2027 Summary of Benefits

Blue Medicare HMO℠

This is a summary of health services and prescription drug coverage that is covered under Blue Medicare HMO plans for **January 1, 2027 – December 31, 2027**.

Plans:
Medical Only (HMO-POS): H3449-012
Essential (HMO): H3449-027-001, H3449-027-002
Essential Plus (HMO-POS): H3449-023-001, H3449-023-002, H3449-023-004, H3449-023-005

- 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 **BlueCrossNC.com/Members/Medicare/Forms-Library** and click on Evidence of Coverage.
- Blue Medicare HMO 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.
- Out-of-network/non-contracted providers are under no obligation to treat Blue Cross and Blue Shield of North Carolina (Blue Cross NC) 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.
- With an HMO-POS (Point of Service) plan, you can go outside the network for your dental benefits. For dental services obtained out-of-network, benefits vary by plan. Not applicable to all plans.
- Cost sharing may vary depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access your Evidence of Coverage online.
- Plans may offer supplemental benefits in addition to Part C and Part D benefits.
- Blue Cross and Blue Shield of North Carolina is an HMO and HMO-POS plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal.
- For more information about Original Medicare or to request the *Medicare & You* handbook from Medicare, call **800-MEDICARE** (800-633-4227), TTY: 877-486-2048, 7 days a week, 24 hours a day. Or visit **Medicare.gov**.
- For more details, call **800-665-8037** (TTY: 711), current members call **888-310-4110** (TTY: 711), 7 days a week, 8 a.m. – 8 p.m., visit **BlueCrossNC.com/Shop-Plans/Medicare,** or contact your Blue Cross NC Authorized Independent Agent.

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MedicareRx
Prescription Drug Coverage

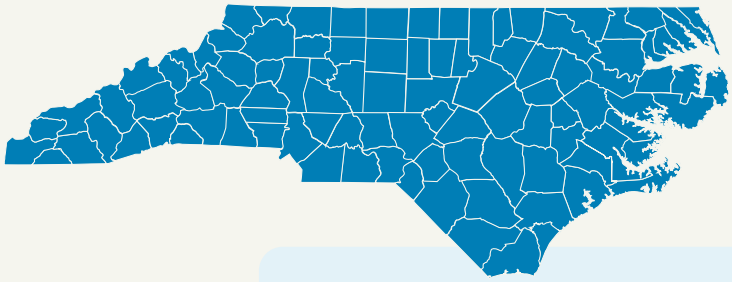
Summary of Benefits

Plan offerings and premiums by county

Blue Medicare Medical Only (HMO-POS) is available in all 100 North Carolina counties.

Blue Medicare Medical Only℠ (HMO-POS) H3449-012 Monthly premium: $0

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	



Blue Medicare Medical Only (HMO-POS) is **available in all 100 North Carolina counties.**

Please note: To join Blue Medicare HMO plans, you must have both Medicare Part A and Medicare Part B and live in our service area.

Summary of Benefits

Blue Medicare Medical Only℠ (HMO-POS)		H3449-012
Monthly Premium:	You must also continue to pay your Medicare Part B premium.	$0
Part B Premium Reduction:	Monthly reduction.	$35 monthly
Deductible:	This plan has no medical deductible.	$0
Annual Maximum Out-of-Pocket Amount:	Does not include prescription drugs.	$3,900
Benefits	**What You Should Know**	
Inpatient Hospital Care:* (Cost share applies per day. Benefit period applied per admission.)	**Days 1–6:**	$295 copay
	Days 7–90:	$0 copay
	Days 91 and beyond:	$0 copay
Outpatient Services:*	**Outpatient Hospital: Per stay.**	$0-$275 copay
	Ambulatory Surgical Center:	$0-$225 copay
Doctor Visit:	**Primary:**	$0 copay
	Specialist:	$25 copay
Preventive Care:	Any additional preventive services approved by Medicare during the contract year will be covered.	$0 copay
Emergency Care:	If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency care. Emergency services are covered worldwide.	$150 copay
Urgently Needed Services:		$65 copay

*May require prior authorization.
Note: This chart shows your portion of the costs.

