

# 2026 Summary of benefits

## Healthy Blue® + Medicare<sup>SM</sup> (HMO-POS D-SNP)

H9147-001

This is a summary of health services and prescription drug coverage that is covered under Healthy Blue + Medicare (HMO-POS D-SNP) for **January 1, 2026 – December 31, 2026**.

- 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/Members/Medicare/Forms-Library](https://www.bluecrossnc.com/Members/Medicare/Forms-Library) and click on the Evidence of Coverage tab.
- Healthy Blue + Medicare 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 Plan 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.
- Blue Cross and Blue Shield of North Carolina is an HMO-POS D-SNP plan with a Medicare contract and a NC State Medicaid Agency Contract (SMAC). Enrollment in Blue Cross and Blue Shield of North Carolina depends upon 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 **800-400-8745** (TTY: 711), current members call **833-713-1078** (TTY: 711), 7 days a week, 8 a.m. – 8 p.m., visit [BlueCrossNC.com/Shop-Plans/Medicare](https://www.BlueCrossNC.com/Shop-Plans/Medicare) or contact your Blue Cross NC Authorized Independent Agent.

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U43436, 8/25

MedicareRx  
Prescription Drug Coverage

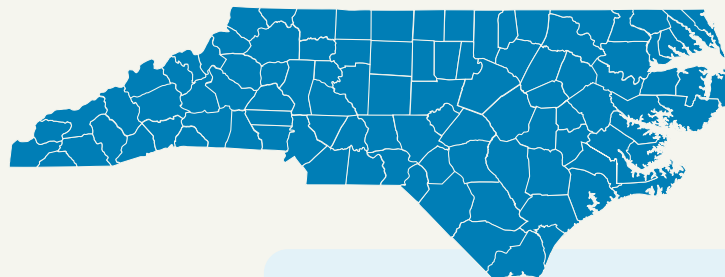
# Summary of benefits

## The Healthy Blue + Medicare (HMO-POS D-SNP) Service Area

Monthly premium: \$0

The Healthy Blue + Medicare (HMO-POS D-SNP) plan is available in all 100 counties in North Carolina:

Alamance	Catawba	Franklin	Jones	Pamlico	Surry
Alexander	Chatham	Gaston	Lee	Pasquotank	Swain
Alleghany	Cherokee	Gates	Lenoir	Pender	Transylvania
Anson	Chowan	Graham	Lincoln	Perquimans	Tyrrell
Ashe	Clay	Granville	Macon	Person	Union
Avery	Cleveland	Greene	Madison	Pitt	Vance
Beaufort	Columbus	Guilford	Martin	Polk	Wake
Bertie	Craven	Halifax	McDowell	Randolph	Warren
Bladen	Cumberland	Harnett	Mecklenburg	Richmond	Washington
Brunswick	Currituck	Haywood	Mitchell	Robeson	Watauga
Buncombe	Dare	Henderson	Montgomery	Rockingham	Wayne
Burke	Davidson	Hertford	Moore	Rowan	Wilkes
Cabarrus	Davie	Hoke	Nash	Rutherford	Wilson
Caldwell	Duplin	Hyde	New Hanover	Sampson	Yadkin
Camden	Durham	Iredell	Northampton	Scotland	Yancey
Carteret	Edgecombe	Jackson	Onslow	Stanly	
Caswell	Forsyth	Johnston	Orange	Stokes	



Healthy Blue + Medicare (HMO-POS D-SNP)  
is available in all 100 North Carolina counties.

**Please note:** To join Healthy Blue + Medicare (HMO-POS D-SNP), you must be eligible to receive qualifying Medicaid benefits from the North Carolina Medicaid program, reside in North Carolina and have both Medicare Part A and Medicare Part B.

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## Healthy Blue® + Medicare<sup>SM</sup> (HMO-POS D-SNP)

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<b>Monthly Premium:</b>	Part B premium is covered by the North Carolina Medicaid program for D-SNP enrollees.	<b>\$0</b>
<b>Deductible:</b>	This plan may have a medical deductible.*	<b>\$0-\$257</b>
<b>Annual Maximum Out-of-Pocket Amount:</b>	Does not include prescription drugs. Like all Medicare Advantage health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Services you get from doctors or facilities in our plan go toward your yearly limit. If you reach the \$9,250 limit on out-of-pocket costs, you will not have to pay any out-of-pocket costs for covered Part A and Part B services for the rest of the year due to your cost sharing protection for Medicaid eligibility.	<b>\$9,250</b>

### Benefits

### What You Should Know

**Inpatient Hospital Care:\*\***  
(Cost share applies per day. Benefit period applied per admission.)

**Days 1-90:** **\$0 copay**

Our plan covers 60 "lifetime reserve days." These are extra days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used the extra 60 days, your inpatient hospital coverage will be limited to 90 days.

