2024 Summary of Benefits Blue Medicare Freedom+℠ (PPO)

This is a summary of health services that are covered under Blue Medicare Freedom+ (PPO) for **January 1, 2024 – December 31, 2024.**

Plan: Blue Medicare Freedom+ (PPO) H3404-004

- 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 **Medicare.BlueCrossNC.com/forms-library** and click on the Evidence of Coverage tab.
- To join Blue Medicare Freedom+, you must have both Medicare Part A and Medicare Part B and live in our service area.
- Blue Medicare Freedom+ has a network of doctors, hospitals, pharmacies and other providers. You'll get your health care at lower prices by using in-network providers.
- Out-of-network/non-contracted providers are under no obligation to treat Blue Cross and Blue Shield of North Carolina (Blue Cross NC) members, except in emergency situations. 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.
- Plan may offer supplemental benefits in addition to Part C benefits.
- Blue Cross and Blue Shield of North Carolina is a PPO 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 **1-888-790-6412** (TTY: 711), current members call **1-877-494-7647**, 7 days a week, 8 a.m. – 8 p.m., visit **Medicare.BlueCrossNC.com/FreedomPlus** or contact your Blue Cross NC Authorized Independent Agent.

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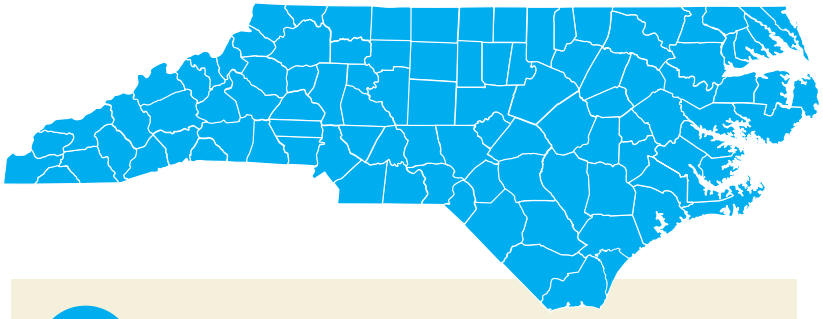
Summary of Benefits

Plan Offering and Premium

Blue Medicare Freedom+ (PPO) is available in all 100 North Carolina counties.

Blue Medicare Freedom+™ (PPO) H3404-004 **Monthly Premium: $0**

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	Union
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	



Blue Medicare Freedom+ (PPO) is available in all 100 North Carolina counties.

Please note: To join Blue Medicare Freedom+, you must have both Medicare Part A and Medicare Part B and live in our service area.

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Blue Medicare Freedom+™ (PPO) H3404-004

Monthly Premium:	You must also continue to pay your Medicare Part B premium.	$0
Part B Premium Reduction:	Paid monthly.	$100
Deductible:	This plan has no medical deductible.	$0

Benefit	What You Should Know	In-Network	Out-of-Network*
Annual Maximum Out-of-Pocket Amount:		$8,850	$13,300
Inpatient Hospital Care:** (Benefit period applied per admission.)	**Days 1–90:**	$2,080 copay per stay	40% of cost
	Days 91–150:	$800 copay per day	40% of cost
Outpatient Services:**	**Outpatient Hospital:**	20% of cost per stay	40% of cost
	Ambulatory Surgical Center:	20% of cost	40% of cost
Doctor Visit:	**Primary:**	20% of cost	40% of cost
	Specialist:	20% of cost	40% of cost
Preventive Care:	Any additional preventive services approved by Medicare during the contract year will be covered.	$0 copay	$0 copay
Emergency Care:		$100 copay	$100 copay
Urgently Needed Services:		$55 copay	$55 copay

*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. **May require prior authorization. Note: This chart shows your portion of the costs.

