2025 Summary of Benefits

Experience Health Medicare Advantage℠ (HMO)

H3777-001-002
H3777-001-003
H3777-001-004

This is a summary of health services and prescription drug coverage that is covered under the Experience Health Medicare Advantage (HMO) plan for **January 1, 2025 – December 31, 2025.**

- 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/experience-health/plan-documents** and click on the Evidence of Coverage tab.
- Experience Health Medicare Advantage (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.
- 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 our Evidence of Coverage online.
- Blue Cross and Blue Shield of North Carolina is an HMO plan with a Medicare contract. Enrollment in Experience Health Medicare Advantage (HMO) depends on 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**.
- For more details, call **1-833-905-1311** (TTY: 711), current members call **1-833-777-7394** (TTY: 711), 7 days a week, 8 a.m. – 8 p.m., visit **BlueCrossNC.com/experience-health** or contact your Blue Cross NC Authorized Independent Agent.

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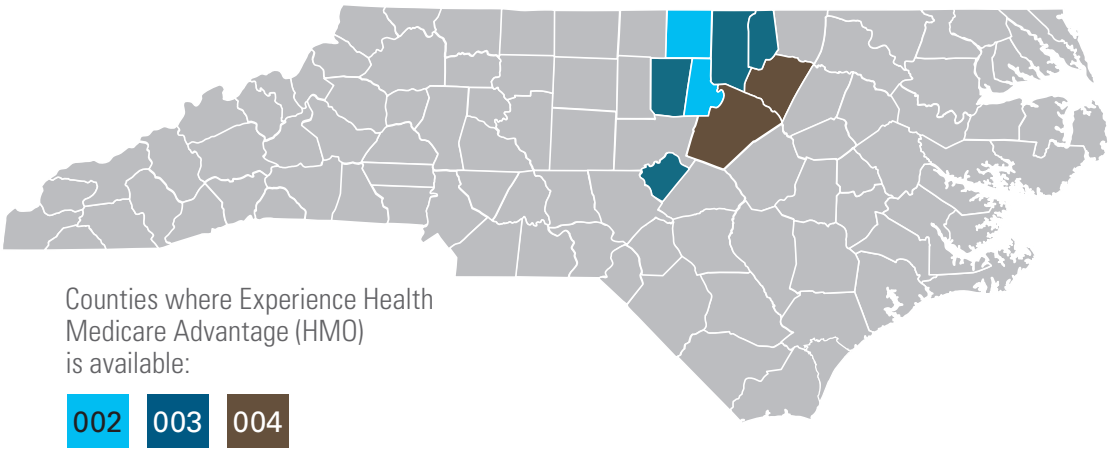
MedicareRx
Prescription Drug Coverage

Summary of Benefits

The Experience Health Medicare Advantage (HMO) Service Area

The Experience Health Medicare Advantage (HMO) plan is available in the following counties in North Carolina:

	H3777-001-002 Durham Region	**Monthly Premium: $25**
Durham	Person	
	H3777-001-003 Orange Region	**Monthly Premium: $25**
Granville Lee	Orange Vance	
	H3777-001-004 Raleigh Region	**Monthly Premium: $25**
Franklin	Wake	



Please note: To join the Experience Health Medicare Advantage (HMO) plan, you must have both Medicare Part A and Medicare Part B and live in our service area.

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Monthly Premium:	You must also continue to pay your Medicare Part B premium.	$25
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 and beyond:	$0 copay
Outpatient Services:*	**Outpatient Hospital:** Per stay.	$200 copay
	Ambulatory Surgical Center:	$200 copay
Doctor Visit: No referral is required.	**Primary:**	$0 copay
	Specialist:	$20 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.	$120 copay
Urgently Needed Services:	This coverage is worldwide.	$60 copay

