



# BlueCross BlueShield of North Carolina

***Blue Medicare Enhanced<sup>SM</sup> (HMO-POS) (H3449-024-003) offered by Blue Cross and Blue Shield of North Carolina (Blue Cross NC)***

## Annual Notice of Change for 2026

You're enrolled as a member of Blue Medicare Enhanced.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Blue Medicare Enhanced.
- To change to a **different plan**, visit [www.Medicare.gov](http://www.Medicare.gov) or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at <https://www.bluecrossnc.com/members/medicare> or call Customer Service at 1-888-310-4110 (TTY users call 711) to get a copy by mail.

### More Resources

- Call Customer Service at 1-888-310-4110 (TTY users call 711) for more information. Hours are 8 a.m. to 8 p.m. 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.

### About Blue Medicare Enhanced

- Blue Cross and Blue Shield of North Carolina is an HMO-POS plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal.
- When this material 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 Enhanced.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Blue Medicare Enhanced.** Starting January 1, 2026, you'll get your medical and drug coverage through Blue Medicare Enhanced. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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## Summary of Important Costs for 2026

|  | 2025<br>(this year)   | 2026<br>(next year)   |
|--|---|---|
| <b>Monthly plan premium*</b><br>* Your premium can be higher or lower than this amount. Go to Section 1.1 for details.   | \$40  | \$47  |
| <b>Deductible</b>  | \$0   | \$0   |
| <b>Maximum out-of-pocket amount</b><br>This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)   | \$3,700   | \$4,200   |
| <b>Primary care office visits</b>  | \$0 per visit   | \$0 per visit   |
| <b>Specialist office visits</b>  | \$20 per visit  | \$20 per visit  |
| <b>Inpatient hospital stays</b><br>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day. | You pay a \$335 copayment per day for the first 5 days for each Medicare-covered admission to a network hospital.<br><br>You pay \$0 for additional days at a network hospital. | You pay a \$350 copayment per day for the first 6 days for each Medicare-covered admission to a network hospital.<br><br>You pay \$0 for additional days at a network hospital. |
| <b>Part D drug coverage deductible</b><br>(Go to Section 1.7 for details.)   | \$0   | \$100 (Tiers 3, 4 and 5 only) except for covered insulin products and most adult Part D vaccines  |

|  | 2025<br>(this year)  | 2026<br>(next year)  |
|--|--|--|
| <b>Part D drug coverage</b><br>(Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.) | <b>Copayment/Coinsurance during the Initial Coverage Stage:</b><br><b>Drug Tier 1:</b> \$0 per prescription for a 30-day supply at a preferred retail pharmacy or preferred mail order pharmacy<br><b>Drug Tier 1:</b> \$15 per prescription for a 30-day supply at a standard retail pharmacy, standard mail order pharmacy, or out-of-network pharmacy<br><b>Drug Tier 2:</b> \$6 per prescription for a 30-day supply at a preferred retail pharmacy<br><b>Drug Tier 2:</b> \$0 per prescription for a 30-day supply at a preferred mail order pharmacy<br><b>Drug Tier 2:</b> \$20 per prescription for a 30-day supply at a standard retail pharmacy, standard mail order pharmacy, or out-of-network pharmacy<br><b>Drug Tier 3:</b> \$45 per prescription for a 30-day supply at a preferred retail pharmacy or preferred mail order pharmacy<br><b>Drug Tier 3:</b> \$47 per prescription for a 30-day supply at a standard retail pharmacy, standard mail order pharmacy, or out-of-network pharmacy<br><b>You pay \$35 per month supply of each covered insulin product on this tier.</b><br><b>Drug Tier 4:</b> \$99 per prescription for a 30-day supply at a preferred retail | <b>Copayment/Coinsurance during the Initial Coverage Stage:</b><br><b>Drug Tier 1:</b> \$0 per prescription for a 30-day supply at a preferred retail pharmacy or preferred mail order pharmacy<br><b>Drug Tier 1:</b> \$15 per prescription for a 30-day supply at a standard retail pharmacy, standard mail order pharmacy, or out-of-network pharmacy<br><b>Drug Tier 2:</b> \$4 per prescription for a 30-day supply at a preferred retail pharmacy<br><b>Drug Tier 2:</b> \$0 per prescription for a 30-day supply at a preferred mail order pharmacy<br><b>Drug Tier 2:</b> \$20 per prescription for a 30-day supply at a standard retail pharmacy, standard mail order pharmacy, or out-of-network pharmacy<br><b>Drug Tier 3:</b> 25% of the total cost for a 30-day supply at a preferred retail pharmacy or preferred mail order pharmacy<br><b>Drug Tier 3:</b> 25% of the total cost for a 30-day supply at a standard retail pharmacy, standard mail order pharmacy, or out-of-network pharmacy<br><b>You pay \$35 per month supply of each covered insulin product on this tier.</b><br><b>Drug Tier 4:</b> 31% of the total cost for a 30-day supply at a preferred retail |