Summary of Benefits

Blue Medicare Medical Only℠ (HMO-POS)

H3449-012

Benefits	What You Should Know		PCP office	Any other setting
Diagnostic Services/ Labs/ Imaging:*	Diagnostic Tests and Procedures:		$0 copay	$25 copay
	Lab Services:		$0 copay	$25 copay
	Diagnostic Radiological Services:	MRI, CT, and Other Nuclear Medicine:	$0 copay	Lesser of 20% of cost or $150 copay
		PET:	$0 copay	$300 copay
		All Other Services:	$0 copay	$75 copay
	Therapeutic Radiological Services:		$0 copay	Lesser of 20% of cost or $60 copay
	X-rays:		$0 copay	$30 copay
Hearing Services:	Medicare-Covered Hearing Exam:	Exams to diagnose and treat hearing and balance issues.		$20 copay
	Routine Hearing Exam:	One per year.		$0 copay***
	Hearing Aids:	One per ear, per year.		$499–$999 copay***
Dental Services:	Medicare-Covered Dental Services:*	Medicare may pay for certain services when you're in a hospital and need emergency or complicated dental procedures.		$25 copay
	Comprehensive and Preventive Dental:**	**$2,000** combined yearly allowance for services including oral exams, cleanings, X-rays, fillings, extractions, and dentures.		$0 copay***

*May require prior authorization.

**Certain limits apply. For services obtained out-of-network, you will be responsible for 20% of preventive services and 40% of comprehensive services plus any additional costs up to the provider billed amount. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please see Evidence of Coverage for more information.

***Must use designated providers.

Note: This chart shows your portion of the costs.

Summary of Benefits

Blue Medicare Medical Only℠ (HMO-POS)

H3449-012

Benefits		What You Should Know	
Vision Services:	Routine Eye Exam:	One per calendar year.	$0 copay
	Vision Allowance:	**$300** yearly allowance.	$0 copay
	Medicare-Covered Eye Exam:	For the diagnosis and treatment of illnesses and injuries of the eye.	$25 copay
	Glaucoma Screening and Diabetic Eye Exam:	For people who are at high risk of glaucoma or have diabetes.	$0 copay
	Eyewear After Cataract Surgery:	One pair of eyeglasses or one pair of contact lenses.	20% of cost
Mental Health Services:	Inpatient:* (Cost share applies per day. Benefit period applied per admission.)	Days 1–5:	$295 copay
		Days 6–90:	$0 copay
	Outpatient: (Mental health and substance use.)	Individual and group sessions.	$25 copay
Skilled Nursing Facility:*	(Cost share applies per day. Benefit period applied per admission.)	Days 1–20:	$0 copay
		Days 21–100:	$221 copay
Outpatient Rehabilitation Services:	Physical and Speech Language Therapy:		$25 copay
	Occupational Therapy:		$25 copay
	Cardiac Rehab Services:		$20 copay
	Pulmonary Rehab Services:		$15 copay
Ambulance Services:*	Covers medically necessary ground and air ambulance services.		$250 copay
Medicare Part B Drugs:	Part B Insulins: 30-day supply.		$35 copay
	Chemotherapy and Other Part B Drugs:**		0–20% of cost

*May require prior authorization.
**May require prior authorization. Based on Inflation Reduction Act mandates.
Note: This chart shows your portion of the costs.

