



## 2024 Summary of Benefits

### Healthy **Blue** + Medicare<sup>SM</sup> (HMO-POS D-SNP)

H9147-001

This is a summary of health services and prescription drug coverage that is covered under Healthy Blue + Medicare (HMO-POS D-SNP) for **January 1, 2024 – December 31, 2024**.

- The benefits information provided is a summary of what we cover and what you pay. This information is not a complete description of benefits. Visit [Medicare.BlueCrossNC.com/forms-library](https://www.Medicare.BlueCrossNC.com/forms-library) and click on the Evidence of Coverage tab.
- Healthy Blue + Medicare has a network of doctors, hospitals, pharmacies and other providers. If you use providers that are not in our network, the plan may not pay for their services.
- Cost sharing may vary depending on the pharmacy you choose. For more information on the additional pharmacy-specific cost sharing, please call us or access our Evidence of Coverage online.
- Blue Cross and Blue Shield of North Carolina Senior Health DBA Blue Cross and Blue Shield of North Carolina is an HMO-POS D-SNP plan with a Medicare contract and a NC State Medicaid Agency Contract (SMAC). Enrollment in Blue Cross and Blue Shield of North Carolina Senior Health depends upon contract renewal.
- For more information about Original Medicare or to request the *Medicare & You* handbook from Medicare, call 1-800-MEDICARE (1-800-633-4227), TTY: 1-877-486-2048, 7 days a week, 24 hours a day. Or visit [Medicare.gov](https://www.Medicare.gov).
- For more details, or to request an Evidence of Coverage, contact Blue Cross NC at **1-800-400-8745** (toll free), TTY users dial 711, 7 days a week, 8 a.m. – 8 p.m. Access online at [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com) or call your Blue Cross NC Authorized Independent Agent.

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Y0079\_12194\_M CMS Accepted 09042023  
U43436, 8/23

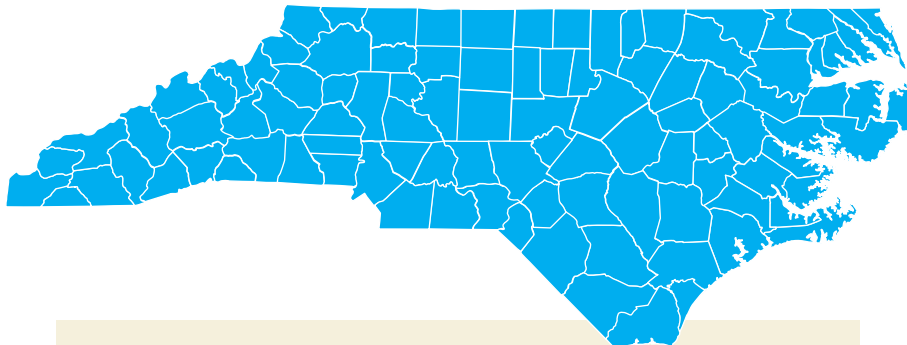
**Medicare**<sup>Rx</sup>  
Prescription Drug Coverage

# Summary of Benefits

## The Healthy Blue + Medicare (HMO-POS D-SNP) Service Area

The Healthy Blue + Medicare plan is available in all 100 counties in North Carolina:

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



**Healthy Blue + Medicare (HMO-POS D-SNP)**  
is available in all 100 North Carolina counties.

**Please note:** To join Healthy Blue + Medicare, you must be eligible to receive qualifying Medicaid benefits from the North Carolina Medicaid program, reside in North Carolina and have both Medicare Part A and Medicare Part B.

