

Your guide to your 2023 benefits

Annual Notice of Changes

Healthy Blue + Medicare (HMO D-SNP)

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

<https://www.Medicare.BlueCrossNC.com>

Your plan just got better. Look inside to see what improvements were made.



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

HealthyBlue + Medicare™



Thank you for being a valued member

We appreciate your continued trust in us as your healthcare partner. Healthy Blue + Medicare is committed to delivering affordable healthcare and helping our members to improve and maintain their health. We are focused on delivering care that has the power to improve whole-person health so you can focus on the things you love.

We are putting people at the center of everything we do. This is why our Medicare Advantage plans are created to offer the benefits and services that members like you will find most useful to help save money and be your healthiest.

This booklet makes it easier to understand next year's coverage. Your Annual Notice of Changes compares your 2022 benefits to your 2023 benefits. Your 2023 plan information will be available online within your secure online account at <https://www.Medicare.BlueCrossNC.com> on October 15 in preparation for the Annual Election Period that runs from October 15 through December 7, 2022.

Your health plan has changed for the better and you now have access to new benefits. You don't have to do anything to keep your current coverage with the new features. Your policy will automatically renew in December.

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

Healthy Blue + Medicare (HMO D-SNP)

offered by Healthy Blue + Medicare

Annual Notice of Changes for 2023

You are currently enrolled as a member of Healthy Blue + Medicare (HMO D-SNP). Next year, there will be changes to the plan's costs and benefits. **Please see page 1 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 <https://www.Medicare.BlueCrossNC.com>. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

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
 - Think 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.

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 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 Healthy Blue + Medicare (HMO D-SNP).
- 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 Healthy Blue + Medicare (HMO D-SNP).
- Look in Section 3.2, Page 09 to learn more about your choices.
- 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 **1-833-713-1078** 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 NC State Medicaid Agency Contract (SMAC). 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 document 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).

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 Healthy Blue + Medicare (HMO D-SNP) in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
Monthly plan premium	\$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	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.
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.	Deductible: Because you receive “Extra Help” with your prescription drugs, this payment stage does not apply.
	<p>Copays during the initial coverage stage:</p> <p>Tier 1: Preferred Generic: You pay \$0.00 per prescription.</p> <p>Tier 2: Generic: You pay \$0.00 - \$3.95 per prescription.**</p> <p>Tier 3: Preferred Brand: You pay \$0.00 - \$9.85 per prescription.**</p>	<p>Copays during the initial coverage stage:</p> <p>Tier 1: Preferred Generic: You pay \$0.00 per prescription.</p> <p>Tier 2: Generic: You pay \$0.00 - \$4.15 per prescription.**</p> <p>Tier 3: Preferred Brand: You pay \$0.00 - \$10.35 per prescription.**</p>

Cost	2022 (this year)	2023 (next year)
	<p>Tier 4: Non-Preferred Drug: You pay \$0.00 - \$9.85 per prescription.**</p> <p>Tier 5: Specialty Tier: You pay \$0.00 - \$9.85 per prescription.**</p> <p>Tier 6: Select Care Drugs: You pay \$0.00 per prescription.</p>	<p>Tier 4: Non-Preferred Drug: You pay \$0.00 - \$10.35 per prescription.**</p> <p>Tier 5: Specialty Tier: You pay \$0.00 - \$10.35 per prescription.**</p> <p>Tier 6: Select Care Drugs: You pay \$0.00 per prescription.</p>
<p>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.)</p>	<p>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.</p>	<p>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.</p>

**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.

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)
Monthly premium (Your Medicare Part B premium is paid for you by Medicaid.)	\$0.00	\$0.00

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	2022 (this year)	2023 (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.	\$7,550.00 Your coverage under North Carolina Medicaid provides coverage for Medicare cost sharing applied to covered services.	\$8,300.00 Your coverage under North Carolina Medicaid provides coverage for Medicare cost sharing applied to covered services.

Section 1.3 Changes to the provider and pharmacy networks

Updated directories are also located on our website at <https://www.Medicare.BlueCrossNC.com>. You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you directory.

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.**

There are changes to our network of pharmacies for next year. **Please review the 2023 Pharmacy Directory to see which pharmacies 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 a 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

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

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)
Healthy Meals-Post Discharge	\$0.00 copay for up to 2 meals a day for 7 days following your discharge from the hospital or skilled nursing facility (SNF).	\$0.00 copay for up to 2 meals a day for 14 days following your discharge from the hospital or skilled nursing facility (SNF).
Transportation	<p>\$0.00 copay. This plan offers coverage for unlimited routine transportation services every year. Trips are limited to 60 miles.</p> <p>This plan covers trips to plan approved locations.</p>	<p>\$0.00 copay. This plan offers coverage for unlimited routine transportation services every year. Trips are limited to 60 miles.</p> <p>This plan covers trips to plan approved locations, including the grocery store.</p>
Routine Eyewear	This plan covers up to \$300.00 for eyeglasses or contact lenses every year.	This plan covers up to \$400.00 for eyeglasses or contact lenses every year.