Summary of Benefits

Blue Medicare Medical Only℠ (HMO-POS)

H3449-012

Other Covered Benefits

Benefits	What You Should Know		
Medicare-Covered Podiatry Services:	Foot care.		$25 copay
Medical Equipment and Supplies:	Durable Medical Equipment and Supplies:*		20% of cost
	Diabetic Shoes or Inserts:		20% of cost
	Diabetes Supplies and Monitors:*	Preferred Brands	$0 copay
		Non-Preferred Brands	20% of cost
Fitness:	Gym memberships at in-network facilities and unlimited access to the digital platform. Must use designated provider (SilverSneakers).		$0 copay
Over-the-Counter Products Allowance:	**$100** quarterly allowance. Must use participating retail locations or designated catalog; no rollover.		$0 copay
Meals Benefit:	Two meals per day for seven days post-discharge.		$0 copay
Support for Caregivers:	Support and resources for non-professional caregivers.		$0 copay
Personal Emergency Response System:	Wearable device with fast access to emergency services.		$0 copay

*May require prior authorization.
Note: This chart shows your portion of the costs.

Summary of Benefits

Plan offerings and premiums by county

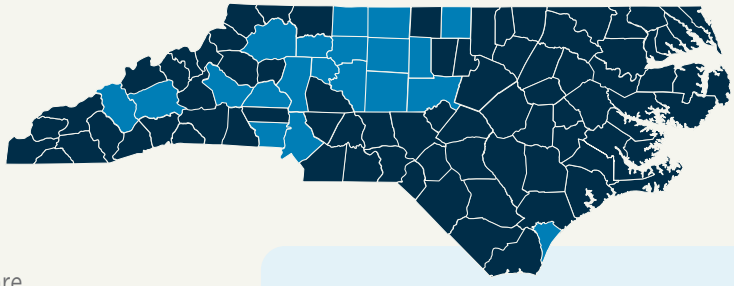
Blue Medicare Essential℠ (HMO) is available in all 100 North Carolina counties.

Blue Medicare Essential℠ (HMO) H3449-027-001 — Monthly premium: $0

Alamance	Chatham	Gaston	Mecklenburg	Rockingham
Buncombe	Davidson	Guilford	New Hanover	Stokes
Burke	Davie	Haywood	Person	Wilkes
Catawba	Forsyth	Iredell	Randolph	Yadkin

Blue Medicare Essential℠ (HMO) H3449-027-002 — Monthly premium: $0

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



Counties where Blue Medicare Essential (HMO) is available:

001 002

Blue Medicare Essential (HMO) is available in all 100 North Carolina counties.

Please note: To join Blue Medicare HMO plans, you must have both Medicare Part A and Medicare Part B and live in our service area.

Summary of Benefits

Blue Medicare Essential℠ (HMO)			H3449-027-001 H3449-027-002
Monthly Premium:	You must also continue to pay your Medicare Part B premium.		$0
Part B Premium Reduction:	Monthly reduction.	001: 002:	$36 monthly $51 monthly
Deductible:	This plan has a Medicare Part B deductible for Chemotherapy and other Part B drugs	001: 002:	$155 $140
Annual Maximum Out-of-Pocket Amount:	Does not include prescription drugs.		$9,850
Benefits	**What You Should Know**		
Inpatient Hospital Care:* (Cost share applies per day. Benefit period applied per admission.)	Days 1–6:		$407 copay
	Days 7–90:		$0 copay
	Days 91 and beyond:		$0 copay
Outpatient Services:*	Outpatient Hospital: **Per stay.**		$0-$475 copay
	Ambulatory Surgical Center:		$0-$300 copay
Doctor Visit:	Primary:	001: 002:	$5 copay $10 copay
	Specialist:		$50 copay
Preventive Care:	Any additional preventive services approved by Medicare during the contract year will be covered.		$0 copay
Emergency Care:	If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency care. Emergency services are covered worldwide.		$115 copay
Urgently Needed Services:			$40 copay

*May require prior authorization.
Note: This chart shows your portion of the costs.

