare-covered admission to an out-of-network hospital.

Cost	2022 (this year)	2023 (next year)
Part D prescription drug coverage (See Section 1.6 for details.)	Deductible: $0 Copayment/ Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $0 for a 30-day supply at preferred retail pharmacy or preferred mail-order pharmacy • Drug Tier 1: $15 for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy • Drug Tier 2: $6 for a 30-day supply at preferred retail pharmacy • Drug Tier 2: $0 for a 30-day supply at a preferred mail-order pharmacy • Drug Tier 2: $20 for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy • Drug Tier 3: $37 for a 30-day supply at preferred retail pharmacy or	Deductible: $0 Copayment/ Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $0 for a 30-day supply at preferred retail pharmacy or preferred mail-order pharmacy • Drug Tier 1: $15 for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy • Drug Tier 2: $6 for a 30-day supply at preferred retail pharmacy • Drug Tier 2: $0 for a 30-day supply at a preferred mail-order pharmacy • Drug Tier 2: $20 for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy • Drug Tier 3: $37 for a 30-day supply at preferred retail pharmacy or

Cost	2022 (this year)	2023 (next year)
Part D prescription drug coverage (continued)	preferred mail-order pharmacy • Drug Tier 3: $47 for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy • Drug Tier 4: $90 for a 30-day supply at preferred retail pharmacy or preferred mail-order pharmacy • Drug Tier 4: $100 for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy • Drug Tier 5: 33% of the total cost for a 30-day supply at preferred retail pharmacy or preferred mail-order pharmacy • 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	preferred mail-order pharmacy • Drug Tier 3: $47 for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy • Drug Tier 4: $90 for a 30-day supply at preferred retail pharmacy or preferred mail-order pharmacy • Drug Tier 4: $100 for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy • Drug Tier 5: 33% of the total cost for a 30-day supply at preferred retail pharmacy or preferred mail-order pharmacy • 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

Cost	2022 (this year)	2023 (next year)
Part D prescription drug coverage (continued)	• Drug Tier 6: $0 for a 30-day supply at preferred retail pharmacy or preferred mail-order pharmacy • Drug Tier 6: $1 for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy • Insulins: $35 copayment for a 30-day supply at standard and preferred retail or mail order pharmacies. 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).	• Drug Tier 6: $0 for a 30-day supply at preferred retail pharmacy or preferred mail-order pharmacy • Drug Tier 6: $1 for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy • Insulins: $35 copayment for a 30-day supply at standard and preferred retail or mail order pharmacies. 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).

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$49	$49

- 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

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.

Cost	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount 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.	$5,900	$5,650 Once you have paid $5,650 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.
Combined maximum out-of-pocket amount 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.	$5,900	$5,650 Once you have paid $5,650 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.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at 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*.

There are changes to our network of providers for next year. **Please review the 2023 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 2023 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.

Cost	2022 (this year)	2023 (next year)
Cardiac rehabilitation services	**In-Network:** You pay a $30 copayment for Medicare-covered cardiac rehabilitation services and intensive cardiac rehabilitation services.	**In-Network:** You pay a $0 copayment for Medicare-covered cardiac rehabilitation services and intensive cardiac rehabilitation services.
Chiropractic services	**In-Network:** Prior approval from plan is required.	**In-Network:** Prior approval from plan is not required.
Dental services	**Out-of-Network:** You pay 20% of the total cost for each non-Medicare-covered Preventive and Comprehensive dental services plus additional costs up to the provider billed amount was not covered.	**Out-of-Network:** You pay 20% of the total cost for each non-Medicare-covered Preventive and Comprehensive dental services plus additional costs up to the provider billed amount.

Cost	2022 (this year)	2023 (next year)
Diabetes self-management training, diabetic services and supplies	**In-Network:** There is no coinsurance, copayment, or deductible for test strips or meters made by LifeScan (OneTouch®) and Ascensia (Contour™).	**In-Network:** There is no coinsurance, copayment, or deductible for test strips or meters made by LifeScan (OneTouch®) and Ascensia (Contour™). This plan covers up to 204 test strips per month. You pay 20% of the total cost for all non-preferred test strips and meter products, with a medical exception. There is no coinsurance, copayment, or deductible for the following: Dexcom G6 Glucose Monitoring and Abbott Freestyle Libre.
Emergency care	**In-Network and Out-of Network:** You pay a $90 copayment for each Medicare-covered emergency room visit.	**In-Network and Out-of-Network:** You pay a $110 copayment for each Medicare-covered emergency room visit.
In-home assistance	**In-Network and Out-of-Network:** In-home assistance is not covered.	**In-Network and Out-of-Network:** There is no coinsurance, copayment, or deductible for 60 hours per year for in-home assistance. Must use designated In-home Assistance vendor.

