

Welcome

2021 Medicare Advantage Presentation

PROPRIETARY & CONFIDENTIAL

Blue Cross and Blue Shield of North Carolina is an HMO, PPO and PDP 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 all related derivative 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.

U14449, 8/20
Y0079_9300_M CMS Approved 09282020
H9147_9586_M CMS Approved 09282020



BlueCross BlueShield
of North Carolina

MEDICARE

<Agency Name>

<Agent Name>

Blue Cross NC Authorized Agent



BlueCross BlueShield
of North Carolina

MEDICARE



About Blue Cross and Blue Shield of North Carolina (Blue Cross NC)

- One of the first Medicare Advantage plans in North Carolina¹
- Serving the health insurance needs of North Carolina residents for more than 87 years
- Local presence in the Triangle, the Triad, Charlotte and Fayetteville, with agents statewide
- Robust network of more than 49,000² providers contracted for our Medicare Advantage products
 - Hospital networks in our state include Atrium, Cone Health, Duke Health, Mission Health, Novant, UNC Health Care and many more

Footnotes:

¹ Starting in 1996, Blue Cross NC subsidiary began offering Medicare Advantage products.

² Blue Cross NC internal data, July 2020.



What is Medicare?

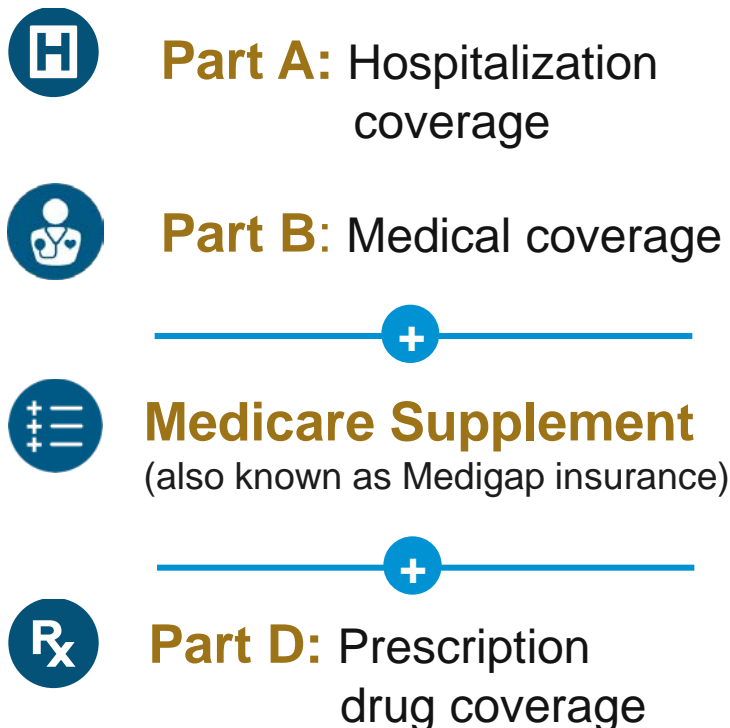
- Medicare is a health insurance program run by the federal government
- Provides coverage for people who are:
 - Over age 65
 - Under age 65 with certain disabilities
 - All ages with end-stage renal disease (ESRD)
- Provides coverage for inpatient and outpatient services, such as those received in a hospital or doctor's office
- Helps cover the cost of certain types of medical services
- Lowers your out-of-pocket costs



How Does Medicare Work?

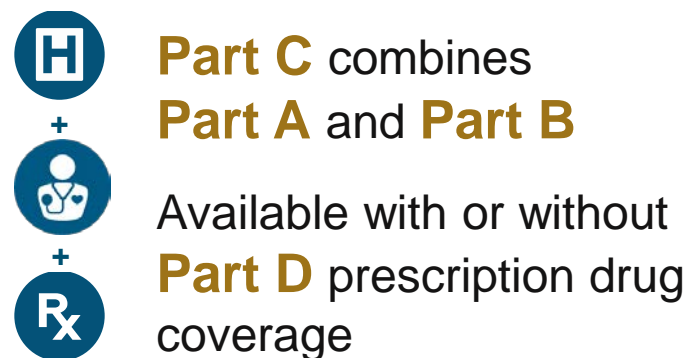
Medicare is made up of different parts, each handling different types of health care services or supplies.

