



## **Blue Medicare PPO Freedom+ (H3404-004) offered by Blue Cross and Blue Shield of North Carolina (Blue Cross NC)**

# **Annual Notice of Changes for 2023**

You are currently enrolled as a member of Blue Medicare PPO Freedom+. 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.**

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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 authorization requirements and costs.
  - This about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies, 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](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You* 2023 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, 2022, you will stay in Blue Medicare PPO Freedom+.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with Blue Medicare PPO Freedom+.
- 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 1-877-494-7647 for additional information. (TTY users should call 711.) Hours are 8 am to 8 pm daily.
- 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 PPO Freedom+

- Blue Cross and Blue Shield of North Carolina is an HMO 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 PPO Freedom+.

## ***Annual Notice of Changes for 2023***

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## Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Blue Medicare PPO Freedom+ in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
<b>Monthly plan premium*</b> *Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$0	\$0
<b>Maximum out-of-pocket amounts</b> 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.)	<b>From network providers:</b> \$7,550	<b>From network providers:</b> \$8,300
	<b>From network and out-of-network providers combined:</b> \$11,300	<b>From network and out-of-network providers combined:</b> \$12,450
<b>Doctor office visits</b>	<b>In-Network:</b> Primary care visits: 20% per visit Specialist visits: 20% per visit	<b>In-Network:</b> Primary care visits: 20% per visit Specialist visits: 20% per visit
	<b>Out-of-Network:</b> Primary care visits: 40% of the total cost per visit.	<b>Out-of-Network:</b> Primary care visits: 40% of the total cost per visit.
	Specialist visits: 40% of the total cost per visit.	Specialist visits: 40% of the total cost per visit.

Cost	2022 (this year)	2023 (next year)
<b>Inpatient hospital stays</b>	<b>In-Network:</b>	<b>In-Network:</b>
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.	You pay a \$2,019 copayment per stay for the first <b>90</b> days for each Medicare-covered admission to a network hospital.	You pay a \$2,050 copayment per stay for the first <b>90</b> days for each Medicare-covered admission to a network hospital.
	\$742 per days 91-150 (shows as reserve days 1-60)	\$778 per days 91-150 (shows as reserve days 1-60)
	<b>Out-of-Network:</b>	<b>Out-of-Network:</b>
	You pay 40% of the total cost for each Medicare-covered admission to an out-of-network hospital.	You pay 40% of the total cost for each Medicare-covered admission to an out-of-network hospital.

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

### Section 1.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
<b>Monthly premium</b>	\$0	\$0
(You must also continue to pay your Medicare Part B premium.)		

- 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.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 7 regarding “Extra Help” from Medicare.

## 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. These limits are called the “maximum out-of-pocket amounts.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
<p><b>In-network maximum out-of-pocket amount</b></p> <p>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.</p>	\$7,550	<p>\$8,300</p> <p>Once you have paid \$8,300 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.</p>
<p><b>Combined maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.</p>	\$11,300	<p>\$12,450</p> <p>Once you have paid \$12,450 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.</p>

## Section 1.3 – Changes to the Provider Network

An updated *Provider Directory* is located on our website at [www.bluecrossnc.com/find-a-doctor-or-facility/medicare](http://www.bluecrossnc.com/find-a-doctor-or-facility/medicare). You may also call Customer Service for updated provider information or ask us to mail you a *Provider Directory*. **Please review the 2023 *Provider Directory* to see if your providers (primary car provider, specialists, hospitals, etc.)**