Cost	2022 (this year)	2023 (next year)
<p>Over the Counter (OTC) + Healthy Groceries</p>	<p>Over-the-Counter (OTC): This plan covers certain approved, non-prescription, over-the-counter drugs and health related items, up to \$310 every quarter. Unused OTC amounts do <u>not</u> roll over to the next quarter or next calendar year.</p> <p>Healthy Groceries: \$0.00 copay</p> <p>Eligible members will receive a \$70 allowance per month to buy a wide range of approved healthy foods and produce.</p> <p>Required to meet the Special Supplemental Benefits for the Chronically Ill criteria outlined in Chapter 4 of the Evidence of Coverage.</p>	<p>Based on socioeconomic (i.e. income) status, this plan covers healthy groceries and certain approved, non-prescription, over-the-counter drugs and health-related items, up to \$190 every month for all members. Unused amounts do <u>not</u> roll over from month to month.</p> <p>In 2023, your OTC and Healthy Groceries benefit allowances have been combined into a single monthly amount.</p>

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.**

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. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online *Drug List* to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 8 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as

asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

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, 2022, please call Customer Service and ask for the “*LIS Rider*.”

There are four “drug payment stages.”

The information below shows the changes 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.)

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

Important Message About What You Pay for Insulin - You won’t pay more than \$10.35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on.

Changes to the deductible stage

Stage	2022 (this year)	2023 (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 6, 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 6, Programs that help pay for prescription drugs.

Changes to your cost sharing in the initial coverage stage

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial coverage stage	Your cost for a one-month supply at a network pharmacy*:	Your cost for a one-month supply at a network pharmacy:

Stage	2022 (this year)	2023 (next year)
<p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy.</p> <p>For information about the costs for a long-term supply, or mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p>	<p>Tier 1: Preferred Generic You pay \$0.00 per prescription.</p> <p>Tier 2: Generic You pay \$0.00 - \$3.95 per prescription.**</p> <p>Tier 3: Preferred Brand You pay \$0.00 - \$9.85 per prescription.**</p> <p>Tier 4: Non-Preferred Drug You pay \$0.00 - \$9.85 per prescription.**</p> <p>Tier 5: Specialty Tier You pay \$0.00 - \$9.85 per prescription.**</p> <p>Tier 6: Select Care Drugs You pay \$0.00 per prescription.**</p> <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the coverage gap stage).</p>	<p>Tier 1: Preferred Generic You pay \$0.00 per prescription.</p> <p>Tier 2: Generic You pay \$0.00 - \$4.15 per prescription.*</p> <p>Tier 3: Preferred Brand You pay \$0.00 - \$10.35 per prescription.*</p> <p>Tier 4: Non-Preferred Drug You pay \$0.00 - \$10.35 per prescription.*</p> <p>Tier 5: Specialty Tier You pay \$0.00 - \$10.35 per prescription.*</p> <p>Tier 6: Select Care Drugs You pay \$0.00 per prescription.</p> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the coverage gap stage).</p>

*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.

Section 2. Administrative changes

Description	2022 (this year)	2023 (next year)
Advanced Directives Program	This plan does not offer an advance planning service.	You will have access to an online advance care planning resource.
Service area	Your service area is: Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Bladen, Brunswick, Buncombe, Burke, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Chowan, Cleveland, Columbus, Cumberland, Davidson, Davie, Duplin, Durham, Edgecombe, Forsyth, Franklin, Gaston, Gates, Graham, Granville, Greene, Guilford, Halifax, Harnett, Haywood, Henderson, Hertford, Hoke, Hyde, Iredell, Jackson, Johnston, Jones, Lee, Lenoir, Lincoln, Macon, Madison, Martin, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Nash, New Hanover, Northampton, Orange, Pamlico, Pender, Person, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Swain, Surry, Transylvania, Tyrrell, Union, Vance, Wake, Warren, Washington, Watauga, Wayne, Wilkes, Wilson, Yadkin and Yancey.	The following counties have been added for 2023: Camden, Carteret, Cherokee, Clay, Craven, Currituck, Dare, Onslow, Pasquotank and Perquimans.

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 Healthy Blue + Medicare (HMO D-SNP).

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.

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* 2023 handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

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 so.
 - 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 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 and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent 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 8 a.m. and 7 p.m., 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 (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.
 - **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 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 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.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 <https://www.Medicare.BlueCrossNC.com>. 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

Visit the Medicare website (www.medicare.gov). It has information about costs, 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 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, 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, 2022, you can access your important plan documents online two different ways:

1. Log in to 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, 2022:



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. Or you may find more information at <https://www.healthybluenc.com/north-carolina/privacy-policies.html>.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-833-713-1078. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-833-713-1078. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-833-713-1078。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-833-713-1078。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-833-713-1078. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-833-713-1078. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-833-713-1078 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-833-713-1078. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-713-1078번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика,

позвоните нам по телефону 1-833-713-1078. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري ليس عليك سوى الاتصال بنا على 1-833-713-1078. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-833-713-1078 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-833-713-1078. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-833-713-1078. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-833-713-1078. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-833-713-1078. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-833-713-1078にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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