

2026 Summary of benefits

Experience Health Medicare AdvantageSM (HMO)

This is a summary of health services and prescription drug coverage that is covered under the Experience Health Medicare Advantage (HMO) plan for **January 1, 2026 – December 31, 2026**.

H3777-002

- The benefits information provided is a summary of what we cover and what you pay. This information is not a complete description of benefits. Visit BlueCrossNC.com/Experience-Health/Plan-Documents and click on the Evidence of Coverage tab.
- Experience Health Medicare Advantage (HMO) has a network of doctors, hospitals, pharmacies and other providers. If you use providers that are not in our network, the plan may not pay for their services.
- Out-of-network/non-contracted providers are under no obligation to treat Blue Cross and Blue Shield of North Carolina (Blue Cross NC) members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.
- Cost sharing may vary depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.
- Blue Cross and Blue Shield of North Carolina is an HMO plan with a Medicare contract. Enrollment in Experience Health Medicare Advantage (HMO) depends on contract renewal.
- For more information about Original Medicare or to request the *Medicare & You* handbook from Medicare, call **800-MEDICARE** (800-633-4227), TTY: 877-486-2048, 7 days a week, 24 hours a day. Or visit [Medicare.gov](https://www.Medicare.gov).
- For more details, call **833-905-1311** (TTY: 711), current members call **833-777-7394** (TTY: 711), 7 days a week, 8 a.m. – 8 p.m., visit BlueCrossNC.com/Experience-Health or contact your Blue Cross NC Authorized Independent Agent.

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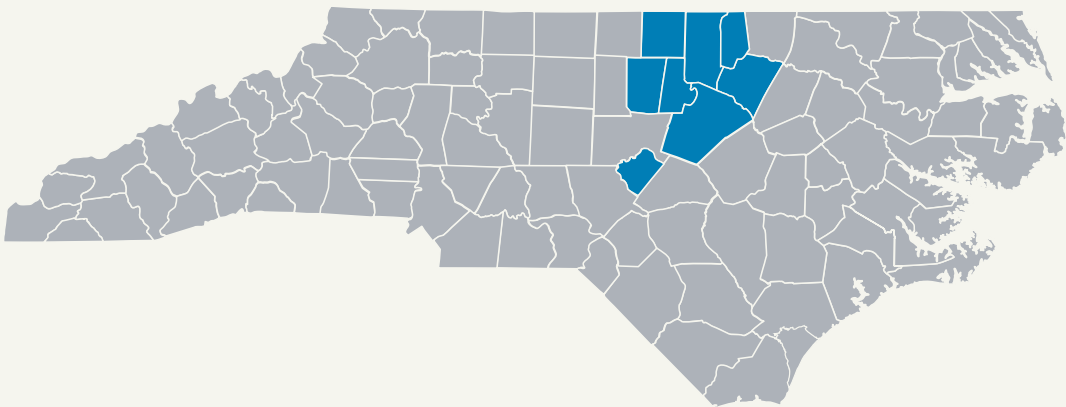
MedicareRx
Prescription Drug Coverage

Summary of benefits

The Experience Health Medicare Advantage (HMO) Service Area

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

				H3777-002	Monthly premium: \$6.90		
Durham	Franklin	Granville	Lee	Orange	Person	Vance	Wake



002 Counties where Experience Health Medicare Advantage (HMO) is available:

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

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Monthly Premium:	You must also continue to pay your Medicare Part B premium.	\$6.90
Deductible:	This plan has no medical deductible.	\$0
Annual Maximum Out-of-Pocket Amount:	Does not include prescription drugs.	\$6,500
Benefits		What You Should Know
Inpatient Hospital Care:* (Cost share applies per day. Benefit period applied per admission.)	Days 1–6:	\$400 copay
	Days 7 and beyond:	\$0 copay
Outpatient Services:*	Outpatient Hospital: Per stay.	\$0–\$200 copay
	Ambulatory Surgical Center:	\$0–\$200 copay
Doctor Visit:	Primary:	\$0 copay
	Specialist:	\$40 copay
Preventive Care:	Any additional preventive services approved by Medicare during the contract year will be covered.	\$0 copay
Emergency Care:	If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency care. Emergency services are covered worldwide.	\$130 copay
Urgently Needed Services:		\$50 copay

*May require prior authorization.

Note: This chart shows your portion of the costs.

