

BlueMedicare PPOSM

2017 Summary of Benefits

(Contract H3404-001)

January 1, 2017 - December 31, 2017

MedicareRx
Prescription Drug Coverage **Rx**

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**BlueCross BlueShield
of North Carolina**

Smart choices for Medicare

Summary of benefits

This is a summary of drug and health services covered under Blue Medicare PPO Enhanced Plan January 1, 2017 - December 31, 2017.

Blue Cross and Blue Shield of North Carolina is a PPO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal. The benefits information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage."

To join Blue Medicare PPO Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in North Carolina: Alamance, Alexander, Anson, Beaufort, Bertie, Bladen, Brunswick, Buncombe, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Chowan, Cleveland, Columbus, Cumberland, Davidson, Duplin, Edgecombe, Forsyth, Gaston, Gates, Guilford, Harnett, Haywood, Henderson, Hertford, Hoke, Iredell, Jones, Lee, Madison, Martin, McDowell, Mecklenburg, Mitchell, Nash, Orange, Person, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Sampson, Scotland, Stokes, Surry, Transylvania, Wake, Warren, Washington, Watauga, Wayne, Wilkes, Wilson and Yancey.

Please note: Out-of-network/non-contracted providers are under no obligation to treat BCBSNC members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.

Summary of benefits

Benefit	What You Should Know	PPO Enhanced	
		H3404-001	
NOTE: SERVICES WITH A ¹ MAY REQUIRE PRIOR AUTHORIZATION.			
Monthly Plan Premium:	You must continue to pay your Medicare Part B Premium	\$86.00	
Deductible:	This plan has no deductible	\$0	
		In-Network	Out-of-Network
Maximum Out-of-Pocket Responsibility:	Does not include prescription drugs	\$5,500	\$8,250
Inpatient Hospital Coverage¹:	Per day 1–6: Days 7–90: Days 91 and beyond:	\$300 \$0 \$0	30% 30% 30%
Doctor Visit:	Primary: Specialist:	\$25 \$50	30% 30%
Preventive Care:	Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at the \$0 cost.	\$0	
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. See the "Inpatient Hospital Care" section of this booklet for other costs. Emergency services are covered worldwide.	\$75	
Urgently Needed Services:		\$65	
Diagnostic Services/ Labs/ Imaging¹:	Diagnostic Tests, Labs, Radiology Services and X-Rays	20%	30%

Summary of benefits (continued)

Benefit	What You Should Know	PPO Enhanced	
		H3404-001	
NOTE: SERVICES WITH A ¹ MAY REQUIRE PRIOR AUTHORIZATION.			
		In-Network	Out-of-Network
Hearing Services:	Exam to diagnose and treat hearing and balance issues	\$50	30%
Dental Services¹:	Limited dental services. This does not include services in connection with care, treatment, filling, removal or replacement of teeth.	\$50	30%
Vision Services:	Plan pays up to \$100 for routine eye exams		
Routine Eye Exam:	Once every 12 months	\$25	30%
Medicare Covered Glaucoma Test:	For people who are at high risk of glaucoma	\$0	
Medicare Covered Eye Exam:	For the diagnosis and treatment of injuries of the eye	\$25	30%
Eyewear After Cataract Surgery:	One pair of eyeglasses or one pair of contact lenses	20%	30%
Mental Health Services¹: Inpatient Visit	Per day 1–6: Days 7–90: Days 91 and beyond:	\$265 \$0 \$0	30% 30% 30%
Outpatient Group Therapy Visit¹		\$40	30%
Outpatient Individual Therapy Visit¹		\$40	30%

Summary of benefits (continued)

Benefit	What You Should Know	PPO Enhanced	
		H3404-001	
NOTE: SERVICES WITH A ¹ MAY REQUIRE PRIOR AUTHORIZATION.			
		In-Network	Out-of-Network
Skilled Nursing Facility¹:	Per day 1–20: Days 21–100:	\$0 \$164.50	\$0 30%
Rehabilitation Services¹:	Occupational Therapy: Physical Therapy: Speech Language Therapy: Cardiac Rehab Services:	\$40 \$40 \$40 20%	30% 30% 30% 30%
Ambulance¹:	Covers medically necessary ambulance services	\$225	
Transportation:		Not Covered	
Foot Care (Podiatry Services)¹:	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions	\$50	30%
Medical Equipment/Supplies:	Durable Medical Equipment: ¹ Prosthetics: ¹ Diabetes Supplies:	20% 20% \$0	30% 30% 30%
Wellness Programs:		Not Covered	
Medicare Part B Drugs¹:		20%	25%
Outpatient Surgery¹:	Ambulatory Surgical Center: Outpatient Hospital:	\$150 \$250	30% 30%