Original Medicare



OR

Medicare Advantage Plan



Blue Medicare Options

BlueMedicare AdvantageSM

Medicare Advantage HMO and PPO plans that replace Original Medicare

Healthy**Blue**+MedicareSM

(D-SNP*) An HMO Medicare Advantage plan with prescription drug benefits that works with your Medicaid benefits

BlueMedicare RxSM (PDP)

Medicare Prescription Drug coverage

BlueMedicare SupplementSM

Medicare Supplement plans that fill the gaps Original Medicare does not cover

Dental**Blue**
for Individuals™

Dental coverage to help protect your dental health

Note: For our Blue Medicare Supplement plan, neither Blue Cross NC nor its agents are endorsed by or affiliated with the U.S. government or the federal Medicare program. Blue Medicare Advantage plans are available in 89 counties across NC.

* Dual-Eligible Special Needs Plan. 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 contract with the North Carolina Medicaid program. Enrollment in Blue Cross and Blue Shield of North Carolina Senior Health depends upon contract renewal. To join Healthy Blue + Medicare, you must qualify for both Medicare and Medicaid.



Blue Medicare AdvantageSM

Blue Medicare HMOSM

Blue Medicare Medical OnlySM (HMO)

Blue Medicare EssentialSM (HMO)

Blue Medicare Essential PlusSM (HMO)

Blue Medicare ChoiceSM (HMO)

Blue Medicare EnhancedSM (HMO)

Blue Medicare PPOSM

Blue Medicare PPO EnhancedSM

Blue Medicare Options

Blue Medicare Medical Only™

	In-Network
Plan premium¹	\$0
PCP / Specialist	\$20 / \$40
Inpatient hospital per day (up to 6 days)	\$335
Outpatient hospital facility / ambulatory surgical center	\$325 / \$225
Diagnostic tests, lab work and X-rays	\$0-\$300 (Copay varies with service)
Covered diabetic supplies	\$0
Emergency room visit (worldwide)	\$90
Out-of-pocket maximum	\$4,400
Part D Rx (PDP)	Not covered
Routine vision eyewear / Dental allowances	\$100 / \$300

Notes: Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. This information is not a complete description of benefits. Limitations, copayments and restrictions may apply. For more information, call Customer Service for HMO at 1-888-310-4110 (TTY 711), and for PPO call 1-877-494-7647 (TTY 711).

Footnote:

¹ You must continue to pay your Medicare Part B premium.

Blue Medicare Options

Blue Medicare EssentialSM

In-Network	
Plan premium ¹	\$0
PCP / Specialist	\$10 / \$50
Inpatient hospital per day (up to 6 days)	\$335
Outpatient hospital facility / ambulatory surgical center	\$335 / \$275
Diagnostic tests, lab work and X-rays	\$0-\$300 (Copay varies with service)
Covered diabetic supplies	\$0
Emergency room visit (worldwide)	\$90
Out-of-pocket maximum	\$6,700
Part D Rx (PDP)	Covered
Routine vision eyewear / Dental allowances	\$100 / \$250

Notes: The formulary, pharmacy network and/or provider network may change at any time. You'll receive notice when necessary. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. This information is not a complete description of benefits. Limitations, copayments and restrictions may apply. For more information, call Customer Service for HMO at 1-888-310-4110 (TTY 711), and for PPO call 1-877-494-7647 (TTY 711).