Summary of Benefits

Blue Medicare Essential℠ (HMO)

H3449-027-001
H3449-027-002

Benefits	What You Should Know		PCP office	Any other setting
Diagnostic Services/ Labs/ Imaging:*	Diagnostic Tests and Procedures:		$0 copay	$75 copay
	Lab Services:		$0 copay	$25 copay
	Diagnostic Radiological Services:	MRI, CT, and Other Nuclear Medicine:	$0 copay	Lesser of 20% of cost or $150 copay
		PET:	$0 copay	$300 copay
		All Other Services:	$0 copay	$75 copay
	Therapeutic Radiological Services:		$0 copay	Lesser of 20% of cost or $60 copay
	X-rays:		$0 copay	$30 copay
Hearing Services:	Medicare-Covered Hearing Exam:	Exams to diagnose and treat hearing and balance issues.	001:	$20 copay
			002:	$25 copay
	Routine Hearing Exam:	One per year.		$0 copay**
	Hearing Aids:	One per ear, per year.		$499–$999 copay**
Dental Services:	Medicare-Covered Dental Services:*	Medicare may pay for certain services when you're in a hospital and need emergency or complicated dental procedures.		$50 copay

*May require prior authorization.
**Certain limits apply. Must use designated providers.
Note: This chart shows your portion of the costs.

Summary of Benefits

Blue Medicare Essential℠ (HMO)

H3449-027-001
H3449-027-002

Benefits		What You Should Know	
Vision Services:	Medicare-Covered Eye Exam:	For the diagnosis and treatment of illnesses and injuries of the eye.	$25 copay
	Glaucoma Screening and Diabetic Eye Exam:	For people who are at high risk of glaucoma or have diabetes.	$0 copay
	Eyewear After Cataract Surgery:	One pair of eyeglasses or one pair of contact lenses.	20% of cost
Mental Health Services:	Inpatient:* (Cost share applies per day. Benefit period applied per admission.)	Days 1–5:	$407 copay
		Days 6–90:	$0 copay
	Outpatient: (Mental health and substance use.)	Individual and group sessions.	$50 copay
Skilled Nursing Facility:*	(Cost share applies per day. Benefit period applied per admission.)	Days 1–20:	$0 copay
		Days 21–100:	$221 copay
Outpatient Rehabilitation Services:	Physical and Speech Language Therapy:		$35 copay
	Occupational Therapy:		$35 copay
	Cardiac Rehab Services:		$30 copay
	Pulmonary Rehab Services:		$15 copay

*May require prior authorization.
Note: This chart shows your portion of the costs.

Summary of Benefits

Blue Medicare Essential℠ (HMO)

H3449-027-001
H3449-027-002

Benefits	What You Should Know	
Ambulance Services:*	Covers medically necessary ground and air ambulance services.	$275 copay
Medicare Part B Drugs:	**Part B Insulins:** 30-day supply.**	$35 copay
	Chemotherapy and Other Part B Drugs:**	0–20% of cost

Part D Drug Benefit Stages

H3449-027-001
H3449-027-002

Yearly Deductible Stage:†	**Tiers 1, 2, and 6:** $0 **Tiers 3, 4, and 5:** $700 This is the set amount that you pay before your plan begins to pay its share of the cost. Your deductible does not apply to covered insulin products and most adult Part D vaccines.
Initial Coverage Stage:	**Begins after you pay your yearly deductible.** You generally stay in this stage until your out-of-pocket drug costs reach **$2,400**. The amount you pay in this stage is shown in the chart on the next page.‡
Catastrophic Coverage Stage:	**Begins when your out-of-pocket drug costs reach $2,400.** During this stage, you pay nothing for your covered Part D drugs. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.

* May require prior authorization.
**Part B deductible does not apply to Part B Insulins.
***May require prior authorization. Based on Inflation Reduction Act mandates.
†Deductible rules vary by medicine. Some medicines outside the standard deductible tiers may still have costs applied toward your deductible.
‡Your out-of-pocket drug costs include payments made in the Yearly Deductible Stage and the Initial Coverage Stage.
Note: This chart shows your portion of the costs.

