BlueMedicare HMO℠

2018 HMO Summary of Benefits

Contracts H3449-012, H3449-023-001, H3449-023-002, H3449-005

January 1, 2018 – December 31, 2018

MedicareRx
Prescription Drug Coverage

Y0079_7842 CMS Accepted 09052017
U5047b, 8/17

BlueCross BlueShield of North Carolina

Medicare plans to fit your needs

Blue Medicare HMO℠

HMO Summary of Benefits

This is a summary of drug and health services covered under Blue Medicare HMO Plans **January 1, 2018 – December 31, 2018.**

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."

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, 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, Johnston, Jones, Lee, Lincoln, Madison, Martin, McDowell, Mecklenburg, Mitchell, Montgomery, Nash, New Hanover, Northampton, Orange, Pamlico, Pender, Person, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Sampson, Scotland, Stanly, Stokes, Surry, Transylvania, Tyrrell, Union, Vance, Wake, Warren, Washington, Watauga, Wayne, Wilkes, Wilson, Yadkin and Yancey

Essential H3449-023-001

Alamance, Buncombe, Catawba, Guilford, Haywood, Henderson, Madison, McDowell, Mitchell, Orange, Polk, Randolph, Rockingham, Transylvania and Yancey

Essential H3449-023-002

Alexander, Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Bladen, Brunswick, Cabarrus, Caldwell, Caswell, Chatham, Chowan, Cleveland, Columbus, Cumberland, Davidson, Davie, Duplin, Durham, Edgecombe, Forsyth, Franklin, Gaston, Gates, Granville, Greene, Halifax, Harnett, Hertford, Hoke, Hyde, Iredell, Johnston, Jones, Lee, Lincoln, Martin, Mecklenburg, Montgomery, Nash, New Hanover, Northampton, Pamlico, Pender, Person, Pitt, Richmond, Robeson, Rowan, Sampson, Scotland, Stanly, Stokes, Surry, Tyrrell, Union, Vance, Wake, Warren, Washington, Watauga, Wayne, Wilkes, Wilson and Yadkin

Enhanced H3449-005

Alexander, Alleghany, Ashe, Avery, Beaufort, Bertie, Bladen, Buncombe, Caldwell, Catawba, Chatham, Chowan, Cleveland, Columbus, Cumberland, Durham, Edgecombe, Franklin, Gaston, Gates, Granville, Greene, Guilford, Halifax, Haywood, Henderson, Hertford, Hyde, Johnston, Jones, Lee, Madison, Martin, Nash, New Hanover, Northampton, Orange, Pender, Person, Polk, Robeson, Rockingham, Sampson, Scotland, Vance, Warren, Watauga, Wayne and 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 admission/per stay.	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.

Continued ▶

BlueMedicare HMO℠

HMO Summary of Benefits

Medical Only	Essential		Enhanced
H3449-012	H3449-023-001	H3449-023-002	H3449-005
$0	$56.80	$76.00	$110.40
$0	$0	$0	$0
$5,500	$6,700	$6,700	$5,500
$300 copay $0 copay $0 copay	$300 copay $0 copay $0 copay	$300 copay $0 copay $0 copay	$300 copay $0 copay $0 copay
$200 copay $300 copay	$200 copay $300 copay	$200 copay $300 copay	$175 copay $275 copay
$25 copay $50 copay	$10 copay $50 copay	$10 copay $50 copay	$5 copay $40 copay
$0 copay	$0 copay	$0 copay	$0 copay
$80 copay	$80 copay	$80 copay	$80 copay
$65 copay	$65 copay	$65 copay	$65 copay
20% of cost	20% of cost	20% of cost	20% of cost

Note: This chart shows your portion of the costs.

Continued ▶

HMO Summary of Benefits

Benefit		What You Should Know
Hearing Services:		Exams to diagnose and treat hearing and balance issues.
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.
Mental Health Services:*	Inpatient: (Cost share applies per admission/ per stay.)	Days 1–6: Days 7–90: Days 91–190:
	Outpatient:	Group/individual/substance abuse.

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

Continued ▶

HMO Summary of Benefits

Medical Only	Essential		Enhanced
H3449-012	H3449-023-001	H3449-023-002	H3449-005
$50 copay	$50 copay	$50 copay	$40 copay
$50 copay	$50 copay	$50 copay	$40 copay
$25 copay	$25 copay	$25 copay	$25 copay
$0 copay	$0 copay	$0 copay	$0 copay
$25 copay	$25 copay	$25 copay	$25 copay
20% of cost	20% of cost	20% of cost	20% of cost
$270 copay $0 copay $0 copay	$270 copay $0 copay $0 copay	$270 copay $0 copay $0 copay	$270 copay $0 copay $0 copay
$40 copay	$40 copay	$40 copay	$40 copay

Note: This chart shows your portion of the costs.