Footnote:

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Blue Medicare Options

Blue Medicare Essential PlusSM (001, 002, 004, 005)

	In-Network
Plan premium¹	\$0; \$0; \$19; \$39
PCP / Specialist	\$0 / \$45
Inpatient hospital per day (up to 6 days)	\$335
Outpatient hospital facility / ambulatory surgical center	\$335 / \$275
Diagnostic tests, lab work and X-rays	\$0-\$300 (Copay varies with service)
Covered diabetic supplies	\$0
Emergency room visit (worldwide)	\$90
Out-of-pocket maximum	\$4,200; \$5,400; \$6,700; \$6,700
Part D Rx (PDP)	Covered
Routine vision eyewear / Dental allowances	\$200 / \$325

Notes: The formulary, pharmacy network and/or provider network may change at any time. You'll receive notice when necessary. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. This information is not a complete description of benefits. Limitations, copayments and restrictions may apply. For more information, call Customer Service for HMO at 1-888-310-4110 (TTY 711), and for PPO call 1-877-494-7647 (TTY 711).

Footnote:

¹ You must continue to pay your Medicare Part B premium.

Blue Medicare Options

Blue Medicare ChoiceSM

In-Network	
Plan premium¹	\$0
PCP / Specialist	Tier1: \$0; All others: \$35 Specialist: \$40
Inpatient hospital per day (up to 6 days)	\$335
Outpatient hospital facility / ambulatory surgical center	\$335 / \$275
Diagnostic tests, lab work and X-rays	\$0-\$300 (Copay varies with service)
Covered diabetic supplies	\$0
Emergency room visit (worldwide)	\$90
Out-of-pocket maximum	\$3,900
Part D Rx (PDP)	Covered
Routine vision eyewear / Dental allowances	\$200 / \$325

Notes: The formulary, pharmacy network and/or provider network may change at any time. You'll receive notice when necessary. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. This information is not a complete description of benefits. Limitations, copayments and restrictions may apply. For more information, call Customer Service for HMO at 1-888-310-4110 (TTY 711), and for PPO call 1-877-494-7647 (TTY 711).

Footnote:

¹ You must continue to pay your Medicare Part B premium.

Blue Medicare Options

Blue Medicare EnhancedSM (001, 002, 003)

	In-Network
Plan premium¹	\$39; \$49; \$75
PCP / Specialist	\$0 / \$40
Inpatient hospital per day (up to 6 days)	\$335
Outpatient hospital facility / ambulatory surgical center	\$300 / \$200
Diagnostic tests, lab work and X-rays	\$0-\$300 (Copay varies with service)
Covered diabetic supplies	\$0
Emergency room visit (worldwide)	\$90
Out-of-pocket maximum	\$3,900; \$4,900; \$5,500
Part D Rx (PDP)	Covered
Routine vision eyewear / Dental allowances	\$200 / \$325

Notes: The formulary, pharmacy network and/or provider network may change at any time. You'll receive notice when necessary. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. This information is not a complete description of benefits. Limitations, copayments and restrictions may apply. For more information, call Customer Service for HMO at 1-888-310-4110 (TTY 711), and for PPO call 1-877-494-7647 (TTY 711).

Footnote:

¹ You must continue to pay your Medicare Part B premium.



Blue Medicare Options

Blue Medicare PPO EnhancedSM (001, 002)

In-Network	
Plan premium ¹	\$59; \$69
PCP / Specialist	\$10 / \$50
Inpatient hospital per day (up to 6 days)	\$335
Outpatient hospital facility / ambulatory surgical center	\$300 / \$200
Diagnostic tests, lab work and X-rays	\$0-\$300 (Copay varies with service)
Covered diabetic supplies	\$0
Emergency room visit (worldwide)	\$90
Out-of-pocket maximum	\$5,900
Part D Rx	Covered
Routine vision eyewear / Dental allowances	\$200 / \$325

Notes: The formulary, pharmacy network and/or provider network may change at any time. You'll receive notice when necessary. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. This information is not a complete description of benefits. Limitations, copayments and restrictions may apply. For more information, call Customer Service for HMO at 1-888-310-4110 (TTY 711), and for PPO call 1-877-494-7647 (TTY 711).

Footnote:

1 You must continue to pay your Medicare Part B premium.



Is My Preventive Care Covered?

- Routine physical exams by your primary care physician of record are covered annually at 100% with no copayment, including:
 - Mammograms
 - Prostate cancer screenings
 - Bone mass measurements
 - Colorectal screenings
 - HIV screenings
- You pay a \$25 copayment for one routine vision exam
- There is a \$200 annual limit on vision eyewear*

Note: * A \$100 limit for Medical Only and Essential plans.