|  | <b>2025</b><br><b>(this year)</b>  | <b>2026</b><br><b>(next year)</b>   |
|--|--|---|
|  | <p>pharmacy or preferred mail order pharmacy</p> <p><b>Drug Tier 4:</b> \$100 per prescription for a 30-day supply at a standard retail pharmacy, standard mail order pharmacy, or out-of-network pharmacy</p> <p><b>You pay \$35 per month supply of each covered insulin product on this tier.</b></p> <p><b>Drug Tier 5:</b> 33% of the total cost for a 30-day supply at a preferred retail pharmacy or preferred mail order pharmacy</p> <p><b>Drug Tier 5:</b> 33% of the total cost for a 30-day supply at a standard retail pharmacy, standard mail order pharmacy, or out-of-network pharmacy</p> <p><b>Drug Tier 6:</b> \$0 per prescription for a 30-day supply at a preferred retail pharmacy or preferred mail order pharmacy</p> <p><b>Drug Tier 6:</b> \$1 per prescription for a 30-day supply at a standard retail pharmacy, standard mail order pharmacy, or out-of-network pharmacy</p> <p><b>Catastrophic Coverage Stage:</b><br/>During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.</p> | <p>pharmacy or preferred mail order pharmacy</p> <p><b>Drug Tier 4:</b> 31% of the total cost for a 30-day supply at a standard retail pharmacy, standard mail order pharmacy, or out-of-network pharmacy</p> <p><b>You pay \$35 per month supply of each covered insulin product on this tier.</b></p> <p><b>Drug Tier 5:</b> 31% of the total cost for a 30-day supply at a preferred retail pharmacy or preferred mail order pharmacy</p> <p><b>Drug Tier 5:</b> 31% of the total cost for a 30-day supply at a standard retail pharmacy, standard mail order pharmacy, or out-of-network pharmacy</p> <p><b>Drug Tier 6:</b> \$0 per prescription for a 30-day supply at a preferred retail pharmacy or preferred mail order pharmacy</p> <p><b>Drug Tier 6:</b> \$1 per prescription for a 30-day supply at a standard retail pharmacy, standard mail order pharmacy, or out-of-network pharmacy</p> <p><b>Catastrophic Coverage Stage:</b><br/>During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.</p> |

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

### Section 1.1 Changes to the Monthly Plan Premium

|  | 2025<br>(this year) | 2026<br>(next year) |
|--|---------------------|---------------------|
| <b>Monthly plan premium</b><br>(You must also continue to pay your Medicare Part B premium.) | \$40                | \$47                |

### Factors that could change your Part D Premium Amount

- **Late Enrollment Penalty** - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- **Higher Income Surcharge** - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- **Extra Help** - Your monthly plan premium will be less if you get Extra Help with your drug costs. Go to Section 5 for more information about 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. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

|  | 2025<br>(this year) | 2026<br>(next year)  |
|--|---------------------|--|
| <b>Maximum out-of-pocket amount</b><br>Your costs for covered medical services (such as copayments) <b>count</b> toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs <b>don't count</b> toward your maximum out-of-pocket amount. | \$3,700             | \$4,200<br><b>Once you've paid \$4,200 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.</b> |

### Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory*

<https://www.bluecrossnc.com/members/find-care> to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at <https://www.bluecrossnc.com/members/medicare>.
- Call Customer Service at 1-888-310-4110 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Service at 1-888-310-4110 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

### Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory*

<https://www.bluecrossnc.com/members/medicare/forms-library> to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at <https://www.bluecrossnc.com/members/medicare>.
- Call Customer Service at 1-888-310-4110 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Service at 1-888-310-4110 (TTY users call 711) for help.