Cost	2022 (this year)	2023 (next year)
Inpatient hospital care	**In-Network:** You pay a $335 copayment per day for the first **6** days for each Medicare-covered admission to a network hospital.	**In-Network:** You pay a $335 copayment per day for the first **5** days for each Medicare-covered admission to a network hospital.
Inpatient services in a psychiatric hospital	**In-Network:** You pay a $300 copayment per day for the first **6** days for each Medicare-covered admission to a network hospital.	**In-Network:** You pay a $300 copayment per day for the first **5** days for each Medicare-covered admission to a network hospital.
Outpatient diagnostic tests and therapeutic services and supplies	**In-Network:** Prior approval from plan is required for diagnostic radiological services, therapeutic radiological services, procedures, tests, and lab services. Prior approval from plan is not required for x-rays.	**In-Network:** Prior approval from plan is required for diagnostic radiological services and therapeutic radiological services. Prior approval from plan is not required for procedures, tests, labs, and x-rays.
Outpatient mental health care	**In-Network:** You pay a $40 copayment for each individual/group therapy visit for Medicare-covered mental health services.	**In-Network:** You pay a $35 copayment for each individual/group therapy visit for Medicare-covered mental health services.

Cost	2022 (this year)	2023 (next year)
Outpatient rehabilitation services	**In-Network:** You pay a $40 copayment for each Medicare-covered physical therapy, and/or speech/language therapy visit. Prior approval from plan is required for physical and occupational therapy.	**In-Network:** You pay a $10 copayment for each Medicare-covered physical therapy, and/or speech/language therapy visit. Prior approval from plan is not required for physical and occupational therapy.
Outpatient substance abuse services	**In-Network:** You pay a $40 copayment for each Medicare-covered individual/group substance abuse outpatient treatment visit.	**In-Network:** You pay a $35 copayment for each Medicare-covered individual/group substance abuse outpatient treatment visit.
Personal Emergency Response System (PERS)	**In-Network and Out-of-Network:** PERS is not covered.	**In-Network and Out-of-Network:** There is no coinsurance, copayment, or deductible for a PERS device. This benefit is only available through designated PERS vendor.
Physician/Practitioner services, including doctor's office visits	**In-Network:** Prior approval from plan is required for specialist visits.	**In-Network:** Prior approval from plan is not required for specialist visits.
Pulmonary rehabilitation services	**In-Network:** You pay a $30 copayment for Medicare-covered pulmonary rehabilitation services.	**In-Network:** You pay a $20 copayment for Medicare-covered pulmonary rehabilitation services.

Cost	2022 (this year)	2023 (next year)
Skilled nursing facility (SNF) care	**In-Network:** For a Medicare-covered admission to a Skilled Nursing Facility, you pay: $0 each day for days 1-20 a $188 copayment each day for days 21-60 $0 each day for days 61-100	**In-Network:** For a Medicare-covered admission to a Skilled Nursing Facility, you pay: $0 each day for days 1-20 a $196 copayment each day for days 21-60 $0 each day for days 61-100
Supervised Exercise Therapy (SET)	**In-Network:** You pay a $30 copayment for Medicare-covered supervised exercise therapy.	**In-Network:** You pay a $25 copayment for Medicare-covered supervised exercise therapy.
Support services for family caregivers	**In-Network and Out-of-Network:** Support for caregivers of enrollees is not covered.	**In-Network and Out-of-Network:** There is no coinsurance, copayment, or deductible for the support for support for caregivers. This benefit is only available through designated Support Services vendor.
Transportation services	**In-Network and Out-of-Network:** Transportation services are not covered.	**In-Network and Out-of-Network:** There is no coinsurance, copayment, or deductible for 24 one-way trips. Must use designated Transportation vendor.