When Can I Enroll in Medicare?

Medicare Advantage plans must follow the Centers for Medicare and Medicaid Services (CMS) guidelines regarding enrollment periods for Medicare-eligible enrollees.

- **Initial Coverage Election Period (ICEP):** For those new to Medicare
- **Annual Election Period (AEP):** October 15th – December 7th
- **Medicare Advantage Open Enrollment Period:** January 1st – March 31st
 - This period of time allows people with Medicare Advantage (MA) to switch to another MA plan or go back to Original Medicare
- **Special Enrollment Periods (SEP):** Allows Medicare beneficiaries to enroll, disenroll or change plans during situations that fall outside of the above CMS-specified enrollment periods

Supplemental Benefits



Vision Services

Coverage for eye exams plus an allowance for eyewear.



Dental Services

Dental allowance for preventive care including exams and X-rays.



Over-the-Counter Products Allowance

Convenient debit card with \$25 quarterly allowance that can be used at many participating retail locations or online.



Meals Benefit

Post-discharge meal program offers two meals per day for 14 days.*

Note: * Mom's Meals is an independent company providing meal delivery services on behalf of Blue Cross NC. Mom's Meals does not offer Blue Cross or Blue Shield products or services.

Supplemental Benefits



Travel Program

Blue Medicare PPO Travel Program:

- Covers members for emergency services in the United States and around the world.
- Enables members traveling in more than 40 states and Puerto Rico to use the networks of other participating Blue Medicare Advantage PPO plans.

For more information and an up-to-date list of states included in the program, contact Blue Cross NC or your Authorized Agent.



Supplemental Benefits



Healthy Aging and Exercise Program:

- A no-cost membership at a fitness facility or exercise center near you
- The convenience of choosing up to 2 Home Fitness kits each year to work out in the comfort of your home
- Select 1 Stay Fit kit each year. Choices include a Wearable Fitness Tracker kit, Yoga kit or Strength kit. All are available at no extra cost.

The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit and the Silver&Fit logo are trademarks of ASH and used with permission herein. ASH is an independent company that is solely responsible for fitness services it is providing. ASH does not offer Blue Cross or Blue Shield products or services. You should consult with your doctor before taking part in a fitness program. All programs and services are not available in all areas. This program may change or be discontinued at any time.



Supplemental Benefits



Hearing Aid Program:

- Up to two hearing aids, one per ear per year
- A hearing exam with a \$0 copay
- A TruHearing provider will consult with you to determine the best type and style of hearing aid to address your lifestyle and unique hearing needs

TruHearing is a registered trademark of TruHearing, Inc. TruHearing is an independent company and does not offer Blue Cross and Blue Shield products or services. This program may change or be discontinued at any time.



How Does Medicare Prescription Drug Coverage (Part D) Work?

- Everyone eligible for Medicare is eligible for Part D
- Most of our Medicare Advantage plans cover your prescription needs
- Prescriptions filled at out-of-network pharmacies will only be covered in limited, non-routine circumstances
- Blue Cross NC offers greater savings when you use our preferred pharmacy network



Medicare Prescription Drug Coverage (Part D)*

While most Medicare Prescription Drug Coverage plans are similar in benefits, not all formularies are the same.

- Our plans cover many generic, brand-name and specialty drugs covered by Medicare
- Our formularies cover many vaccines, including the shingles vaccine
- Lower copayments on drugs obtained through our preferred mail order or retail pharmacies
- Insulin and certain medical supplies associated with insulin injection are covered
- There are some drugs that may require prior authorization or are limited in quantity; these are indicated in our formulary
- There are some drugs that don't meet the government's definition of a Part D drug, so those are excluded from coverage for all Part D plans

Footnote: * Medicare Part B drugs are not included. They are covered under the medical portion of the plan and are subject to coinsurance. This includes infusions, injectables and cancer drugs used for chemotherapy.

