Healthy Blue + Medicare℠

BlueCross BlueShield of North Carolina MEDICARE

Your guide to your 2022 benefits

Annual Notice of Changes

Healthy Blue + Medicare (HMO D-SNP)

Customer Service:
1-833-713-1078 TTY: **711**

https://www.bcbsdirect.com/nc/login

It's easy to keep your current plan.

No action is required — it will auto-renew in December.

Healthy Blue + Medicare℠

BlueCross BlueShield of North Carolina MEDICARE

Thank you for being a valued member

We value your continued trust in us as your healthcare partner. Healthy Blue + Medicare is committed to delivering more affordable healthcare and innovative solutions to our members.

This booklet makes it easier to understand next year's coverage. Your Annual Notice of Changes compares your 2021 benefits to your 2022 benefits. Your 2022 plan information will also be available online at **https://www.bcbsdirect.com/nc/login** on October 15 in preparation for the Annual Election Period that runs from October 15 through December 7, 2021.

You don't have to do anything to keep your current coverage. Your policy will auto-renew in December.

Your Medicare Advantage plan includes the benefits you need plus the extras you want. Check out your video within the secure online portal to see what your plan offers you.

Thanks again for being a valued member. If you have any questions, you can always call us at 1-833-713-1078 (TTY: **711**).

Healthy Blue + Medicare℠

BlueCross BlueShield of North Carolina MEDICARE

Healthy Blue + Medicare (HMO D-SNP)
offered by Healthy Blue + Medicare

Annual Notice of Changes for 2022

You are currently enrolled as a member of Healthy Blue + Medicare (HMO D-SNP). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

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.
  - It's important to review your coverage now to make sure it will meet your needs next year.
  - Do the changes affect the services you use?
  - Look in Section 1.4 for information about benefit and cost changes for our plan.
- ☐ Check the changes in the booklet to our prescription drug coverage to see if they affect you.
  - Will your drugs be covered?
  - Are your drugs in a different tier, with different cost sharing?
  - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
  - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
  - Review the *2022 Drug List* and look in Section 1.5 for information about changes to our drug coverage.
  - Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices, visit https://go.medicare.gov/drugprices and click the "dashboards" link in the middle of the second Note toward the bottom of the page. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

- ☐ Check to see if your doctors and other providers will be in our network next year.
  - Are your doctors, including specialists you see regularly, in our network?
  - What about the hospitals or other providers you use?
  - Look in Section 1.2 for information about our *Provider/Pharmacy Directory*.
- ☐ Think about your overall health care costs.
  - How much will you spend out of pocket for the services and prescription drugs you use regularly?
  - How much will you spend on your premium and deductibles?
  - How do your total plan costs compare to other Medicare coverage options?
- ☐ 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 personalized search feature on the Medicare Plan Finder at www.medicare.gov/plan-compare website.
  - Review the list in the back of your *Medicare & You 2022* handbook.
  - Look in Section 3.2 to learn more about your choices.
- ☐ 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, 2021, you will be enrolled in Healthy Blue + Medicare (HMO D-SNP).
- ☐ If you want to **change to a different plan** that may better meet your needs, you can switch plans between October 15 and December 7. Look in Section 3.2, Page 09 to learn more about your choices.

4. Enroll: To change plans, join a plan between October 15 and December 7, 2021.

- ☐ If you don't join another plan by **December 7, 2021**, you will be enrolled in Healthy Blue + Medicare (HMO D-SNP).
- ☐ If you join another plan between **October 15 and December 7, 2021**, your new coverage will start **January 1, 2022**. You will be automatically disenrolled from your current plan.

Additional resources

- Please contact our Customer Service number at **1-833-713-1078** for additional information. (TTY users should call **711**.) Hours are from 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.
- This document is available to order in large print, braille and audio. To request this document in an alternate format, please call Customer Service at the phone number printed on the back of this booklet.
- **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 https://www.irs.gov/affordable-care-act/individuals-and-families for more information.

