2019 HMO Summary of Benefits

Blue Medicare HMO℠

Medicare Rx
Prescription Drug Coverage

Contracts H3449-012, H3449-023-001, H3449-023-002, H3449-023-004
H3449-024-001, H3449-024-002

January 1, 2019 – December 31, 2019

Y0079_8411_M CMS Accepted 09182018
U5047b, 9/18

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HMO Summary of Benefits

This is a summary of drug and health services covered under Blue Medicare HMO Plans
January 1, 2019 – December 31, 2019.

Blue Cross and Blue Shield of North Carolina is an HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal. The benefits information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage." Call customer service at **1-888-310-4110**, access online at ***www.BlueCrossNC.com/Medicare*** or call the Blue Cross NC Direct Sales Team.

Blue Medicare HMO has a network of doctors, hospitals, pharmacies and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

To join Blue Medicare HMO Plans, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area.

Our service area includes the following counties in North Carolina:

Medical Only H3449-012

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

Essential H3449-023-001, H3449-023-004

Alamance, Alexander, Alleghany, Ashe, Avery, Beaufort, Bertie, Bladen, Brunswick, Buncombe, Burke, Caldwell, Catawba, Chowan, Cleveland, Columbus, Cumberland, Davie, Duplin, Edgecombe, Gaston, Gates, Greene, Guilford, Halifax, Harnett, Haywood, Henderson, Hertford, Hoke, Hyde, Iredell, Jackson, Jones, Lee, Lincoln, Macon, Madison, Martin, McDowell, Mitchell, Nash, New Hanover, Northampton, Pamlico, Pender, Pitt, Orange, Polk, Randolph, Richmond, Robeson, Rockingham, Rutherford, Sampson, Scotland, Transylvania, Tyrrell, Washington, Watauga, Wayne, Wilkes, Wilson, Yadkin, Yancey

Essential H3449-023-002

Anson, Cabarrus, Caswell, Chatham, Davidson, Durham, Forsyth, Franklin, Granville, Johnston, Mecklenburg, Montgomery, Person, Rowan, Stanly, Stokes, Surry, Union, Vance, Wake, Warren

Enhanced H3449-024-001, H3449-024-002

Alamance, Alexander, Alleghany, Ashe, Avery, Beaufort, Bertie, Bladen, Buncombe, Caldwell, Catawba, Chatham, Chowan, Cleveland, Columbus, Cumberland, Davie, Durham, Edgecombe, Franklin, Gaston, Gates, Granville, Greene, Guilford, Halifax, Harnett, Haywood, Henderson, Hertford, Hoke, Hyde, Jackson, Johnston, Jones, Lee, Lincoln, Macon, Madison, Martin, McDowell, Mitchell, Montgomery, Nash, New Hanover, Northampton, Orange, Pamlico, Pender, Person, Polk, Randolph, Richmond, Robeson, Rockingham, Rutherford, Sampson, Scotland, Stanly, Transylvania, Tyrrell, Union, Vance, Wake, Warren, Watauga, Wayne, Yadkin, Yancey

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HMO Summary of Benefits

Benefit	What You Should Know
Monthly Premium:	You must continue to pay your Medicare Part B premium.
Deductible:	These plans have no medical deductible.
Annual Maximum Out-of-Pocket Amount:	Does not include prescription drugs.
Inpatient Hospital Care:* Cost share applies per day. Benefit period applied per admission.	Days 1–6: Days 7–90: Days 91 & beyond:
Outpatient Services:*	Ambulatory Surgical Center: Outpatient Hospital:
Doctor Visit:	Primary: Specialist:
Preventive Care:	Any additional preventive services approved by Medicare during the contract year will be covered.
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. See the "Inpatient Hospital Care" section of this booklet for other costs. Emergency services are covered worldwide.
Urgently Needed Services:	
Diagnostic Services/Labs/Imaging:*	Diagnostic Tests, Labs, Radiology Services and X-rays.

