



2020 Summary of Benefits

BlueMedicare HMOSM

MedicareRx
Prescription Drug Coverage X

Plans: H3449-012, H3449-025, H3449-023-001, H3449-023-002, H3449-023-004,
H3449-023-005, H3449-026, H3449-024-001, H3449-024-002, H3449-024-003

This is a summary of drug and health services covered under Blue Medicare HMO Plans
January 1, 2020 – December 31, 2020.

Blue Medicare HMO™

Summary of Benefits

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) 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** (TTY: 711), access online at BlueCrossNC.com/Medicare or contact your **Authorized Agent**.

Please note:

Blue Medicare HMO 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 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:

Blue Medicare Medical Only™ (HMO) H3449-012:

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

Summary of Benefits

Our service area includes the following counties in North Carolina (Continued):

Blue Medicare EssentialSM (HMO) H3449-025:

Alleghany	Chatham	Granville	Lee	Richmond	Warren
Anson	Chowan	Greene	Lincoln	Robeson	Washington
Ashe	Cleveland	Halifax	Martin	Sampson	Watauga
Avery	Columbus	Harnett	Montgomery	Scotland	Wayne
Beaufort	Davie	Hertford	Nash	Stanly	Wilkes
Bertie	Duplin	Hyde	Northampton	Stokes	Wilson
Bladen	Edgecombe	Iredell	Pamlico	Surry	Yadkin
Caldwell	Gaston	Johnston	Pender	Tyrrell	
Caswell	Gates	Jones	Pitt	Vance	

Blue Medicare Essential PlusSM (HMO) H3449-023-001:

Alamance	Catawba	Forsyth	Mecklenburg	Rockingham
Buncombe	Davidson	Guilford	Orange	Rutherford
Burke	Durham	Haywood	Randolph	Wake

Blue Medicare Essential PlusSM (HMO) H3449-023-002:

Alexander	Franklin	Macon	Moore	Rowan
Brunswick	Henderson	Madison	New Hanover	Transylvania
Cabarrus	Hoke	McDowell	Person	Union
Cumberland	Jackson	Mitchell	Polk	Yancey

Blue Medicare Essential PlusSM (HMO)) H3449-023-004:

Anson	Chatham	Johnston	Stanly	Surry	Warren
Caswell	Granville	Montgomery	Stokes	Vance	

Summary of Benefits

Our service area includes the following counties in North Carolina (Continued):

Blue Medicare Essential PlusSM (HMO) H3449-023-005:

Alleghany	Chowan	Gates	Jones	Pender	Washington
Ashe	Cleveland	Greene	Lee	Pitt	Watauga
Avery	Columbus	Halifax	Lincoln	Richmond	Wayne
Beaufort	Davie	Harnett	Martin	Robeson	Wilkes
Bertie	Duplin	Hertford	Nash	Sampson	Wilson
Bladen	Edgecombe	Hyde	Northampton	Scotland	Yadkin
Caldwell	Gaston	Iredell	Pamlico	Tyrrell	

Blue Medicare ChoiceSM (HMO) H3449-026:

Forsyth	Guilford	Mecklenburg
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Blue Medicare EnhancedSM (HMO)) H3449-024-001:

Alamance	Burke	Durham	Haywood	Randolph	Rutherford
Buncombe	Catawba	Guilford	Orange	Rockingham	Wake

Blue Medicare EnhancedSM (HMO) H3449-024-002:

Alexander	Henderson	Macon	Mitchell	Person	Union
Cumberland	Hoke	Madison	Moore	Polk	Yancey
Franklin	Jackson	McDowell	New Hanover	Transylvania	

Blue Medicare EnhancedSM (HMO) H3449-024-003:

Alleghany	Chatham	Granville	Lee	Richmond	Watauga
Ashe	Chowan	Greene	Lincoln	Robeson	Wayne
Avery	Cleveland	Halifax	Martin	Sampson	Yadkin
Beaufort	Columbus	Harnett	Montgomery	Scotland	
Bertie	Davie	Hertford	Nash	Stanly	
Bladen	Edgecombe	Hyde	Northampton	Tyrrell	
Caldwell	Gaston	Johnston	Pamlico	Vance	
Caswell	Gates	Jones	Pender	Warren	

