BlueCross BlueShield of North Carolina

Blue Medicare PPO Freedom+ (PPO) (H3404-004) 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 Freedom+.

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 Freedom+.
- To change to a **different plan**, visit 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 1-877-494-7647 (TTY users call 711) to get a copy by mail.

More Resources

- Call Customer Service at 1-877-494-7647 (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 Freedom+

- Blue Cross and Blue Shield of North Carolina is a PPO 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 Freedom+.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Blue Medicare Freedom+**. Starting January 1, 2026, you'll get your medical through Blue Medicare Freedom+. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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

Table of Contents

Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* Go to Section 1.1 for details.	$0	$0
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	**From network providers:** $9,350 **From network and out-of-network providers combined:** $14,000	**From network providers:** $9,250 **From network and out-of-network providers combined:** $13,900
Primary care office visits	**In-Network** 20% of the total cost per visit **Out-of-Network** 40% of the total cost per visit	**In-Network** 20% of the total cost per visit **Out-of-Network** 40% of the total cost per visit
Specialist office visits	**In-Network** 20% of the total cost per visit **Out-of-Network** 40% of the total cost per visit	**In-Network** 20% of the total cost per visit **Out-of-Network** 40% of the total cost per visit
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're formally admitted to the hospital with a	**In-Network** You pay a $2,185 copay per stay for the first **90** days for each Medicare-covered admission to a network hospital.	**In-Network** You pay a $2,230 copay per stay for the first **90** days for each Medicare-covered admission to a network hospital.

	2025 (this year)	2026 (next year)
doctor's order. The day before you're discharged is your last inpatient day.	$816 copay per days 91-150 (shows as reserve days) **Out-of-Network** 40% of the total cost per admission	$838 copay per days 91-150 (shows as reserve days) **Out-of-Network** 40% of the total cost per admission

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	$0	$0
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	$100	$100

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 (this year)	2026 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from network providers **count** toward your in-network maximum out-of-pocket amount.	$9,350	$9,250 **Once you've paid $9,250 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.**

	2025 (this year)	2026 (next year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network and out-of-network providers **count** toward your combined maximum out-of-pocket amount.	$14,000	$13,900 **Once you've paid $13,900 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.**

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 1-877-494-7647 (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 1-877-494-7647 (TTY users call 711) for help.

Section 1.4 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Cardiac and Pulmonary Rehabilitation Services	**Intensive Cardiac Rehabilitation Services** **In-Network:** You pay a $45 copay for this service. **Pulmonary Rehabilitation Services** **In-Network:** You pay a $15 copay for this service.	**Intensive Cardiac Rehabilitation Services** **In-Network:** You pay a $40 copay for this service. **Pulmonary Rehabilitation Services** **In-Network:** You pay a $25 copay for this service.
Diabetes Self-Management Training, Diabetic Services, and Supplies	**In-Network and Out-of-Network:** Diabetes testing supplies (meters and strips) obtained through the pharmacy are limited to Ascensia branded products (Contour) and LifeScan branded products (OneTouch Verio	**In-Network and Out-of-Network:** 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

	2025 (this year)	2026 (next year)
	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. 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.	diabetes testing supplies. All test strips are subject to a quantity limit of 204 strips per 30 days. 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.
Emergency Care	**In-Network and Out-of-Network:** You pay a $100 copay for this service.	**In-Network and Out-of-Network:** You pay a $115 copay for this service.
Fitness Benefit	**In-Network and Out-of-Network:** 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.	**In-Network:** 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.
Home Safety Devices	**In-Network and Out-of-Network:** You could order up to 2 home safety devices at no cost.	**In-Network and Out-of-Network:** Not covered.
In-Home Support Services	**In-Network:** You are covered for 60 hours per year of in-home assistance. Must use designated vendor.	**In-Network:** 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. Must use designated vendor.
Inpatient Hospital Services	**Inpatient Hospital - Acute** **In-Network:**	**Inpatient Hospital - Acute** **In-Network:**

	2025 (this year)	2026 (next year)
	You pay a $2,185 copay per stay for days 1-90. You pay a $816 copay per day for days 91-150. **Inpatient Hospital - Psychiatric In-Network:** You pay a $2,036 copay per stay for days 1-90. You pay a $816 copay per day for days 91-150.	You pay a $2,230 copay per stay for days 1-90. You pay a $838 copay per day for days 91-150. **Inpatient Hospital - Psychiatric In-Network:** You pay a $2,080 copay per stay for days 1-90. You pay a $838 copay per day for days 91-150.
Prior Authorization	**The following benefits require Prior Authorization in 2025:** - Mental Health Specialty Services (Individual Sessions) - Psychiatric Services (Individual Sessions) **The following benefits do not require Prior Authorization in 2025:** - Opioid Treatment Program Services - Outpatient Substance Use Disorder Services (Individual Sessions)	**The following benefits do not require Prior Authorization in 2026:** - Mental Health Specialty Services (Individual Sessions) - Psychiatric Services (Individual Sessions) **The following benefits require Prior Authorization in 2026:** - Opioid Treatment Program Services - Outpatient Substance Use Disorder Services (Individual Sessions)
Skilled Nursing Facility (SNF)	**In-Network:** You pay a $0 copay per day for days 1-20. You pay a $214 copay per day for days 21-60. You pay a $0 copay per day for days 61-100.	**In-Network:** You pay a $0 copay per day for days 1-20. You pay a $218 copay per day for days 21-60. You pay a $0 copay per day for days 61-100.
Transportation Services	**In-Network:** SafeRide supports 24 one-way trips to any health-related locations. Must use designated vendor.	**In-Network:** SafeRide supports 12 one-way trips to any health-related locations. Must use designated vendor.
Urgently Needed Services	**In-Network and Out-of-Network:** You pay a $45 copay for this service.	**In-Network and Out-of-Network:** You pay a $40 copay for this service.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Fitness Benefit	Fitness Benefit Vendor for 2025 is FitOn Health.	Fitness Benefit Vendor for 2026 is SilverSneakers®.

SECTION 3 How to Change Plans

To stay in Blue Medicare Freedom+, 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 Freedom+.

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 Freedom+.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Blue Medicare Freedom+.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Service at 1-877-494-7647 (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 5)
- **To learn more about Original Medicare and the different types of Medicare plans**, visit 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. 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

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, yearly deductibles, and coinsurance. Also, those 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; or
    - 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, or call 1-800-MEDICARE.

SECTION 5 Questions?

Get Help from Blue Medicare Freedom+

- **Call Customer Service at 1-877-494-7647. (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, look in the 2026 *Evidence of Coverage* for Blue Medicare Freedom+. 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 1-877-494-7647 (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*).

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 Seniors' Health Insurance Information Program (SHIIP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Seniors' Health Insurance Information Program (SHIIP) at 1-855-408-1212. Learn more about Seniors' Health Insurance Information Program (SHIIP) by visiting 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

  You can chat live at 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

  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 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 at **1-877-494-7647 (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.

Provider 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.

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.