### Section 1.5 Changes to Benefits & Costs for Medical Services

|                        | 2025<br>(this year)  | 2026<br>(next year)  |
|------------------------|--|--|
| <b>Dental Services</b> | <p><b>Preventive Dental In-Network:</b><br/>You pay a \$0 copay for this benefit.</p> <p><b>Out-of-Network:</b><br/>You pay a 20% coinsurance for this benefit.</p> <p><b>Comprehensive Dental In-Network:</b><br/>You pay a \$0 copay for this benefit.</p> <p><b>Out-of-Network:</b><br/>You pay a 20% coinsurance for this benefit.</p> | <p><b>Preventive Dental In-Network:</b><br/>You pay a \$0 copay for this benefit.</p> <p><b>Out-of-Network:</b><br/>You pay a 20% coinsurance for this benefit.</p> <p><b>Comprehensive Dental In-Network:</b><br/>You pay a \$0 copay for this benefit.</p> <p><b>Out-of-Network:</b></p> |

|   | 2025<br>(this year)  | 2026<br>(next year)  |
|---|--|--|
|   |  | You pay a 40% coinsurance for this benefit.  |
| <b>Diabetes Self-Management Training, Diabetic Services, and Supplies</b> | <p>Diabetes testing supplies (meters and strips) obtained through the pharmacy are limited to Ascensia branded products (Contour) and LifeScan branded products (OneTouch Verio Flex, OneTouch Verio, OneTouch Verio IQ, and OneTouch Ultra 2). A medical exception will be required for all other diabetes testing supplies. All test strips will be subject to a quantity limit of 204 per 30 days.</p> <p>Continuous Glucose Monitoring (CGM) products obtained through the pharmacy are subject to prior authorization. Preferred CGM products obtained through the pharmacy are Dexcom G6, Dexcom G7 when used with a Dexcom Receiver, and Abbott Freestyle Libre and Freestyle Libre 2 products, and Freestyle Libre 3 when used with a Freestyle Libre receiver. A medical exception will be required for all other CGM products.</p> | <p>Diabetes testing supplies (meters and strips) obtained through the pharmacy are limited to Ascensia (Contour) branded products. A medical exception will be required for all other diabetes testing supplies. All test strips are subject to a quantity limit of 204 strips per 30 days.</p> <p>Continuous Glucose Monitoring (CGM) products obtained through the pharmacy are subject to prior authorization and quantity limits. Preferred CGM products obtained through the pharmacy are Dexcom and Abbott Freestyle Libre. A medical exception will be required for all other CGM products. All CGM products are subject to a quantity limit of one (1) receiver per 365 days, one (1) transmitter per 90 days, and sensors per product labeling.</p> |
| <b>Emergency Care</b>   | <p><b>Emergency Care</b><br/>You pay a \$135 copay for this service.</p> <p><b>Worldwide Emergency Care</b><br/>You pay a \$135 copay for this service.</p>  | <p><b>Emergency Care</b><br/>You pay a \$150 copay for this service.</p> <p><b>Worldwide Emergency Care</b><br/>You pay a \$150 copay for this service.</p>  |
| <b>Fitness Benefit</b>  | You receive a \$112 benefit amount per month to spend through the vendor platform on gym memberships, classes and fitness accessories. You get unlimited access to the vendor's online platform.   | SilverSneakers® allows access to in-network facilities at no cost to members and unlimited access to the vendor's online platform. Must use designated vendor.   |
| <b>Hearing Services</b>   | <p><b>Hearing Aids - Standard</b><br/>Not Applicable</p> <p><b>Hearing Aids - Advanced</b><br/>You pay a \$699 copay for this benefit.</p>   | <p><b>Hearing Aids - Standard</b><br/>You pay a \$499 copay for this benefit.</p> <p><b>Hearing Aids - Advanced</b><br/>You pay a \$699 copay for this benefit.</p>  |



