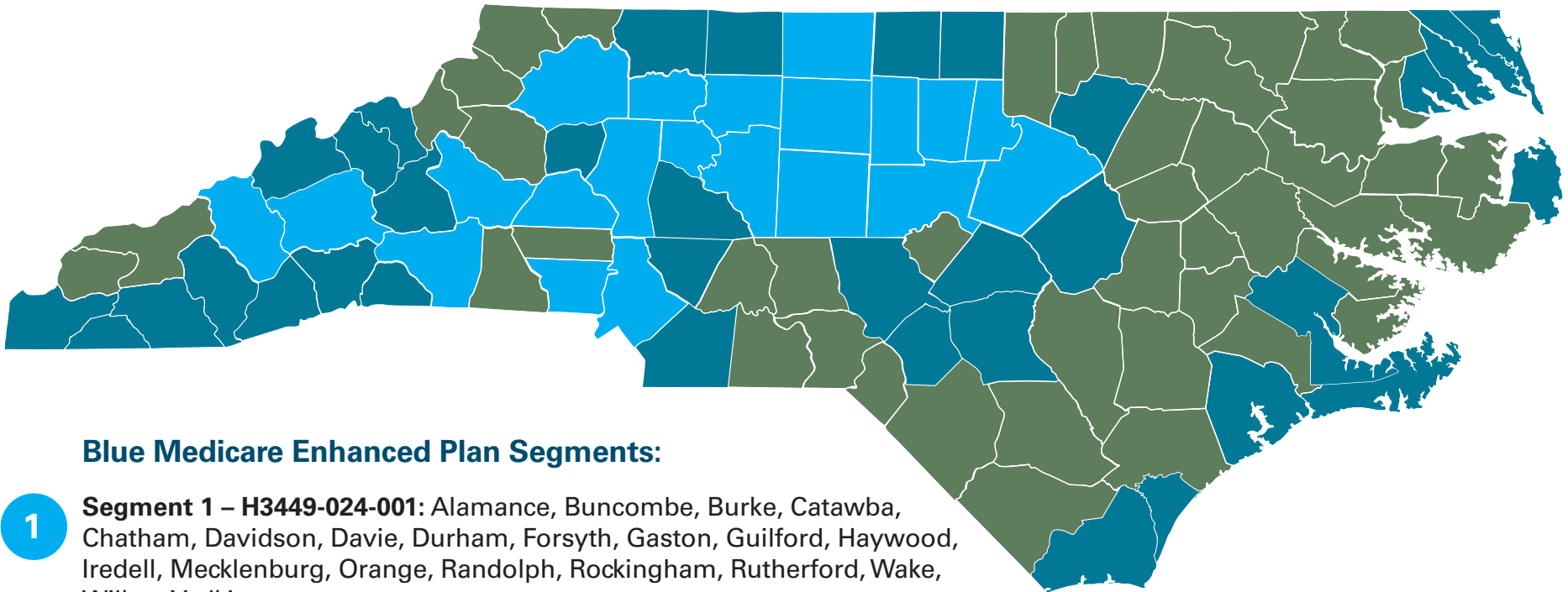


# Enhanced Plan



## Blue Medicare Enhanced Plan Segments:

1

**Segment 1 – H3449-024-001:** Alamance, Buncombe, Burke, Catawba, Chatham, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Haywood, Iredell, Mecklenburg, Orange, Randolph, Rockingham, Rutherford, Wake, Wilkes, Yadkin

2

**Segment 2 – H3449-024-002:** Alexander, Brunswick, Cabarrus, Camden, Carteret, Caswell, Cherokee, Clay, Craven, Cumberland, Currituck, Dare, Franklin, Harnett, Henderson, Hoke, Jackson, Johnston, Macon, Madison, McDowell, Mitchell, Moore, New Hanover, Onslow, Pasquotank, Perquimans, Person, Polk, Rowan, Stokes, Surry, Transylvania, Union, Yancey

