



2025 Summary of Benefits

Healthy Blue[®] + MedicareSM (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, 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/Members/Medicare/Forms-Library](https://www.bluecrossnc.com/Members/Medicare/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 [BlueCrossNC.com/Shop-Plans/Medicare](https://www.BlueCrossNC.com/Shop-Plans/Medicare) or call your Blue Cross NC Authorized Independent Agent.

*Out-of-network/non-contracted providers are under no obligation to treat Plan 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.

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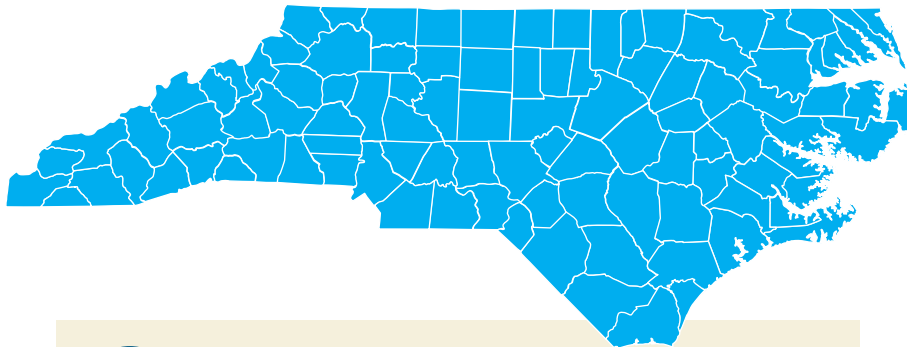
Medicare^{Rx}
Prescription Drug Coverage

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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Healthy Blue® + Medicare™ (HMO-POS D-SNP)

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Monthly Premium:

Part B premium is covered by the North Carolina Medicaid program for D-SNP enrollees.

\$0

Deductible:

This plan may have a medical deductible.*

\$0-\$240

Annual Maximum Out-of-Pocket Amount:

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 \$9,350 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.

\$9,350

Benefits

Inpatient Hospital Care:**

(Cost share applies per day. Benefit period applied per admission.)

Days 1–90:

\$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.

Outpatient Services:**

Outpatient Hospital:

\$0 copay

Ambulatory Surgical Center:

\$0 copay

Doctor Visit:

Primary:

\$0 copay

Specialist:**

\$0 copay

Preventive Care:

Screenings:

\$0 copay

Annual Physical Exam:

\$0 copay

*Deductible depends upon your Medicare Savings Program eligibility.

**May require prior authorization.

Summary of Benefits

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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 Tests and Procedures: **\$0 copay**

Lab Services: **\$0 copay**

MRI, CT and Other Nuclear Medicine: **\$0 copay**

Diagnostic Services/ Labs/Imaging:* **Diagnostic Radiological Services:** **PET:** **\$0 copay**

All Other Services: **\$0 copay**

Therapeutic Radiological Services: **\$0 copay**

X-rays: **\$0 copay**

Medicare-Covered Hearing Exam: Exams to diagnose and treat hearing and balance issues. **\$0 copay**

Hearing Services:* **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**

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Benefits

Dental Services:*	Medicare-Covered Dental Services:	Does not include services for care, treatment, filling, removal or replacement of teeth.	\$0 copay
	Preventive:**	Unlimited allowance for these preventive services: two oral exams, two cleanings, one dental X-ray and one fluoride treatment every year.	\$0 copay
	Comprehensive:**	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
Vision Services:	Routine Eye Exams:***	One exam per calendar year.	\$0 copay
	Routine Prescription Eyewear (Lenses and Frames):	Covers up to \$400 for prescription eyeglasses or contact lenses every year.	\$0 copay
	Medicare-Covered Eye Exam:	For the diagnosis and treatment of illnesses and injuries of the eye.	\$0 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.	\$0 copay
Mental Health Services:**	Inpatient:	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
	Outpatient:	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.

**May require prior authorization.

***Must use designated provider.

Summary of Benefits

Healthy Blue® + Medicare™ (HMO-POS D-SNP)		H9147-001
Benefits		
Skilled Nursing Facility:*	Up to 100 days in a Skilled Nursing Facility.	\$0 copay
Outpatient Rehabilitation Services:*	Cardiac (Heart):	\$0 copay
	Pulmonary (Lung):	\$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. Must schedule 48 hours in advance.	\$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.

**Must use designated provider.

***You may qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI) if you are at high risk for hospitalization or adverse health outcomes and require intensive care coordination to manage chronic conditions such as cardiovascular disorders, cancer, stroke, diabetes or chronic lung disorders. Eligibility must be established before the benefit is provided and cannot be guaranteed based solely on your condition. For a full list of covered chronic conditions or to learn more about eligibility requirements, please contact your plan.

Summary of Benefits

Prescription Drug Coverage

Healthy Blue® + Medicare™ (HMO-POS D-SNP)

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

1 month
30-day supply

Preferred Generic Drugs:
(Tier 1)

\$0 copay

Generic Drugs:
(Tier 2)

\$0 copay

Preferred Brand Drugs:
(Tier 3)

\$0-\$12.15
copay

Non-Preferred Drugs:
(Tier 4)

\$0-\$12.15
copay

Specialty Tier Drugs:*
(Tier 5)

\$0-\$12.15
copay

Select Care Drugs:
(Tier 6)

\$0 copay

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 above.**

**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.

*Tier 5 drugs limited to 30-day supply.

**Your out-of-pocket drug costs include payments made in the Yearly Deductible Stage and the Initial Coverage Stage.

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

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Other Covered Benefits

Healthy Blue® + Medicare™ (HMO-POS D-SNP)

Summary of Benefits

Chiropractic Services:*

Medicare-Covered:

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

Podiatry Services:*

Medicare-Covered:

Foot exams and treatment are covered if you have diabetes-related nerve damage and/or meet certain conditions.

\$0 copay

Routine Services:

Unlimited visits.

\$0 copay

Home Health Care:*

Covered services for homebound beneficiaries.

\$0 copay

Meals Benefit:

Provides up to two meals a day for 14 days post-discharge from a medical facility. Unlimited occurrences.

\$0 copay

Medical Equipment and Supplies:*

Durable Medical Equipment and Supplies:

\$0 copay

Prosthetics:

\$0 copay

Diabetes Supplies:

\$0 copay

Outpatient Substance Use:*

Individual and group therapy visits.

\$0 copay

Over-the-Counter Allowance:**

\$259 per month allowance for approved non-prescription OTC medications, healthy food and produce, and home safety devices. Participating retailers include CVS, Walgreens and Walmart. Amount does not roll over month-to-month. Participating retailers are subject to change.

Personal Emergency Response System (PERS) Coverage:

Includes the monitoring device and monitoring service.

\$0 copay

*May require prior authorization. **You may qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI) if you are at high risk for hospitalization or adverse health outcomes and require intensive care coordination to manage chronic conditions such as cardiovascular disorders, cancer, stroke, diabetes or chronic lung disorders. Eligibility must be established before the benefit is provided and cannot be guaranteed based solely on your condition. For a full list of covered chronic conditions or to learn more about eligibility requirements, please contact your plan.

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Other Covered Benefits (Continued)

Renal Dialysis: \$0 copay

Fitness: \$112/month to spend with designated vendor on gym memberships, classes and select equipment; no rollover. \$0 copay

24/7 NurseLine: 24-hour access to NurseLine, 7 days a week, 365 days a year. \$0 copay