Summary of Benefits

Blue Medicare Essential℠ (HMO)

H3449-027-001
H3449-027-002

Tiers	Preferred Retail Pharmacies		Preferred Mail Order	Standard (Non-Preferred) Pharmacies	
	1 month 30-day supply	3 months 90-day supply	3 months 90-day supply	1 month 30-day supply*	3 months 90-day supply
Tier 1 – Preferred Generic Drugs:	$0 copay	$0 copay	$0 copay	$15 copay	$45 copay
Tier 2 – Generic Drugs:	$4 copay	$12 copay	$0 copay	$20 copay	$60 copay
Tier 3 – Preferred Brand Drugs:	21% of cost	21% of cost	21% of cost	21% of cost	21% of cost
Tier 4 – Non-Preferred Drugs:	26% of cost	26% of cost	26% of cost	26% of cost	26% of cost
Tier 5 – Specialty Tier Drugs:**	25% of cost	N/A	N/A	25% of cost	N/A
Tier 6 – Select Care Drugs:*** (up to 100-day supply)	$0 copay	$0 copay	$0 copay	$3 copay	$9 copay
Insulins:†	$35 copay	$105 copay	$105 copay	$35 copay	$105 copay

*Long-term care pharmacy benefit is covered the same as Standard Retail Pharmacies for 31 days instead of 30 days.
**Tier 5 drugs limited to 30-day supply.
***Tier 6 drugs include select generic medications used to treat high blood pressure, diabetes, high cholesterol, and osteoporosis; up to a 100-day supply.
†Cost-sharing for covered Part D insulins will be the lesser of $35, 25% coinsurance, or the applicable cost sharing amount for a one-month supply.
Note: Two-month (60-day) supplies may also be available. Standard Mail Order costs may differ.
Note: This chart shows your portion of the costs.

Summary of Benefits

Blue Medicare Essential℠ (HMO)

H3449-027-001
H3449-027-002

Other Covered Benefits

Benefits	What You Should Know		
Medicare-Covered Podiatry Services:	Foot care.		$45 copay
Medical Equipment and Supplies:	Durable Medical Equipment and Supplies:*		20% of cost
	Diabetic Shoes or Inserts:		20% of cost
	Diabetes Supplies and Monitors:*	Preferred Brands	$0 copay
		Non-Preferred Brands	20% of cost
Fitness:	Gym memberships at in-network facilities and unlimited access to the digital platform. Must use designated provider (SilverSneakers).		$0 copay
Meals Benefit:	Two meals per day for seven days post-discharge.		$0 copay
Support for Caregivers:	Support and resources for non-professional caregivers.		$0 copay
Personal Emergency Response System:	Wearable device with fast access to emergency services.		$0 copay

*May require prior authorization.
Note: This chart shows your portion of the costs.

Summary of Benefits

Plan offerings and premiums by county

Blue Medicare Essential Plus℠ (HMO-POS) is available in all 100 North Carolina counties.

Blue Medicare Essential Plus℠ (HMO-POS) H3449-023-001 — Monthly premium: $0

Alamance	Chatham	Forsyth	Haywood	New Hanover	Rockingham
Buncombe	Davidson	Gaston	Iredell	Person	Stokes
Burke	Davie	Guilford	Mecklenburg	Randolph	Yadkin
Catawba					

Blue Medicare Essential Plus℠ (HMO-POS) H3449-023-002 — Monthly premium: $0

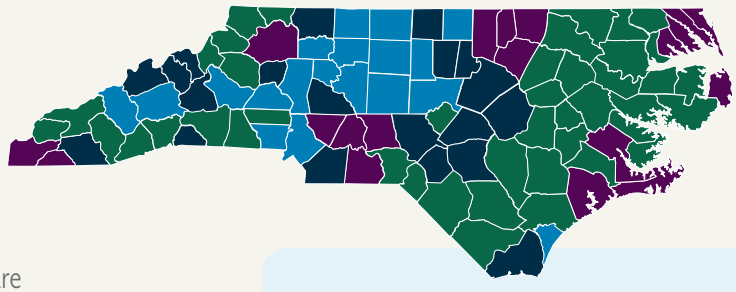
Alexander	Durham	Macon	Mitchell	Polk	Union
Brunswick	Harnett	Madison	Moore	Rowan	Wake
Caswell	Hoke	McDowell	Orange	Surry	Yancey
Cumberland	Johnston				