Medicare Prescription Drug Coverage (Part D)* *continued*

- People with limited incomes may qualify for **Extra Help** to pay for their prescription drug costs. If you qualify, Medicare could pay for up to 75% or more of your drug costs, including monthly prescription drug premiums, annual deductibles and coinsurance.
- Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are not aware they are eligible for these savings.

For more information about the **Extra Help** program, contact:

- Your local Social Security Office or
- Call 1-800-MEDICARE (1-800-633-4227), TTY: 1-877-486-2048
24 hours per day, 7 days per week

Footnote: * Medicare Part B drugs are not included. They are covered under the medical portion of the plan and are subject to coinsurance. This includes infusions, injectables and cancer drugs used for chemotherapy.

What Are The Drug Benefits?

	Essential	Essential Plus	Choice and Enhanced	PPO Enhanced
Annual Deductible	\$375 (Tiers 4 & 5)	\$195 (Tiers 4 & 5)	\$0 (Tiers 1 – 6)	\$0 (Tiers 1 – 6)
Tier 1: Preferred Generic	\$3	\$0	\$0	\$0
Tier 2: Generic	\$10	\$10	\$6	\$6
Tier 3: Preferred Brand	\$37	\$37	\$37	\$37
Tier 4: Non-Preferred Drug	36%	41%	45%	45%
Tier 5: Specialty Tier	26%	29%	33%	33%
Tier 6: Select Care Drug	\$0	\$0	\$0	\$0

Notes: Amounts noted are based on a 30-day supply if purchased at a preferred pharmacy. The formulary, pharmacy network and/or provider network may change at any time. You'll receive notice when necessary. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. This information is not a complete description of benefits. Contact the plan for more information.



How Do Drug Benefits Work?

Our Preferred Pharmacy Network includes many chains and local pharmacies including: Walgreens, Walmart, EPIC and other local pharmacy networks. See our pharmacy directory for a complete listing.

Deductible Stage

You pay up to your deductible, if applicable.

Initial Coverage Stage

You pay copayments or coinsurance, if applicable, until drug costs reach \$4,130.

Coverage Gap Stage

(after drug costs reach \$4,130)

\$0 copay for Tier 6 drugs,
25% coinsurance for all other generics and
25% coinsurance for brand-name drugs for
HMO / PPO Enhanced plans.

Catastrophic Stage

(after you have paid \$6,550 out-of-pocket)

The greater of \$3.70 for generics,
\$9.20 for brand-name or 5% coinsurance.



What Else Do I Need To Know?

- Types of in-network pharmacies include: preferred retail, retail, preferred mail order, long-term care and home infusion.
 - You may pay more when going to a non-preferred pharmacy. See our Summary of Benefits for more information.
 - For some drugs, there are requirements which include Prior Approval (PA), Quantity Limit (QL) and Step Therapy (ST) programs.
-

For additional information about the formulary or network pharmacies, contact:

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

Hours: 7 days a week, 8 a.m. – 8 p.m.

Address: P.O. Box 17509, Winston-Salem, NC 27116

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

What Are the Eligibility Requirements to Enroll in a Medicare Advantage Plan?

- Must be entitled to Medicare Part A
- Must be enrolled in Medicare Part B
- Must continue to pay your Part B premium
- Must reside in the service area



How Do I Enroll in a Medicare Advantage Plan?

- Choose a plan that best fits your needs and your budget
- Complete the enrollment application
- Check the appropriate box beside the Medicare Advantage plan you want, and sign and date the application
- Give your completed application to the agent assisting you
- You will receive confirmation of your enrollment request via mail, and Medicare will be notified of your enrollment



What Can Blue Cross NC Offer Me?

- **Ease**
 - Medical benefits and Medicare prescription drug coverage in ONE plan
 - Claims paid in an accurate and timely manner
- **Affordability**
 - Low premiums, copayments and predictable costs for doctor and specialist visits
- **Stability**
 - Blue Cross NC is a local company, trusted for more than 87 years
- **Local Customer Service**



Ask Blue Cross NC or your
Authorized Agent for an
enrollment kit.

