



**Blue Medicare Essential Plus<sup>SM</sup> (HMO-POS) (H3449-023-005)**  
**offered by Blue Cross and Blue Shield of North Carolina**  
**(Blue Cross NC)**

## Annual Notice of Changes for 2025

You are currently enrolled as a member of Blue Medicare Essential Plus. Next year, there will be changes to the plan's costs and benefits. *Please see page 5 for a Summary of Important Costs, including Premium.*

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at <https://www.bluecrossnc.com/members/medicare>. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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### What to do now

#### 1. ASK: Which changes apply to you

Check the changes to our benefits and costs to see if they affect you.

- Review the changes to medical care costs (doctor, hospital).
- Review the changes to our drug coverage, including coverage restrictions and cost sharing.
- Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2025 "Drug List" to make sure the drugs you currently take are still covered.
- Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.

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- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for “Extra Help” from Medicare.
- Think about whether you are happy with our plan.

## 2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan’s website.

## 3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will stay in Blue Medicare Essential Plus.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Blue Medicare Essential Plus.
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## Additional Resources

- Please contact our Customer Service number at 1-888-310-4110 for additional information. (TTY users should call 711.) Hours are 8 am to 8 pm daily. This call is free.
- This document is available in languages other than English, in braille, in large print or other alternate formats. Please call Customer Service for additional information.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

## **About Blue Medicare Essential Plus**

- Blue Cross and Blue Shield of North Carolina is an HMO-POS plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Blue Cross and Blue Shield of North Carolina (Blue Cross NC). When it says “plan” or “our plan,” it means Blue Medicare Essential Plus.

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**Summary of Important Costs for 2025**

The table below compares the 2024 costs and 2025 costs for Blue Medicare Essential Plus in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium may be higher than this amount. See Section 1.1 for details.</p>	\$0	\$0
<p><b>Maximum out-of-pocket amount</b></p> <p>This is the <u>most</u> you will pay out of pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	\$4,900	\$5,200
<p><b>Doctor office visits</b></p>	<p>Primary care visits: \$0 per visit</p> <p>Specialist visits: \$25 per visit</p>	<p>Primary care visits: \$0 per visit</p> <p>Specialist visits: \$30 per visit</p>
<p><b>Inpatient hospital stays</b></p>	<p>You pay a \$335 copayment per day for the first 5 days for each Medicare-covered admission to a network hospital.</p> <p>You pay \$0 for additional days at a network hospital.</p>	<p>You pay a \$400 copayment per day for the first 5 days for each Medicare-covered admission to a network hospital.</p> <p>You pay \$0 for additional days at a network hospital.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Part D prescription drug coverage</b> (See Section 1.5 for details.)</p>	<p>Deductible: \$150 except for covered insulin products and most adult Part D vaccines.</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0 per prescription for a 30-day supply at preferred retail pharmacy or preferred mail-order pharmacy</li> <li>• Drug Tier 1: \$15 per prescription for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy</li> <li>• Drug Tier 2: \$6 per prescription for a 30-day supply at preferred retail pharmacy</li> <li>• Drug Tier 2: \$0 per prescription for a 30-day supply at a preferred mail-order pharmacy</li> <li>• Drug Tier 2: \$20 per prescription for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy</li> <li>• Drug Tier 3: \$45 per prescription for a 30-day</li> </ul>	<p>Deductible: \$375 except for covered insulin products and most adult Part D vaccines.</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0 per prescription for a 30-day supply at preferred retail pharmacy or preferred mail-order pharmacy</li> <li>• Drug Tier 1: \$15 per prescription for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy</li> <li>• Drug Tier 2: \$6 per prescription for a 30-day supply at preferred retail pharmacy</li> <li>• Drug Tier 2: \$0 per prescription for a 30-day supply at a preferred mail-order pharmacy</li> <li>• Drug Tier 2: \$20 per prescription for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy</li> <li>• Drug Tier 3: \$45 per prescription for a 30-day</li> </ul>