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<b>Monthly Premium:</b>	Part B premium is covered by the North Carolina Medicaid program for D-SNP enrollees.	\$0
<b>Deductible:</b>	This plan does not have a medical deductible.	\$0
<b>Annual Maximum Out-of-Pocket Amount:</b>	Does not include prescription drugs. Like all Medicare Advantage health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Services you get from doctors or facilities in our plan go toward your yearly limit. If you reach the \$8,850 limit on out-of-pocket costs, you will not have to pay any out-of-pocket costs for covered Part A and Part B services for the rest of the year due to your cost sharing protection for Medicaid eligibility.	\$8,850
<b>Benefits</b>		
<b>Inpatient Hospital Care:*</b> (Cost share applies per day. Benefit period applied per admission.)	<b>Days 1–90:</b>	\$0 copay
	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. Once you have used the extra 60 days, your inpatient hospital coverage will be limited to 90 days.	
<b>Outpatient Services:*</b>	<b>Outpatient Hospital:</b>	\$0 copay
	<b>Ambulatory Surgical Center:</b>	\$0 copay
<b>Doctor Visit:</b>	<b>Primary:</b>	\$0 copay
	<b>Specialist:*</b>	\$0 copay
<b>Preventive Care:</b>	<b>Screenings:</b>	\$0 copay
	<b>Annual Physical Exam:</b>	\$0 copay

\*May require prior authorization.

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## Benefits

### Emergency Care:

This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$100,000 per year.

**\$0 copay**

### Urgently Needed Services:

Services provided to treat a non-emergency, medical illness, injury or condition that requires immediate medical care.

**\$0 copay**

### Diagnostic Services/ Labs/Imaging:\*

#### Diagnostic Tests and Procedures:

**\$0 copay**

#### Lab Services:

**\$0 copay**

#### Diagnostic Radiological Services:

##### MRI, CT and Other Nuclear Medicine:

**\$0 copay**

##### PET:

**\$0 copay**

##### All Other Services:

**\$0 copay**

#### Therapeutic Radiological Services:

**\$0 copay**

#### X-rays:

**\$0 copay**

### Hearing Services:\*

#### Medicare-Covered Hearing Exam:

Exams to diagnose and treat hearing and balance issues.

**\$0 copay**

#### Routine Hearing Exam and Hearing Aid Evaluation:

One routine hearing exam and hearing aid fitting/evaluation every year. Must use designated providers.

**\$0 copay**

#### Hearing Aids:

\$3,000 maximum plan benefit per year. Must use designated providers.

**\$0 copay**

\*May require prior authorization.

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<b>Dental Services:*</b>	<b>Medicare-Covered Dental Services:**</b>	Does not include services for care, treatment, filling, removal or replacement of teeth.	\$0 copay
	<b>Preventive:</b>	Unlimited allowance for these preventative services: two oral exams, two cleanings, one dental X-ray and one fluoride treatment every year.	\$0 copay
	<b>Comprehensive:**</b>	Unlimited allowance for covered comprehensive dental services every year. We cover more dental care than Original Medicare. You can use your coverage for: fillings, crowns, periodontal root planing and scaling, extractions, dentures and more.	\$0 copay
<b>Vision Services:</b>	<b>Routine Eye Exams:</b>	One exam per calendar year.	\$0 copay
	<b>Routine Prescription Eyewear (Lenses and Frames):</b>	Covers up to <b>\$400</b> for prescription eyeglasses or contact lenses every year.	\$0 copay
	<b>Medicare-Covered Eye Exam:</b>	For the diagnosis and treatment of illnesses and injuries of the eye.	\$0 copay
	<b>Glaucoma Screening and Diabetic Eye Exam:</b>	For people who are at high risk of glaucoma or have diabetes.	\$0 copay
	<b>Eyewear After Cataract Surgery:</b>	One pair of eyeglasses or one pair of contact lenses.	\$0 copay
<b>Mental Health Services:**</b>	<b>Inpatient:</b>	Our plan covers 90 days for an inpatient hospital stay, plus 60 "lifetime reserve days." If your hospital stay is longer than 90 days, you can use these extra days. Once you have used the extra 60 days, your inpatient hospital coverage will be limited to 90 days.	\$0 copay
	<b>Outpatient:</b>	Individual and group therapy sessions.	\$0 copay

\*Service limitations apply. Members also have a \$0 cost share when services are provided by non-participating dentists; however, out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please see the Evidence of Coverage for more information.

