



2023 Summary of Benefits

Healthy **Blue** + MedicareSM (HMO D-SNP)

H9147-001

Medicare^{Rx}
Prescription Drug Coverage **X**

This is a summary of health services and prescription drug coverage that is covered under Healthy Blue + Medicare for **January 1, 2023 – December 31, 2023**.

Notes:

- 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 [Medicare.BlueCrossNC.com/medicare/forms-library](https://www.Medicare.BlueCrossNC.com/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.
- 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 Senior Health DBA Blue Cross and Blue Shield of North Carolina is an HMO 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 Senior Health depends upon contract renewal.
- For more details, or to request an Evidence of Coverage, contact Blue Cross NC at **1-800-400-8745** (toll free), TTY users dial 711, access online at [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com) or call your Authorized Independent Agent.

BLUE CROSS®, BLUE SHIELD®, and the Cross and Shield symbols are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. Blue Cross and Blue Shield of North Carolina (Blue Cross NC) is an independent licensee of the Blue Cross and Blue Shield Association.

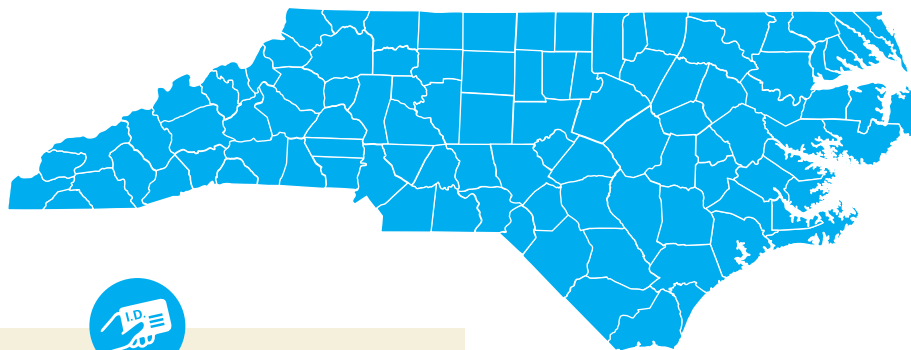
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Summary of Benefits

The Healthy Blue + Medicare Service Area

The Healthy Blue + Medicare 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	



We offer Healthy Blue + Medicare in **all 100 counties in North Carolina.**

Please note: To join Healthy Blue + Medicare 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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HealthyBlue + Medicare™ (HMO D-SNP)

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Monthly Premium:

Part B premium is covered by the North Carolina Medicaid program for Medicaid eligible.

\$0

Deductible:

This plan does not have a medical deductible.

\$0

Annual Maximum Out-of-Pocket Amount:

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 \$8,300 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.

\$8,300

Benefits

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. But once you have used up these 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

* May require prior authorization.

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Emergency Care: This plan also covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$100,000 per year for worldwide emergency services. **\$0 copay**

Urgently Needed Services: Services provided to treat a non-emergency, medical illness, injury or condition that requires immediate medical care. **\$0 copay**

**Diagnostic Services/
Labs/Imaging:*** Diagnostic tests, labs, radiology services and 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: This plan covers 1 routine hearing exam and hearing aid fitting/evaluation every year. Must use designated providers. **\$0 copay**

Hearing Aids: \$3,000 maximum plan benefit per year. Must use designated providers. **\$0 copay**

Dental Services:* **Medicare-Covered Dental Services:*** This does not include services for care, treatment, filling, removal or replacement of teeth. **\$0 copay**

Preventive: This plan covers: 2 oral exams, 2 cleanings, 1 dental X-ray and 1 fluoride treatment every year. **\$0 copay**

Comprehensive:* This plan covers up to a \$5,000 allowance for comprehensive dental services every year. We cover more dental care than Original Medicare. You can use our coverage for these services and more: Fillings, crowns, periodontal root planing and scaling, extractions and dentures. Any amount not used at the end of the calendar year will expire. **\$0 copay**

Summary of Benefits

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Vision Services:	Routine Eye Exam:	Covers 1 exam every year.	\$0 copay
	Routine Prescription Eyewear (Lenses and Frames):	This plan covers up to \$400 for prescription eyeglasses or contact lenses every year.	\$0 copay
	Medicare-Covered Eye Exam:	Exam to diagnose and treat diseases and conditions of the eye.	\$0 copay
	Eyewear After Cataract Surgery:	Prescription eyeglasses or contact lenses after cataract surgery.	\$0 copay
Mental Health Services:*	Inpatient:	Our plan covers 90 days for an inpatient hospital stay. 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. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.	\$0 copay
	Outpatient:	Individual and group therapy sessions.	\$0 copay
Skilled Nursing Facility:*		Our plan covers up to 100 days in a Skilled Nursing Facility (SNF).	\$0 copay

* May require prior authorization.

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Outpatient Rehabilitation Services:*	Cardiac (Heart):	Provides a limit of 2, one-hour sessions per day and a maximum of 36 sessions within a 36-week period.	\$0 copay
	Pulmonary (Lung):	Provides a limit of 2, one-hour sessions per day and a maximum of 36 sessions.	\$0 copay
	Occupational, Physical and Speech Language Therapy:		\$0 copay
Ambulance Services:*		Covers medically necessary ground, water and air ambulance services.	\$0 copay
Transportation:*		Offers coverage for unlimited routine transportation services to plan-approved locations including the grocery store. Each one-way trip is allowed up to 60 miles.	\$0 copay
Medicare Part B Drugs:*			\$0 copay

* May require prior authorization.

