

# 2024 **Blue**Medicare Advantage<sup>SM</sup>



**Get more benefits than  
Original Medicare, including:**

- Caregiver and in-home support services
- Prescription drug coverage
- Vision and dental coverage
- Over-the-counter products allowance
- Non-emergency transportation

**And much more!**

Not all benefits available on all plans. See plan for details.



**BlueCross BlueShield  
of North Carolina**











# MEDICARE

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# Get more with Medicare Advantage from Blue Cross NC

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) Medicare Advantage plans give you more benefits than Original Medicare for a low – or no – additional premium.\* Each plan is built on the Blue Cross NC network of over 60,000 doctors and facilities,<sup>1</sup> so you're never far from covered care.

## 2024 Blue Medicare Advantage plan highlights

-  **\$0 Plan Premium\***  
For select plans in all 100 NC counties.
-  **Part B Premium Reduction**  
\$50-\$60 toward your Part B premium each month – up to \$720 per year.\*\*
-  **OTC Products Allowance**  
\$85-\$120 per quarter for over-the-counter (OTC) medications and other qualifying health products.\*\*\*
-  **Vision Services**  
\$10-\$25 routine eye exam<sup>†</sup> and up to \$300/year for routine prescription eyewear.
-  **Post-Discharge Meals**  
Two meals per day for 14 days after discharge from a hospital or qualifying facility.
-  **Support for Caregivers**  
Live and online support for those caring for their loved ones.
-  **Personal Emergency Response System**  
A wearable device to connect you to emergency services.
-  **Prescription Drug Coverage**  
Medicare Part D drug benefits are built right in – no need to purchase additional coverage.††
-  **\$0 Medicare-Approved Routine Exams**  
Includes your Medicare Annual Wellness Visit, mammograms, colorectal screenings and more.
-  **Dental Services**  
\$2,000 combined allowance for preventive and comprehensive services.†††
-  **Hearing Services**  
\$0 routine hearing exam and \$699-\$999 copay for hearing aids.<sup>^</sup>
-  **In-Home Assistance**  
60 hours per year for meal prep, bathing, companionship visits and more.
-  **Non-Emergency Transportation**  
24 one-way rides each year to health-related locations.
-  **Home Safety Devices**  
Two home safety devices at no cost to you, including grab bars, raised toilet seats and more.<sup>^^</sup>
-  **Fitness Program**

No-cost membership at participating facilities plus on-demand workout videos, a home fitness kit, custom workout plans and more.<sup>^^^</sup>

<sup>1</sup> Blue Cross Blue Shield Association internal data, February 2023.

Note: Benefits vary by plan. Not all benefits available on all plans. See plan for details.

\* You are still required by the federal government to pay your Part B premium. Some plans include a Part B giveback that will pay all or a portion of that premium. See plan for details.

\*\* You must pay your own Part B premium to be eligible for the reduction. You cannot receive Medicaid or any other assistance from a health program that could potentially pay your Part B premium. If you also receive

a Part B giveback from a secondary plan, you can receive both reductions up to – but not exceeding – the total amount of your Part B premium.

\*\*\* Must use designated retailers. Amount does not roll over quarter-to-quarter.

† One per year. Must use designated providers.

†† Prescription drug coverage is included on all Blue Medicare plans except Blue Medicare Medical Only (HMO-POS)<sup>SM</sup> and Blue Medicare Freedom Plus (PPO)<sup>SM</sup>.

††† Certain limits apply. Combined yearly allowance. For service obtained out-of-

network, you will be responsible for 20% plus additional costs up to the provider billed amount. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please see the Evidence of Coverage for more information.

<sup>^</sup> One per ear, per year. Must use designated providers.

<sup>^^</sup> Devices must be ordered from approved product list using designated provider.

<sup>^^^</sup> This program includes the Standard Network. Premium Network may have monthly costs.

# 2024 Plan Benefit Highlights

	Blue Medicare HMO <sup>SM</sup>		Blue Medicare HMO-POS <sup>SM</sup>			Blue Medicare PPO <sup>SM</sup>
<b>In-Network Benefits:</b>	Blue Medicare Choice <sup>SM</sup>	Blue Medicare Essential <sup>SM</sup>	Blue Medicare Medical Only <sup>SM</sup>	Blue Medicare Essential Plus <sup>SM</sup>	Blue Medicare Enhanced <sup>SM</sup>	Blue Medicare PPO Enhanced <sup>SM</sup>
<b>Monthly Premium:*</b>	\$0	\$0	\$0	\$0	\$19; \$34; \$45	\$29; \$49
<b>Part B Premium Reduction**</b>	N/A	\$60/month	\$50/month	N/A	N/A	N/A
<b>Primary Doctor Visit:</b>	\$0 copay	\$5; \$10 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Specialist Doctor Visit (No Referral Required):</b>	\$10 copay	\$45 copay	\$25 copay	\$15–\$25 copay	\$15 copay	\$15–\$25 copay
<b>Part D Rx (PDP):</b>	Covered	Covered	Not covered	Covered	Covered	Covered
<b>Dental Services (Preventive and Other Services):</b>	\$0 copay preventive only	\$0 copay preventive only	\$2,000 combined allowance***	\$2,000 combined allowance***	\$2,000 combined allowance***	\$2,000 combined allowance***
<b>Vision Services:</b>	\$10 copay	\$25 copay	\$25 copay	\$15–25 copay	\$15 copay	\$15–25 copay
<b>Over-the-Counter Products Allowance:</b>	\$85 quarterly	Not covered	\$100 quarterly	\$90-\$120 quarterly	\$95–\$105 quarterly	\$90–\$105 quarterly
<b>Personal Emergency Response System:</b>	✓	✓	✓	✓	✓	✓
<b>Support for Caregivers:</b>	✓	✓	✓	✓	✓	✓
<b>In-Home Assistance:</b>	✗	✗	✓	✓	✓	✓
<b>Non-Emergency Transportation:</b>	✗	✗	✓	✓	✓	✓
<b>KEY:</b> ✓ Included ✗ Not Included						

\*Premiums may vary by region. See the plan for details. The federal government requires all Medicare Advantage members to continue paying their Part B premium.