Cost	2024 (this year)	2025 (next year)
	supply at preferred retail pharmacy or preferred mail-order pharmacy <ul style="list-style-type: none"> <li>• Drug Tier 3: \$47 per prescription for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy</li> </ul>	supply at preferred retail pharmacy or preferred mail-order pharmacy <ul style="list-style-type: none"> <li>• Drug Tier 3: \$47 per prescription for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy</li> </ul>
	You pay \$35 per month supply of each covered insulin product on this tier.	You pay \$35 per month supply of each covered insulin product on this tier.
	<ul style="list-style-type: none"> <li>• Drug Tier 4: \$99 per prescription for a 30-day supply at preferred retail pharmacy or preferred mail-order pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>• Drug Tier 4: 49% of the total cost for a 30-day supply at preferred retail pharmacy or preferred mail-order pharmacy</li> </ul>
	<ul style="list-style-type: none"> <li>• Drug Tier 4: \$100 per prescription for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>• Drug Tier 4: 49% of the total cost for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy</li> </ul>
	You pay \$35 per month supply of each covered insulin product on this tier.	You pay \$35 per month supply of each covered insulin product on this tier.
	<ul style="list-style-type: none"> <li>• Drug Tier 5: 30% of the total cost for a 30-day supply at preferred retail pharmacy or preferred mail-order pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>• Drug Tier 5: 28% of the total cost for a 30-day supply at preferred retail pharmacy or preferred mail-order pharmacy</li> </ul>
	<ul style="list-style-type: none"> <li>• Drug Tier 5: 30% of the total cost for a 30-day</li> </ul>	<ul style="list-style-type: none"> <li>• Drug Tier 5: 28% of the total cost for a 30-day</li> </ul>

Cost	2024 (this year)	2025 (next year)
	<p>supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy</p> <ul style="list-style-type: none"> <li>• Drug Tier 6: \$0 per prescription for a 30-day supply at preferred retail pharmacy or preferred mail-order pharmacy</li> <li>• Drug Tier 6: \$3 per prescription for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy</li> </ul> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays the full cost for your covered Part D drugs <b>and for excluded drugs that are covered under our enhanced benefit.</b> You pay nothing.</li> </ul>	<p>supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy</p> <ul style="list-style-type: none"> <li>• Drug Tier 6: \$0 per prescription for a 30-day supply at preferred retail pharmacy or preferred mail-order pharmacy</li> <li>• Drug Tier 6: \$3 per prescription for a 30-day supply at standard retail pharmacy, standard mail-order pharmacy, or out-of-network pharmacy</li> </ul> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, you pay nothing for your covered Part D drugs. <b>and for excluded drugs that are covered under our enhanced benefit.</b></li> </ul>



## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
<b>Part B premium Reduction</b>	Not Applicable	\$3.00

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

### Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
<b>Maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$4,900	\$5,200 Once you have paid \$5,200 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

## Section 1.3 – Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Updated directories are located on our website at <https://www.bluecrossnc.com/members/find-care>. You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 Provider Directory at <https://www.bluecrossnc.com/members/find-care> to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2025 Pharmacy Directory at <https://www.bluecrossnc.com/members/find-care> to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

## Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)	2025 (next year)
<b>Acupuncture for Chronic Low Back Pain (cLBP)</b>	You pay a \$25 copay for this benefit.	You pay a \$30 copay for this benefit.
<b>Additional Telehealth Services</b>	You pay a \$0 - \$25 copay for this benefit.	You pay a \$0 - \$30 copay for this benefit.
<b>Air/Ground Ambulance Services</b>	You pay a \$275 copay for this benefit.	You pay a \$300 copay for this benefit.

Cost	2024 (this year)	2025 (next year)
<b>Ambulatory Surgical Center Services</b>	You pay a \$275 copay for this benefit.	You pay a \$350 copay for this benefit.
<b>Eye Exams - Contact Lens</b>	You pay a \$25 copay for this benefit.	You pay a \$30 copay for this benefit.
<b>Eye Exams - Medicare-Covered</b>	You pay a \$25 copay for this benefit.	You pay a \$30 copay for this benefit.
<b>Eye Exams- Routine Eye Exams</b>	You pay a \$25 copay for this benefit.	You pay a \$0 copay for this benefit.
<b>Fitness Benefit</b>	You could enroll in one in-network gym per month and order one at-home fitness kit per year using designated provider. You had unlimited access to the vendor's online platform. Must use designated vendor.	You receive a \$112 benefit amount per month to spend through the vendor platform on gym memberships, classes and fitness accessories. You get unlimited access to the vendor's online platform.
<b>Hearing Exams - Medicare-covered</b>	You pay a \$25 copay for this benefit.	You pay a \$30 copay for this benefit.
<b>Inpatient Hospital - Acute</b>	You pay a \$335 copay, per day, for days 1-5, for this benefit in 2024.	You pay a \$400 copay, per day, for days 1-5, for this benefit in 2025.
<b>Inpatient Hospital - Psychiatric</b>	You pay a \$300 copay, per day, for days 1-5, for this benefit, in 2024.	You pay a \$350 copay, per day, for days 1-5, for this benefit, in 2025.
<b>Lab Services</b>	Prior authorization is not required for 2024.	Prior authorization may be required for 2025.