\*\*May require prior authorization.

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### Skilled Nursing Facility:\*

Up to 100 days in a Skilled Nursing Facility.

\$0 copay

### Outpatient Rehabilitation Services:\*

#### Cardiac (Heart):

Provides a limit of two, one-hour sessions per day and a maximum of 36 sessions within a 36-week period.

\$0 copay

#### Pulmonary (Lung):

Provides a limit of two, one-hour sessions per day and a maximum of 36 sessions.

\$0 copay

#### Occupational, Physical and Speech Language Therapy:

\$0 copay

### Ambulance Services:\*

Covers medically necessary ground and air ambulance services.

\$0 copay

### Transportation:\*

Offers coverage for unlimited routine transportation services to locations including the grocery store, doctor appointments, fitness centers and more. Each one-way trip is allowed up to 60 miles.

\$0 copay

### Medicare Part B Drugs:\*

**Part B Insulins:** 30-day supply.

\$0 copay

**Chemotherapy and Other Part B Drugs:**

\$0 copay

\*May require prior authorization.

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## Prescription Drug Coverage

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### The amount you pay for drugs in each cost-sharing tier:

**Preferred Generic Drugs:**  
(Tier 1)

\$0 copay

**Generic Drugs:**  
(Tier 2)

\$0 copay

**Preferred Brand Name and Some Generic Drugs:**  
(Tier 3)

\$0 copay

**Non-Preferred Drugs:**  
(Tier 4)

\$0 copay

**Specialty Drugs:**  
(Tier 5)

\$0 copay\*

**Select Care Drugs:**  
(Tier 6)

\$0 copay\*\*

\*Tier 5 drugs limited to 30-day supply.

\*\*Select care drugs include select generic medications used to treat high blood pressure, diabetes, high cholesterol, osteoporosis and rheumatoid arthritis.

Note: You can determine which covered drugs are generic by reading the plan's formulary.



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## Other Covered Benefits

<b>Chiropractic Services:*</b>	<b>Medicare-Covered:</b>	Medicare coverage includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position).	\$0 copay
<b>Podiatry Services:*</b>	<b>Medicare-Covered:</b>	Foot exams and treatment are covered if you have diabetes-related nerve damage and/or meet certain conditions.	\$0 copay
	<b>Routine Services:</b>	Unlimited visits.	\$0 copay
<b>Home Health Care:*</b>		Covered services for homebound beneficiaries.	\$0 copay
<b>Meals Benefit:*</b>		Provides up to two meals a day for 14 days post-discharge from a medical facility. Unlimited occurrences.	\$0 copay
<b>Medical Equipment and Supplies:*</b>	<b>Durable Medical Equipment and Supplies:</b>		\$0 copay
	<b>Prosthetics:</b>		\$0 copay
	<b>Diabetes Supplies:</b>		\$0 copay
<b>Outpatient Substance Use:*</b>		Individual and group therapy visits.	\$0 copay
<b>Over-the-Counter Allowance:</b>		\$257 per month allowance for approved non-prescription OTC drugs and healthy food and household items. Participating retailers include CVS, Walgreens and Walmart. Amount does not roll over month-to-month. Participating retailers are subject to change.	
<b>Personal Emergency Response System (PERS) Coverage:*</b>		Includes the monitoring device and monitoring service.	\$0 copay

\*May require prior authorization.



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## Other Covered Benefits (Continued)

**Renal Dialysis:**

\$0 copay

**Healthy Aging and Exercise Program:**

Must use participating facilities.

\$0 copay\*

**24/7 NurseLine:**

24-hour access to NurseLine, 7 days a week, 365 days a year.

\$0 copay

\*This program includes the Standard network. Premium network may have monthly costs. Some facilities may offer limited hours.