Cost	2022 (this year)	2023 (next year)
Urgently needed services	**In-Network and Out-of-Network:** You pay a $65 copayment for each Medicare-covered urgently needed services visit.	**In-Network and Out-of-Network:** You pay a $60 copayment for each Medicare-covered urgently needed services visit.
Vision Care	**In-Network:** Routine Eye Exams: Contact lens fitting/evaluation (one exam each calendar year) are not covered **Out-of-Network:** Routine Eye Exams: Contact lens fitting/evaluation (one exam each calendar year) are not covered **In-Network and Out-of-Network:** $200 allowance per year for routine prescription eyewear from in-network or out-of-network providers.	**In-Network:** Routine Eye Exams: Contact lens fitting/evaluation (one exam each calendar year): $25 copayment **Out-of-Network:** Routine Eye Exams: Contact lens fitting/evaluation (one exam each calendar year): 40% coinsurance **In-Network and Out-of-Network:** $300 allowance per year for routine prescription eyewear from in-network or out-of-network providers.

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, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

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.)

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage	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	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost.** 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 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.	Your cost for a one-month supply at a network pharmacy: ***Tier 1 Preferred Generic Drugs*:** *Standard cost sharing:* You pay $15 per prescription. *Preferred cost sharing:* You pay $0 per prescription. ***Tier 2 Generic Drugs*:** *Standard cost sharing:* You pay $20 per prescription. *Preferred cost sharing:* You pay $6 per prescription. ***Tier 3 Preferred Brand Drugs*:** *Standard cost sharing:* You pay $47 per prescription. *Preferred cost sharing:* You pay $37 per prescription.	Your cost for a one-month supply at a network pharmacy: ***Tier 1 Preferred Generic Drugs*:** *Standard cost sharing:* You pay $15 per prescription. *Preferred cost sharing:* You pay $0 per prescription. ***Tier 2 Generic Drugs*:** *Standard cost sharing:* You pay $20 per prescription. *Preferred cost sharing:* You pay $6 per prescription. ***Tier 3 Preferred Brand Drugs*:** *Standard cost sharing:* You pay $47 per prescription. *Preferred cost sharing:* You pay $37 per prescription.

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage (continued)	***Tier 4 Non-Preferred Drugs*:** *Standard cost sharing:* You pay $100 per prescription. *Preferred cost sharing:* You pay $90 per prescription. ***Tier 5 Specialty Drugs*:** *Standard cost sharing:* You pay 33% of the total cost. *Preferred cost sharing:* You pay 33% of the total cost. Tier 5 is limited to a 30-day supply per fill. ***Tier 6 Select Care Drugs*:** *Standard cost sharing:* You pay $1 per prescription. *Preferred cost sharing:* You pay $0 per prescription. ***Insulins*:** You pay $35 per 30-day supply at standard and preferred retail or mail order pharmacies for insulins. _____ Once your total drug costs have reached $4,430, you will move to the next stage (the Coverage Gap Stage).	***Tier 4 Non-Preferred Drugs*:** *Standard cost sharing:* You pay $100 per prescription. *Preferred cost sharing:* You pay $90 per prescription. ***Tier 5 Specialty Drugs*:** *Standard cost sharing:* You pay 33% of the total cost. *Preferred cost sharing:* You pay 33% of the total cost. Tier 5 is limited to a 30-day supply per fill. ***Tier 6 Select Care Drugs*:** *Standard cost sharing:* You pay $1 per prescription. *Preferred cost sharing:* You pay $0 per prescription. ***Insulins*:** You pay $35 per 30-day supply at standard and preferred retail or mail order pharmacies for insulins. _____ Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage).

SECTION 2 Administrative Changes

Description	2022 (this year)	2023 (next year)
Service Area Expansion	Gaston County is in service area.	Gaston County is not in service area.
Visitor/Traveler Program	State not part of Visitor/Traveler Program: Mississippi	State added to the Visitor/Traveler Program: Mississippi

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 2023 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), read the *Medicare & You 2023* 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, 2023.

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, 2023, 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, 2023.

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.

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 2023 *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 2023. For details, look in the 2023 *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 www.bluecrossnc.com/medicare-members. 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 www.bluecrossnc.com/medicare-members. 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). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2023*

Read the *Medicare & You 2023* handbook. Every fall, this booklet 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, 2022.

View online or request a printed copy by calling us.
1-877-494-7647 (TTY 711) 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**, click on **For Members**, then click **Forms Library** and select **Evidence of Coverage** for your plan. You can also complete the enclosed prepaid postage postcard and return it in the mail 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**, click on **For Members**, then click **Member Resources,** then click **Prescription Drug Resources** and select your plan under **Formulary Guides**. You can also complete the enclosed prepaid postage postcard and return it in the mail to request a printed copy.

Provider Directory or Pharmacy Directory

To search for providers online, visit **Medicare.BlueCrossNC.com**, click on **Find a Doctor/Drug/Facility** at the top.

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

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.