Cost	2024 (this year)	2025 (next year)
<b>Medicare Part B Insulin Drug</b>	Prior authorization is required for 2024.	Prior authorization is not required for 2025.
<b>Medicare-covered Dental Services</b>	<b>In-Network:</b> You pay a \$25 copay for this benefit.	<b>In-Network:</b> You pay a \$30 copay for this benefit.
<b>Medicare-covered Other Health Care Professional Services</b>	You pay a \$0-\$25 copay for this benefit,	You pay a \$0-\$30 copay for this benefit.
<b>Mental Health Specialty Services- Medicare-covered Individual/Group Sessions</b>	<b><u>Individual/Group Sessions</u></b>  You pay a \$25 copay for this benefit.  Prior authorization is required for 2024.	<b><u>Individual Sessions</u></b>  You pay a \$30 copay for this benefit.  Prior authorization is required for 2025.  <b><u>Group Sessions</u></b>  You pay a \$30 copay for this benefit.  Prior authorization is not required for 2025.
<b>Observation Services</b>	You pay a \$0 copay for this benefit.	You pay a \$400 copay for this benefit.
<b>OTC Items</b>	There is a \$95 allowance every three months. Must use designated OTC vendor.	There is a \$82 allowance every three months. Must use designated OTC vendor.
<b>Outpatient Hospital Services</b>	You pay a \$295 copay, per stay, for this facility visit.	You pay a \$400 copay, per stay, for this facility visit.

Cost	2024 (this year)	2025 (next year)
<b>Outpatient Substance Abuse Services- Individual/Group Sessions</b>	You pay a \$25 copay for this benefit.	You pay a \$30 copay for this benefit.
<b>Partial hospitalization services and Intensive outpatient services</b>	You pay a \$40 copay for this benefit. Prior authorization is not required for 2024.	You pay a \$60 copay for this benefit. Prior authorization is required for 2025.
<b>Physician Specialist Services</b>	You pay a \$25 copay for this benefit.	You pay a \$30 copay for this benefit.
<b>Podiatry Services</b>	You pay a \$25 copay for this benefit.	You pay a \$30 copay for this benefit.
<b>Prescription Eyewear Allowance</b>	You receive a \$300 allowance for prescription eyewear.  Must use participating network.	Combined allowance for eyewear and eye exams (refer to Vision Allowance)
<b>Psychiatric Services- Individual/Group Sessions</b>	<p><b><u>Individual/Group Sessions</u></b></p> <p>You pay a \$25 copay for this benefit.</p> <p>Prior authorization is required for 2024.</p>	<p><b><u>Individual Sessions</u></b></p> <p>You pay a \$30 copay for this benefit.</p> <p>Prior authorization is required for 2025.</p> <p><b><u>Group Sessions</u></b></p> <p>You pay a \$30 copay for this benefit.</p> <p>Prior authorization is not required for 2025.</p>

Cost	2024 (this year)	2025 (next year)
<b>Skilled Nursing Facility (SNF) Medicare-covered stay</b>	<p>You pay a \$0 copay for days 1-20.</p> <p>You pay a \$203 copay for days 21-60.</p> <p>You pay a \$0 copay for days 61-100.</p>	<p>You pay a \$0 copay for days 1-20.</p> <p>You pay a \$214 copay for days 21-60.</p> <p>You pay a \$0 copay for days 61-100.</p>
<b>Urgently Needed Services</b>	You pay a \$60 copay for this benefit.	You pay a \$55 copay for this benefit.
<b>Vision Allowance</b>	Not covered	<p>You receive a \$200 allowance for prescription eyewear, vision cost-shares or other vision services in 2025.</p> <p>You can spend your allowance at any eye doctor or eyewear retailer.</p>
<b>Worldwide Emergency Transportation</b>	You pay a \$275 copay for this benefit.	You pay a \$300 copay for this benefit.
<b>Worldwide Urgent Coverage</b>	You pay a \$60 copay for this benefit.	You pay a \$55 copay for this benefit.