Out-of-network/noncontracted providers are under no obligation to treat members, except in emergency situations. 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.

Blue Cross and Blue Shield of North Carolina complies with applicable federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, age, mental or physical disability, health status, claims experience, medical history, genetic information, evidence of insurability, sexual orientation or source of payment.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-665-8037 (TTY: 711)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-665-8037 (TTY: 711)。

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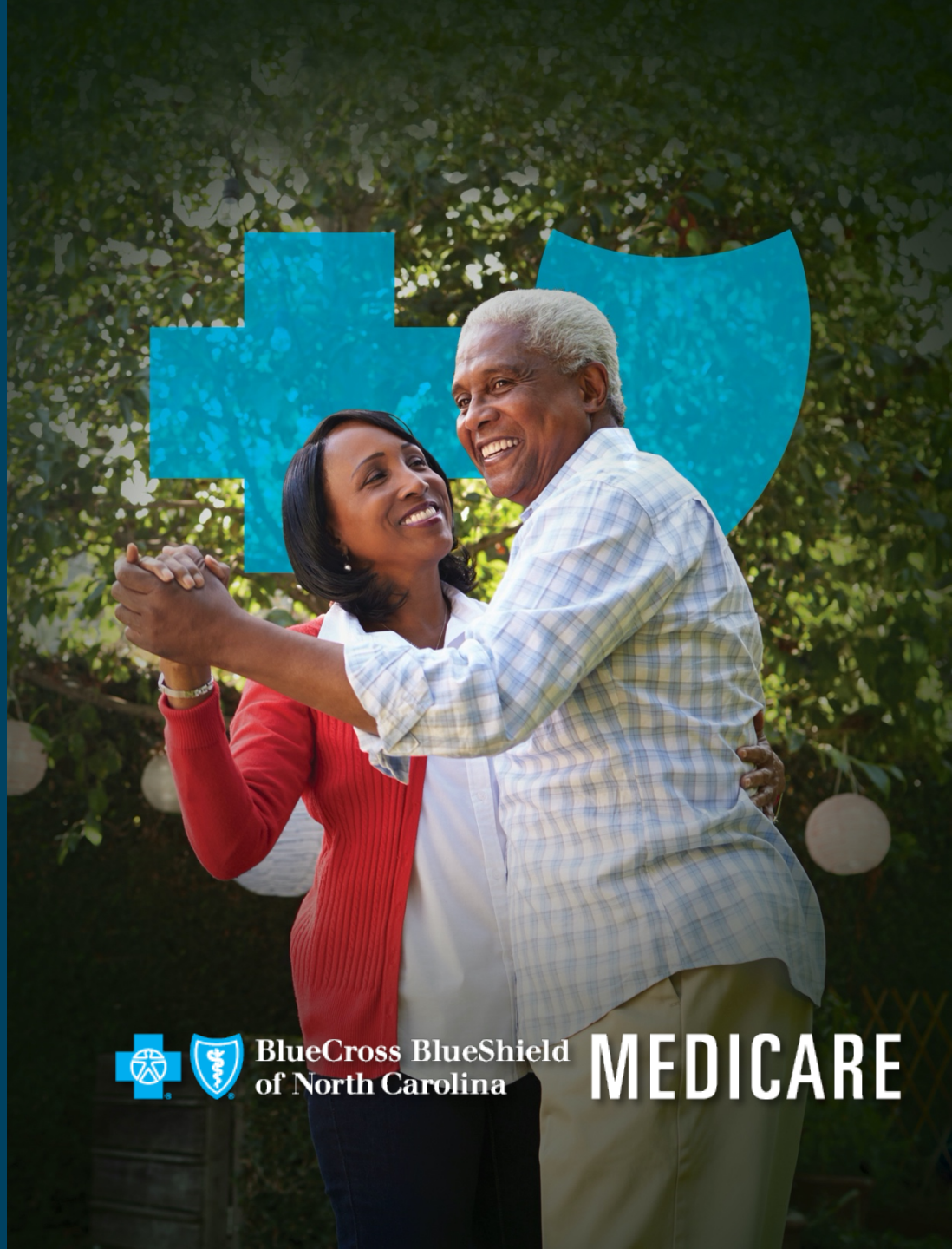
Questions