\*\*You must pay your own Part B premium to be eligible for the reduction. You cannot receive Medicaid or any other assistance

from a health program that could potentially pay your Part B premium. If you also receive a Part B giveback from a secondary plan, you can receive both reductions up to – but not exceeding – the total amount of your Part B premium.

\*\*\* Preventive and comprehensive.

# Blue Medicare Advantage<sup>SM</sup>

**Questions? Contact a local Blue Cross NC Medicare plan expert today.**

**Phone:** 1-800-665-8037 (TTY: 711)

**Hours:** 7 days a week, 8 a.m. – 8 p.m.

**Online:** [Medicare.BlueCrossNC.com/Contact-Us](https://www.Medicare.BlueCrossNC.com/Contact-Us)

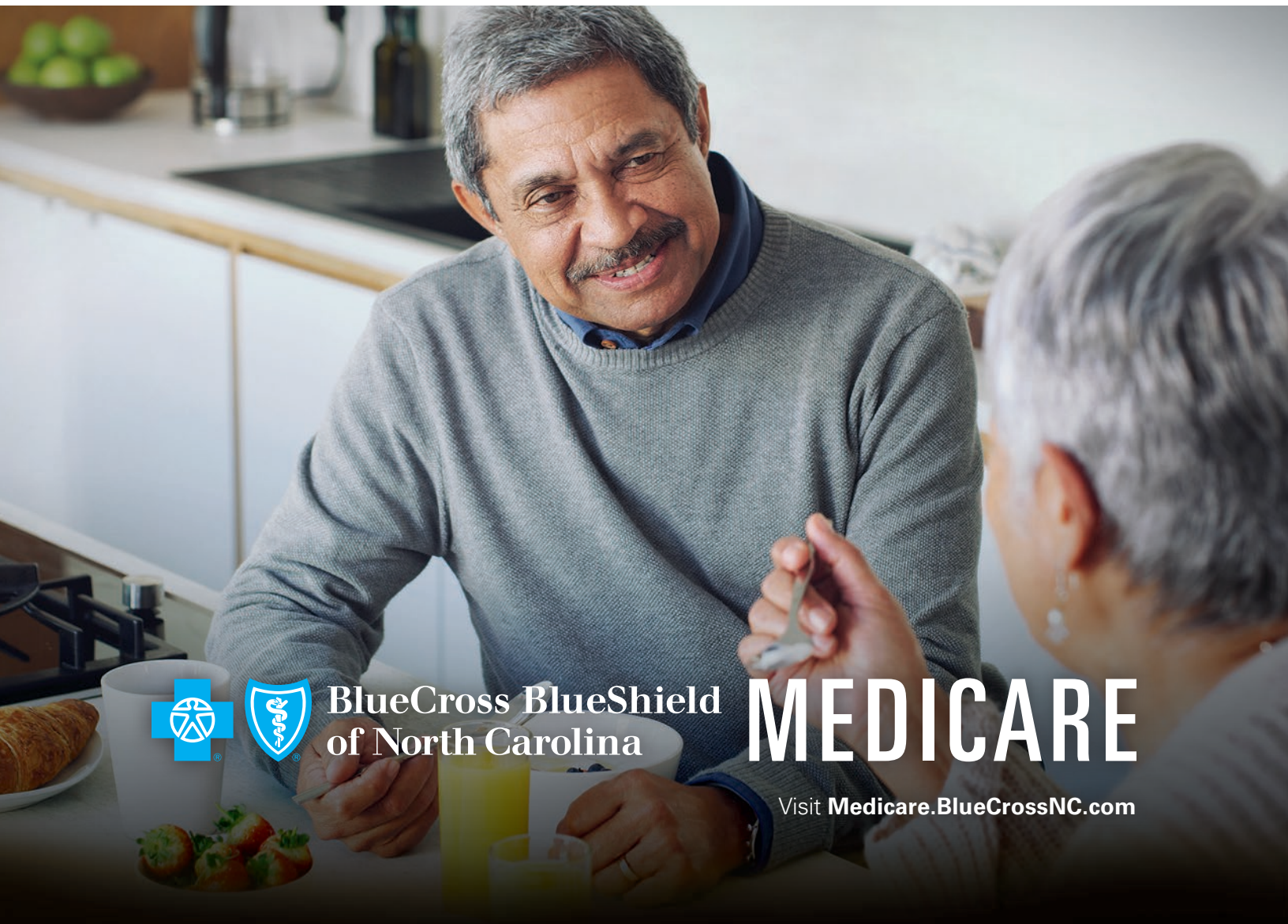
**Or contact your Blue Cross NC Authorized Independent Agent.**

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 1-800-665-8037 (TTY: 711) 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. Llame al 1-800-665-8037 (TTY: 711) para obtener ayuda.

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

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