Continued ▶

HMO Summary of Benefits

Benefit	What You Should Know
Skilled Nursing Facility:* Cost share applies per admission/ per stay.	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 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:

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

Continued ▶

HMO Summary of Benefits

Medical Only	Essential		Enhanced
H3449-012	H3449-023-001	H3449-023-002	H3449-005
$0 copay $167.50 copay $0 copay	$0 copay $167.50 copay $0 copay	$0 copay $167.50 copay $0 copay	$0 copay $167.50 copay $0 copay
$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	$250 copay
Not Covered	Not Covered	Not Covered	Not Covered
20% of cost	20% of cost	20% of cost	20% of cost
$50 copay	$50 copay	$50 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

Note: This chart shows your portion of the costs.

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HMO Summary of Benefits

		Essential
		H3449-023-001 & H3449-023-002
Deductible:	Tiers 1, 2 & 6: Tiers 3, 4 & 5:	$0 $355

	Essential H3449-023-001 & H3449-023-002					
	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:	$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 Brand-name:	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

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.bcbsnc.com/medicare.*** Click on "Find a Doctor, Drug or Pharmacy" (top right corner).
- 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

What You Should Know		Enhanced H3449-005
Deductible:	This plan has no drug deductible.	$0

	Enhanced H3449-005					
	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 Brand-name:	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

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.bcbsnc.com/medicare***. Click on "Find a Doctor, Drug or Pharmacy"(top right corner).
- 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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BlueMedicare HMO℠

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 and Blue Shield of North Carolina (Blue Cross NC), contact an Authorized Agent near you, or 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)
TTY/TTD: 1-877-486-2048
Hours: 7 days a wk., 24 hrs. a day
Online: *www.medicare.gov*

How to Find a Drug or Pharmacy:

Go to *www.bcbsnc.com/medicare*

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

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.

OR Contact a Blue Cross NC **Authorized Agent** near you.

BlueCross BlueShield of North Carolina

BlueMedicare HMO℠
BlueMedicare PPO℠

Non-Discrimination and Accessibility Notice

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified interpreters and/or written information in other formats (large print, accessible electronic formats, etc.)
- Free language services to people whose primary language is not English, such as: qualified interpreters and/or information written in other languages

If you need these services, contact:

Customer Service
Call: 1-800-665-8037, 1-800-922-3140 (TTY)
Hours: Daily, 8 a.m. to 8 p.m.

If you believe that Blue Cross NC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Blue Cross NC, P.O. Box 2291, Durham, NC 27702
Attention: Civil Rights Coordinator-Privacy, Ethics & Corporate Policy Office
Call: 919-765-1663, 1-888-291-1783 (TTY)
Fax: 919-287-5613
E-mail: civilrightscoordinator@bcbsnc.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Coordinator-Privacy, Ethics & Corporate Policy Office is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at:

Online: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Mail: U.S. Department of Health & Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C. 20201
Call: 1-800-368-1019, 1-800-537-7697 (TDD)
Complaint forms are available online at:
http://www.hhs.gov/civil-rights/filing-a-complaint/index.html

This notice and/or attachments may have important information about your application or coverage through Blue Cross NC. Look for key dates. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Contact:

Customer Service
Call: 1-800-665-8037, 1-800-922-3140 (TTY)
Hours: Daily, 8 a.m. to 8 p.m.

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Discrimination is Against the Law

Blue Cross NC complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Blue Cross NC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BlueCross BlueShield of North Carolina

BlueMedicare HMO™
BlueMedicare PPO™

Multi-language Interpreter Services

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-665-8037 (TTY: 1-800-922-3140).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-665-8037 (TTY: 1-800-922-3140).

注意：如果您講廣東話或普通話， 您可以免費獲得語言援助服務。請致電 1-800-665-8037 (TTY: 1-800-922-3140)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-665-8037 (TTY: 1-800-922-3140).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-665-8037 (TTY: 1-800-922-3140) 번으로 전화해 주십시오.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-665-8037 (ATS: 1-800-922-3140).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-665-8037. المبرقة الكاتبة: 1-800-922-3140.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-665-8037 (TTY: 1-800-922-3140).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-665-8037 (телетайп: 1-800-922-3140).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-665-8037 (TTY: 1-800-922-3140).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:સુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-665-8037 (TTY: 1-800-922-3140).

ចំណាំ៖ ប្រសិនបើលោកអ្នកនិយាយជាភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនសម្រាប់លោកអ្នកដោយមិនគិតថ្លៃ។ សូមទំនាក់ទំនងតាមរយៈលេខ៖ 1-800-665-8037 (TTY: 1-800-922-3140)។

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-665-8037 (TTY: 1-800-922-3140).

ध्यान दें: यदि आप हिन्दी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-665-8037 (TTY: 1-800-922-3140) पर कॉल करें।

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-665-8037 (TTY: 1-800-922-3140).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-665-8037 (TTY: 1-800-922-3140)まで、お電話にてご連絡ください。

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