**Outpatient Services:\*\***

**Outpatient Hospital:** **\$0 copay**

**Ambulatory Surgical Center:** **\$0 copay**

**Doctor Visit:**

**Primary:** **\$0 copay**

**Specialist:** **\$0 copay**

**Preventive Care:**

**Screenings:** **\$0 copay**

**Annual Physical Exam:** **\$0 copay**

\*2025 amount displayed. Deductible depends upon your Medicare Savings Program eligibility.

\*\*May require prior authorization.

# Summary of benefits

## Healthy Blue® + Medicare™ (HMO-POS D-SNP)

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### Benefits

### What You Should Know

#### Emergency Care:

Emergency services are covered worldwide.

**\$0 copay**

#### Urgently Needed Services:

**\$0 copay**

#### Diagnostic Services/ Labs/Imaging:\*

##### Diagnostic Tests and Procedures:

**\$0 copay**

##### Lab Services:

**\$0 copay**

##### Diagnostic Radiological Services:

##### MRI, CT and Other Nuclear Medicine:

**\$0 copay**

##### PET:

**\$0 copay**

##### All Other Services:

**\$0 copay**

##### Therapeutic Radiological Services:

**\$0 copay**

##### X-rays:

**\$0 copay**

#### Hearing Services:

##### Medicare-Covered Hearing Exam:

Exams to diagnose and treat hearing and balance issues.

**\$0 copay**

##### Routine Hearing Exam and Hearing Aid Evaluation:

One routine hearing exam and hearing aid fitting/evaluation per calendar year. Must use designated providers.

**\$0 copay**

##### Hearing Aids:

Advanced hearing aids (one per ear) every three years.

**\$0 copay**

\*May require prior authorization.

# Summary of benefits

## Healthy Blue® + Medicare™ (HMO-POS D-SNP)

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Benefits	What You Should Know		
<b>Dental Services:**</b>	<b>Medicare-Covered Dental Services:*</b>	Does not include services for care, treatment, filling, removal or replacement of teeth.	<b>\$0 copay</b>
	<b>Dental Allowance:</b>	<b>\$3,000</b> maximum allowed combined preventive and comprehensive covered services.	<b>\$0 copay</b>
	<b>Preventive:</b>	Two oral exams, two cleanings, one dental X-ray and one fluoride treatment every year.	<b>\$0 copay</b>
	<b>Comprehensive:</b>	You can use your coverage for: fillings, crowns, periodontal root planing and scaling, extractions, dentures and more.	<b>\$0 copay</b>
<b>Vision Services:</b>	<b>Routine Eye Exams:***</b>	One exam per calendar year.	<b>\$0 copay</b>
	<b>Routine Prescription Eyewear (Lenses and Frames):</b>	Covers up to <b>\$400</b> for prescription eyeglasses or contact lenses every year.	<b>\$0 copay</b>
	<b>Medicare-Covered Eye Exam:</b>	For the diagnosis and treatment of illnesses and injuries of the eye.	<b>\$0 copay</b>
	<b>Glaucoma Screening and Diabetic Eye Exam:</b>	For people who are at high risk of glaucoma or have diabetes.	<b>\$0 copay</b>
	<b>Eyewear After Cataract Surgery:</b>	One pair of eyeglasses or one pair of contact lenses.	<b>\$0 copay</b>
<b>Mental Health Services:**</b>	<b>Inpatient:</b>	Our plan covers 90 days for an inpatient hospital stay, plus 60 “lifetime reserve days.” If your hospital stay is longer than 90 days, you can use these extra days. Once you have used the extra 60 days, your inpatient hospital coverage will be limited to 90 days.	<b>\$0 copay</b>
	<b>Outpatient:</b>	Individual and group therapy sessions.	<b>\$0 copay</b>

\*May require prior authorization. \*\*Service limitations apply. Members also have a \$0 cost share when services are provided by non-participating dentists. Out-of-network/non-contracted providers are under no obligation to treat Plan 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. \*\*\*Must use designated provider.

