

Blue Medicare PPOSM

2018 PPO Summary of Benefits

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

January 1, 2018 – December 31, 2018

Medicare_{Rx}
Prescription Drug Coverage _{Rx}

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**BlueCross BlueShield
of North Carolina**

Medicare plans to fit your needs

PPO Summary of Benefits

This is a summary of drug and health services covered under Blue Medicare PPO Enhanced Plan

January 1, 2018 - December 31, 2018.

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.

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, Anson, Buncombe, Cabarrus, Catawba, Cumberland, Davidson, Forsyth, Guilford, Harnett, Haywood, Henderson, Hoke, Madison, McDowell, Mecklenburg, Mitchell, Orange, Polk, Randolph, Richmond, Rockingham, Rowan, Scotland, Stokes, Surry, Transylvania, Yancey

Enhanced H3404-003-002

Alexander, Beaufort, Bertie, Bladen, Brunswick, Caldwell, Caswell, Chatham, Chowan, Cleveland, Columbus, Duplin, Edgecombe, Gaston, Gates, Hertford, Iredell, Jones, Lee, Martin, Nash, Person, Pitt, Robeson, Sampson, 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.

PPO Summary of Benefits

What You Should Know		Enhanced	
		H3404-003-001	H3404-003-002
Monthly Premium:	You must continue to pay your Medicare Part B premium.	\$98.00	\$113.60
Deductible:	These plans have no medical deductible.	\$0	\$0

Benefit	What You Should Know	Enhanced H3404-003-001 H3404-003-002	
		In-network	Out-of-network
Annual Maximum Out-of-Pocket Amount:		\$6,700	\$10,000
Inpatient Hospital Care:*	Days 1–6: Days 7–90: Days 91 & beyond:	\$300 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.	\$80 copay	\$80 copay
Urgently Needed Services:		\$65 copay	\$65 copay

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

PPO Summary of Benefits

		Enhanced H3404-003-001 H3404-003-002		
Benefit	What You Should Know	In-network	Out-of-network	
Diagnostic Services/ Labs/Imaging:*	Diagnostic Tests, Labs, Radiology Services and X-rays.	20% of cost	40% of cost	
Hearing Services:	Exam to diagnose and treat hearing and balance issues.	\$50 copay	40% of cost	
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
Mental Health Services:*	Inpatient: (Cost sharing applies per admission/per stay.)	Days 1–6: Days 7–90: Days 91–190:	\$270 copay \$0 copay \$0 copay	40% of cost 40% of cost 40% of cost
	Outpatient:	Group/individual/ substance abuse.	\$40 copay	40% of cost

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

PPO Summary of Benefits

		Enhanced H3404-003-001 H3404-003-002	
Benefit	What You Should Know	In-network	Out-of-network
Skilled Nursing Facility:* Cost sharing applies per admission/per stay.	Days 1–20: Days 21–60: Days 61–100:	\$0 copay \$167.50 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 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

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

PPO Summary of Benefits

Enhanced

 H3404-003-001
 H3404-003-002

What You Should Know

Deductible: These plans have no drug deductible. \$0

Enhanced H3404-003-001 & H3404-003-002

Benefit	Preferred Retail or Mail-Order Pharmacies			Non-preferred Retail or Mail-Order Pharmacies		
	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.

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, 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)

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

Online: www.medicare.gov



TTY/TTD: 1-877-486-2048

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 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.



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

Blue Medicare HMO™
Blue Medicare 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: civilrightscordinator@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.

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.

Blue Cross and Blue Shield of North Carolina is an HMO and PPO plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal.

BLUE CROSS®, BLUE SHIELD®, the Cross and Shield Symbols and service marks are marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association.