Summary of Benefits

BlueMedicare Freedom+℠ (PPO) H3404-004

Benefit	What You Should Know		In-Network	Out-of-Network*
Diagnostic Services/ Labs/ Imaging:*	**Diagnostic Tests and Procedures:**		20% of cost	40% of cost
	Lab Services:		20% of cost	40% of cost
	Diagnostic Radiological Services:	**MRI, CT and Other Nuclear Medicine:**	20% of cost	40% of cost
		PET:	20% of cost	40% of cost
		All Other Services:	20% of cost	40% of cost
	Therapeutic Radiological Services:		20% of cost	40% of cost
	X-rays:		20% of cost	40% of cost
Hearing Services:	**Medicare-Covered Hearing Exam:**	Exam to diagnose and treat hearing and balance issues.	20% of cost	40% of cost
Dental Services:	**Medicare-Covered Dental Services:**	Medicare may pay for certain services when you're in a hospital and need emergency or complicated dental procedures.	20% of cost	40% of cost
Vision Services:	**Medicare-Covered Eye Exam:**	For the diagnosis and treatment of illnesses and injuries of the eye.	20% of cost	40% of cost
	Eyewear After Cataract Surgery:	One pair of eyeglasses or one pair of contact lenses.	$0 copay	40% of cost
	Diabetic Eye Exam:		$0 copay	40% of cost
Mental Health Services:	**Inpatient:**** (Benefit period applied per admission.)	**Days 1–90:**	$1,937 copay per stay	40% of cost
		Days 91–150:	$800 copay per day	40% of cost
	Outpatient: (Mental health** and substance use.)	Individual and group sessions.	20% of cost	40% of cost
Skilled Nursing Facility:**	(Cost share applies per day. Benefit period applied per admission.)	**Days 1–20:**	$0 copay	40% of cost
		Days 21–60:	$203 copay	40% of cost
		Days 61–100:	$0 copay	40% of cost

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Blue Medicare Freedom+™ (PPO)

H3404-004

Benefit	What You Should Know	In-Network	Out-of-Network*
Outpatient Rehabilitation Services:	**Occupational, Physical and Speech Language Therapy:**	$30 copay	40% of cost
	Cardiac Rehab Services:	$30 copay	40% of cost
	Pulmonary Rehab Services:	$15 copay	40% of cost
Ambulance Services:**	Covers medically necessary ground and air ambulance services.	20% of cost	40% of cost
Transportation:	24 one-way rides to health-related locations. Must use designated providers.	$0 copay	Not covered
Medicare Part B Drugs:***	**Part B Insulins:** 30-day supply.	$35 copay	40% of cost
	Chemotherapy and Other Part B Drugs: Part D drugs not covered.	0–20% of cost	40% of cost

Other Covered Benefits

Podiatry Services:	Foot care.	20% of cost	40% of cost
Medical Equipment and Supplies:	**Durable Medical Equipment & Supplies:****	20% of cost	40% of cost
	Diabetic Shoes or Inserts:	20% of cost	40% of cost
	Diabetes Supplies:**	20% of cost	40% of cost
Healthy Aging and Exercise Program:	Must use participating facilities.	$0 copay†	Not covered
PPO Travel Program:	Extended network in the U.S.	Included	40% of cost††
Meals Benefit:	Two meals per day for 14 days post-discharge.	$0 copay	Not covered
Support for Caregivers:	Support and resources for non-professional caregivers.	$0 copay	Not covered
In-Home Assistance:	60 hours per year.	$0 copay	Not covered
Personal Emergency Response System:	Wearable device with fast access to emergency services.	$0 copay	Not covered
Home Safety Devices:†††	Two devices per year.	$0 copay	Not covered

*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. **May require prior authorization. ***May require prior authorization. Based on Inflation Reduction Act mandates. †This program includes the Standard network. Premium network may have monthly costs. Some facilities may offer limited hours. ††For more information see the Evidence of Coverage. †††Devices must be ordered from approved product list using designated provider. Note: This chart shows your portion of the costs.