



2022 Summary of Benefits for Employer Groups



BlueMedicare PPOSM

January 1, 2022 – December 31, 2022

For Medicare Beneficiaries enrolled through the City of Winston-Salem

Includes Medicare Part D
H3404 / Plan 810

Group #

022350 - Retirees

022351 - Spouses

PPO030

An independent licensee of the Blue Cross and Blue Shield Association.

Section 1 - Introduction to Summary of Benefits

Thank you for your interest in Blue Medicare PPO.

You have choices about how to get your Medicare benefits

One choice is to get your Medicare benefits from Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the federal government.

Another choice is to get your Medicare benefits by joining a Medicare Advantage health plan (such as **Blue Medicare PPO**).

You may join or leave a plan only at certain times. As an enrollee of an employer-sponsored plan, these times may be directed by the open enrollment periods established by your employer. Please call **Blue Medicare PPO** at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

Tips for comparing your Medicare choices

This summary of benefits booklet gives you a summary of what the **Blue Medicare PPO** plan covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for the summary of benefits booklets. Or, use the Medicare plan finder on *medicare.gov*.
- If you want to know more about the coverage and cost of Original Medicare, look in your current "**Medicare and You**" handbook. View it online at *medicare.gov*. Or get a copy 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.

Sections in this booklet

- Things to know about **Blue Medicare PPO**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- This document is available in other formats such as Braille and large print
- This document may be available in a non-English language, for additional information call us at **1-800-665-8037** (TTY 711)

Section 1 - Introduction to Summary of Benefits

Things to know about Blue Medicare PPO plans

Hours of operation

You can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.

Blue Medicare PPO phone numbers and website

- If you are a member of this plan, call toll free **1-877-494-7647** (TTY 711)
- If you are not a member of this plan, contact your Group Administrator
- Our website: ***Medicare.BlueCrossNC.com***
- Contact your group administrator to view the Evidence of Coverage (EOC) for this plan

Who can join?

Contact your group administrator for specific eligibility requirements.

To join **Blue Medicare PPO**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

The service area for **Blue Medicare PPO** includes all counties in North Carolina: Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Bladen, Brunswick, Buncombe, Burke, Cabarrus, Caldwell, Camden, Carteret, Caswell, Catawba, Chatham, Cherokee, Chowan, Clay, Cleveland, Columbus, Craven, Cumberland, Currituck, Dare, 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, Onslow, Orange, Pamlico, Pasquotank, Pender, Perquimans, Person, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Tyrrell, Union, Vance, Wake, Warren, Washington, Watauga, Wayne, Wilkes, Wilson, Yadkin, Yancey

Which doctors, hospitals, and pharmacies can I use?

Blue Medicare PPO has a network of doctors, hospitals, pharmacies and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescription for covered Part D drugs.

Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's provider directory at our website (www.BlueCrossNC.com/Medicare).

You can see our plan's pharmacy directory at our website (www.BlueCrossNC.com/find-a-drug-or-pharmacy).

Or, call us and we will send you a copy of the provider and pharmacy directories.

Section 1 - Introduction to Summary of Benefits

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*.

- **Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less.
- **Our plan members also get more than what is covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.
- **Blue Medicare PPO** covers Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.
- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, BlueCrossNC.com/find-a-drug-or-pharmacy.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document, we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

If you have any questions about this plan’s benefits or costs, please contact Blue Cross and Blue Shield of North Carolina for details.

Contact Blue Medicare PPO	
Website:	Visit us at BlueCrossNC.com/Medicare
Customer Service Hours:	Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, and Saturday 8:00 a.m. - 8:00 p.m. Eastern Time
Current Members:	Current members should call toll free 1-877-494-7647 (TTY 711) for questions related to the Medicare Advantage program or the Medicare Part D prescription drug program.
Prospective Members:	Call your group administrator for questions related to the Medicare Advantage program or the Medicare Part D prescription drug program.
For more information about Medicare:	Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit medicare.gov on the web.