Note: This chart shows your portion of the costs. * May require prior authorization.

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HMO Summary of Benefits

Medical Only	Essential			Enhanced	
H3449	H3449-023			H3449-024	H3449-024
012	001	002	004	001	002
$0	$0.00	$23.60	$57.60	$53.60	$85.60
$0	$0	$0	$0	$0	$0
$5,500	$5,800	$6,700	$6,700	$5,500	$5,500
$310 copay $0 copay $0 copay	$310 copay $0 copay $0 copay	$310 copay $0 copay $0 copay	$310 copay $0 copay $0 copay	$310 copay $0 copay $0 copay	$310 copay $0 copay $0 copay
$200 copay $300 copay	$250 copay $310 copay	$250 copay $310 copay	$250 copay $310 copay	$175 copay $275 copay	$175 copay $275 copay
$25 copay $50 copay	$10 copay $50 copay	$10 copay $50 copay	$10 copay $50 copay	$5 copay $40 copay	$5 copay $40 copay
$0 copay	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay
$90 copay	$90 copay	$90 copay	$90 copay	$90 copay	$90 copay
$65 copay	$65 copay	$65 copay	$65 copay	$65 copay	$65 copay
20% of cost	20% of cost	20% of cost	20% of cost	20% of cost	20% of cost

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HMO Summary of Benefits

Benefit		What You Should Know
Hearing Services:	Medicare-Covered Hearing Exam:	Exams to diagnose and treat hearing and balance issues.
	Routine Hearing Exam:	One per ear, per year Must use TruHearing providers (In-network and out-of-network)
	Hearing Aids:	One per ear, per year Must use TruHearing providers (In-network and out-of-network)
Dental Services:*		Limited dental services. This does not include services in connection with care, treatment, filling, removal or replacement of teeth.
Vision Services:	Routine Eye Exam:	Once every 12 months. Plan pays up to $100 for routine eye exams.
	Medicare-Covered Glaucoma Test:	For people who are at high risk of glaucoma.
	Medicare-Covered Eye Exam:	For the diagnosis and treatment of injuries and illnesses of the eye.
	Eyewear After Cataract Surgery:	One pair of eyeglasses or one pair of contact lenses.

Note: This chart shows your portion of the costs. * May require prior authorization.

* TruHearing® is a registered trademark of TruHearing, Inc. TruHearing is an independent company and does not offer Blue Cross NC products or services. These programs may be changed or discontinued at any time.

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HMO Summary of Benefits

Medical Only	Essential			Enhanced	
H3449	H3449-023			H3449-024	H3449-024
012	001	002	004	001	002
$50 copay	$50 copay	$50 copay	$50 copay	$40 copay	$40 copay
$45 copay	$45 copay	$45 copay	$45 copay	$45 copay	$45 copay
$699-$999	$699-$999	$699-$999	$699-$999	$699-$999	$699-$999
$50 copay	$50 copay	$50 copay	$50 copay	$40 copay	$40 copay
$25 copay	$25 copay	$25 copay	$25 copay	$25 copay	$25 copay
$0 copay	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay
$25 copay	$25 copay	$25 copay	$25 copay	$25 copay	$25 copay
20% of cost	20% of cost	20% of cost	20% of cost	20% of cost	20% of cost

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HMO Summary of Benefits

Benefit		What You Should Know
Mental Health Services:*	Inpatient: (Cost share applies per day. Benefit period applied per admission.)	Days 1–6: Days 7–90: Days 91–190:
	Outpatient:	Group/individual/substance abuse.
Skilled Nursing Facility:* Cost share applies per day. Benefit period applied per admission.		Days 1–20: Days 21–60: Days 61–100:
Outpatient Rehabilitation Services:*		Occupational, Physical & Speech Language Therapy: Cardiac & Pulmonary Rehab Services:
Ambulance Services:*		Covers medically necessary air and ground ambulance services.
Transportation:		
Medicare Part B Drugs:*		
Podiatry Services (Foot Care):*		
Medical Equipment & Supplies:*		Durable Medical Equipment & Supplies: Prosthetics: Diabetic Shoes or Inserts: Diabetes Supplies:
Exercise and Healthy Aging Program: Select locations		

Note: This chart shows your portion of the costs. * May require prior authorization.