About Healthy Blue + Medicare (HMO D-SNP)

- Blue Cross and Blue Shield of North Carolina Senior Health DBA Blue Cross and Blue Shield of North Carolina is an HMO D-SNP plan with a Medicare contract and a contract with the North Carolina Medicaid program. Enrollment in Blue Cross and Blue Shield of North Carolina Senior Health depends upon contract renewal. The plan also has a written agreement with the North Carolina Medicaid program to coordinate your Medicaid benefits.
- When this booklet says "we," "us," or "our" it means Healthy Blue + Medicare. When it says "plan" or "our plan," it means Healthy Blue + Medicare (HMO D-SNP).

Summary of important costs for 2022

The table below compares the 2021 costs and 2022 costs for Healthy Blue + Medicare (HMO D-SNP) in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at https://www.bcbsdirect.com/nc/login. You may also call Customer Service to ask us to mail you an *Evidence of Coverage.*

Cost	2021 (this year)	2022 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount.	$0.00	$0.00
Doctor office visits	Primary care visits: $0.00 copay per visit Specialist visits: $0.00 copay per visit	Primary care visits: $0.00 copay per visit Specialist visits: $0.00 copay per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	Because you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.	Because you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.

Cost	2021 (this year)	2022 (next year)
Part D prescription drug coverage (See Section 1.5 for details.)	**Deductible:** Because you receive "Extra Help" with your prescription drugs, this payment stage does not apply. Please see Section 5, Programs that help pay for prescription drugs.	**Deductible:** Because you receive "Extra Help" with your prescription drugs, this payment stage does not apply. Please see Section 5, Programs that help pay for prescription drugs.
	Copays during the initial coverage stage: **Tier 1: Preferred Generic:** You pay $0.00 per prescription. **Tier 2: Generic:** You pay $0.00 - $3.70 per prescription.** **Tier 3: Preferred Brand:** You pay $0.00-$9.20 per prescription.** **Tier 4: Non-Preferred Drug:** You pay $0.00-$9.20 per prescription.** **Tier 5: Specialty Tier:** You pay $0.00-$9.20 per prescription.** **Tier 6: Select Care Drugs:** You pay $0.00 per prescription.	Copays during the initial coverage stage: **Tier 1: Preferred Generic:** You pay $0.00 per prescription. **Tier 2: Generic:** You pay $0.00 - $3.95 per prescription.** **Tier 3: Preferred Brand:** You pay $0.00 - $9.85 per prescription.** **Tier 4: Non-Preferred Drug:** You pay $0.00 - $9.85 per prescription.** **Tier 5: Specialty Tier:** You pay $0.00 - $9.85 per prescription.** **Tier 6: Select Care Drugs:** You pay $0.00 per prescription.

Cost	2021 (this year)	2022 (next year)
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 1.1 for details.)	You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

**The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your *LIS Rider* for the specific amount you pay.

Annual Notice of Changes for 2022

Table of contents

Section 1. Changes to benefits and costs for next year

Section 1.1 Changes to your maximum out-of-pocket amount

To protect you, Medicare requires all health plans to limit how much you pay "out of pocket" during 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	2021 (this year)	2022 (next year)
Maximum out-of-pocket amount Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum. You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$7,550.00 Your coverage under North Carolina Medicaid provides coverage for Medicare cost sharing applied to covered services.	$7,550.00 Your coverage under North Carolina Medicaid provides coverage for Medicare cost sharing applied to covered services.

Section 1.2 Changes to the provider network

An updated *Provider/Pharmacy Directory* is located on our website at **https://www.Medicare.BlueCrossNC.com.** You may also call Customer Service for updated provider information or to ask us to mail you a *Provider/Pharmacy Directory*. Please review the *2022 Provider/ Pharmacy 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. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan, you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.

- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment, you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

Section 1.3 Changes to the pharmacy network

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. Your costs will be the same if you use a pharmacy that offers standard cost sharing or a pharmacy that offers preferred cost sharing.

There are changes to our network of pharmacies for next year. An updated *Provider/Pharmacy Directory* is located on our website at https://www.Medicare.BlueCrossNC.com. You may also call Customer Service for updated provider information or to ask us to mail you a *Provider/Pharmacy Directory*. Please review the *2022 Provider/Pharmacy Directory* to see which pharmacies are in our network.