Summary of Benefits

Blue Medicare HMO™

Summary of Benefits

Benefit	What You Should Know	Medical Only	Essential	Essential Plus				Choice			
		H3449-012	H3449-025	001	002	004	005	H3449-026	001	002	
Monthly Premium:	You must also continue to pay your Medicare Part B premium.	\$0	\$0	\$0	\$0	\$19	\$39	\$0	\$39	\$49	\$75
Deductible:	These plans have no medical deductible.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annual Maximum Out-of-Pocket Amount:	Does not include prescription drugs.	\$4,400	\$6,700	\$4,200	\$5,400	\$6,700	\$6,700	\$3,900	\$3,900	\$4,900	\$5,500
Inpatient Hospital Care:* (Cost share applies per day. Benefit period applied per admission.)	Days 1–6:	\$310	\$310	\$310	\$310	\$310	\$310	\$310	\$310	\$310	\$310
	Days 7–90:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Days 91 & beyond:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Services:*	Ambulatory Surgical Center:	\$200	\$250	\$250	\$250	\$250	\$250	\$250	\$175	\$175	\$175
	Outpatient Hospital:	\$300	\$310	\$310	\$310	\$310	\$310	\$310	\$275	\$275	\$275
Doctor Visit:	Primary:	\$20	\$10	\$0	\$0	\$0	\$0	Tier 1: \$0 Others: \$35	\$0	\$0	\$0
	Specialist:	\$40	\$50	\$50	\$50	\$50	\$50	\$40	\$40	\$40	\$40
Preventive Care:	Any additional preventive services approved by Medicare during the contract year will be covered.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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.	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90
Urgently Needed Services:		\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Diagnostic Services/Labs/Imaging:*	Diagnostic Tests, Labs, Radiology Services and X-rays.	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%

Note: * May require prior authorization.

Summary of Benefits

Summary of Benefits

Care HMO™		Medical Only H3449-012	Essential H3449-025	Essential Plus H3449-023-				Choice H3449-026			
What You Should Know				001	002	004	005		001	002	
Hearing Services:	Medicare-Covered Hearing Exam:	Exams to diagnose and treat hearing and balance issues.	\$40	\$50	\$50	\$50	\$50	\$50	\$40	\$40	\$40
	Routine Hearing Exam:	One per ear, per year. Must use TruHearing* providers.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Hearing Aids:	One per ear, per year. Must use TruHearing* providers.	\$699 – \$999	\$699 – \$999	\$699 – \$999	\$699 – \$999	\$699 – \$999	\$699 – \$999	\$699 – \$999	\$699 – \$999	\$699 – \$999
Dental Services:	Medical-Covered Dental Services:**	Medicare may pay for certain services when you're in a hospital and need emergency or complicated dental procedures.	\$40	\$50	\$50	\$50	\$50	\$50	\$40	\$40	\$40
	Allowance:	Yearly amount for preventive services (oral exams, cleaning, fluoride treatment, and x-rays).	N/A	N/A	\$300	\$300	\$300	\$300	\$300	\$300	\$300
Vision Services:	Routine Eye Exam:	Once every 12 months.	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
	Allowance:	Yearly amount for routine exam.	\$100	\$100	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Yearly amount for routine exam and eyewear.	N/A	N/A	\$200	\$200	\$200	\$200	\$200	\$200	\$200
	Medicare-Covered Glaucoma Test:	For people who are at high risk of glaucoma.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Medicare-Covered Eye Exam:	For the diagnosis and treatment of illnesses and injuries of the eye.	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
	Eyewear After Cataract Surgery:	One pair of eyeglasses or one pair of contact lenses.	20%	20%	20%	20%	20%	20%	20%	20%	20%

Notes:

*TruHearing® is a registered trademark of TruHearing, Inc. TruHearing is an independent company and does not offer Blue Cross NC products or services.

