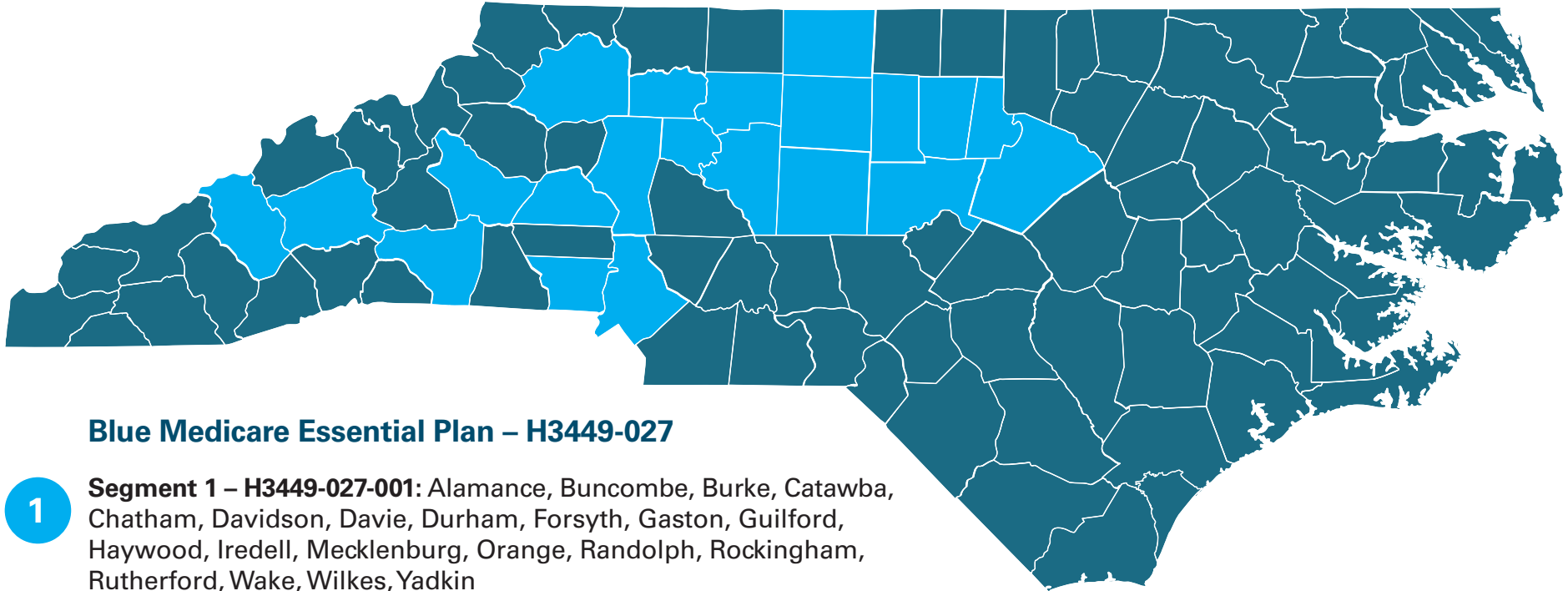


# Essential Plan



## Blue Medicare Essential Plan – H3449-027


1

**Segment 1 – H3449-027-001:** Alamance, Buncombe, Burke, Catawba, Chatham, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Haywood, Iredell, Mecklenburg, Orange, Randolph, Rockingham, Rutherford, Wake, Wilkes, Yadkin

2


**Segment 2 – H3449-027-002:** Alexander, Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Bladen, Brunswick, Cabarrus, Caldwell, Camden, Carteret, Caswell, Cherokee, Chowan, Clay, Cleveland, Columbus, Craven, Cumberland, Currituck, Dare, Duplin, Edgecombe, Franklin, Gates, Graham, Granville, Greene, Halifax, Harnett, Henderson, Hertford, Hoke, Hyde, Jackson, Johnston, Jones, Lee, Lenoir, Lincoln, Macon, Madison, Martin, McDowell, Mitchell, Montgomery, Moore, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Person, Pitt, Polk, Richmond, Robeson, Rowan, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Tyrrell, Union, Vance, Warren, Washington, Watauga, Wayne, Wilson, Yancey


# Blue Medicare Essential Plan

 Plan Benefits		Segment 1 H3449-027-001	Segment 2 H3449-027-002
<b>Premium</b>		\$0	\$0
<b>Annual maximum out-of-pocket</b>	<b>In-network:</b>	\$8,300	\$8,300
<b>Physician</b>	<b>Primary Care Provider:</b>	\$5	\$10
	<b>Specialist:</b>	\$45	\$45
<b>Hospital</b>	<b>Days 1–5:</b>	\$335	\$335
	<b>Additional unlimited days:</b>	\$0	\$0
<b>Outpatient surgery</b>	<b>Outpatient Hospital:</b>	\$295	\$345
	<b>Ambulatory Surgical Center:</b>	\$275	\$275
<b>Skilled nursing facility</b>	<b>Days 1–20:</b>	\$0	\$0
	<b>Days 21–60:</b>	\$203	\$203
	<b>Days 61–100:</b>	\$0	\$0

# Blue Medicare Essential Plan



 Plan Benefits	<b>Segment 1 H3449-027-001</b>	<b>Segment 2 H3449-027-002</b>
<b>Diagnostic Services/Labs/Imaging*</b>	\$0–\$300	\$0–\$300
<b>Ground &amp; Air Ambulance</b>	\$275	\$275
<b>Emergency room</b>	\$100	\$100
<b>Urgent care</b>	\$55	\$55
<b>Medicare-covered eye exam</b>	\$25 copay	\$25 copay

 Additional Plan Benefits	<b>Segment 1 H3449-027-001</b>	<b>Segment 2 H3449-027-002</b>
<b>Healthy Aging and Exercise Program</b>	\$0	\$0
<b>Hearing aids</b> (1 per ear per year)	\$699–\$999 copay	\$699–\$999 copay
<b>Vision allowance</b> (routine prescription eyewear)	\$100 per year	\$100 per year
<b>Glaucoma Screening &amp; Diabetic Eye Exam</b>	\$0 copay	\$0 copay
<b>Preventive dental</b> (limits apply)	\$0 copay	\$0 copay
<b>Meals</b> (post-discharge)	2 per day for 14 days	2 per day for 14 days
<b>Part B Premium Reduction</b>	\$60 monthly	\$60 monthly

\*Actual charge will depend on specific service.

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# Blue Medicare Essential Plan

Rx Prescription Benefits		Segment 1 H3449-027-001	Segment 2 H3449-027-002
<b>Has Gap coverage?</b>		Yes	Yes
<b>Rx deductible</b>		\$375	\$375
<b>Rx deductible applies to ...</b>		Tiers 4 & 5	Tiers 4 & 5
<b>Preferred Rx – 30 day supply</b>	<b>Tier 1: Preferred generic</b>	\$0	\$0
	<b>Tier 2: Generic</b>	\$6	\$6
	<b>Tier 3: Preferred brand</b>	\$45	\$45
	<b>Tier 4: Non-preferred drug</b>	\$99	\$99
	<b>Tier 5: Specialty</b>	27%	27%
	<b>Tier 6: Select care</b>	\$0	\$0
<b>Preferred Mail Order</b>	For a 90 day supply, you pay \$0 copay for Tiers 1, 2 and 6; for Tiers 3 and 4, after deductible is met, you pay up to 2 times the copay at a Preferred Mail Order pharmacy.		