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## Section 1.5 – Changes to Part D Prescription Drug Coverage

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### Changes to Our Drug List

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. You can also contact Customer Service for more information.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month’s supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website:

<https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Customer Service or ask your health care

provider, prescriber, or pharmacist for more information.

## Changes to Prescription Drug Benefits and Costs

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the *Evidence of Coverage Rider for People Who Get “Extra Help” Paying for Prescription Drugs* (also called the *Low-Income Subsidy Rider or the LIS Rider*), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30, 2024, please call Customer Service and ask for the *LIS Rider*.

Beginning in 2025, there are three **drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

### Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, <b>you pay the full cost</b> of your Tiers 3, 4, and 5 drugs until you have reached the yearly deductible. The deductible doesn’t apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.</p>	<p>The deductible is \$150. (Tiers 4 and 5 only)</p> <p>During this stage, you pay \$0 cost sharing for a 30-day supply at a preferred retail or preferred mail order pharmacy, and \$15 cost sharing for a 30-day supply at a standard retail or standard mail-order pharmacy, for drugs on <b>Tier 1</b>; you pay \$6 cost sharing for a 30-day supply at a preferred retail pharmacy, \$0 cost sharing for a 30-day supply at a preferred mail-order pharmacy, and \$20 cost sharing for a 30-day supply</p>	<p>The deductible is \$375. (Tiers 3, 4 and 5 only)</p> <p>During this stage, you pay \$0 cost sharing for a 30-day supply at a preferred retail or preferred mail order pharmacy, and \$15 cost sharing for a 30-day supply at a standard retail or standard mail-order pharmacy, for drugs on <b>Tier 1</b>; you pay \$6 cost sharing for a 30-day supply at a preferred retail pharmacy, \$0 cost sharing for a 30-day supply at a preferred mail-order pharmacy, and \$20 cost sharing for a 30-day supply</p>



Stage	2024 (this year)	2025 (next year)
	at a standard retail or standard mail-order pharmacy, for drugs on <b>Tier 2</b> ; you pay \$45 cost sharing for a 30-day supply at a preferred retail or preferred mail order pharmacy, and \$47 cost sharing for a 30-day supply at a standard retail or standard mail-order pharmacy, for drugs on <b>Tier 3</b> ; you pay \$0 cost sharing for a 30-day supply at a preferred retail or preferred mail order pharmacy, and \$3 cost sharing for a 30-day supply at a standard retail or standard mail-order pharmacy, for drugs on <b>Tier 6</b> ; and the full cost of drugs on Tiers 4 and 5 until you have reached the yearly deductible.	at a standard retail or standard mail-order pharmacy, for drugs on <b>Tier 2</b> ; you pay \$0 cost sharing for a 30-day supply at a preferred retail or preferred mail-order pharmacy, and \$3 cost sharing for a 30-day supply at a standard retail or standard mail-order pharmacy, for drugs on <b>Tier 6</b> ; and the full cost of drugs on Tiers 3, 4 and 5 until you have reached the yearly deductible.

**Changes to Your Cost Sharing in the Initial Coverage Stage**

For drugs on Tier 4, your cost sharing in the Initial Coverage Stage is changing from a copayment to coinsurance. Please see the following chart for the changes from 2024 to 2025.

Stage	2024 (this year)	2025 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage.</p>	<p>Your cost for a one-month supply is:</p> <p><b>Tier 1 Preferred Generics:</b></p> <p><i>Standard cost sharing:</i></p>	<p>Your cost for a one-month supply is:</p> <p><b>Tier 1 Preferred Generics:</b></p> <p><i>Standard cost sharing:</i></p>