Blue Medicare Essential Plus℠ (HMO-POS) H3449-023-004 — Monthly premium: $0

Anson	Cherokee	Currituck	Granville	Pasquotank	Vance
Cabarrus	Clay	Dare	Montgomery	Perquimans	Warren
Camden	Craven	Franklin	Onslow	Stanly	Wilkes
Carteret					

Blue Medicare Essential Plus℠ (HMO-POS) H3449-023-005 — Monthly premium: $0

Alleghany	Chowan	Greene	Lee	Pender	Swain
Ashe	Cleveland	Halifax	Lenoir	Pitt	Transylvania
Avery	Columbus	Henderson	Lincoln	Richmond	Tyrrell
Beaufort	Duplin	Hertford	Martin	Robeson	Washington
Bertie	Edgecombe	Hyde	Nash	Rutherford	Watauga
Bladen	Gates	Jackson	Northampton	Sampson	Wayne
Caldwell	Graham	Jones	Pamlico	Scotland	Wilson



Counties where Blue Medicare Essential Plus (HMO-POS) is available:

001 002 004 005

Blue Medicare Essential Plus (HMO-POS) is available in all 100 North Carolina counties.

Please note: To join Blue Medicare HMO plans, you must have both Medicare Part A and Medicare Part B and live in our service area.

Summary of Benefits

Blue Medicare Essential Plus℠ (HMO-POS)		H3449-023-001 H3449-023-002 H3449-023-004 H3449-023-005
Monthly Premium:	You must also continue to pay your Medicare Part B premium.	$0
Deductible:	This plan has a Medicare Part B deductible for Chemotherapy and other Part B drugs	001: $130 002: $150 004: $90 005: $100
Annual Maximum Out-of-Pocket Amount:	Does not include prescription drugs.	001: $5,900 002: $7,000 004: $8,400 005: $9,850
Benefits	**What You Should Know**	
Inpatient Hospital Care:* (Cost share applies per day. Benefit period applied per admission.)	Days 1–6:	001, 002: $450 copay 004, 005: $400 copay
	Days 7–90:	$0 copay
	Days 91 and beyond:	$0 copay
Outpatient Services:*	Outpatient Hospital: **Per stay.**	$0-$575 copay
	Ambulatory Surgical Center:	$0-$350 copay
Doctor Visit:	Primary:	001, 002: $0 copay 004, 005: $5 copay
	Specialist:	001: $30 copay 002: $40 copay 004, 005: $60 copay
Preventive Care:	Any additional preventive services approved by Medicare during the contract year will be covered.	$0 copay
Emergency Care:	If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency care. Emergency services are covered worldwide.	001, 002: $130 copay 004, 005: $115 copay
Urgently Needed Services:		001, 002: $50 copay 004, 005: $40 copay

*May require prior authorization.
Note: This chart shows your portion of the costs.

Summary of Benefits

Blue Medicare Essential Plus℠ (HMO-POS)