** May require prior authorization.

The above shows your portion of the costs / \$ = copay / % = of cost

Summary of Benefits

Summary of Benefits

HMO™		Medical Only	Essential	Essential Plus				Choice			
		H3449-012	H3449-025	H3449-023-				H3449-026	001	002	
		001	002	004	005	001	002				
Mental Health Services:*	Inpatient: (Cost share applies per day. Benefit period applied per admission.)	Days 1–6:	\$276	\$276	\$276	\$276	\$276	\$276	\$276	\$276	\$276
		Days 7–90:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		Days 91–190:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Outpatient: (Mental health and substance abuse*)	Individual and group sessions	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Skilled Nursing Facility:*	(Cost share applies per day. Benefit period applied per admission.)	Days 1–20:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		Days 21–60:	\$178	\$178	\$178	\$178	\$178	\$178	\$178	\$178	\$178
		Days 61–100:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Rehabilitation Services:	Occupational, Physical and Speech Language Therapy:*	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	
	Cardiac and Pulmonary Rehab Services:*	20%	20%	20%	20%	20%	20%	20%	20%	20%	
Ambulance Services:*	Covers medically necessary ground and air ambulance services.	\$250	\$275	\$275	\$275	\$275	\$275	\$275	\$250	\$250	\$250
Transportation:		Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Medicare Part B Drugs:*		20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Podiatry Services:	Foot care	\$40	\$50	\$50	\$50	\$50	\$50	\$40	\$40	\$40	\$40
Medical Equipment and Supplies:	Durable Medical Equipment and Supplies:*	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
	Prosthetics:*	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
	Diabetic Shoes or Inserts:	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
	Diabetes Supplies:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Aging and Exercise Program:	Participating facilities	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

Note: * May require prior authorization.

The above shows your portion of the costs / \$ = copay / % = of cost

Summary of Benefits

Deductible: Tiers 1, 2 and 6: \$0
Tiers 3, 4 and 5: \$375



Benefit	1-month	2-months	3-months	1-month	2-months	
	30-day supply	60-day supply	90-day supply	30-day supply†	60-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:	\$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 Tier:	26% of cost	Tier 5 is limited to a one-month (30-day) supply		26% of cost	Tier 5 is limited to a one-month (30-day) supply	
Tier 6 - Select Care Drug:	\$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.

- This chart shows your portion of the costs. Benefits shown are available at preferred pharmacies.
- For a 90-day supply for Tiers 1, 2 and 3 you pay up to 2 times the 30-day copay at a Preferred Mail order pharmacy.
- Our preferred pharmacy and preferred mail-order pharmacy networks include: **EPIC, Walmart, Walgreens, AllianceRx Walgreens Prime** and other local pharmacy networks. To find a pharmacy near you, go to [BlueCrossNC.com/Medicare](https://www.bluecrossnc.com/medicare). Click on "Find Doctor/Drug/Facility".
- 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.

Summary of Benefits

Deductible: Tiers 1, 2 and 6: \$0
Tiers 3, 4 and 5: \$195



Benefit	1-month	2-months	3-months	1-month	2-months	
	30-day supply	60-day supply	90-day supply	30-day supply†	60-day supply	
Tier 1 - Preferred Generic:	\$0 copay	\$0 copay	\$0 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:	\$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 Tier:	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 Drug:	\$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.

- This chart shows your portion of the costs. Benefits shown are available at preferred pharmacies.
- For a 90-day supply for Tiers 1, 2 and 3 you pay up to 2 times the 30-day copay at a Preferred Mail order pharmacy.
- Our preferred pharmacy and preferred mail-order pharmacy networks include: **EPIC, Walmart, Walgreens, AllianceRx Walgreens Prime** and other local pharmacy networks. To find a pharmacy near you, go to [BlueCrossNC.com/Medicare](https://www.bluecrossnc.com/medicare). Click on "Find Doctor/Drug/Facility".
- 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.

Summary of Benefits

Deductible: All tiers: \$0



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	
	Tier 1 - Preferred Generic:	\$0 copay	\$0 copay	\$0 copay	\$15 copay	\$30 copay
Tier 2 - Generic:	\$6 copay	\$12 copay	\$18 copay	\$20 copay	\$40 copay	\$60 copay
Tier 3 - Preferred Brand:	\$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 Tier:	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 Drug:	\$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.