<p>During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></p>	<p>You pay \$15 per prescription.</p>	<p>You pay \$15 per prescription.</p>
<p>For 2024 you paid a \$100 copayment on <i>Standard cost sharing</i> and a \$99 copayment on <i>Preferred cost sharing</i> for drugs on <i>Tier 4 Non-Preferred Drugs</i>. For 2025 you will pay a 49% coinsurance for <i>Standard</i> and <i>Preferred cost sharing</i> for drugs on this Tier.</p>	<p><i>Preferred cost sharing:</i></p>	<p><i>Preferred cost sharing:</i></p>
<p>We changed the tier for some of the drugs on our “Drug List.” To see if your drugs will be in a different tier, look them up on the “Drug List.”</p>	<p>You pay \$0 per prescription.</p>	<p>You pay \$0 per prescription.</p>
<p>Most adult Part D vaccines are covered at no cost to you.</p>	<p><b><i>Tier 2 Generics:</i></b></p>	<p><b><i>Tier 2 Generics:</i></b></p>
<p></p>	<p><i>Standard cost sharing:</i></p>	<p><i>Standard cost sharing:</i></p>
<p></p>	<p>You pay \$20 per prescription.</p>	<p>You pay \$20 per prescription.</p>
<p></p>	<p><i>Preferred cost sharing:</i></p>	<p><i>Preferred cost sharing:</i></p>
<p></p>	<p>You pay \$6 per prescription.</p>	<p>You pay \$6 per prescription.</p>
<p></p>	<p><b><i>Tier 3 Preferred Brand:</i></b></p>	<p><b><i>Tier 3 Preferred Brand:</i></b></p>
<p></p>	<p><i>Standard cost sharing:</i></p>	<p><i>Standard cost sharing:</i></p>
<p></p>	<p>You pay \$47 per prescription.</p>	<p>You pay \$47 per prescription.</p>
<p></p>	<p><i>Preferred cost sharing:</i></p>	<p><i>Preferred cost sharing:</i></p>
<p></p>	<p>You pay \$45 per prescription.</p>	<p>You pay \$45 per prescription.</p>
<p></p>	<p><b><i>Tier 4 Non-Preferred Drug:</i></b></p>	<p><b><i>Tier 4 Non-Preferred Drug:</i></b></p>
<p></p>	<p><i>Standard cost sharing:</i></p>	<p><i>Standard cost sharing:</i></p>
<p></p>	<p>You pay \$100 per prescription.</p>	<p>You pay 49% of the total cost.</p>
<p></p>	<p>Your cost for a one-month mail-order prescription is \$100.</p>	<p>Your cost for a one-month mail-order prescription is 49% of the total cost.</p>
<p></p>	<p><i>Preferred cost sharing:</i></p>	<p><i>Preferred cost sharing:</i></p>
<p></p>	<p>You pay \$99 per prescription.</p>	<p>You pay 49% of the total cost.</p>
<p></p>	<p>Your cost for a one-month mail-order prescription is \$99.</p>	<p>Your cost for a one-month mail-order prescription is 49% of the total cost.</p>
<p></p>	<p><b><i>Tier 5 Specialty Tier:</i></b></p>	<p><b><i>Tier 5 Specialty Tier:</i></b></p>
<p></p>	<p><i>Standard cost sharing:</i></p>	<p><i>Standard cost sharing:</i></p>
<p></p>	<p>You pay 30% of the total cost.</p>	<p>You pay 28% of the total cost.</p>
<p></p>	<p>Your cost for a one-month mail-order prescription is 30% of the total cost.</p>	<p>Your cost for a one-month mail-order prescription is 28% of the total cost.</p>

Stage	2024 (this year)	2025 (next year)
	<p><i>Preferred cost sharing:</i>                      You pay 30% of the total cost.                      Your cost for a one-month mail-order prescription is 30% of the total cost.                      Tier 5 is limited to a 30-day supply per fill.</p> <p><b><i>Tier 6 Select Care Drugs:</i></b>  <i>Standard cost sharing:</i>                      You pay \$3 per prescription.</p> <p><i>Preferred cost sharing:</i>                      You pay \$0 per prescription.</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>	<p><i>Preferred cost sharing:</i>                      You pay 28% of the total cost.                      Your cost for a one-month mail-order prescription is 28% of the total cost.                      Tier 5 is limited to a 30-day supply per fill.</p> <p><b><i>Tier 6 Select Care Drugs:</i></b>  <i>Standard cost sharing:</i>                      You pay \$3 per prescription.</p> <p><i>Preferred cost sharing:</i>                      You pay \$0 per prescription.</p> <hr/> <p>Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

**Changes to the Catastrophic Coverage Stage**

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6, in your *Evidence of Coverage*.