H3449-023-001
H3449-023-002
H3449-023-004
H3449-023-005

Benefits	What You Should Know		PCP office	Any other setting
Diagnostic Services/ Labs/ Imaging:*	Diagnostic Tests and Procedures:		$0 copay	$75 copay
	Lab Services:		$0 copay	001: $35 copay 002: $40 copay 004: $35 copay 005: $45 copay
	Diagnostic Radiological Services:	MRI, CT, and Other Nuclear Medicine:	$0 copay	Lesser of 20% of cost or $150 copay
		PET:	$0 copay	$300 copay
		All Other Services:	$0 copay	$75 copay
	Therapeutic Radiological Services:		$0 copay	Lesser of 20% of cost or $60 copay
	X-rays:		$0 copay	$30 copay
Hearing Services:	Medicare-Covered Hearing Exam:	Exams to diagnose and treat hearing and balance issues.		001: $20 copay 002: $25 copay 004: $20 copay 005: $25 copay
	Routine Hearing Exam:	One per year.		$0 copay**
	Hearing Aids:	One per ear, per year.		$499–$999 copay**
Dental Services:	Medicare-Covered Dental Services:*	Medicare may pay for certain services when you're in a hospital and need emergency or complicated dental procedures.		001: $30 copay 002: $40 copay 004, 005: $60 copay
	Preventive Dental:	Oral exams, cleanings, X-rays, and screenings.***		$0 copay

*May require prior authorization.
**Must use designated providers.
***Certain limits apply. For services obtained out-of-network, you will be responsible for 40% of preventive services and 40% of limited comprehensive services plus any additional costs up to the provider billed amount. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please see Evidence of Coverage for more information.
Note: This chart shows your portion of the costs.

Summary of Benefits

Blue Medicare Essential Plus℠ (HMO-POS)

H3449-023-001
H3449-023-002
H3449-023-004
H3449-023-005

Benefits		What You Should Know		
Vision Services:	Routine Eye Exam:	One per calendar year.	001, 002:	$0 copay
			004, 005:	$0 copay
	Vision Allowance:	001, 002, 004:	$100 yearly allowance.	$0 copay
		005:	$65 yearly allowance.	
	Medicare-Covered Eye Exam:	For the diagnosis and treatment of illnesses and injuries of the eye.	001:	$20 copay
			002:	$25 copay
			004: 005:	$30 copay
	Glaucoma Screening and Diabetic Eye Exam:	For people who are at high risk of glaucoma or have diabetes.		$0 copay
	Eyewear After Cataract Surgery:	One pair of eyeglasses or one pair of contact lenses.		20% of cost
Mental Health Services:	Inpatient:* (Cost share applies per day. Benefit period applied per admission.)	Days 1–5:	001, 002:	$450 copay
			004, 005:	$400 copay
		Days 6–90:		$0 copay
	Outpatient: (Mental health and substance use.)	Mental health specialty services. Individual and group sessions.	001:	$30 copay
			002:	$40 copay
			004, 005:	$50 copay
		Psychiatric services. Individual and group sessions.	001:	$30 copay
			002:	$40 copay
			004, 005:	$55 copay
		Outpatient substance use. Individual and group sessions.	001:	$30 copay
			002:	$40 copay
			004, 005:	$60 copay
Skilled Nursing Facility:*	(Cost share applies per day. Benefit period applied per admission.)	Days 1–20:	001, 002:	$10 copay
			004, 005:	$0 copay
		Days 21–100:		$221 copay

*May require prior authorization.
Note: This chart shows your portion of the costs.

Summary of Benefits

Blue Medicare Essential Plus℠ (HMO-POS)

H3449-023-001
H3449-023-002
H3449-023-004
H3449-023-005

Benefits	What You Should Know		
Outpatient Rehabilitation Services:	Physical and Speech Language Therapy:	001:	$40 copay
		002, 004:	$35 copay
		005:	$45 copay
	Occupational Therapy:	001:	$40 copay
		002, 004, 005:	$35 copay
	Cardiac Rehab Services:	001:	$20 copay
		002:	$25 copay
		004, 005:	$30 copay
	Pulmonary Rehab Services:		$15 copay
Ambulance Services:*	Covers medically necessary ground and air ambulance services.		$300 copay
Medicare Part B Drugs:	Part B Insulins: 30-day supply.**		$35 copay
	Chemotherapy and Other Part B Drugs:***		0–20% of cost