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Blue Medicare HMO℠

HMO Summary of Benefits

Medical Only H3449	Essential H3449-023			Enhanced H3449-024	H3449-024
012	001	002	004	001	002
$276 copay $0 copay $0 copay	$276 copay $0 copay $0 copay	$276 copay $0 copay $0 copay	$276 copay $0 copay $0 copay	$276 copay $0 copay $0 copay	$276 copay $0 copay $0 copay
$40 copay	$40 copay	$40 copay	$40 copay	$40 copay	$40 copay
$0 copay $172 copay $0 copay	$0 copay $172 copay $0 copay	$0 copay $172 copay $0 copay	$0 copay $172 copay $0 copay	$0 copay $172 copay $0 copay	$0 copay $172 copay $0 copay
$40 copay 20% of cost	$40 copay 20% of cost	$40 copay 20% of cost	$40 copay 20% of cost	$40 copay 20% of cost	$40 copay 20% of cost
$250 copay	$275 copay	$275 copay	$275 copay	$250 copay	$250 copay
Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
20% of cost	20% of cost	20% of cost	20% of cost	20% of cost	20% of cost
$50 copay	$50 copay	$50 copay	$50 copay	$40 copay	$40 copay
20% of cost 20% of cost 20% of cost $0 copay	20% of cost 20% of cost 20% of cost $0 copay	20% of cost 20% of cost 20% of cost $0 copay	20% of cost 20% of cost 20% of cost $0 copay	20% of cost 20% of cost 20% of cost $0 copay	20% of cost 20% of cost 20% of cost $0 copay
$0 copay	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay

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HMO Summary of Benefits

		Essential
Deductible:	Tiers 1, 2 & 6: Tiers 3, 4 & 5:	$0 $375

Essential H3449-023-001, H3449-023-002 & H3449-023-004

	Preferred Retail or Mail-Order Pharmacies			Non-preferred Retail or Mail-Order Pharmacies		
Benefit	**1-month** 30-day supply	**2-months** 60-day supply	**3-months** 90-day supply	**1-month** 30-day supply✝	**2-months** 60-day supply	**3-months** 90-day supply
Tier 1 - Preferred Generic:	$3 copay	$6 copay	$9 copay	$15 copay	$30 copay	$45 copay
Tier 2 - Generic:	$10 copay	$20 copay	$30 copay	$20 copay	$40 copay	$60 copay
Tier 3 - Preferred Brand-name:	$37 copay	$74 copay	$111 copay	$47 copay	$94 copay	$141 copay
Tier 4 - Non-preferred Drug:	45% of cost	45% of cost	45% of cost	50% of cost	50% of cost	50% of cost
Tier 5 - Specialty:	25% of cost	Tier 5 is limited to a one-month (30-day) supply		25% of cost	Tier 5 is limited to a one-month (30-day) supply	
Tier 6 - Select Care:	$0 copay	$0 copay	$0 copay	$3 copay	$3 copay	$3 copay

✝ Long Term Care pharmacy benefit is covered the same as retail non-preferred for 31 days instead of 30 days.

Note:

- This chart shows your portion of the costs. Benefits shown are available at preferred pharmacies.
- Our preferred pharmacy and preferred mail-order pharmacy networks include: **EPIC, Walgreens, Walmart** and other local pharmacy networks. To find a pharmacy near you, go to ***www.BlueCrossNC.com/Medicare***. Click on "Find Doctor/Drug/Facility" (center top of the page).
- The Preferred Pharmacy Network is a select network of national and local independent pharmacies designed to help save you money on your prescriptions. You may choose non-preferred pharmacies to fill prescriptions, but your costs may be higher. Our pharmacy network may change at any time. You will receive notice when necessary.
- 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.