There are changes to our network of providers for next year. **Please review the 2023 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), 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	2022 (this year)	2023 (next year)
<b>Cardiac rehabilitation services</b>	<p><b>In-Network:</b></p> <p>You pay a \$50 copayment for Medicare-covered cardiac rehabilitation services.</p> <p>You pay a \$100 copayment for Medicare-covered intensive cardiac rehabilitation services.</p>	<p><b>In-Network:</b></p> <p>You pay a \$40 copayment for Medicare-covered cardiac rehabilitation services.</p> <p>You pay a \$60 copayment for Medicare-covered intensive cardiac rehabilitation services.</p>
<b>Chiropractic services</b>	Prior approval from plan is required.	Prior approval from plan is <u>not</u> required.
<b>Emergency care</b>	<p><b>In-Network and Out-of-Network:</b></p> <p>You pay a \$90 copayment for each Medicare-covered emergency room visit.</p>	<p><b>In-Network and Out-of-Network:</b></p> <p>You pay a \$95 copayment for each Medicare-covered emergency room visit.</p>
<b>In-home assistance</b>	<p><b>In-Network:</b></p> <p>In-home assistance is <u>not</u> covered.</p>	<p><b>In-Network and Out-of-Network:</b></p> <p>There is no coinsurance, copayment, or deductible for 60 hours per year for in-</p>

Cost	2022 (this year)	2023 (next year)
<b>In-home assistance (continued)</b>		home assistance. Must use designated in-home Assistance vendor.
<b>Inpatient hospital care</b>	<p><b>In-Network:</b></p> <p>You pay a \$2,019 copayment per stay for the first <b>90</b> days for each Medicare-covered admission to a network hospital.</p> <p>You pay a \$742 copayment per day for lifetime reserve days, up to 60 days, for each Medicare-covered admission to a hospital.</p>	<p><b>In-Network:</b></p> <p>You pay a \$2,050 copayment per stay for the first <b>90</b> days for each Medicare-covered admission to a network hospital.</p> <p>You pay a \$778 copayment per day for lifetime reserve days, up to 60 days, for each Medicare-covered admission to a hospital.</p>
<b>Inpatient services in a psychiatric hospital</b>	<p><b>In-Network:</b></p> <p>You pay a \$1,871 copayment per stay for the first <b>90</b> days for each Medicare-covered admission to a network hospital.</p> <p>You pay a \$742 copayment per day for lifetime reserve days, up to 60 days for each Medicare-covered admission to a hospital.</p>	<p><b>In-Network:</b></p> <p>You pay a \$1,871 copayment per stay for the first <b>90</b> days for each Medicare-covered admission to a network hospital.</p> <p>You pay a \$778 copayment per day for lifetime reserve days, up to 60 days for each Medicare-covered admission to a hospital.</p>
<b>Outpatient diagnostic tests and therapeutic services and supplies</b>	<p>Prior approval from plan is required for diagnostic and therapeutic radiological services, procedures, tests, and lab services.</p> <p>Prior approval from plan is not required for x-rays.</p>	<p>Prior approval from plan is required for diagnostic and therapeutic radiological services.</p> <p>Prior approval from plan is not required for procedures, tests, labs, and x-rays.</p>

Cost	2022 (this year)	2023 (next year)
<b>Part B Reduction (Give Back)</b>	\$67	\$100
<b>Personal Emergency Response System (PERS)</b>	<b>In-Network and Out-of-Network:</b>  PERS is <u>not</u> covered.	<b>In-Network and Out-of-Network:</b>  There is no coinsurance, copayment, or deductible for a PERS device. This benefit is only available through designated PERS vendor.
<b>Physician/Practitioner services, including doctor's office visits</b>	<b>In-Network:</b>  Prior approval from plan is required for specialist visits.	<b>In-Network:</b>  Prior approval from plan is <u>not</u> required for specialist visits.
<b>Pulmonary rehabilitation services</b>	<b>In-Network:</b>  You pay a \$30 copayment for Medicare-covered pulmonary rehabilitation services.	<b>In-Network:</b>  You pay a \$20 copayment for Medicare-covered pulmonary rehabilitation services.
<b>Skilled nursing facility (SNF) care</b>	<b>In-Network:</b>  For a Medicare-covered admission to a Skilled Nursing Facility, you pay:  \$0 each day for days 1-20  a \$188 copayment each day for days 21-60.	<b>In-Network:</b>  For a Medicare-covered admission to a Skilled Nursing Facility, you pay:  \$0 each day for days 1-20  a \$196 copayment each day for days 21-60.
<b>Supervised Exercise Therapy (SET)</b>	<b>In-Network:</b>  You pay a \$30 copayment for Medicare-covered supervised exercise therapy.	<b>In-Network:</b>  You pay a \$25 copayment for Medicare-covered supervised exercise therapy.