|                                    | 2025<br>(this year)  | 2026<br>(next year)  |
|------------------------------------|--|--|
|                                    | <b>Hearing Aids - Premium</b><br>You pay a \$999 copay for this benefit.<br>Must use designated vendor.  | <b>Hearing Aids - Premium</b><br>You pay a \$999 copay for this benefit.<br>Must use designated vendor.  |
| <b>Home Safety Devices</b>         | You could order up to 2 home safety devices at no cost.  | Not covered.   |
| <b>In-Home Support Services</b>    | You are covered for 60 hours per year of in-home assistance.<br>Must use designated vendor.  | You are covered for 60 hours per year of in-home support services. The services are limited to non-medical activities of daily living, such as grooming, toileting, mobility support and respite care.<br>Must use designated vendor.                                      |
| <b>Inpatient Hospital Services</b> | <b>Inpatient Hospital - Acute</b><br>You pay a \$335 copay per day for days 1-5.<br>You pay a \$0 copay per day for days 6-90.<br><br><b>Inpatient Hospital - Psychiatric</b><br>You pay a \$300 copay per day for days 1-5.<br>You pay a \$0 copay per day for days 6-90. | <b>Inpatient Hospital - Acute</b><br>You pay a \$350 copay per day for days 1-6.<br>You pay a \$0 copay per day for days 7-90.<br><br><b>Inpatient Hospital - Psychiatric</b><br>You pay a \$350 copay per day for days 1-5.<br>You pay a \$0 copay per day for days 6-90. |
| <b>Mail Order Pharmacy Network</b> | The Preferred Mail Order Pharmacy Network includes: Walgreens Mail Service, Express Scripts Pharmacy, and Amazon Pharmacy.<br><br>The Standard (non-preferred) Mail Order Pharmacy Network includes: Postal Prescription Services (PPS).                                   | The Preferred Mail Order Pharmacy Network includes: Amazon Pharmacy.<br><br>The Standard (non-preferred) Mail Order Pharmacy Network includes: Walgreens Mail Service, Express Scripts Pharmacy, and Postal Prescription Services (PPS).                                   |
| <b>Over-the-Counter (OTC)</b>      | There is a \$95 allowance every three months.<br>Must use designated OTC vendor.   | There is a \$20 allowance every three months.<br>Must use designated OTC vendor.   |
| <b>Prior Authorization</b>         | <b>The following benefits require Prior Authorization in 2025:</b><br>- Mental Health Specialty Services (Individual Sessions)<br>- Psychiatric Services (Individual   | <b>The following benefits do not require Prior Authorization in 2026:</b><br>- Mental Health Specialty Services (Individual Sessions)<br>- Psychiatric Services (Individual  |

|                                       | 2025<br>(this year)   | 2026<br>(next year)  |
|---------------------------------------|---|--|
|                                       | Sessions)<br><br><b>The following benefits do not require Prior Authorization in 2025:</b><br>- Opioid Treatment Program Services<br>- Outpatient Substance Use Disorder Services (Individual Sessions) | Sessions)<br><br><b>The following benefits require Prior Authorization in 2026:</b><br>- Opioid Treatment Program Services<br>- Outpatient Substance Use Disorder Services (Individual Sessions) |
| <b>Skilled Nursing Facility (SNF)</b> | You pay a \$0 copay per day for days 1-20.<br>You pay a \$214 copay per day for days 21-60.<br>You pay a \$0 copay per day for days 61-100.   | You pay a \$0 copay per day for days 1-20.<br>You pay a \$218 copay per day for days 21-100.   |
| <b>Transportation Services</b>        | SafeRide supports 24 one-way trips to any health-related locations.<br>Must use designated vendor.  | SafeRide supports 12 one-way trips to any health-related locations.<br>Must use designated vendor.   |
| <b>Urgently Needed Services</b>       | <b>Urgent Care</b><br>You pay a \$55 copay for this service.<br><br><b>Worldwide Urgent Care</b><br>You pay a \$55 copay for this service.  | <b>Urgent Care</b><br>You pay a \$65 copay for this service.<br><br><b>Worldwide Urgent Care</b><br>You pay a \$65 copay for this service.   |