## SECTION 2 Administrative Changes

Description	2024 (this year)	2025 (next year)
<b>Blue FlexCard</b>	OTC, Home Safety, and rewards were offered by separate vendors in 2024.	OTC, Home Safety, Vision and rewards are administered by the Blue FlexCard.
<b>Fitness Benefit</b>	Fitness benefit vendor for 2024 is Silver&Fit.	Fitness benefit vendor for 2025 is FitOn Health.
<b>Home Safety Devices</b>	Home Safety Devices vendor for 2024 is OTC Network.	Home Safety Devices vendor for 2025 is Blue FlexCard.
<b>Medicare Prescription Payment Plan</b>	Medicare Prescription Payment Plan was not available in 2024.	The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across <b>monthly payments that vary throughout the year</b> (January - December). To learn more about this payment option, please contact us at 1-888-310-4110 or visit Medicare.gov.
<b>Member Rewards and Incentives</b>	Administered through gift card sent by Velocity for 2024.	Administered by and available on the Blue FlexCard for 2025.
<b>Over-the-Counter (OTC)</b>	OTC vendor for 2024 is OTC Network.	OTC vendor for 2025 is Blue FlexCard.
<b>Service Area</b>	The following counties are not a part of the service area for 2024: Henderson, Jackson and Transylvania.	The following counties are a part of the service area for 2025: Henderson, Jackson and Transylvania.

Description	2024 (this year)	2025 (next year)
<b>Vision Services</b>	Must use participating network for eyewear allowance.	You can use any facility for eyewear or eye care retailer for vision allowance. Vision allowance is accessible via Blue FlexCard.

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in *Blue Medicare Essential Plus*

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Blue Medicare Essential Plus.

### Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- – *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2). As a reminder, Blue Cross NC offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost sharing amounts.

#### Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Blue Medicare Essential Plus.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Blue Medicare Essential Plus.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do so.
  - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In North Carolina, the SHIP is called Seniors' Health Insurance Information Program (SHIIP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHIIP at 1-855-408-1212. You can learn more about SHIIP by visiting their website (<http://www.ncdoi.com/SHIIP>).

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
  - Your State Medicaid Office.
- **Help from your state’s pharmaceutical assistance program.** North Carolina has a program called Seniors’ Health Insurance Information Program that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the North Carolina HIV Medication Assistance Program (NC HMAP). For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call the NC HMAP at 1-877-466-2232 (toll free in NC) or 1-919-733-9161 (out-of-state) or visit their website at <https://epi.dph.ncdhhs.gov/cd/hiv/hmap.html>. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

“Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-888-310-4110 or visit Medicare.gov.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from Blue Medicare Essential Plus

Questions? We're here to help. Please call Customer Service at 1-888-310-4110. (TTY only, call 711). We are available for phone calls 8 am to 8 pm daily. Calls to these numbers are free.

#### **Read your 2025 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for Blue Medicare Essential Plus. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at <https://www.bluecrossnc.com/members/medicare>. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

You can also visit our website at <https://www.bluecrossnc.com/members/medicare>. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/ Drug List)*.



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## Section 7.2 – Getting Help from Medicare

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To get information directly from Medicare:

### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

### **Read *Medicare & You 2025***

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or 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.

**Review other plan materials available as of October 15, 2024.**

View online or request a printed copy by calling us. **1-888-310-4110 (TTY 711)** 8 a.m. to 8 p.m. daily

**Evidence of Coverage (EOC)**

Your EOC provides you with details about your plan benefits.

To view your EOC, visit <https://www.bluecrossnc.com/members/medicare>, click on **Forms Library** and select the **Evidence of Coverage** for your plan. You can also complete and mail the prepaid enclosed postcard to request a printed copy.

**Formulary**

Your Formulary is a list of drugs covered by your plan.

To view your formulary, visit <https://www.bluecrossnc.com/members/medicare>, click on **Forms Library** and select your plan under **Formulary Guide**. You can also complete and mail the prepaid enclosed postcard to request a printed copy.

**Provider Directory or Pharmacy Directory**

To search for providers online, visit <https://www.bluecrossnc.com/members/medicare>, click on **Find care**.

You may also view our **Notice of Privacy Practices** online at [www.bluecrossnc.com/about-us/policies-and-best-practices/notice-privacy-practices](http://www.bluecrossnc.com/about-us/policies-and-best-practices/notice-privacy-practices).

**The Women's Health and Cancer Rights Act (WHCRA) of 1998**

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, this plan provides coverage for:

1. All stages of reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prosthesis and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient. Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.

Contact Customer Service for more information. Hours of operation are 8 am to 8 pm daily.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact the Customer Service number on the back of your ID card for assistance.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Comuníquese con el número para servicio al cliente que aparece en el reverso de su tarjeta del seguro para obtener ayuda.