# Summary of benefits

Healthy Blue® + Medicare™ (HMO-POS D-SNP)		H9147-001
Benefits	What You Should Know	
<b>Skilled Nursing Facility:*</b>	Up to 100 days in a Skilled Nursing Facility.	<b>\$0 copay</b>
<b>Outpatient Rehabilitation Services:</b>	<b>Cardiac (Heart):</b>	<b>\$0 copay</b>
	<b>Pulmonary (Lung):</b>	<b>\$0 copay</b>
	<b>Occupational, Physical and Speech Language Therapy:</b>	<b>\$0 copay</b>
<b>Ambulance Services:*</b>	Covers medically necessary ground and air ambulance services.	<b>\$0 copay</b>
<b>Transportation:**,**</b>	Coverage for 48 one-way non-emergency trips to and/or from any health-related locations and non-health related locations. Rides can be booked ahead of time or up to two hours before you need it.	<b>\$0 copay</b>
<b>Medicare Part B Drugs:</b>	<b>Part B Insulins:</b> 30-day supply.	<b>\$0 copay</b>
	<b>Chemotherapy and Other Part B Drugs:*</b>	<b>\$0 copay</b>


\*May require prior authorization.

\*\*Must use designated provider.

\*\*\*You may qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI) if you are at high risk for hospitalization or adverse health outcomes and require intensive care coordination to manage chronic conditions such as cardiovascular disorders, cancer, stroke, diabetes or chronic lung disorders. Eligibility will be established objectively, using clinical data and provider confirmations. For a full list of covered chronic conditions or to learn more about eligibility requirements, please contact your plan.

# Summary of benefits

<b>Healthy Blue® + Medicare™ (HMO-POS D-SNP)</b> <span>H9147-001</span>	
<b>The amount you pay for drugs in each cost-sharing tier:</b>	<b>1 month 30-day supply</b>
Tier 1 – Preferred Generic Drugs:	\$0 copay
Tier 2 – Generic Drugs:	\$0 copay
Tier 3 – Preferred Brand Drugs:	\$0-\$12.65 copay
Tier 4 – Non-Preferred Drugs:	\$0-\$12.65 copay
Tier 5 – Specialty Tier Drugs:*	\$0-\$12.65 copay
Tier 6 – Select Care Drugs:**	\$0 copay

 <b>Part D Drug Benefit Stages</b> <span>H9147-001</span>	
	<b>All Tiers: \$0***</b>
<b>Yearly Deductible Stage:</b>	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.
<b>Initial Coverage Stage:</b>	<b>Begins after you pay your yearly deductible.</b> You generally stay in this stage until your out-of-pocket drug costs reach <b>\$2,100</b> . The amount you pay in this stage is shown in the chart above.†
<b>Catastrophic Coverage Stage:</b>	<b>Begins when your out-of-pocket drug costs reach \$2,100.</b> 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.

\*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.  
 \*\*\*Without “Extra Help,” there is a \$615 deductible applied to Tiers 3, 4 & 5.  
 †Your out-of-pocket drug costs include payments made in the Yearly Deductible Stage and the Initial Coverage Stage.  
 Note: You can determine which covered drugs are generic by reading the plan’s formulary.

# Summary of benefits

## Healthy Blue® + Medicare™ (HMO-POS D-SNP)

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### Other Covered Benefits

<b>Chiropractic Services:</b>	<b>Medicare-Covered:</b>	Medicare coverage includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position).	<b>\$0 copay</b>
<b>Podiatry Services:</b>	<b>Medicare-Covered:</b>	Foot exams and treatment are covered if you have diabetes-related nerve damage and/or meet certain conditions.	<b>\$0 copay</b>
	<b>Routine Services:</b>	Unlimited visits.	<b>\$0 copay</b>
<b>Home Health Care:*</b>		Covered services for homebound beneficiaries.	<b>\$0 copay</b>
<b>Meals Benefit:</b>		Provides up to two meals a day for 14 days post-discharge from a medical facility. Unlimited occurrences.	<b>\$0 copay</b>
<b>Medical Equipment and Supplies:*</b>	<b>Durable Medical Equipment and Supplies:</b>		<b>\$0 copay</b>
	<b>Prosthetics:</b>		<b>\$0 copay</b>
	<b>Diabetes Supplies:</b>		<b>\$0 copay</b>
<b>Outpatient Substance Use:*</b>		Individual and group therapy visits.	<b>\$0 copay</b>
<b>Over-the-Counter Allowance:**</b>		<b>\$250</b> per month allowance for approved non-prescription OTC medications, healthy food and produce. Participating retailers include CVS, Walgreens and Walmart. Amount does not roll over month-to-month. Participating retailers are subject to change.	
<b>Personal Emergency Response System (PERS) Coverage:</b>		Includes the monitoring device and monitoring service.	<b>\$0 copay</b>
<b>Support for Caregivers:</b>		Support and resources for non-professional caregivers.	<b>\$0 copay</b>

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