Section 1.4 Changes to benefits and costs for medical services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, Benefits Chart (What is covered and what you pay), in your *2022 Evidence of Coverage*. A copy of the *Evidence of Coverage* is located on our website at https://www.bcbsdirect.com/nc/login. You may also call Customer Service to ask us to mail you an *Evidence of Coverage.*

Opioid treatment program services

Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP) which includes the following services:

- U.S. Food and Drug Administration (FDA)-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications.
- Dispensing and administration of MAT medications (if applicable)
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities

- Periodic assessments

Cost	2021 (this year)	2022 (next year)
Dental services (Supplemental)	**$0.00** copay for supplemental preventive and comprehensive dental services. This plan covers: 2 oral exam(s), 2 cleaning(s), 1 dental X-ray(s), 1 fluoride treatment(s) every year. This plan covers up to a **$2,500.00** allowance for covered comprehensive dental services every year.	**$0.00** copay for supplemental preventive and comprehensive dental services. This plan covers: 2 oral exam(s), 2 cleaning(s), 1 dental X-ray(s), 1 fluoride treatment(s) every year. This plan covers up to a **$5,000.00** allowance for covered comprehensive dental services every year.
Diabetes Training	Telehealth services not available for diabetes self-management training.	Telehealth services are available for diabetes self-management training. You must use a network provider that offers these services via telehealth.
Hearing services (Supplemental)	This plan covers 1 routine hearing exam(s) and hearing aid fitting/ evaluation(s) every year. **$2,000.00** maximum plan benefit for hearing aids every year.	This plan covers 1 routine hearing exam(s) and hearing aid fitting/ evaluation(s) every year. **$3,000.00** maximum plan benefit for hearing aids every year.
Outpatient Mental health care	Telehealth services are not available for group mental and psychiatric health specialty services.	Telehealth services are available for group mental and psychiatric health specialty services. You must use a network provider that offers these services via telehealth.

Cost	2021 (this year)	2022 (next year)
Outpatient Substance Abuse	Telehealth services are not available for individual and group outpatient substance abuse services.	Telehealth services are available for individual and group outpatient substance abuse services. You must use a network provider that offers these services via telehealth.
Over the Counter supplemental coverage	This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to **$300** every quarter. Unused OTC amounts do not roll over to the next quarter. Unused OTC amounts do not roll over to the next calendar year.	This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to **$310** every quarter. Unused OTC amounts do not roll over to the next quarter. Unused OTC amounts do not roll over to the next calendar year.
Physician Specialist	Telehealth services are not available for physician specialist services.	Telehealth services are available for physician specialist services. You must use a network provider that offers these services via telehealth.
Kidney Disease Education	Telehealth services are not available for kidney disease education.	Telehealth services are available for kidney disease education. You must use a network provider that offers these services via telehealth.
Routine Eyewear	This plan covers up to **$250.00** for eyeglasses or contact lenses every year.	This plan covers up to **$300.00** for prescription eyeglasses, contact lenses, frames, lenses and/or upgrades every year.

Cost	2021 (this year)	2022 (next year)
Opioid Treatment Services	Telehealth services not available for opioid treatment services.	Telehealth services are available for opioid treatment services. You must use a network provider that offers these services via telehealth.
Health and wellness	Silver&Fit: **$0.00** copay Home Fitness Kits: You are eligible to receive two (2) home fitness kits per benefit year from a variety of fitness categories.	Silver&Fit: **$0.00** copay Home Fitness Kits: You are eligible to receive one (1) home fitness kit per benefit year from a variety of fitness categories.
Healthy Groceries	This plan does not offer this benefit.	**$0.00** copay Eligible members will receive a **$70** allowance per month to buy a wide range of approved healthy food and produce. Required to meet the Special Supplemental Benefit for the Chronically Ill criteria outlined in Chapter 4 of the Evidence of Coverage.