HealthyBlue+Medicare™ (HMO D-SNP)

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Part D, Prescription Drug Benefit Stages

Annual Deductible:

The Part D deductible does not apply to you because you get “Extra Help” from Medicare.

Initial Coverage Limit (ICL):

You pay the amount listed in the table on the following pages until your total yearly drug costs reach \$4,660. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your covered drugs at retail pharmacies and mail order pharmacies in our plan. You may get your covered drugs from pharmacies not in our plan only when you are unable to get your prescription drugs from a pharmacy that is in our plan. If you live in a long-term care facility, you pay the same as a standard retail pharmacy.

Those who are dual eligible qualify for Low Income Subsidy (LIS), also known as Medicare's “Extra Help” program, therefore the amount you pay may be different in this stage.

Coverage Gap:

After you enter the coverage gap, you will pay your LIS level cost sharing for generic and brand name drugs unless your plan has extra generic gap coverage.

For drugs on Tier 6, you will pay \$0.

You will stay in the gap until your costs total \$7,400, which is the end of the coverage gap. Note: Not everyone will enter the coverage gap (your total year to date includes drug costs that only you have paid).

Catastrophic Coverage:

After your yearly out-of-pocket drug costs reach \$7,400, the plan will pay most of your Medicare covered Part D drugs for the rest of the plan year, depending on your LIS status.

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Prescription Drug Coverage

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Preferred and Non-Preferred Retail, Mail Order and Long-Term Care Pharmacies. 30-Day to 90-Day Supply.

Prescription Drug Initial Coverage Limit (ICL)

Preferred Generic Drugs (Tier 1)

\$0 copay

Generic Drugs (Tier 2)

\$0 – \$4.15 copay*

Preferred Brand Drugs (Tier 3)

\$0 – \$10.35 copay*

Non-Preferred Drugs (Tier 4)

\$0 – \$10.35 copay*

Specialty Tier Drugs (Tier 5)

\$0 – \$10.35 copay*

Select Care Drugs (Tier 6)

\$0 copay

* Depending on the level of “Extra Help” you receive.

Note: Cost sharing is the same for 30-day or long-term supply. You can determine which covered drugs are generic by reading the plan’s formulary.

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Chiropractic Services:*

Medicare-Covered:

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).

\$0 copay

Podiatry Services:*

Medicare-Covered:

Foot exams and treatment are covered if you have diabetes-related nerve damage and/or meet certain conditions.

\$0 copay

Routine Services:

Unlimited visits.

\$0 copay

Home Health Care:*

Covered services for homebound beneficiaries.

\$0 copay

Meals Benefit:*

Provides up to 2 meals a day for 14 days post-discharge from a medical facility.

\$0 copay

Medical Equipment and Supplies:*

Durable Medical Equipment and Supplies:

\$0 copay

Prosthetics:

\$0 copay

Diabetes Supplies:

\$0 copay

Outpatient Substance Use:*

Individual and group therapy visits.

\$0 copay

Over-the-Counter (OTC) Items and Healthy Food Benefit:

This plan covers certain approved, non-prescription, OTC drugs and health-related items. Some participating retailers are CVS, Dollar General, Walgreens and Walmart. The combined OTC and Healthy Food allowance is \$190 per month. Unused amounts do not roll over to the next month.

Available on over 200,000+ healthy food items available for purchase. The combined OTC and Healthy Food allowance is \$190 per month. Unused amounts do not roll over to the next month.

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**Personal
Emergency
Response System
(PERS) Coverage:***

Includes the monitoring device and monitoring service.

\$0 copay

Renal Dialysis:

\$0 copay

**Silver&Fit®
Healthy Aging
and Exercise
Program:**

The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas. Please make sure to talk to a doctor before starting or changing an exercise routine. Silver&Fit, Something for Everyone and the Silver&Fit logo are federally registered trademarks of ASH. Other names or logos may be trademarks of their respective owners. Home kits are subject to change. Participating facilities and fitness chains may vary by location and are subject to change. This program includes facilities in the Standard network. Premium network may have monthly costs. ASH does not offer Blue Cross or Blue Shield products or services.

\$0 copay

24/7 NurseLine:

24-hour access to NurseLine, 7 days a week, 365 days a year.

\$0 copay

* May require prior authorization.

Question: Which drugs are covered?

Answer: • See the Prescription Drug Coverage section of the Healthy Blue + Medicare book.

Question: Which pharmacies can I use?

Answer:





- Our 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.
- Preferred retail pharmacies include Harris Teeter, Sam’s Club, Walgreens, Walmart and more, plus many independent pharmacies.
- Our preferred mail order pharmacies include AllianceRx Walgreens Pharmacy, Express Scripts Pharmacy, and Postal Prescription Services (PPS).

Question: How do I find a preferred pharmacy?




Answer:

- To find a pharmacy near you, go to [BlueCrossNC.com/FindaPharmacy](https://www.bluecrossnc.com/FindaPharmacy).
- The formulary, pharmacy network and /or provider network may change at any time. You will receive notice when necessary.

For more information about Original Medicare, request the **Medicare & You** handbook from **Medicare**:

 Phone: 1-800-MEDICARE (1-800-633-4227)	 Hours: 7 days a week, 24 hours a day
 TTY: 1-877-486-2048	 Visit: Medicare.gov

Have Medicare questions? We’ve got answers. Contact **Blue Cross NC**:

 Phone: 1-800-400-8745 (toll free), TTY users dial 711	
 Hours: 7 days a week, 8 a.m. – 8 p.m.	 Visit: Medicare.BlueCrossNC.com

Or contact your Blue Cross NC **Authorized Independent Agent**.