Cost	2022 (this year)	2023 (next year)
<b>Support services for family caregivers</b>	<p><b>In-Network:</b></p> <p>Support for caregivers of enrollees is <u>not</u> covered.</p>	<p><b>In-Network:</b></p> <p>There is no coinsurance, copayment, or deductible for the support for caregivers. This benefit is only available through designated Support Services vendor.</p>
<b>Transportation services</b>	<p><b>In-Network:</b></p> <p>Transportation services are <u>not</u> covered.</p>	<p><b>In-Network:</b></p> <p>There is no coinsurance, copayment, or deductible for 24 one-way trips. This benefit is only available through designated Support Services vendor.</p>
<b>Urgently needed services</b>	<p><b>In-Network and Out-of-Network:</b></p> <p>You pay a \$65 copayment for each Medicare-covered urgently needed services visit.</p>	<p><b>In-Network and Out-of-Network:</b></p> <p>You pay a \$60 copayment for each Medicare-covered urgently needed services visit.</p>
<b>Vision Care</b>	<p><b>In-Network:</b></p> <p>After cataract surgery, you pay 20% of the total cost for one pair of basic eyeglasses with standard frames, or one set of contacts.</p>	<p><b>In-Network:</b></p> <p>After cataract surgery, you pay 0% of the total cost for one pair of basic eyeglasses with standard frames, or one set of contacts.</p>

## SECTION 2 Administrative Changes

Description	2022 (this year)	2023 (next year)
<b>Service Area Expansion</b>	Camden, Carteret, Cherokee, Clay, Craven, Currituck, Dare, Onslow, Pasquotank, Perquimans: Not in Service area	Camden, Carteret, Cherokee, Clay, Craven, Currituck, Dare, Onslow, Pasquotank, Perquimans: In Service area.
<b>Visitor/Traveler Program</b>	State not part of Visitor/Traveler Program: Mississippi	State added to the Visitor/Traveler Program: Mississippi

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If You Want to Stay in Blue Medicare PPO Freedom+

**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 PPO Freedom+.

### 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 2023 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](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2023* 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 PPO Freedom+.
- To change to Original Medicare with a prescription drug plan, enroll in the new drug plan. You will automatically be disenrolled from Blue Medicare PPO Freedom+.
- 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, 2023.

### 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, 2023, 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, 2023.

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.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from Blue Medicare PPO Freedom+

Questions? We’re here to help. Please call Customer Service at 1-877-494-7647. (TTY only, call 711). We are available for phone calls 8 am to 8 pm daily. Calls to these numbers are free.

#### **Read your 2023 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 2023. For details, look in the *2023 Evidence of Coverage* for Blue Medicare PPO Freedom+. 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

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the *Evidence of Coverage* is located on our website at [www.bluecrossnc.com/medicare-members](http://www.bluecrossnc.com/medicare-members). 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 [www.bluecrossnc.com/medicare-members](http://www.bluecrossnc.com/medicare-members). As a reminder, our website has the most up-to-date information about our provider network (Provider Directory).

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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. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

**Read *Medicare & You 2023***

Read the *Medicare & You 2023* handbook. Every 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 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, 2022.**

View online or request a printed copy by calling us.  
**1-877-494-7647 (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 **For Members**, then click **Forms Library** and select **Evidence of Coverage** for your plan. You can also complete the enclosed prepaid postage postcard and return it in the mail to request a printed copy.

### **Provider Directory**

To search for providers online, visit [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com), click on **Find a Doctor/Drug/Facility** at the top.

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

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.