Section 1.5 Changes to Part D prescription drug coverage

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, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the *Drug List* to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) to ask the plan to make an exception** to cover the drug. **We encourage current members** to ask for an exception before next year.
  - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage* "What to do if you have a problem or complaint (coverage decisions, appeals, complaints)," or call Customer Service.
- **Work with your doctor (or prescriber) to find a different drug** that we cover. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a nonformulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage.*) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Most of the changes in the *Drug List* are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the *Drug List* during the year, you can still work with your doctor (or other prescriber) to ask us to make an exception to cover the drug. We will also continue to update our online *Drug List* as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the *Drug List*, see Chapter 5, Section 6 of the *Evidence of Coverage*.)

Changes to prescription drug 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 haven't received this insert by September 30, 2021, please call Customer Service and ask for the *"LIS Rider."*

There are four "drug payment stages." How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the yearly deductible stage and the initial coverage stage. (Most members do not reach the other two stages – the coverage gap stage or the catastrophic coverage stage. To get information about your costs in these stages, look in your *Summary of Benefits* or at Chapter 6, Section 6 and Section 7 in the *Evidence of Coverage*.)

Changes to the deductible stage

Stage	2021 (this year)	2022 (next year)
Stage 1: Yearly deductible stage	Because you receive "Extra Help" with your prescription drugs, this payment stage does not apply. Please see Section 5, Programs that help pay for prescription drugs.	Because you receive "Extra Help" with your prescription drugs, this payment stage does not apply. Please see Section 5, Programs that help pay for prescription drugs.

Changes to your cost sharing in the initial coverage stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, Types of out-of-pocket costs you may pay for covered drugs in your *Evidence of Coverage*.

Stage	2021 (this year)	2022 (next year)
Stage 2: Initial coverage stage During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost.** The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply, or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*. We changed the tier for some of the	Your cost for a one-month supply at a network pharmacy*: **Tier 1: Preferred Generic** You pay $0.00 per prescription. **Tier 2: Generic** You pay $0.00 - $3.70 per prescription.** **Tier 3: Preferred Brand** You pay $0.00 - $9.20 per prescription.** **Tier 4: Non-Preferred Drug** You pay $0.00 - $9.20 per prescription.** **Tier 5: Specialty Tier** You pay $0.00 - $9.20 per prescription.**	Your cost for a one-month supply at a network pharmacy*: **Tier 1: Preferred Generic** You pay $0.00 per prescription. **Tier 2: Generic** You pay $0.00 - $3.95 per prescription.** **Tier 3: Preferred Brand** You pay $0.00-$9.85 per prescription.** **Tier 4: Non-Preferred Drug** You pay $0.00-$9.85 per prescription.** **Tier 5: Specialty Tier** You pay $0.00-$9.85 per prescription.**

Stage	2021 (this year)	2022 (next year)
drugs on your *Drug List*. To see if your drugs will be in a different tier, look them up on the *Drug List*.	**Tier 6: Select Care Drugs** You pay $0.00 per prescription. Once your total drug costs have reached $4,130, you will move to the next stage (the coverage gap stage).	**Tier 6: Select Care Drugs** You pay $0.00 per prescription. Once your total drug costs have reached $4,430, you will move to the next stage (the coverage gap stage).

*Your costs will be the same if you use a pharmacy that offers standard cost sharing or a pharmacy that offers preferred cost sharing.

**The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.

Changes to the coverage gap and catastrophic coverage stages

The coverage gap stage and the catastrophic coverage stage are two other drug coverage stages for people with high drug costs. **Most members do not reach either stage.** For information about your costs in these stages, look at your *Summary of Benefits* or at Chapter 6, Section 6 and Section 7, in your *Evidence of Coverage.*

Section 2. Administrative changes

Description	2021 (this year)	2022 (next year)
Service area	Your service area is: Alamance, Buncombe, Cabarrus, Cumberland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Harnett, Mecklenburg, Orange, Rowan, Stokes, Surry, Wake and Yadkin counties.	The following counties have been added for 2022: Alexander, Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Bladen, Brunswick, Burke, Caldwell, Caswell, Catawba, Chatham, Chowan, Cleveland, Columbus, Duplin, Edgecombe, Franklin, Gates, Graham, Granville, Greene, Halifax, Haywood, Henderson, Hertford, Hoke, Hyde,

Description	2021 (this year)	2022 (next year)
		Iredell, Jackson, Johnston, Jones, Lee, Lenoir, Lincoln, Macon, Madison, Martin, McDowell, Mitchell, Montgomery, Moore, Nash, New Hanover, Northampton, Pamlico, Pender, Person, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rutherford, Sampson, Scotland, Stanly, Swain, Transylvania, Tyrrell, Union, Vance, Warren, Washington, Watauga, Wayne, Wilkes, Wilson and Yancey.
Part D enhanced gap coverage	Enhanced gap coverage included on Tier 1.	There is no enhanced gap coverage on Tier 1.

