



**Blue Medicare Medical OnlySM (HMO-POS) (H3449-012)
offered by Blue Cross and Blue Shield of North Carolina
(Blue Cross NC)**

Annual Notice of Changes for 2024

You are currently enrolled as a member of Blue Medicare Medical Only. Next year, there will be changes to the plan's costs and benefits. *Please see page 4 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 [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com), click "For Members," then click "Forms Library" and select the *Evidence of Coverage* for your plan. 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.**

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).
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, will be in our network next year.
- Think about whether you are happy with our plan.

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2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You* 2024 handbook.
- 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, 2023, you will stay in Blue Medicare Medical Only.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Blue Medicare Medical Only.
- If you recently moved into, currently live in, or just moved out of 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.

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 for more information.

About Blue Medicare Medical Only

- 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 Medical Only.

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Blue Medicare Medical Only in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* *Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$0	\$0
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$3,900	\$3,900
Doctor office visits	Primary care visits: \$0 per visit Specialist visits: \$25 per visit	Primary care visits: \$0 per visit Specialist visits: \$25 per visit
Inpatient hospital stays	You pay a \$295 copayment per day for the first 5 days for each Medicare-covered admission to a network hospital. You pay \$0 for additional days at a network hospital.	You pay a \$295 copayment per day for the first 5 days for each Medicare-covered admission to a network hospital. You pay \$0 for additional days at a network hospital.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium	\$0	\$0
(You must also continue to pay your Medicare Part B premium.)		
Part B premium Reduction	\$50	\$50

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	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount	\$3,900	\$3,900
Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.		Once you have paid \$3,900 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 Network

You may also call Member Services for updated provider 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 2024 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) 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. *Note that beginning July 2023, cost-sharing for insulin furnished through an item of DME is subject to a coinsurance cap of \$35 for one-month's supply of insulin.*

Cost	2023 (this year)	2024 (next year)
Colorectal Cancer Screening	For 2023, Colorectal Cancer Screening tests were covered for people aged 50 and older.	For 2024, Colorectal Cancer Screening tests are covered for people aged 45 and older.
Diabetic Eye Exams	You pay a \$25 copay for this benefit.	You pay a \$0 copay for this benefit.
Emergency Care	You pay a \$110 copay for this benefit.	You pay a \$120 copay for this benefit.
Home Safety Devices	This service is not covered.	You pay a \$0 copay for this benefit for up to two home safety devices per year. Must use designated vendor.
Inpatient Hospital Care	There is no transportation and lodging benefit for 2023.	For 2024, to receive the transportation and lodging benefit, the transplant facility or approved location for transplant services must be located at least 100 miles

Cost	2023 (this year)	2024 (next year)
		<p>(one way) from the member’s address (not a PO box). The cost of transportation and lodging is for the member and one eligible person to accompany the member during the member’s episode of care. The member’s episode of care is defined as 5 days prior to the transplant and ends one year after the transplant surgery date. The maximum amount payable for allowed transportation and lodging services related to a covered transplant is \$10,000 per transplant.</p>
Medicare Part B Rx Drugs	<p>You pay a 20% coinsurance for this benefit.</p>	<p>You pay a 0% - 20% coinsurance for this benefit.</p>
Occupational Therapy Services	<p>You pay a \$40 copay for this benefit.</p>	<p>You pay a \$25 copay for this benefit.</p>
Preferred Continuous Glucose Monitoring (CGM)	<p>Preferred Continuous Glucose Monitoring (CGM) products obtained through the pharmacy are Dexcom G6 and Abbott Freestyle Libre.</p>	<p>Preferred Continuous Glucose Monitoring (CGM) products obtained through the pharmacy include Dexcom G6, Dexcom G7 when used with a Dexcom Receiver, Abbott Freestyle Libre, Freestyle Libre 2, and Freestyle Libre 3 when used with a Freestyle Libre receiver. CGM’s may be</p>

Cost	2023 (this year)	2024 (next year)
		subject to Prior Authorization.
Pulmonary Rehabilitation Services	You pay a \$20 copay for this benefit.	You pay a \$15 copay for this benefit.
Skilled Nursing Facility (SNF) Medicare-covered stay	<p>You pay a \$0 copay for days 1-20.</p> <p>You pay a \$196 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 \$203 copay for days 21-60.</p> <p>You pay a \$0 copay for days 61-100.</p>
Worldwide Emergency Coverage	<p>You pay a \$110 copay for this benefit.</p> <p>There is a \$100,000 combined allowance for Worldwide Emergency.</p>	<p>You pay a \$120 copay for this benefit.</p> <p>There is a \$100,000 combined allowance for Worldwide Emergency.</p>

SECTION 2 Administrative Changes

	2023 (this year)	2024 (next year)
Address Changes - Med Only	Walk-in payments and correspondence are accepted at 5660 University Pkwy, Winston-Salem, NC 27105.	The following Blue Cross NC addresses changed in the EOC for 2024: - Walk-in payments or Correspondence no longer accepted at 5660 University Pkwy, Winston-Salem, NC 27105 - Customer Service Contact Information - Coverage Decisions for Medical Care - Appeals or Complaints About Medical Care - Claims Payment Requests (Medical) (Please refer to 2024 EOC for addresses.)
Group Number Change	Group number for 2023 was BH1200.	Group number for 2024 is M0000001.
ID Card Re-issue	ID Cards were not re-issued.	Replacement ID Cards will be issued in December 2023 for use starting January 1, 2024. Due to a Blue Cross system change, a new Member ID and Group Number were generated for you which necessitates this ID Card issuance. Use your current ID Card until December 31, 2023.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in *Blue Medicare Medical Only*

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 Medical Only.

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 2024 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, there may be 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), read the *Medicare & You 2024* 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 Medical Only.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Blue Medicare Medical Only.
- 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, 2024.

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, 2024, 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, 2024.

If you recently moved into, currently live in, or just moved out of 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.

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, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or 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 (applications).

- **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.
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost sharing assistance through the North Carolina AIDS Drug Assistance Program.

Note: 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.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the North Carolina AIDS Drug Assistance Program at 1-877-466-2232 (toll free in NC) or 1-919-733-9161 (out-of-state) or visit their website at

epi.dph.ncdhhs.gov/cd/hiv/hmap.html.

SECTION 7 Questions?

Section 7.1 – Getting Help from *Blue Medicare Medical Only*

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 2024 *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 2024. For details, look in the 2024 *Evidence of Coverage* for *Blue Medicare Medical Only*. 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 [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com). 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 [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

Section 7.2 – Getting Help from Medicare

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). 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.

Read *Medicare & You 2024*

Read the *Medicare & You 2024* 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, 2023.

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 [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com), click on **Forms Library** and select **Evidence of Coverage** for your plan. You can also complete the enclosed insert and return it in the prepaid envelope to request a printed copy.

Provider Directory

To search for providers online, visit [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com), 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.

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.