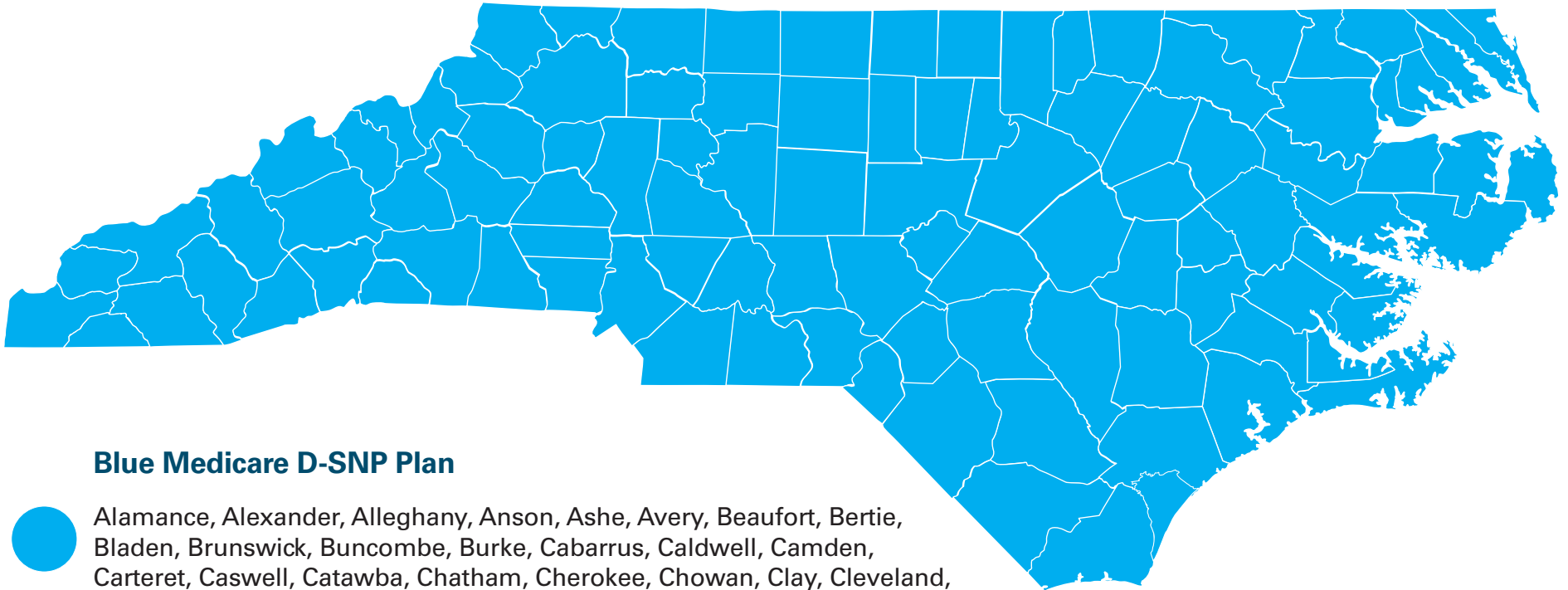


D-SNP Plan



Blue Medicare D-SNP Plan

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

D-SNP Plan

Plan Benefits		H9147-001
Premium		\$0
Annual maximum out-of-pocket		\$8,850
Physician	Primary Care Provider:	\$0 copay
	Specialist:	\$0 copay
Hospital*	Days 1–90:	\$0 copay
	Outpatient Hospital:	\$0 copay
Outpatient surgery	Ambulatory Surgical Center:	\$0 copay
	Skilled nursing facility**	Days 1–100:


Unless otherwise noted, these are in-network benefits.

*Our plan covers 60 “lifetime reserve days.” These are extra days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

**Our plan covers up to 100 days in a Skilled Nursing Facility.

D-SNP Plan




 Plan Benefits		H9147-001
Diagnostic Services/Labs/Imaging*		\$0 copay
Ground & Air Ambulance*		\$0 copay
Emergency room		\$0 copay
Urgent care		\$0 copay
Vision care	Routine eye exam:	\$0 copay, 1 per year
	Eyewear allowance:	\$400 per year

Unless otherwise noted, these are in-network benefits.

*May require prior authorization.

For agent use only.


D-SNP Plan

 Additional Plan Benefits	H9147-001
Healthy Aging and Exercise Program	\$0 copay
Hearing aids (\$3,000 maximum plan benefit per year)	\$0 copay
Dental allowance (preventative and comprehensive): Unlimited plan benefit combined OON on covered dental services	\$0 copay
Meals (post-discharge)	Two per day for 14 days
OTC/healthy food/household supplies allowance	\$257 per month

Unless otherwise noted, these are in-network benefits.

D-SNP Plan



 Prescription Benefits		Blue Medicare D-SNP Plan – H9147-001
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	\$0
	Tier 3: Preferred brand	\$0
	Tier 4: Non-preferred drug	\$0
	Tier 5: Specialty	\$0
	Tier 6: Select care	\$0

Unless otherwise noted, these are in-network benefits.