Section 3. Deciding which plan to choose

Section 3.1 If you want to stay in Healthy Blue + Medicare (HMO D-SNP)

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 plan for 2022.

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 for 2022,

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.

To learn more about Original Medicare and the different types of Medicare plans, read the *Medicare & You* 2022 handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to (www.medicare.gov/plan-compare). **Here, you can find information about costs, coverage and quality ratings for Medicare plans.**

Step 2: Change your coverage.

- **To change to a different Medicare health plan, enroll in the new plan.** You will automatically be disenrolled from Healthy Blue + Medicare (HMO D-SNP).
- **To change to Original Medicare with a prescription drug plan, enroll in the new drug plan.** You will automatically be disenrolled from Healthy Blue + Medicare (HMO D-SNP).
- **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 this (phone numbers are in Section 7.1 of this booklet).
  - **OR** Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.

Section 4. Changing plans

If you want to change to a different plan or Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2022.

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

In certain situations, changes are also allowed at other times of the year. For example, 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 may be allowed to make a change at other times of the year.

If you enrolled in a Medicare Advantage plan for January 1, 2022, 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, 2022. For more information, see Chapter 10 , Section 2.2 of the *Evidence of Coverage.*

Section 5. Programs that offer free counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state.

SHIPs are independent (not connected with any insurance company or health plan). SHIPs are state programs that get money from the federal government to give free local health insurance counseling to people with Medicare. SHIP 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 the SHIP in your state at the phone number listed below:

In North Carolina:

Seniors' Health Insurance Information Program (SHIIP)

1-855-408-1212

711 (TTY)

You can learn more about Seniors' Health Insurance Information Program (SHIIP) by visiting their website, (http://www.ncdoi.com/SHIIP/).

For questions about your North Carolina Medicaid benefits, contact:

North Carolina Medicaid

1-888-245-0179

711 (TTY)

8:00 a.m. - 5:00 p.m. Monday through Friday

Ask how joining another plan or returning to Original Medicare affects how you get your North Carolina Medicaid coverage.

Section 6. Programs that help pay for prescription drugs

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

- **"Extra Help" from Medicare.** Because you have Medicaid, you are already enrolled in "Extra Help," also called the low-income subsidy. "Extra Help" pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late-enrollment penalty. If you have questions about "Extra Help," call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, seven days a week.
  - The Social Security Office at 1-800-772-1213, between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).

- **Help from your state's pharmaceutical assistance program (SPAP).** Most states have a 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 (the name and phone numbers for this organization are in Section 5 of this booklet).
  - **In North Carolina:**

  North Carolina State Pharmacy Assistance Programs (SPAP)

- **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. 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 ADAP in your state. For information on eligibility criteria, covered drugs or how to enroll in the program, please call the ADAP in your state.
  - **In North Carolina:**

    HIV Medication Assistance Program (HMAP)

    1-919-733-3419

    TTY users should call 711

Section 7. Questions?

Section 7.1 Getting help from Healthy Blue + Medicare (HMO D-SNP)

Questions? We're here to help. Please call Customer Service at **1-833-713-1078.** (TTY only, call **711**.) We are available for phone calls from 8:00 a.m. to 8:00 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. Calls to these numbers are free.

Read your *2022 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 2022. For details, look in the *2022 Evidence of Coverage* for Healthy Blue + Medicare (HMO D-SNP). 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.bcbsdirect.com/nc/login. 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.bcbsdirect.com/nc/login. As a reminder, our website has the most up-to-date information about our provider network (*Provider/Pharmacy Directory*) and our list of covered drugs (*Formulary/Drug List*).

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, seven days a week. TTY users should call 1-877-486-2048.