- This chart shows your portion of the costs. Benefits shown are available at preferred pharmacies.
- For a 90-day supply for Tiers 1, 2 and 3 you pay up to 2 times the 30-day copay at a Preferred Mail order pharmacy.
- Our preferred pharmacy and preferred mail-order pharmacy networks include: **EPIC, Walmart, Walgreens, AllianceRx Walgreens Prime** and other local pharmacy networks. To find a pharmacy near you, go to BlueCrossNC.com/Medicare. Click on "Find Doctor/Drug/Facility".
- 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.

Summary of Benefits

Deductible: All tiers: \$0



	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	
Tier 1 - Preferred Generic:	\$0 copay	\$0 copay	\$0 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:	\$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 Tier:	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 Drug:	\$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.

- This chart shows your portion of the costs. Benefits shown are available at preferred pharmacies.
- For a 90-day supply for Tiers 1, 2 and 3 you pay up to 2 times the 30-day copay at a Preferred Mail order pharmacy.
- Our preferred pharmacy and preferred mail-order pharmacy networks include: **EPIC, Walmart, Walgreens, AllianceRx Walgreens Prime** and other local pharmacy networks. To find a pharmacy near you, go to [BlueCrossNC.com/Medicare](https://www.BlueCrossNC.com/Medicare). Click on "Find Doctor/Drug/Facility".
- 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.

Summary of Benefits

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CARE FIRST		Essential H3449-025	Essential Plus H3449-023-001 H3449-023-002 H3449-023-004 H3449-023-005	Choice
Prescription Drug Coverage				
Benefit	What You Should Know			
	Tiers 1, 2 and 6:	\$0	\$0	
	Tiers 3, 4 and 5:	\$375	\$195	
	Tier 1 - Preferred Generic:	\$3 copay	\$0 copay	
	Tier 2 - Generic:	\$10 copay	\$10 copay	
	Tier 3 - Preferred Brand:	\$37 copay	\$37 copay	
	Tier 4 - Non-preferred Drug:	45% of cost	45% of cost	
	Tier 5 - Specialty Tier:	26% of cost	25% of cost	
	Tier 6 - Select Care Drug:	\$0 copay	\$0 copay	
	Tier 6:	\$0 copay	\$0 copay	
	Generic:	25% of cost	25% of cost	
	Brand:	25% of cost	25% of cost	
	Generic:			
	Brand:			

Notes:

- 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, Walmart, Walgreens, AllianceRx Walgreens Prime** and other local pharmacy networks. To find a pharmacy near you, go to [BlueCrossNC.com/Medicare](https://www.bluecrossnc.com/medicare). Click on "Find Doctor/Drug/Facility".

Notes:

- 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 \$4,020 on covered drugs. You reach the catastrophic level once your out-of-pocket drug costs reach \$6,350.

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, contact Blue Cross NC or your **Authorized Agent**.

Notes:

- 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 Blue Cross NC for more details.

Medicare & You handbook information:

Contact Medicare



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

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

Online: *Medicare.gov*



TTY/TTD: 1-877-486-2048

How to find a doctor, drug or facility:

Visit [BlueCrossNC.com/Medicare](https://www.bluecrossnc.com/Medicare)



Click on “Find **Doctor/Drug/Facility**” (center top of the page)

Have Medicare questions? We’ve got answers.

Contact Blue Cross NC



Phone: 1-800-665-8037 (TTY: 711)

Visit: [BlueCrossNC.com/Medicare](https://www.bluecrossnc.com/Medicare)



Hours: October – December:
7 days a week, 8 a.m. – 8 p.m.

January – September:
Monday – Thursday, 8 a.m. – 6 p.m.
Friday, 8 a.m. – 5 p.m.

Or contact your Blue Cross NC Authorized Agent



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** (TTY: 711).

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit [BlueCrossNC.com/Medicare](https://www.bluecrossnc.com/medicare) or call **1-888-310-4110** (TTY: 711) 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/coinsurance may change on January 1, 2021.
- 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).