Part D Drug Benefit Stages

H3449-023-001
H3449-023-002
H3449-023-004
H3449-023-005

Yearly Deductible Stage:†	Tiers 1, 2, and 6: $0	Tiers 3, 4, and 5: $700
	This is the set amount that you pay before your plan begins to pay its share of the cost. Your deductible does not apply to covered insulin products and most adult Part D vaccines.	
Initial Coverage Stage:	**Begins after you pay your yearly deductible.** You generally stay in this stage until your out-of-pocket drug costs reach **$2,400**. The amount you pay in this stage is shown in the chart on the next page.‡	
Catastrophic Coverage Stage:	**Begins when your out-of-pocket drug costs reach $2,400.** During this stage, you pay nothing for your covered Part D drugs. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.	

* May require prior authorization.
**Part B deductible does not apply to Part B Insulins.
***May require prior authorization. Based on Inflation Reduction Act mandates.
†Deductible rules vary by medicine. Some medicines outside the standard deductible tiers may still have costs applied toward your deductible.
‡Your out-of-pocket drug costs include payments made in the Yearly Deductible Stage and the Initial Coverage Stage.
Note: This chart shows your portion of the costs.

Summary of Benefits

Blue Medicare Essential Plus℠ (HMO-POS)

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Tiers	Preferred Retail Pharmacies		Preferred Mail Order	Standard (Non-Preferred) Pharmacies	
	1 month 30-day supply	3 months 90-day supply	3 months 90-day supply	1 month 30-day supply*	3 months 90-day supply
Tier 1 – Preferred Generic Drugs:	$0 copay	$0 copay	$0 copay	$15 copay	$45 copay
Tier 2 – Generic Drugs:	$4 copay	$12 copay	$0 copay	$20 copay	$60 copay
Tier 3 – Preferred Brand Drugs:	21% of cost	21% of cost	21% of cost	21% of cost	21% of cost
Tier 4 – Non-Preferred Drugs:	26% of cost	26% of cost	26% of cost	26% of cost	26% of cost
Tier 5 – Specialty Tier Drugs:**	25% of cost	N/A	N/A	25% of cost	N/A
Tier 6 – Select Care Drugs:*** (up to 100-day supply)	$0 copay	$0 copay	$0 copay	$3 copay	$9 copay
Insulins:†	$35 copay	$105 copay	$105 copay	$35 copay	$105 copay

*Long-term care pharmacy benefit is covered the same as Standard Retail Pharmacies for 31 days instead of 30 days.
**Tier 5 drugs limited to 30-day supply.
***Tier 6 drugs include select generic medications used to treat high blood pressure, diabetes, high cholesterol, and osteoporosis; up to a 100-day supply..
†Cost-sharing for covered Part D insulins will be the lesser of $35, 25% coinsurance, or the applicable cost sharing amount for a one-month supply.
Note: Two-month (60-day) supplies may also be available. Standard Mail Order costs may differ.
Note: This chart shows your portion of the costs.

Summary of Benefits

Blue Medicare Essential Plus℠ (HMO-POS)

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H3449-023-004
H3449-023-005

Other Covered Benefits

Benefits	What You Should Know		
Medicare-Covered Podiatry Services:	Foot care.	001:	$30 copay
		002:	$40 copay
		004:	$45 copay
		005:	$45 copay
Medical Equipment and Supplies:	Durable Medical Equipment and Supplies:*		20% of cost
	Diabetic Shoes or Inserts:		20% of cost
	Diabetes Supplies and Monitors:*	Preferred Brands	$0 copay
		Non-Preferred Brands	20% of cost
Fitness:	Gym memberships at in-network facilities and unlimited access to the digital platform. Must use designated provider (SilverSneakers).		$0 copay
Meals Benefit:	Two meals per day for seven days post-discharge.		$0 copay
Support for Caregivers:	Support and resources for non-professional caregivers.		$0 copay
Personal Emergency Response System:	Wearable device with fast access to emergency services.		$0 copay

*May require prior authorization.
Note: This chart shows your portion of the costs.