



BlueCross BlueShield of North Carolina

Blue Medicare Rx StandardSM (PDP) (S5540-002) 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 Rx Standard (PDP).

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 Rx Standard (PDP).
- 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 1-888-247-4142 (TTY users call 711) to get a copy by mail.

More Resources

- Call Customer Service at 1-888-247-4142 (TTY users call 711) for more information. Hours are 8 a.m. to 8 p.m. daily. This call is free.
- This material 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 Rx Standard

- Blue Cross and Blue Shield of North Carolina is a PDP 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 Rx Standard.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Blue Medicare Rx Standard.** Starting January 1, 2026, you'll get your drug coverage through Blue Medicare Rx Standard. 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 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher or lower than this amount. Go to Section 1.1 for details.	\$103.40	\$83.90
Part D drug coverage deductible (Go to Section 1.4 for details.)	\$590 (Tiers 2, 3, 4 and 5 only) except for covered insulin products and most adult Part D vaccines	\$615 (Tiers 2, 3, 4 and 5 only) except for covered insulin products and most adult Part D vaccines
Part D drug coverage (Go to Section 1.4 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1: \$5 per prescription for a 30-day supply at a preferred retail pharmacy or preferred mail order pharmacy Drug Tier 1: \$15 per prescription for a 30-day supply at a standard retail pharmacy, standard mail order pharmacy, or out-of-network pharmacy Drug Tier 2: \$10 per prescription for a 30-day supply at a preferred retail pharmacy or preferred mail order pharmacy Drug Tier 2: \$20 per prescription for a 30-day supply at a standard retail pharmacy, standard mail order pharmacy, or out-of-network pharmacy Drug Tier 3: 19% of the total cost for a 30-day supply at a preferred retail pharmacy or preferred mail order pharmacy	Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1: \$5 per prescription for a 30-day supply at a preferred retail pharmacy or preferred mail order pharmacy Drug Tier 1: \$15 per prescription for a 30-day supply at a standard retail pharmacy, standard mail order pharmacy, or out-of-network pharmacy Drug Tier 2: \$10 per prescription for a 30-day supply at a preferred retail pharmacy or preferred mail order pharmacy Drug Tier 2: \$20 per prescription for a 30-day supply at a standard retail pharmacy, standard mail order pharmacy, or out-of-network pharmacy Drug Tier 3: 20% of the total cost for a 30-day supply at a preferred retail pharmacy or preferred mail order pharmacy

	2025 (this year)	2026 (next year)
	<p>Drug Tier 3: 19% 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>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 4: 50% of the total cost for a 30-day supply at a preferred retail pharmacy or preferred mail order pharmacy</p> <p>Drug Tier 4: 50% 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>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 5: 25% of the total cost for a 30-day supply at a preferred retail pharmacy or preferred mail order pharmacy</p> <p>Drug Tier 5: 25% 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>Catastrophic Coverage Stage:</p> <p>During this payment stage, you pay nothing for your covered Part D drugs.</p>	<p>Drug Tier 3: 20% 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>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 4: 32% of the total cost for a 30-day supply at a preferred retail pharmacy or preferred mail order pharmacy</p> <p>Drug Tier 4: 32% 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>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 5: 25% of the total cost for a 30-day supply at a preferred retail pharmacy or preferred mail order pharmacy</p> <p>Drug Tier 5: 25% 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>Catastrophic Coverage Stage:</p> <p>During this payment stage, you pay nothing for your covered Part D drugs.</p>

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 unless it's paid for you by Medicaid.)	\$103.40	\$83.90

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 4 for more information about Extra Help from Medicare.

Section 1.2 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 1-888-247-4142 (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 1-888-247-4142 (TTY users call 711) for help.

Section 1.3 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 1-888-247-4142 (TTY users call 711) for more information.

Section 1.4 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 1-888-247-4142 (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 2, 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 out-of-pocket 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 (this year)	2026 (next year)
Yearly Deductible	\$590 (Tiers 2, 3, 4 and 5 only) During this stage, you pay \$5 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 Tier 1 ; and the full cost of drugs on Tiers 2, 3, 4 and 5 until you've reached the yearly deductible.	\$615 (Tiers 2, 3, 4 and 5 only) During this stage, you pay \$5 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 Tier 1 ; and the full cost of drugs on Tiers 2, 3, 4 and 5 until you've reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

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 (this year)	2026 (next year)
Tier 1 (Preferred Generic Drugs)	Standard cost sharing: You pay \$15 per prescription. Preferred cost sharing: You pay \$5 per prescription.	Standard cost sharing: You pay \$15 per prescription. Preferred cost sharing: You pay \$5 per prescription.
Tier 2 (Generic Drugs)	Standard cost sharing: You pay \$20 per prescription.	Standard cost sharing: You pay \$20 per prescription.