## Section 1.6 Changes to Part D 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, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Customer Service at 1-888-310-4110 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30, 2025, call Customer Service at 1-888-310-4110 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tiers 3, 4 and 5 drugs until you've reached the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date total drug costs reach \$2,100.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

|                   | 2025<br>(this year)   | 2026<br>(next year)  |
|-------------------|---|--|
| Yearly Deductible | Because we have no deductible, this payment stage doesn't apply to you. | <b>\$100 (Tiers 3, 4 and 5 only)</b><br>During this stage, you pay \$0 cost sharing for a 30-day supply at a preferred retail or preferred mail order pharmacy, and \$15 cost sharing for a 30-day supply at a standard retail or standard mail order pharmacy, for drugs on <b>Tier 1</b> ; |

|  | 2025<br>(this year) | 2026<br>(next year)   |
|--|---------------------|---|
|  |                     | <p>you pay \$4 cost sharing for a 30-day supply at a preferred retail pharmacy, \$0 cost sharing for a 30-day supply at a preferred mail order pharmacy, and \$20 cost sharing for a 30-day supply at a standard retail or standard mail order pharmacy, for drugs on <b>Tier 2</b>;</p> <p>you pay \$0 cost sharing for a 30-day supply at a preferred retail or preferred mail order pharmacy, and \$1 cost sharing for a 30-day supply at a standard retail or standard mail order pharmacy, for drugs on <b>Tier 6</b>;</p> <p>and the full cost of drugs on Tiers 3, 4 and 5 until you've reached the yearly deductible.</p> |

### Drug Costs in Stage 2: Initial Coverage

For drugs on Tier 3 and Tier 4, your cost sharing in the Initial Coverage Stage is changing from a copayment to coinsurance. Go to the following table for the changes from 2025 to 2026.

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard and preferred cost sharing.

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. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, go to Chapter 6 of your Evidence of Coverage.

Once you've paid \$2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

|   | 2025<br>(this year)   | 2026<br>(next year)   |
|---|---|---|
| <b>Tier 1 (Preferred Generic Drugs)</b> | <p><b>Standard cost sharing:</b><br/>You pay \$15 per prescription.</p> <p><b>Preferred cost sharing:</b><br/>You pay \$0 per prescription.</p> | <p><b>Standard cost sharing:</b><br/>You pay \$15 per prescription.</p> <p><b>Preferred cost sharing:</b><br/>You pay \$0 per prescription.</p> |

|                                | 2025<br>(this year)   | 2026<br>(next year)  |
|--------------------------------|---|--|
| Tier 2 (Generic Drugs)         | <p><b>Standard cost sharing:</b><br/>You pay \$20 per prescription.</p> <p><b>Preferred cost sharing:</b><br/>You pay \$6 per prescription.</p>   | <p><b>Standard cost sharing:</b><br/>You pay \$20 per prescription.</p> <p><b>Preferred cost sharing:</b><br/>You pay \$4 per prescription.</p>  |
| Tier 3 (Preferred Brand Drugs) | <p><b>Standard cost sharing:</b><br/>You pay \$47 per prescription.</p> <p><b>Preferred cost sharing:</b><br/>You pay \$45 per prescription.</p>  | <p><b>Standard cost sharing:</b><br/>You pay 25% of the total cost.<br/>Your cost for a one-month mail order prescription is 25% of the total cost.</p> <p><b>Preferred cost sharing:</b><br/>You pay 25% of the total cost.<br/>Your cost for a one-month mail order prescription is 25% of the total cost.</p> |
| Tier 4 (Non-Preferred Drugs)   | <p><b>Standard cost sharing:</b><br/>You pay \$100 per prescription.</p> <p><b>Preferred cost sharing:</b><br/>You pay \$99 per prescription.</p> | <p><b>Standard cost sharing:</b><br/>You pay 31% of the total cost.<br/>Your cost for a one-month mail order prescription is 31% of the total cost.</p> <p><b>Preferred cost sharing:</b><br/>You pay 31% of the total cost.<br/>Your cost for a one-month mail order prescription is 31% of the total cost.</p> |