Visit the Medicare website

You can visit the Medicare website (www.medicare.gov). It has information about costs, coverage and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov/plan-compare.)

Read *Medicare & You 2022*

You can read the *Medicare & You 2022* handbook. Every year in the fall, this booklet 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 booklet, you can get it at the Medicare website (www.medicare.gov/plan-compare) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

Section 7.3 Getting help from Medicaid

To get information from Medicaid, you can call North Carolina Medicaid at **1-888-245-0179.** TTY users should call **711.**

You can access your plan documents online.

Beginning on October 15, 2021, you can access your important plan documents online two different ways:

1. Log into or register for your secure online account at **https://www.bcbsdirect.com/nc/login**. **Select My Plans** and scroll down.
2. If you don't have a secure online account, visit **https://www.Medicare.BlueCrossNC.com** and type in your ZIP Code. Find your plan and select plan documents.

Plan documents available on October 15, 2021:

Evidence of Coverage: For complete details about your coverage and costs.

- Within your secure online account at **https://www.bcbsdirect.com/nc/login**. **Select My Plans - medical** and scroll to plan documents.

Formulary: For a list of prescriptions that are covered under your plan.

- Within your secure online account at **https://www.bcbsdirect.com/nc/login**. **Select My Plans – pharmacy**, then choose Price a medication.

Provider/Pharmacy Directory: To find an in-network doctor or pharmacy.

- Within your secure online account at **https://www.bcbsdirect.com/nc/login**. **Select Care – Find Care** and type the name in the search.

If you need help or want these documents mailed to you, please call us at **1-833-713-1078** (TTY: **711**).

Opioid Disclaimer:

Using opioid medications to treat pain for more than seven days has serious risks like - addiction, overdose, or even death. If your pain continues, talk to your doctor about alternative treatments with less risk. Some choices to ask your doctor about are: Non opioid medications, acupuncture, or physical therapy to see if they are right for you. Find out how your plan covers these options by logging into your secure online account.

Protecting your privacy: Where to find our Notice of Privacy Practices

Your rights concerning your protected health information

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law governing the privacy of individually identifiable health information. We are required by HIPAA to notify you of the availability of our Notice of Privacy Practices. The notice describes our privacy practices, legal duties, and your rights concerning your Protected Health Information. We must follow the privacy practices described in the notice while it is in effect (it will remain in effect unless and until we publish and issue a new notice).

We may use publicly and/or commercially available data about you to provide you with information about available health plan benefits and services. We, including our affiliates and/or vendors, may call or text you by using an automatic telephone dialing system and/or an artificial voice. But we only do this in accordance with the Telephone Consumer Protection Act (TCPA). The calls may be to let you know about treatment options or other health-related benefits and services. If you do not want to be contacted by phone, just let the caller know, and we won't reach out this way anymore, or call 1-844-203-3796 to add your phone number to our Do Not Call list.

You may obtain a copy of our Notice of Privacy Practices on our website at **https://www.healthybluenc.com/north-carolina/privacy-policies.html** or you may contact Customer Service using the contact information on your identification card.

State Notice of Privacy Practices

As we indicate in our HIPAA Notice of Privacy Practices, we must follow state laws that are more strict than the federal HIPAA privacy law. This notice explains your rights and our legal duties under state law.

Your personal information

We may collect, use, and share your nonpublic personal information (PI) as described in this notice. PI is information that identifies a person and is often gathered in an insurance matter.

If we use or disclose PI for underwriting purposes, we are prohibited from using or disclosing PI that is genetic information of an individual for such purposes.

We may collect PI about you from other persons or entities such as doctors, hospitals, or other carriers.

We may share PI with persons or entities outside of our company without your OK in some cases.

If we take part in an activity that would require us to give you a chance to opt-out of that activity, we will contact you. We will tell you how you can let us know that you do not want us to use or share your PI for a given activity.

You have the right to access and correct your PI.

Because PI is defined as any information that can be used to make judgments about your health, finances, character, habits, hobbies, reputation, career, and credit, we take reasonable safety measures to protect the PI we have about you.

A more detailed state notice is available upon request. Please call the phone number printed on your ID card.

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