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Benefits		What You Should Know	PCP office	Any other setting
Diagnostic Services/ Labs/ Imaging:*	Diagnostic Tests and Procedures:		\$0 copay	\$20 copay
	Lab Services:		\$0 copay	\$8 copay
	Diagnostic Radiological Services:	CT:	\$0 copay	\$75 copay
		MRI:	\$0 copay	\$100 copay
		PET or Nuclear Medicine:	\$0 copay	\$150 copay
	Therapeutic Radiological Services:		\$0 copay	20% of cost
	X-rays:		\$0 copay	\$10 copay
Hearing Services:	Medicare-Covered Hearing Exam:	Exams to diagnose and treat hearing and balance issues.		\$20 copay
	Routine Hearing Exam:	One per year. Must use designated providers.		\$0 copay
	Hearing Aids:	One per ear, per year. Must use designated providers.		\$499–\$999 copay
Dental Services:	Medicare-Covered Dental Services:*	Medicare may pay for certain services when you're in a hospital and need emergency or complicated dental procedures.		\$40 copay
	Preventive Dental:	\$250 reimbursement per calendar year.		\$0 copay
	Comprehensive Dental:	\$750 reimbursement per calendar year.		\$0 copay

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Benefits		What You Should Know	
Vision Services:	Routine Eye and Contact Lens Exam:	One of each per calendar year.	\$0 copay
	Vision Allowance:	\$300 yearly allowance.	\$0 copay
	Medicare-Covered Eye Exam:	For the diagnosis and treatment of illnesses and injuries of the eye.	\$30 copay
Mental Health Services:	Inpatient: (Cost share applies per day. Benefit period applied per admission.)	Days 1–5:	\$400 copay
		Days 6–90:	\$0 copay
	Outpatient: (Mental health and substance use.)	Individual and group sessions.	\$40 copay
Skilled Nursing Facility:	(Cost share applies per day. Benefit period applied per admission.)	Days 1–20:	\$0 copay
		Days 21–100:	\$218 copay
Outpatient Rehabilitation Services:	Physical and Speech Language Therapy:		\$20 copay
	Occupational Therapy:		\$20 copay
	Cardiac Rehab Services:		\$20 copay
	Pulmonary Rehab Services:		\$15 copay

*May require prior authorization.

Note: This chart shows your portion of the costs.

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Benefits

What You Should Know

Ambulance Services:*

Covers medically necessary ground and air ambulance services. This coverage is worldwide.

\$295 copay

Medicare Part B Drugs:**

Part B Insulins: 30-day supply.

\$35 copay

Chemotherapy and Other Part B Drugs:**

0–20% of cost



Part D Drug Benefit Stages

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Tiers 1, 2 and 6: \$0

Tiers 3, 4 and 5: \$615

Yearly Deductible Stage:

This is the set amount that you pay before your plan begins to pay its share of the cost. Your deductible does not apply to covered insulin products and most adult Part D vaccines.

Initial Coverage Stage:

Begins after you pay your yearly deductible.

You generally stay in this stage until your out-of-pocket drug costs reach **\$2,100**. The amount you pay in this stage is shown in the chart on the next page.***

Catastrophic Coverage Stage:

Begins when your out-of-pocket drug costs reach \$2,100.

During this stage, you pay nothing for your covered Part D drugs. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.

*May require prior authorization.

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

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

Note: This chart shows your portion of the costs.

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Standard Retail Pharmacies



Standard Mail Order

Tiers	1 month 30-day supply	3 months 90-day supply	3 months 90-day supply
Tier 1 – Preferred Generic Drugs:	\$0 copay	\$0 copay	\$0 copay
Tier 2 – Generic Drugs:	\$4 copay	\$12 copay	\$12 copay
Tier 3 – Preferred Brand Drugs:	25% of cost	25% of cost	25% of cost
Tier 4 – Non-Preferred Drugs:	27% of cost	27% of cost	27% of cost
Tier 5 – Specialty Tier Drugs:*	25% of cost	N/A	N/A
Tier 6 – Select Care Drugs:**	\$0 copay	\$0 copay	\$0 copay
Insulins:***	Tier 3: \$35 copay	\$105 copay	\$105 copay
	Tier 4: \$35 copay	\$105 copay	\$105 copay

Note: Two-month (60-day) supplies may also be available.

Note: This chart shows your portion of the costs.

*Tier 5 drugs limited to 30-day supply.

**Tier 6 drugs include vaccines and select generic medications used to treat high blood pressure, diabetes and high cholesterol.

***Cost-sharing for covered Part D insulins will not exceed the lesser of \$35 or 25% of the drug's cost for a one-month supply.

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Other Covered Benefits

Benefits

What You Should Know

Medicare-covered Podiatry Services:*

Foot care.

\$40 copay

Medical Equipment and Supplies:

Durable Medical Equipment and Supplies:**

20% of cost

Diabetic Shoes or Inserts:

20% of cost

Diabetes Supplies:**

Preferred Brand

\$0 copay

Non-Preferred Brands***

20% of cost

Fitness:

Gym memberships at in-network facilities and unlimited access to the digital platform. Must use designated provider (SilverSneakers).

\$0 copay

Meals Benefit:

Two meals per day for 14 days post-discharge.

\$0 copay

Personal Emergency Response System:

Wearable device with fast access to emergency services.

\$0 copay

*Routine foot care is excluded unless the beneficiary has certain medical conditions affecting the legs and feet.

**May require prior authorization.

***With a medical exception.

Note: This chart shows your portion of the costs.