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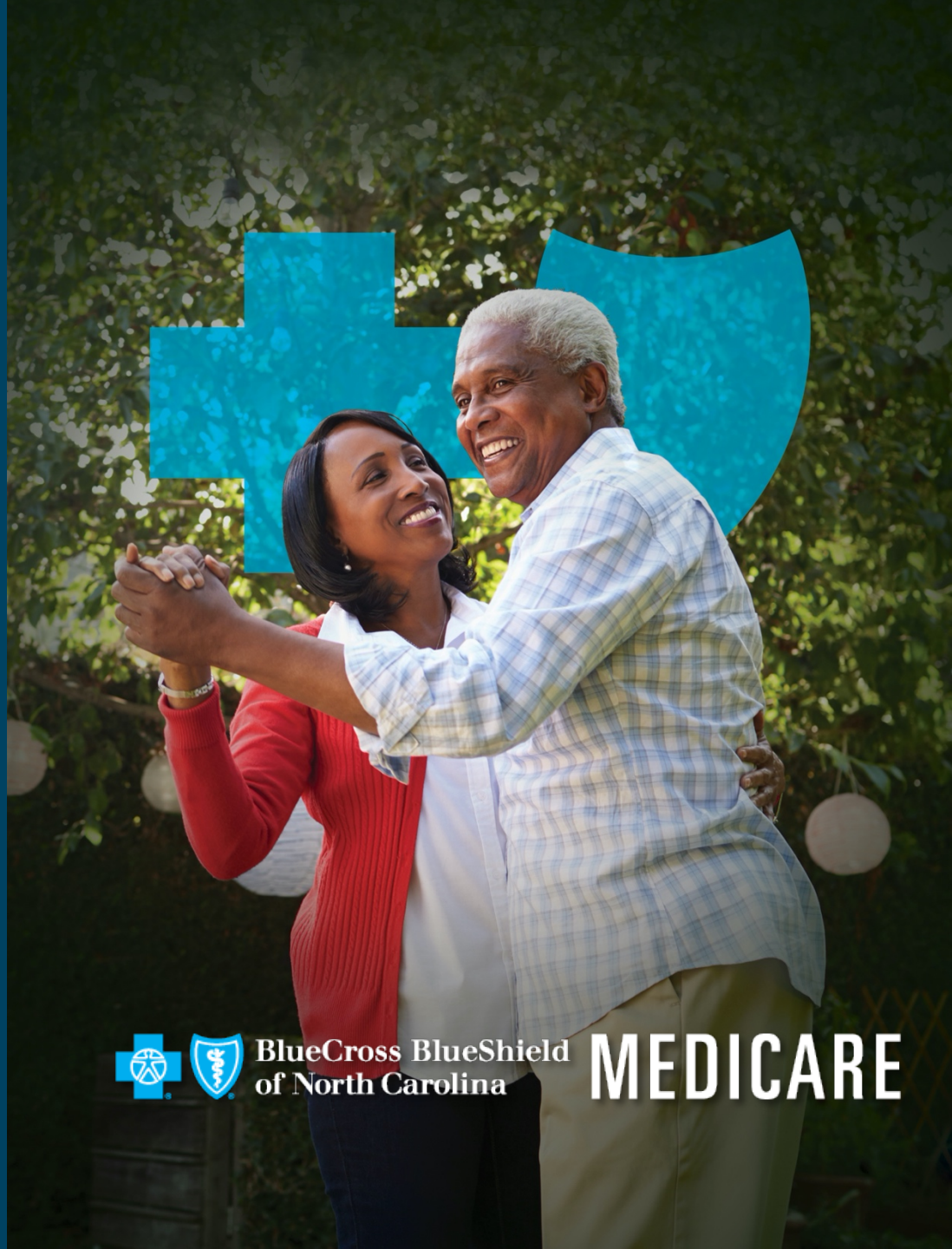
Thank You

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