Summary of benefits (continued)

Benefit	Blue Medicare PPO Enhanced (PPO)					
	H3404-001					
Deductible	This plan has no deductible					
	Preferred Retail/ Mail Order Pharmacies			Nonpreferred Retail/ Mail Order Pharmacies		
	1 month 30-day supply	2 month 60-day supply	3 month 90-day supply	1 month 30-day supply	2 month 60-day supply	3 month 90-day supply
Tier 1 (Preferred Generic):	\$3	\$6	\$9	\$15	\$30	\$45
Tier 2 (Generic):	\$6	\$12	\$18	\$20	\$40	\$60
Tier 3 (Preferred Brand):	\$37	\$74	\$111	\$47	\$94	\$141
Tier 4 (Nonpreferred Brand):	50% of the cost			50% of the cost		
Tier 5 (Specialty Tier):	33% of the cost	Tier 5 is limited to a one month (30-day) supply		33% of the cost	Tier 5 is limited to a one month (30-day) supply	
Tier 6 (Select Care Drugs):	\$0			\$10	\$20	\$30

Summary of benefits (continued)

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at www.medicare.gov or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

For additional information about Blue Medicare PPO Plans:

- + Give us a call 7 days a week from 8:00 a.m. - 8:00 p.m. Eastern time.
 - If you are a member of this plan, call toll-free **1-877-494-7647** (TTY **1-888-451-9957**)
 - If you are not a member of this plan, call toll-free **1-800-665-8037** (TTY **1-800-922-3140**)
- + Visit our website at www.bcbsnc.com/medicare.
- + Visit www.myprime.com/v/BCBSNC/en/find-pharmacy.html to see our plan’s pharmacy directory.
- + Visit www.bcbsnc.com/content/medicare/formulary-home.htm to see our plan’s formulary (list of Part D prescription drugs) and any restrictions.

This document is available in other formats such as Braille and large print.

Non-Discrimination and Accessibility Notice

Discrimination is Against the Law

- Blue Cross and Blue Shield of North Carolina (“BCBSNC”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
- BCBSNC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

BCBSNC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified interpreters
 - Written information in other formats (large print, accessible electronic formats, etc.)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
- If you need these services, contact Customer Service at 1-800-665-8037. TTY call 1-800-922-3140, 8 a.m. to 8 p.m. daily.
- If you believe that BCBSNC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:
 - BCBSNC, PO Box 2291, Durham, NC 27702, Attention: Civil Rights Coordinator-Privacy, Ethics & Corporate Policy Office, Telephone 919-765-1663, Fax 919-287-5613, TTY 1-888-291-1783 civilrightscordinator@bcbsnc.com
- You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator-Privacy, Ethics & Corporate Policy Office is available to help you.
- You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- This Notice and/or attachments may have important information about your application or coverage through BCBSNC. Look for key dates. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call Customer Service at 1-888-665-8037.

Blue Cross and Blue Shield of North Carolina is an HMO and PPO plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal.

Multi-language Interpreter Services

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-665-8037 (TTY: 1-800-922-3140).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-665-8037 (TTY: 1-800-922-3140).

注意: 如果您講廣東話或普通話, 您可以免費獲得語言援助服務。請致電 1-800-665-8037 (TTY : 1-800-922-3140)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-665-8037 (TTY: 1-800-922-3140).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-665-8037 (TTY: 1-800-922-3140) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-665-8037 (ATS : 1-800-922-3140)

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-665-8037. المبرقة الكاتبة: 1-800-922-3140.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-665-8037 (TTY: 1-800-922-3140).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-665-8037 (телетайп: 1-800-922-3140).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-665-8037 (TTY: 1-800-922-3140).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:સુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-665-8037 (TTY: 1-800-922-3140).

ចំណាំ: ប្រសិនបើលោកអ្នកនិយាយជាភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនសម្រាប់លោកអ្នកដោយមិនគិតថ្លៃ។ សូមទំនាក់ទំនងតាមរយៈលេខ: 1-800-665-8037 (TTY: 1-800-922-3140)។

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-665-8037 (TTY: 1-800-922-3140).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-665-8037 (TTY: 1-800-922-3140) पर कॉल करें।

Multi-language Interpreter Services *(continued)*

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ.
ໂທ 1-800-665-8037 (TTY: 1-800-922-3140).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-665-8037
TTY: 1-800-922-3140) まで、お電話にてご連絡ください。

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