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HMO Summary of Benefits

		Enhanced
Deductible:	This plan has no drug deductible.	$0

	Enhanced H3449-024-001 & H3449-024-002					
	Preferred Retail or Mail-Order Pharmacies			**Non-preferred Retail or Mail-Order Pharmacies**		
Drugs	**1-month** 30-day supply	**2-months** 60-day supply	**3-months** 90-day supply	**1-month** 30-day supply†	**2-months** 60-day supply	**3-months** 90-day supply
Tier 1 - Preferred Generic:	$3 copay	$6 copay	$9 copay	$15 copay	$30 copay	$45 copay
Tier 2 - Generic:	$6 copay	$12 copay	$18 copay	$20 copay	$40 copay	$60 copay
Tier 3 - Preferred Brand-name:	$37 copay	$74 copay	$111 copay	$47 copay	$94 copay	$141 copay
Tier 4 - Non-preferred Drug:	45% of cost	45% of cost	45% of cost	50% of cost	50% of cost	50% of cost
Tier 5 - Specialty:	33% of cost	Tier 5 is limited to a one-month (30-day) supply		33% of cost	Tier 5 is limited to a one-month (30-day) supply	
Tier 6 - Select Care:	$0 copay	$0 copay	$0 copay	$1 copay	$1 copay	$1 copay

† Long Term Care pharmacy benefit is covered the same as retail non-preferred for 31 days instead of 30 days.

Note:

- This chart shows your portion of the costs. Benefits shown are available at preferred pharmacies.
- Our preferred pharmacy and preferred mail-order pharmacy networks include: **EPIC, Walgreens, Walmart** and other local pharmacy networks. To find a pharmacy near you, go to ***www.BlueCrossNC.com/Medicare***. Click on "Find Doctor/Drug/Facility"(center top of the page).
- The Preferred Pharmacy Network is a select network of national and local independent pharmacies designed to help save you money on your prescriptions. You may choose non-preferred pharmacies to fill prescriptions, but your costs may be higher. Our pharmacy network may change at any time. You will receive notice when necessary.
- 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.

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Blue Medicare HMO℠

Prescription Drug Coverage

(Preferred Pharmacy Benefits)

		Blue Medicare HMO℠ Essential H3449-023-001, 002 & 004	Blue Medicare HMO℠ Enhanced H3449-024-001 & 002
Deductible:	Tiers 1, 2 & 6:	$0	$0
	Tiers 3, 4 & 5:	$375	$0
Initial Coverage Level (ICL): Cost sharing amounts are for a 30-day supply at a preferred retail or preferred mail-order pharmacy.	Tier 1 - Preferred Generic:	$3 copay	$3 copay
	Tier 2 - Generic:	$10 copay	$6 copay
	Tier 3 - Preferred Brand-name:	$37 copay	$37 copay
	Tier 4 - Non-preferred Drug:	45% of cost	45% of cost
	Tier 5 - Specialty:	25% of cost	33% of cost
	Tier 6 - Select Care:	$0 copay	$0 copay
Coverage Gap: After total drug costs reach $3,820.	Tier 6:	$0 copay	$0 copay
	Generic:	37% of cost	37% of cost
	Brand-name:	25% of cost	25% of cost
Catastrophic: After your out-of-pocket drug costs reach $5,100.	Generic:	5% of cost or $3.40 copay (whichever is greater)	
	Brand-name:	5% of cost or $8.50 copay (whichever is greater)	

Note:

- This chart shows your portion of the costs. Benefits shown are available at preferred pharmacies.
- Our preferred pharmacy and preferred mail-order pharmacy networks include: **EPIC, Walgreens, Walmart** and other local pharmacy networks. To find a pharmacy near you, go to ***www.BlueCrossNC.com/Medicare***. Click on "Find Doctor/Drug/Facility" in the blue bar at the top of the page.
- The Preferred Pharmacy Network is a select network of national and local independent pharmacies designed to help save you money on your prescriptions. You may choose non-preferred pharmacies to fill prescriptions, but your costs may be higher. Our pharmacy network may change at any time. You will receive notice when necessary.
- You reach the coverage gap once you and your plan have spent $3,820 on covered drugs. You reach the catastrophic level once your out-of-pocket drug costs reach $5,100.

HMO Summary of Benefits

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. If you have questions or need to request a copy of the handbook, see the contact information below.

This Blue Medicare HMO Enrollment Kit is available in other formats such as Braille and large print.

If you have questions about Blue Medicare HMO from Blue Cross NC, call the number below to speak with us directly.

Note:

- Limitations, copayments and restrictions may apply.
- Benefits, premiums and/or copayments and/or coinsurance may change on January 1 of each year.
- The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.
- This information is not a complete description of benefits. Contact the plan for more details.
- All other marks and trade names are the property of their respective owners.

Medicare & You handbook information:

Contact **Medicare**

Phone: 1-800-MEDICARE (1-800-633-4227)

Hours: 7 days a wk., 24 hrs. a day

Online: *www.medicare.gov*

TTY/TTD: 1-877-486-2048

How to Find a Doctor, Drug or Pharmacy:

Go to ***www.BlueCrossNC.com/Medicare***

Click on "Find a **Doctor/Drug/Facility**" (center top of the page)

For more information about Blue Medicare HMO plans:

Members Contact **Blue Cross NC Customer Service**

Phone: **1-888-310-4110**

TTY: 1-888-451-9957

Hours: 7 days a wk., 8 a.m. – 8 p.m.

Non-members Contact the **Blue Cross NC Direct Sales Team**

Phone: **1-800-665-8037**

TTY: 1-800-922-3140

Hours: 7 days a wk., 8 a.m. – 8 p.m.

Blue Medicare HMO℠

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-888-310-4110**.

Understanding the Benefits

- [ ] Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit ***www.BlueCrossNC.com/Medicare*** or call **1-888-310-4110** to view a copy of the EOC.
- [ ] Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- [ ] Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- [ ] In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- [ ] Benefits, premiums and/or copayments/co-insurance may change on January 1, 2019.
- [ ] Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

Qualifying for Financial Help

Be Sure to Find Out if You Qualify

If you have both Medicare and Medicaid, you already qualify for low-income help with your Medicare premiums. But even if you do not qualify for Medicaid, you may still qualify for some help. The amount of help will depend on your income and resources.

People with limited incomes may also qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for a portion of your drug costs – including monthly prescription drug premiums, annual deductibles and coinsurance. In addition, if you qualify, you will not be subject to the Part D coverage gap or a late enrollment penalty.

Many people are unaware that they are eligible for these savings. For more information, contact Medicare, Social Security or Medicaid at the numbers shown below.

If you qualify, Medicare could pay for a portion of your drug costs.

Many people aren't aware that **there's financial help available** for those who need help paying their Medicare premiums. **To learn more**, use the contact information below.

To see if you qualify for **Extra Help**, contact:

Medicare Office	Social Security Office	Medicaid Office
Phone: 1-800-MEDICARE (1-800-633-4227)	**Phone:** 1-800-772-1213	**Phone:** 1-800-662-7030
TTY/TDD: 1-877-486-2048	**TTY/TDD:** 1-800-325-0778	**TTY:** 1-877-486-2048
Hours: 7 days a wk., 24 hrs. a day	**Hours:** Mon. – Fri., 7 a.m. – 7 p.m.	**Hours:** Mon. – Fri., 8 a.m. – 5 p.m.
Online: *www.medicare.gov*		