|                                   | 2025<br>(this year)   | 2026<br>(next year)   |
|-----------------------------------|---|---|
| <b>Tier 5 (Specialty Drugs)</b>   | <p><b>Standard cost sharing:</b><br/>You pay 33% of the total cost.</p> <p><b>Preferred cost sharing:</b><br/>You pay 33% of the total cost.<br/>Tier 5 is limited to a 30-day supply per fill.</p> | <p><b>Standard cost sharing:</b><br/>You pay 31% of the total cost.<br/>Your cost for a one-month mail order prescription is 31% of the total cost.</p> <p><b>Preferred cost sharing:</b><br/>You pay 31% of the total cost.<br/>Your cost for a one-month mail order prescription is 31% of the total cost.<br/>Tier 5 is limited to a 30-day supply per fill.</p> |
| <b>Tier 6 (Select Care Drugs)</b> | <p><b>Standard cost sharing:</b><br/>You pay \$1 per prescription.</p> <p><b>Preferred cost sharing:</b><br/>You pay \$0 per prescription.</p>  | <p><b>Standard cost sharing:</b><br/>You pay \$1 per prescription.</p> <p><b>Preferred cost sharing:</b><br/>You pay \$0 per prescription.</p>  |

### Changes to the Catastrophic Coverage Stage

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

## SECTION 2 Administrative Changes

|   | 2025<br>(this year)  | 2026<br>(next year)   |
|---|--|---|
| <b>Fitness Benefit</b>                    | Fitness Benefit Vendor for 2025 is FitOn Health.   | Fitness Benefit Vendor for 2026 is SilverSneakers®.   |
| <b>Medicare Prescription Payment Plan</b> | The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them | <b>If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026.</b> |

|                                       | 2025<br>(this year)  | 2026<br>(next year)  |
|---------------------------------------|--|--|
|                                       | across the calendar year (January-December). You may be participating in this payment option.  | <b>To learn more about this payment option, call us at 1-888-310-4110 (TTY users call 711) or visit <a href="http://www.Medicare.gov">www.Medicare.gov</a>.</b>  |
| <b>Member Submitted Dental Claims</b> | Diagnosis code (ICD-10) is not required for Member Submitted Dental Claims for 2025.   | Diagnosis code (ICD-10) is required for Member Submitted Dental Claims for 2026.   |
| <b>Online Payment Option</b>          | You can pay online using your bank account and routing number or credit card by registering for an account, via our member portal, Blue Connect for 2025.  | You can pay online using your bank account, credit card, PayPal, Venmo, Google Pay or Apple Pay via our member portal, Blue Connect. You can pay your premium without logging in via "Pay as a Guest" by visiting <a href="https://questpay.bcbsnc.com/web">https://questpay.bcbsnc.com/web</a> for 2026.  |
| <b>Service Area</b>                   | Service area consists of: Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Bladen, Caldwell, Chowan, Cleveland, Columbus, Duplin, Edgecombe, Gates, Graham, Granville, Greene, Halifax, Hertford, Hyde, Jones, Lee, Lenoir, Lincoln, Martin, Montgomery, Nash, Northampton, Pamlico, Pender, Pitt, Richmond, Robeson, Sampson, Scotland, Stanly, Swain, Tyrrell, Vance, Warren, Washington, Watauga, Wayne, Wilson counties. | Service area consists of: Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Bladen, Cabarrus, Caldwell, Chowan, Cleveland, Columbus, Duplin, Edgecombe, Franklin, Gates, Graham, Granville, Greene, Halifax, Hertford, Hyde, Jones, Lee, Lenoir, Lincoln, Martin, Montgomery, Nash, Northampton, Pamlico, Pender, Pitt, Richmond, Robeson, Rutherford, Sampson, Scotland, Stanly, Swain, Tyrrell, Vance, Warren, Washington, Watauga, Wayne, Wilson counties. |
| <b>Walk-in Payment Address</b>        | You may bring a check or money order (not cash) to the plan in person at:<br><br>Blue Cross NC<br>1965 Ivy Creek Boulevard<br>Durham, NC 27707   | You may bring only checks, cashier's checks and money orders (no cash or credit card) to the plan in person at:<br><br>Blue Cross NC<br>8511 Brier Creek Parkway   |

|  | 2025<br>(this year) | 2026<br>(next year)   |
|--|---------------------|---|
|  |                     | Suite 107<br>Raleigh, NC 27617<br><br>Hours of Operation: Monday – Friday,<br>9:00 a.m. – 6:00 p.m. (excluding<br>company holidays) |