Section 2 - Summary of Benefits

Benefit	Blue Medicare PPO
MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES	
How much is the monthly premium?	You pay your employer group health care premium, if applicable (see your employer for details). In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	This plan has a \$300 medical deductible.
Is there any limit on how much I will pay for my covered services?	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan: \$3,500 for certain covered services you receive from in-network and out-of-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>
COVERED MEDICAL AND HOSPITAL BENEFITS – SERVICES WITH A ¹ MAY REQUIRE PRIOR AUTHORIZATION	
Benefits	What You Should Know
Inpatient Hospital Care¹	<p>In-Network and Out-of-Network:</p> <p>You pay a \$0 copayment for each admission</p> <p>The plan covers an unlimited number of days for an inpatient hospital stay. Benefit period applied per admission.</p>
Outpatient Services¹	<p>In-Network and Out-of-Network:</p> <p>Ambulatory surgical center: You pay \$0 copayment</p> <p>Outpatient hospital: You pay \$0 copayment</p>
Doctor Visit	<p>In-Network and Out-of-Network:</p> <p>Primary Care Physician: You pay \$20 copayment</p> <p>Specialist: You pay \$40 copayment</p>

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Benefits	What You Should Know
<p>Preventive Care</p>	<p>You pay nothing</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
<p>Emergency Services</p>	<p>In-Network and Out-of-Network:</p> <p>You pay \$50 copayment</p> <p>If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs. Emergency services are covered worldwide.</p>
<p>Urgently Needed Services</p>	<p>In-Network and Out-of-Network:</p> <p>You pay \$40 copayment</p>
<p>Diagnostic Services¹/Labs/Imaging</p>	<p>In-Network and Out-of-Network:</p> <p>Diagnostic Radiology Services (such as MRIs, CT scans), Diagnostic Tests and Procedures, Lab Services, and Outpatient X-Rays: You pay \$0 copayment</p> <p>Therapeutic Radiology Services (such as radiation treatment for cancer): You pay \$0 copayment.</p> <p>If the doctor provides you services in addition to the Outpatient Diagnostics Procedures, Therapeutic Radiology, Tests or Lab Services, there is \$20 PCP and \$40 Specialist separate cost sharing in-network and out-of-network.</p>
<p>Hearing Services</p>	<p>In-Network:</p> <p>Medicare-Covered Hearing Exam: You pay \$40 copayment for exams to diagnose and treat hearing and balance issues.</p> <p>Routine Hearing Exam: You pay a \$0 copayment for one routine hearing exam per year.</p> <p>Hearing Aids: You pay a \$699 - \$999 copayment for one per ear per year.</p> <p>Fitting/Evaluations for hearing aid: \$0 (first year after purchase)</p> <p>Routine exam and hearing aids must use a TruHearing provider.</p> <p>Out-of-Network:</p> <p>Medicare-Covered Hearing Exam: You pay a \$40 copayment. Exams to diagnose and treat hearing and balance issues.</p> <p>In general, you pay 100% of the total cost for routine hearing exams, hearing aids, and exams for hearing aids.</p>