3


**Segment 3 – H3449-024-003:** Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Bladen, Caldwell, Chowan, Cleveland, Columbus, Duplin, Edgecombe, Gates, Graham, Granville, Greene, Halifax, Hertford, Hyde, Jones, Lee, Lenoir, Lincoln, Martin, Montgomery, Nash, Northampton, Pamlico, Pender, Pitt, Richmond, Robeson, Sampson, Scotland, Stanly, Swain, Tyrrell, Vance, Warren, Washington, Watauga, Wayne, Wilson


# Blue Medicare Enhanced Plan

Plan Benefits		Segment 1 H3449-024-001	Segment 2 H3449-024-002	Segment 3 H3449-024-003
<b>Premium</b>		\$19	\$34	\$45
<b>Annual maximum out-of-pocket</b>	<b>In-network:</b>	\$3,150	\$3,150	\$3,400
<b>Physician</b>	<b>Primary Care Provider:</b>	\$0	\$0	\$0
	<b>Specialist:</b>	\$15	\$15	\$15
<b>Hospital</b>	<b>Days 1–5:</b>	\$335	\$335	\$335
	<b>Additional unlimited days:</b>	\$0	\$0	\$0
<b>Outpatient surgery</b>	<b>Outpatient Hospital:</b>	\$295	\$295	\$295
	<b>Ambulatory Surgical Center:</b>	\$200	\$200	\$200
<b>Skilled nursing facility</b>	<b>Days 1–20:</b>	\$0	\$0	\$0
	<b>Days 21–60:</b>	\$203	\$203	\$203
	<b>Days 61–100:</b>	\$0	\$0	\$0

# Blue Medicare Enhanced Plan



 Plan Benefits	Segment 1 H3449-024-001	Segment 2 H3449-024-002	Segment 3 H3449-024-003
<b>Diagnostic Services/Labs/Imaging*</b>	\$0-\$300	\$0-\$300	\$0-\$300
<b>Ground &amp; Air Ambulance</b>	\$250	\$250	\$250
<b>Emergency room</b>	\$135	\$135	\$135
<b>Urgent care</b>	\$60	\$60	\$60
<b>Medicare-covered eye exam</b>	\$15 copay	\$15 copay	\$15 copay

 Additional Plan Benefits	Segment 1 H3449-024-001	Segment 2 H3449-024-002	Segment 3 H3449-024-003
<b>Healthy Aging and Exercise Program</b>	\$0	\$0	\$0
<b>Hearing aids</b> (1 per ear per year)	\$699-\$999 copay	\$699-\$999 copay	\$699-\$999 copay
<b>Vision allowance</b> (routine prescription eyewear)	\$300 per year	\$300 per year	\$300 per year
<b>Glaucoma Screening &amp; Diabetic Eye Exam</b>	\$0 copay	\$0 copay	\$0 copay
<b>Dental allowance</b> (preventive and comprehensive)	\$2,000 combined OON at 20%	\$2,000 combined OON at 20%	\$2,000 combined OON at 20%
<b>Meals</b> (post-discharge)	2 per day for 14 days	2 per day for 14 days	2 per day for 14 days
<b>OTC allowance</b>	\$105 per quarter	\$105 per quarter	\$95 per quarter
<b>Home Safety Devices</b> (2 per year)**	\$0 copay	\$0 copay	\$0 copay

\*Actual charge will depend on specific service. \*\*Devices must be ordered from approved product list using designated provider.

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# Blue Medicare Enhanced Plan

Rx Prescription Benefits		All Segments
Has Gap coverage?		Yes
Rx deductible		\$0
Rx deductible applies to ...		No deductible
Preferred Rx – 30 day supply	Tier 1: Preferred generic	\$0
	Tier 2: Generic	\$6
	Tier 3: Preferred brand	\$45
	Tier 4: Non-preferred drug	\$99
	Tier 5: Specialty	33%
	Tier 6: Select care	\$0
Preferred Mail Order	For a 90 day supply, you pay \$0 copay for Tiers 1, 2 and 6; for Tiers 3 and 4, you pay up to 2 times the copay at a Preferred Mail Order pharmacy.	