



North Carolina 2025 Medicare Advantage plan changes

Please note, this communication applies to Healthy Blue + MedicareSM (HMO-POS D-SNP) offered by Blue Cross and Blue Shield of North Carolina [(Blue Cross NC)].

Annual benefit changes for Medicare Advantage plan members under Blue Cross NC will be effective January 1, 2025.

The following is a summary of these changes. Complete details are in the member's *Evidence of Coverage (EOC)*. To check eligibility and benefits, go to <https://Availity.com> or contact Provider Services at the number on the back of the member's ID card. Changes may include medical and Part D benefits, copays, coinsurance, deductibles, formulary coverage, pharmacy network, premiums, and out-of-pocket maximums.

Some group-sponsored Medicare Advantage plan benefits vary from the Medicare Advantage plans offered to individuals. Please refer to the member's *EOC* or call Provider Services at the number on the back of the member's ID card for more benefit details.

2025 highlights:

Not all benefits listed below are available to all Medicare Advantage members. Complete details are in the member's *EOC*:



Vendor transition to Nations for Meals benefit



Changes to the Everyday Options Allowance:

- Healthy Blue + Medicare offers a combined monthly spending allowance on a benefits prepaid card; members have the flexibility to choose how to spend their allowance on the following benefits: home safety devices, healthy food and produce, and over-the-counter items



Special supplemental benefits for the chronically ill (SSBCI):

- Processing changes for approving members for SSBCI services on Healthy Blue + Medicare plans for healthy groceries and non-emergent transportation to non-health related locations

<https://www.bluecrossnc.com/providers/blue-medicare-providers/healthy-blue-medicare>

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Blue Cross and Blue Shield of North Carolina
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Formulary and pharmacy

Encourage your patients to review the 2025 formulary information within their *Annual Notice of Change* mailing, their new member kit, or online. Ask your patients if the coverage for any of their prescriptions has been changed. If your patient has been impacted by changes to prescription coverage, consider alternative medications in a lower cost-sharing tier.

Prior authorization for Medicare Advantage plans

Prior authorization requirements are available at <https://Avality.com>. Contracted and noncontracted providers who are unable to access Avality Essentials may call Provider Services at the phone number on the back of the member's ID card for prior authorization requirements.

Please check the member's ID card for any identification and/or group number changes that may affect claim submissions.