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Benefits	What You Should Know
Dental Services¹	<p>In-Network and Out-of-Network: Limited dental services: You pay \$40 copayment. This does not include services in connection with care, treatment, filling, removal, or replacement of teeth</p>
Vision Services	<p>In-Network and Out-of-Network: Medicare-Covered Glaucoma Test: You pay \$0 copayment. For people who are at high risk of glaucoma Medicare-Covered Eye Exam: You pay \$40 copayment. For the diagnosis and treatment of injuries and illnesses of the eye Eyewear After Cataract Surgery: You pay \$0 copayment for one pair of eyeglasses or one pair of contact lenses Routine Eyewear: The plan will pay up to a \$150 allowance</p> <p>Routine Eye Exam: You pay \$20 copayment (The plan pays up to \$100 In-Network and Out-of-Network combined for one routine eye exam every calendar year)</p>
Mental Health Care¹	<p>In-Network and Out-of-Network: Inpatient: You pay \$0 copayment for each admission; benefit period applied per admission Outpatient group/individual/substance abuse: You pay \$40 copayment</p>
Skilled Nursing Facility (SNF)¹	<p>In-Network: You pay \$0 for days 1 through 100</p> <p>Out-of-Network: You pay nothing for days 1 through 100 Cost-share applies per day, benefit period applies per admission The plan covers up to 100 days in a SNF</p>
Outpatient Rehabilitation	<p>In-Network and Out-of-Network: Cardiac and Pulmonary Rehab Services: You pay \$0 copayment Occupational¹, Physical¹, and Speech Language Therapy: You pay \$0 copayment</p>

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Benefits	What You Should Know
Ambulance Services¹	In-Network and Out-of-Network: You pay \$100 copayment Covers medically necessary air and ground ambulance services
Transportation	Not covered
Part B Drugs¹	In-Network and Out-of-Network: You pay 20% of the total costs
Podiatry Services (Foot Care)	In-Network and Out-of-Network: You pay \$40 copayment
Medical Equipment & Supplies¹	In-Network and Out-of-Network: Durable Medical Equipment and Supplies: You pay 20% of the total cost for each Medicare-covered item. Prosthetics: You pay 20% of the total cost Diabetic Shoes or Inserts: You pay \$0 coinsurance Diabetic Supplies: You pay nothing <i>*Blood Glucose Test Strips are limited to the following manufacturers: Ascensia and LifeScan 204/30 days test strip limit</i>
Exercise and Healthy Aging Program (Select Locations)	In-Network: You pay \$0 Out-of-Network: Not covered The Silver&Fit® Exercise and Healthy Aging program provides access to memberships at participating fitness centers/YMCAs. The Silver&Fit Home Fitness program is available for members who are unable to participate at a fitness center or prefer to workout at home. The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a registered trademark of ASH and used with permission herein. If you have questions, call 1-888-797-8058 (TTY 711).

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Prescription drug benefits

How much is the deductible? For Part D drugs: This plan has a \$0 deductible.

Initial Coverage: You pay the following until your total yearly out-of-pocket drug costs reach \$7,050
You may get your drugs at network retail pharmacies and mail-order pharmacies.

Benefit	Preferred Retail Pharmacies			Non-preferred Retail Pharmacies		
	1-month 30-day supply	2-months 60-day supply	3-months 90-day supply	1-month 30-day supply†	2-months 60-day supply	3-months 90-day supply
Tier 1 - Preferred Generic:	\$4 copay	\$8 copay	\$12 copay	\$14 copay	\$28 copay	\$42 copay
Tier 2 - Generic:	\$10 copay	\$20 copay	\$30 copay	\$20 copay	\$40 copay	\$60 copay
Tier 3 - Preferred Brand:	\$15 copay	\$30 copay	\$45 copay	\$25 copay	\$50 copay	\$75 copay
Tier 4 - Non-preferred Drug:	\$30 copay	\$60 copay	\$90 copay	\$40 copay	\$80 copay	\$120 copay
Tier 5 - Specialty Tier:	33% of the cost	Tier 5 is limited to a one-month (30-day) supply		33% of the cost	Tier 5 is limited to a one-month (30-day) supply	
Supplemental Drugs – Non-part D drugs	\$10 copay	Supplemental drugs are limited to a one-month (30-day) supply		\$10 copay	Supplemental drugs are limited to a one-month (30-day) supply	