	2025 (this year)	2026 (next year)
	<i>Preferred cost sharing:</i> You pay \$10 per prescription. Your cost for a one-month mail order prescription is \$10 per prescription.	<i>Preferred cost sharing:</i> You pay \$10 per prescription.
Tier 3 (Preferred Brand Drugs)	<i>Standard cost sharing:</i> You pay 19% of the total cost. Your cost for a one-month mail order prescription is 19% of the total cost. <i>Preferred cost sharing:</i> You pay 19% of the total cost. Your cost for a one-month mail order prescription is 19% of the total cost.	<i>Standard cost sharing:</i> You pay 20% of the total cost. Your cost for a one-month mail order prescription is 20% of the total cost. <i>Preferred cost sharing:</i> You pay 20% of the total cost. Your cost for a one-month mail order prescription is 20% of the total cost.
Tier 4 (Non-Preferred Drugs)	<i>Standard cost sharing:</i> You pay 50% of the total cost. Your cost for a one-month mail order prescription is 50% of the total cost. <i>Preferred cost sharing:</i> You pay 50% of the total cost. Your cost for a one-month mail order prescription is 50% of the total cost.	<i>Standard cost sharing:</i> You pay 32% of the total cost. Your cost for a one-month mail order prescription is 32% of the total cost. <i>Preferred cost sharing:</i> You pay 32% of the total cost. Your cost for a one-month mail order prescription is 32% of the total cost.
Tier 5 (Specialty Drugs)	<i>Standard cost sharing:</i> You pay 25% of the total cost. <i>Preferred cost sharing:</i> You pay 25% of the total cost. Tier 5 is limited to a 30-day supply per fill.	<i>Standard cost sharing:</i> You pay 25% of the total cost. <i>Preferred cost sharing:</i> You pay 25% of the total cost. Tier 5 is limited to a 30-day supply per fill.

Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 4, Section 6 in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Mail Order Pharmacy Network	<p>The Preferred Mail Order Pharmacy Network includes: Walgreens Mail Service, Express Scripts Pharmacy, and Amazon Pharmacy.</p> <p>The Standard (non-preferred) Mail Order Pharmacy Network includes: Postal Prescription Services (PPS).</p>	<p>The Preferred Mail Order Pharmacy Network includes: Amazon Pharmacy.</p> <p>The Standard (non-preferred) Mail Order Pharmacy Network includes: Walgreens Mail Service, Express Scripts Pharmacy, and Postal Prescription Services (PPS).</p>
Medicare Prescription Payment Plan	<p>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 across the calendar year (January-December). You may be participating in this payment option.</p>	<p>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. To learn more about this payment option, call us at 1-888-310-4110 (TTY users call 711) or visit www.Medicare.gov.</p>
Online Payment Option	<p>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.</p>	<p>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 https://guestpay.bcbsnc.com/web for 2026.</p>
Walk-in Payment Address	<p>You may bring a check or money order (not cash) to the plan in person at:</p> <p>Blue Cross NC 1965 Ivy Creek Boulevard Durham, NC 27707</p>	<p>You may bring only checks, cashier's checks and money orders (no cash or credit card) to the plan in person at:</p> <p>Blue Cross NC 8511 Brier Creek Parkway Suite 107 Raleigh, NC 27617</p> <p>Hours of Operation: Monday – Friday,</p>

	2025 (this year)	2026 (next year)
		9:00 a.m. – 6:00 p.m. (excluding company holidays)

SECTION 3 How to Change Plans

To stay in Blue Medicare Rx Standard (PDP), 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 Rx Standard (PDP).

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

- **To change to a different Medicare health plan**, enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from Blue Medicare Rx Standard (PDP).
 - You'll automatically be disenrolled from Blue Medicare Rx Standard (PDP) if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You'll also automatically be disenrolled if you join a Medicare Health Maintenance Organization (HMO) or Medicare Preferred Provider Organization (PPO), even if that plan doesn't include prescription drug coverage.
 - If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep Blue Medicare Rx Standard (PDP) for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from Blue Medicare Rx Standard (PDP). If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from Blue Medicare Rx Standard (PDP). To ask to be disenrolled, you must send us a written request or call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048).
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from Blue Medicare Rx Standard (PDP).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Customer Service at 1-888-247-4142 (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 3.2).
- **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 (SHIP) (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 separate Medicare drug coverage) or switch to Original Medicare (with or without 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 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, 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 the 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, regardless of income level. To learn more about this payment option, call us at 1-888-247-4142 (TTY users call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from Blue Medicare Rx Standard

- **Call Customer Service at 1-888-247-4142. (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 Rx Standard. 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 1-888-247-4142 (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 pharmacy network (*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 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 1-919-807-6900 or 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**

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 prescription drug 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 1-888-247-4142 (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.

Pharmacy Directory

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

You may also view our **Notice of Privacy Practices** online at <https://www.bluecrossnc.com/policies-best-practices/notice-privacy-practices>