

Blue Medicare Rx (PDP)

This is a summary of drug services covered under Blue Medicare Rx (PDP) plans for **January 1, 2025 – December 31, 2025.**

Plans:

Blue Medicare Rx Standard (PDP) S5540-002 Blue Medicare Rx Enhanced (PDP) S5540-004

- 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 the Evidence of Coverage tab.
- If you have Medicare Part B, you must continue to pay your Medicare Part B premium, if it's not otherwise paid for under Medicaid or by another third party.
- You must join a Medicare prescription drug plan to receive drug coverage unless you are eligible for both Medicare and Medicaid. Contact your state Medicaid or medical assistance office if you have questions about your eligibility.
- To join Blue Medicare Rx (PDP) plans, you must have Medicare Part A (Hospital Insurance) and/or Medicare Part B (Medical Insurance) and live in our service area. Our service area includes all counties in North Carolina.
- Blue Cross and Blue Shield of North Carolina is a PDP 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 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 1-800-661-5518 (TTY: 711), current members call 1-888-247-4142 (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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Plan Offering and Premium by County

Blue Medicare Rx (PDP) plans are available in all 100 North Carolina counties.

Blue Medicare Rx Standard (PDP)		S5540-002	Monthly Premium: \$103.40		
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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	Únion
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	



Please note: To join Blue Medicare Rx (PDP) plans, you must have Medicare Part A and/or Medicare Part B and live in our service area.

Blue Medicare Rx Standard (PDP)

S5540-002

Monthly Premium: \$103.40

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Part D, Prescription Drug Benefit Stages

Yearly Deductible Stage: **Tier 1:** \$0 **Tiers 2, 3, 4 and 5:** \$590

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.

^{*}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.



Blue Medicare Rx Standard (PDP)

S5540-002

R			d Retail nacies	Preferred Standard (Non-Preferred Pharmacies		eferred)
		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
Preferred Generic (Tier 1)	Drugs:	\$5 copay	\$15 copay	\$15 copay	\$15 copay	\$45 copay
Generic Drugs: (Tier 2)		\$10 copay	\$30 copay	\$30 copay	\$20 copay	\$60 copay
Preferred Brand Drugs: (Tier 3)		19% of cost	19% of cost	19% of cost	19% of cost	19% of cost
Non-Preferred Drugs: (Tier 4)		50% of cost	50% of cost	50% of cost	50% of cost	50% of cost
Specialty Tier Drugs:** (Tier 5)		25% of cost	N/A	N/A	25% of cost	N/A
Insulins:	Tier 3:	\$35 copay	\$105 copay	\$105 copay	\$35 copay	\$105 copay
msums:	Tier 4:	\$35 copay	\$105 copay	\$105 copay	\$35 copay	\$105 copay

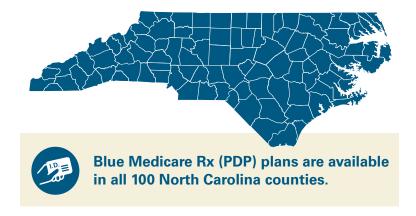
^{*}Long-term care pharmacy benefit is covered the same as Standard Retail Pharmacies for 31 days instead of 30 days.
**Tier 5 drugs limited to 30-day supply.

Notes: Two-month (60-day) supplies may also be available. Standard Mail Order costs may differ. This chart shows your portion of the costs.

Plan Offering and Premium by County

Blue Medicare Rx (PDP) plans are available in all 100 North Carolina counties.

Blue Medicare Rx Enhanced (PDP)			S5540-004	Monthly Premium: \$113.20		
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	
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Please note: To join Blue Medicare Rx (PDP) plans, you must have Medicare Part A and/or Medicare Part B and live in our service area.



Blue Medicare Rx Enhanced (PDP)

S5540-004

Monthly Premium: \$113.20



R Part D, Prescription Drug Benefit Stages

All Tiers: \$0

Yearly **Deductible** Stage:

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.

^{*}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.

Blue Medicare Rx Enhanced (PDP)

S5540-004

P _x		Preferre Pharn		Preferred Mail Order Standard (Non-Preferred Pharmacies		referred)
		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
Preferred Generic (Tier 1)	Drugs:	\$3 copay	\$9 copay	\$9 copay	\$15 copay	\$45 copay
Generic Drugs: (Tier 2)		\$6 copay	\$18 copay	\$18 copay	\$20 copay	\$60 copay
Preferred Brand Drugs: (Tier 3)		\$45 copay	\$135 copay	\$135 copay	\$47 copay	\$141 copay
Non-Preferred Drugs: (Tier 4)		50% of cost	50% of cost	50% of cost	50% of cost	50% of cost
Specialty Tier Drugs:** (Tier 5)		33% of cost	N/A	N/A	33% of cost	N/A
Insulins:	Tier 3:	\$35 copay	\$105 copay	\$105 copay	\$35 copay	\$105 copay
msums:	Tier 4:	\$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.

Notes: Two-month (60-day) supplies may also be available. Standard Mail Order costs may differ. This chart shows your portion of the costs.