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Benefit	Preferred Mail-Order Pharmacies			Non-preferred Mail-Order Pharmacies		
	1-month 30-day supply	2-months 60-day supply	3-months 90-day supply	1-month 30-day supply	2-months 60-day supply	3-months 90-day supply
Tier 1 - Preferred Generic:	\$0 copay	\$0 copay	\$0 copay	\$14 copay	\$28 copay	\$42 copay
Tier 2 - Generic:	\$0 copay	\$0 copay	\$0 copay	\$20 copay	\$40 copay	\$60 copay
Tier 3 - Preferred Brand:	\$15 copay	\$30 copay	\$30 copay	\$25 copay	\$50 copay	\$75 copay
Tier 4 - Non-preferred Drug:	\$30 copay	\$60 copay	\$60 copay	\$40 copay	\$80 copay	\$120 copay
Tier 5 - Specialty Tier:	33% of the cost	Tier 5 is limited to a one-month (30-day) supply		33% of the cost	Tier 5 is limited to a one-month (30-day) supply	

† Long-term care pharmacy benefit is covered the same as retail non-preferred for 31 days instead of 30 days. If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

Note:

- Our Preferred Pharmacy and Preferred Mail-Order Pharmacy Networks include: **EPIC, Walgreens, Walmart** and other local pharmacy networks. To find a pharmacy near you, go to BlueCrossNC.com/Medicare. Click on "Find Doctor/Drug/Facility" (center top of the page).
- The Preferred Pharmacy Network is a select network of national and local independent pharmacies designed to help save you money on your prescriptions. You may choose non-preferred pharmacies to fill prescriptions, but your costs may be higher. Our pharmacy network may change at any time. You will receive notice when necessary.
- Cost sharing may vary depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access your Evidence of Coverage.

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Coverage Gap

There is no coverage gap. The same copayments and coinsurance apply with no gap in coverage.

Catastrophic Coverage

You qualify for the Catastrophic Coverage stage when your out-of-pocket costs have reached the \$7,050 limit for the calendar year. Once you are in the Catastrophic Coverage stage, you will stay in this payment stage until the end of the calendar year.

During this stage, the plan will pay most of the cost for your drugs.

- Your share of the cost for a covered drug will be either coinsurance or a copayment, whichever is the larger amount:
 - –*either*– coinsurance of 5% of the cost of the drug
 - –*or*– \$3.95 for a generic drug or a drug that is treated like a generic, and \$9.85 for all other drugs.
- Our plan pays the rest of the cost.

Section 2 - Summary of Benefits Limitations & Exclusions

Following is a list of some of the Blue Medicare PPO plan's limitations and exclusions. Please refer to the plan's Evidence of Coverage for a full list of limitations and exclusions. Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides services according to the coverage guidelines established by Medicare.

- The medical care, services, supplies, and equipment that are described as covered services must be medically necessary.
- Some services are covered only if your doctor or other network provider gets Prior Approval (PA) from Blue Cross NC.
- There are some drugs that may require prior authorization or be limited in quantity. These are indicated in our formulary.
- There are some drugs that don't meet the government's definition of a Part D drug, so those are excluded from coverage for Part D plans.
- Prescriptions filled at out-of-network pharmacies will only be covered in limited, non-routine circumstances.

The benefit information provided herein is a brief summary, but not a comprehensive description of available benefits. Additional information about benefits is available to assist you in making a decision about your coverage. This is an advertisement; for more information contact the plan.

Benefits, premium and/or copayment/coinsurance may change on January 1, 2023. Please contact Blue Cross NC for details.

Blue Cross and Blue Shield of North Carolina is a PPO plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal. Blue Cross NC does not discriminate based on race, ethnicity, national origin, religion, gender, age, mental or physical disability, health status, claims experience, medical history, genetic information, evidence of insurability, sexual orientation or source of payment. All Blue Cross NC items and services are available to all eligible beneficiaries in the service area. Limitations, copayments, and restrictions may apply. You must be entitled to Medicare Part A and enrolled in Medicare Part B and must reside in the CMS-approved service area. You must continue to pay your Medicare Part B premium.

This brochure may be available in alternative formats upon request.

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