## SECTION 3 How to Change Plans

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

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from Blue Medicare Enhanced.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Blue Medicare Enhanced.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Service at 1-888-310-4110 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit [www.Medicare.gov](http://www.Medicare.gov), check the Medicare & You 2026 handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Blue Cross NC offers other Medicare health plans and Medicare prescription drug plans. These other plans can have different coverage, monthly plan premiums, and cost sharing amounts.

### Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

### Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage



- Move out of our plan's service area

If you recently moved into, or currently live in 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 (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

## SECTION 4 Get Help Paying for Prescription Drugs

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You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **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 drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
  - Your State Medicaid Office.
- **Help from your State's Pharmaceutical Assistance Program (SPAP).** North Carolina has a program called Seniors' Health Insurance Information Program (SHIIP) 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 (SHIP). To get the phone number for your state, visit [shiphelp.org](http://shiphelp.org), or call 1-800-MEDICARE.
- **Prescription Cost sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you 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 drugs that are also covered by ADAP qualify for prescription cost sharing help through the North Carolina HIV Medication Assistance Program (NC HMAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call NC HMAP at 1-877-466-2232 (toll free in NC) or 1-919-733-9161 (out-of-state) or visit their website at <https://epi.dph.ncdhhs.gov/cd/hiv/hmap.html>. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan payment option. To learn more about this payment option, call us at 1-888-310-4110 (TTY users call 711) or visit [www.Medicare.gov](http://www.Medicare.gov).

## SECTION 5 Questions?

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### Get Help from Blue Medicare Enhanced

- **Call Customer Service at 1-888-310-4110. (TTY users call 711.)**

We're available for phone calls 8 a.m. to 8 p.m. daily. Calls to these numbers are free.

- **Read your 2026 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for Blue Medicare Enhanced. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at

<https://www.bluecrossnc.com/members/medicare/forms-library> or call Customer Service at 1-888-310-4110 (TTY users call 711) to ask us to mail you a copy.

- **Visit <https://www.bluecrossnc.com/members/medicare/forms-library>**

Our website has the most up-to-date information about our provider network (Provider Directory/Pharmacy Directory) and our List of Covered Drugs (formulary/Drug List).

### Get 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).

Call SHIIP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call SHIIP at 1-855-408-1212. Learn more about SHIIP by visiting (<http://www.ncdoi.com/SHIIP>).

### Get Help 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 can call 1-877-486-2048.

- **Chat live with [www.Medicare.gov](http://www.Medicare.gov)**

You can chat live at [www.Medicare.gov/talk-to-someone](http://www.Medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit [www.Medicare.gov](http://www.Medicare.gov)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [www.Medicare.gov](http://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

**Review other plan materials available as of October 15, 2025.**

View online or request a printed copy by calling us. **1-888-310-4110 (TTY 711)** 8 a.m. to 8 p.m. daily

Requests for a printed copy of these documents can be made as a One-Time or a Permanent request. Your preference will remain in effect until you either disenroll from the plan or submit a request to discontinue future mailings.

**Evidence of Coverage (EOC)**

Your EOC provides you with details about your plan benefits.

To view your EOC, visit <https://www.bluecrossnc.com/members/medicare/forms-library> and select the **Evidence of Coverage** for your plan. You can also complete and mail the prepaid enclosed postcard to request a printed copy.

**Formulary**

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

To view your formulary, visit <https://www.bluecrossnc.com/members/medicare/forms-library> and select your plan under **Formulary (List of Covered Drugs)**. You can also complete and mail the prepaid enclosed postcard to request a printed copy.

**Provider Directory or Pharmacy Directory**

To search for providers online, visit <https://www.bluecrossnc.com/members/medicare/find-care>.

You may also view our **Notice of Privacy Practices** online at [www.bluecrossnc.com/about-us/policies-and-best-practices/notice-privacy-practices](http://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. Prostheses 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 a.m. to 8 p.m. daily.