2019 PPO Summary of Benefits

BlueMedicare PPO℠

Contracts H3404-003-001, H3404-003-002

MedicareRx Prescription Drug Coverage

January 1, 2019 – December 31, 2019

PPO Summary of Benefits

Y0079_8421_M CMS Accepted 09182018
U5047c, 9/18

Continued ▶

BlueMedicare PPO℠

PPO Summary of Benefits

This is a summary of drug and health services covered under Blue Medicare PPO Enhanced Plan **January 1, 2019 – December 31, 2019.**

Blue Cross and Blue Shield of North Carolina is a PPO 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 **1-877-494-7647**, access online at ***www.BlueCrossNC.com/Medicare*** or call the Blue Cross NC Direct Sales Team.

Blue Medicare (PPO) has a network of doctors, hospitals, pharmacies and other providers. You'll get your health care at lower prices by using in-network providers.

To join the Blue Medicare PPO Plan, 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:

Enhanced H3404-003-001
Alamance, Alexander, Anson, Buncombe, Cabarrus, Catawba, Davidson, Forsyth, Guilford, Haywood, Henderson, Madison, McDowell, Mecklenburg, Mitchell, Orange, Polk, Randolph, Rockingham, Rowan, Stokes, Surry, Transylvania, Yancey

Enhanced H3404-003-002
Beaufort, Bertie, Bladen, Brunswick, Caldwell, Caswell, Chatham, Chowan, Cleveland, Columbus, Cumberland, Duplin, Edgecombe, Franklin, Gaston, Gates, Harnett, Hertford, Hoke, Iredell, Johnston, Jones, Lee, Martin, Nash, Person, Pitt, Richmond, Robeson, Sampson, Scotland, Wake, Warren, Washington, Watauga, Wayne, Wilkes, Wilson

Please note:

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. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.

Continued ▶

BlueMedicare PPO℠

PPO Summary of Benefits

	What You Should Know	Enhanced H3404-003-001	Enhanced H3404-003-002
Monthly Premium:	You must continue to pay your Medicare Part B premium.	$77.70	$87.70
Deductible:	These plans have no medical deductible.	$0	$0

Benefit	What You Should Know	Enhanced H3404-003-001 H3404-003-002 In-Network	Enhanced H3404-003-001 H3404-003-002 Out-of-Network
Annual Out-of-Pocket Maximum:		$5,900	$8,850
Inpatient Hospital Care:* Cost share applies per day. Benefit period applied per admission.	Days 1–6: Days 7–90: Days 91 & beyond:	$310 copay $0 copay $0 copay	40% of cost 40% of cost 40% of cost
Outpatient Services:*	Ambulatory Surgical Center: Outpatient Hospital:	$175 copay $275 copay	40% of cost 40% of cost
Doctor Visit:	Primary: Specialist:	$20 copay $50 copay	40% of cost 40% of cost
Preventive Care:	Any additional preventive services approved by Medicare during the contract year will be covered.	$0 copay	$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.	$90 copay	$90 copay
Urgently Needed Services:		$65 copay	$65 copay

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

Continued ▶

BlueMedicare PPO℠

PPO Summary of Benefits

Benefit		What You Should Know	Enhanced H3404-003-001 H3404-003-002 In-Network	Enhanced H3404-003-001 H3404-003-002 Out-of-Network
Diagnostic Services/ Labs/Imaging:*		Diagnostic Tests, Labs, Radiology Services and X-rays.	20% of cost	40% of cost
Hearing Services:	Medicare-Covered Hearing Exam:	Exam to diagnose and treat hearing and balance issues.	$50 copay	40% of cost
	Routine Hearing Exam:	One per ear, per year Must use TruHearing providers (In-network and out-of-network)	$45 copay	$45 copay
	Hearing Aids:		$699-$999	$699-$999
Dental Services:*		Limited dental services. This does not include services in connection with care, treatment, filling, removal or replacement of teeth.	$50 copay	40% of cost
Vision Services:	Routine Eye Exam:	Once every 12 months. Plan pays up to $100 for routine eye exams.	$25 copay	40% of cost
	Medicare-Covered Glaucoma Test:	For people who are at high risk of glaucoma.	$0 copay	$0 copay
	Medicare-Covered Eye Exam:	For the diagnosis and treatment of injuries of the eye. Treatment of illness/injuries of the eye.	$25 copay	40% of cost
	Eyewear After Cataract Surgery:	One pair of eyeglasses or one pair of contact lenses.	20% of cost	40% of cost

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.

Continued ▶

PPO Summary of Benefits

Benefit	What You Should Know		Enhanced H3404-003-001 H3404-003-002 In-Network	Enhanced H3404-003-001 H3404-003-002 Out-of-Network
Mental Health Services:*	Inpatient: (Cost share applies per day. Benefit period applied per admission.)	Days 1–6: Days 7–90: Days 91–190:	$276 copay $0 copay $0 copay	40% of cost 40% of cost 40% of cost
	Outpatient:	Group/individual/ substance abuse.	$40 copay	40% of cost
Skilled Nursing Facility:* Cost share applies per day. Benefit period applied per admission.	Days 1–20: Days 21–60: Days 61–100:		$0 copay $172 copay $0 copay	40% of cost 40% of cost 40% of cost
Outpatient Rehabilitation Services:	Occupational, Physical & Speech Language Therapy: Cardiac Rehab Services:*		$40 copay 20% of cost	40% of cost 40% of cost
Ambulance Services:*	Covers medically necessary air and ground ambulance services.		$250 copay	$250 copay
Transportation:			Not Covered	Not Covered
Medicare Part B Drugs:*			20% of cost	40% of cost
Podiatry Services (Foot Care):*			$50 copay	40% of cost
Medical Equipment & Supplies:	Durable Medical Equipment & Supplies:* Prosthetics:* Diabetic Shoes or Inserts: Diabetes Supplies:		20% of cost 20% of cost 20% of cost $0 copay	40% of cost 40% of cost 40% of cost 40% of cost
Exercise and Healthy Aging Program: Select locations			$0 copay	$0 copay

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

Continued ▶

BlueMedicare PPO™

PPO Summary of Benefits

What You Should Know		Enhanced H3404-003-001 H3404-003-002
Deductible:	These plans have no drug deductible.	$0

	Enhanced H3404-003-001 & H3404-003-002					
	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:	$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.

Continued ▶

BlueMedicare PPO℠

Prescription Drug Coverage

(Preferred Pharmacy Benefits)

		BlueMedicare PPO℠ Enhanced H3404-003-001 & H3404-003-002
Deductible:		$0 (all tiers)
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
	Tier 2 - Generic:	$6 copay
	Tier 3 - Preferred Brand-name:	$37 copay
	Tier 4 - Non-preferred Drug:	45% of cost
	Tier 5 - Specialty:	33% of cost
	Tier 6 - Select Care:	$0 copay
Coverage Gap: After total drug costs reach $3,820.	Tier 6:	$0 copay
	Generic:	37% of cost
	Brand-name:	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.

BlueMedicare PPO℠

PPO 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 PPO Enrollment Kit is available in other formats such as Braille and large print.

If you have questions about Blue Medicare PPO 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
TTY/TTD: 1-877-486-2048	**Online:** *www.medicare.gov*

How to Find a Drug or Pharmacy:

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

Click on "**Find a Doctor, Drug** or **Pharmacy**" (top right corner)

For more information about Blue Medicare PPO plans:

Members Contact **Blue Cross NC Customer Service**	
Phone:	**1-877-494-7647**
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.

BlueMedicare PPO℠

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 **-877-494-7647**.

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 **-877-494-7647** 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).