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

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Benefits	What You Should Know		PCP Office	Any Other Setting
Diagnostic Services/ Labs/ Imaging:*	**Diagnostic Tests and Procedures:**		$0 copay	$20 copay
	Lab Services:		$0 copay	$8 copay
	Diagnostic Radiological Services:	**CT:**	$0 copay	$75 copay
		MRI:	$0 copay	$100 copay
		PET or Nuclear Medicine:	$0 copay	$150 copay
	Therapeutic Radiological Services:		$0 copay	20% of cost
	X-rays:		$0 copay	$10 copay
Hearing Services:	**Medicare-Covered Hearing Exam:**	Exams to diagnose and treat hearing and balance issues.		$0 copay
	Routine Hearing Exam:	One per year. Must use designated providers.		$0 copay
	Hearing Aids:	One per ear, per year. Must use designated providers.		$599–$899 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.		$20 copay
	Preventive Dental:	$500 reimbursement per calendar year.		$0 copay
	Comprehensive Dental:	$1,500 reimbursement per calendar year.		$0 copay

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Benefits		**What You Should Know**	
Vision Services:	**Routine Eye and Contact Lens Exams:**	One of each 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.	$0 copay
Mental Health Services:	**Inpatient:*** (Cost share applies per day. Benefit period applied per admission.)	**Days 1–6:**	$275 copay
		Days 7–90:	$0 copay
	Outpatient: (Mental health* and substance use.)	Individual and group sessions.	$0 copay
Skilled Nursing Facility:*	(Cost share applies per day. Benefit period applied per admission.)	**Days 1–20:**	$0 copay
		Days 21–60:	$214 copay
		Days 61–100:	$0 copay
Outpatient Rehabilitation Services:	**Physical and Speech Language Therapy:**		$20 copay
	Occupational Therapy:		$20 copay
	Cardiac Rehab Services:		$20 copay
	Pulmonary Rehab Services:		$15 copay

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Benefits	What You Should Know	
Ambulance Services:*	Covers medically necessary ground and air ambulance services. This coverage is worldwide.	$295 copay
Transportation:	12 one-way trips to or from health-related locations.	$0 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, Prescription Drug Benefit Stages

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Yearly Deductible Stage:	**All Tiers:** $0 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 **$2,000**. 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 $2,000.** 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.
**May require prior authorization. Based on Inflation Reduction Act mandates.
***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.

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Rx Prescription Drug	Standard Retail Pharmacies **1 month** 30-day supply	Preferred Mail Order **3 months** 90-day supply	Standard Retail/ Standard Mail Order **3 months** 90-day supply
Preferred Generic Drugs: (Tier 1)	$0 copay	$0 copay	$0 copay
Generic Drugs: (Tier 2)	$5 copay	$12.50 copay	$15 copay
Preferred Brand Drugs: (Tier 3)	$45 copay	$112.50 copay	$135 copay
Non-Preferred Drugs: (Tier 4)	$99 copay	$247.50 copay	$297 copay
Specialty Tier Drugs:* (Tier 5)	33% of cost	N/A	N/A
Select Care Drugs: (Tier 6)	$0 copay	$0 copay	$0 copay
Insulins: Tier 3:	$35 copay	$105 copay	$105 copay
Insulins: Tier 4:	$35 copay	$105 copay	$105 copay

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

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Other Covered Benefits

Benefit	What You Should Know	
Podiatry Services:	Foot care.	$20 copay
Medical Equipment and Supplies:	**Medical Equipment and Supplies:***	20% of cost
	Diabetic Shoes or Inserts:	20% of cost
	Diabetes Supplies:*	$0 copay
Fitness:	$112/month to spend with designated vendor on gym memberships, classes and select equipment; no rollover.	$0 copay
Over-the-Counter Products Allowance:	$116 quarterly allowance. Must use participating retail locations or designated catalog; no rollover.	$0 copay
Meals Benefit:	Two meals per day for 14 days post-discharge.	$0 copay
Acupuncture:	$50 reimbursement allowance per visit for up to 20 visits per year. $20 visits for chronic lower back pain.	
In-Home Assistance:	6 hours of in-home assistance per month, no rollover.	$0 copay
Personal Emergency Response System:	Wearable device with fast access to emergency services.	$0 copay
Home Safety Devices:†	Two devices per year.	$0 copay

*May require prior authorization.
†Devices must be ordered from approved product list using designated provider.
Note: This chart shows your portion of the costs.