



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

# **Annual Notice of Changes for 2025**

You are currently enrolled as a member of Blue Medicare 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 <https://www.bluecrossnc.com/members/medicare>. 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).
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check to see if your primary care doctors, specialists, hospitals and other providers 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 the [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.

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- 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, 2024, you will stay in Blue Medicare 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, 2025**. This will end your enrollment with Blue Medicare Freedom+.
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

### **Additional Resources**

- Please contact our Customer Service number at (877) 494-7647 for additional information. (TTY users should call 711.) Hours are 8 am to 8 pm daily. This call is free.
- 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 Freedom+**

- 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.
- 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 Freedom+.
- This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

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## Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Blue Medicare Freedom+ in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<b>Monthly plan premium*</b>	\$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> \$8,850  <b>From in-network and out-of-network providers combined:</b> \$13,300	<b>From network providers:</b> \$9,350  <b>From in-network and out-of-network providers combined:</b> \$14,000
<b>Doctor office visits</b>	<b>In-Network:</b> Primary care visits: 20% of the total cost per visit Specialist visits: 20% 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	<b>In-Network:</b> Primary care visits: 20% of the total cost per visit Specialist visits: 20% 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

Cost	2024 (this year)	2025 (next year)
<b>Inpatient hospital stays</b>	<p><b>In-Network:</b> You pay a \$2,080 copay per stay for the first <b>90</b> days for each Medicare-covered admission to a network hospital.</p> <p>\$800 copay per days <b>91-150</b> (shows as reserve days)</p> <p><b>Out-of-Network:</b> 40% of the total cost per admission</p>	<p><b>In-Network:</b> You pay a \$2,185 copay per stay for the first <b>90</b> days for each Medicare-covered admission to a network hospital.</p> <p>\$816 copay per days <b>91-150</b> (shows as reserve days)</p> <p><b>Out-of-Network:</b> 40% of the total cost per admission</p>

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

### Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
<b>Monthly premium</b>	\$0	\$0
(You must also continue to pay your Medicare Part B premium.)		
<b>Part B premium Reduction</b>	\$100	\$100

### Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

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	2024 (this year)	2025 (next year)
<b>In-network maximum out-of-pocket amount</b>	\$8,850	\$9,350
Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount.		Once you have paid \$9,350 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.

Cost	2024 (this year)	2025 (next year)
<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.</p>	\$13,300	<p>\$14,000</p> <p>Once you have paid \$14,000 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 in-network or out-of-network providers for the rest of the calendar year.</p>

**Section 1.3 – Changes to the Provider Network**

Updated directories are located on our website at <https://www.bluecrossnc.com/members/medicare>. You may also call Customer Service for updated provider information or to ask us to mail you a *Provider Directory*, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 *Provider Directory* <https://www.bluecrossnc.com/members/find-care> 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. 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	2024 (this year)	2025 (next year)
<b>Fitness Benefit</b>	<p><b>In-Network and Out-of-Network:</b> You could enroll in one in-network gym per month and order one at-home fitness kit</p>	<p><b>In-Network and Out-of-Network:</b> You receive a \$112 benefit amount per month to spend through the vendor platform</p>

Cost	2024 (this year)	2025 (next year)
	<p>per year using designated provider. You had unlimited access to the vendor's online platform. Must use designated vendor.</p>	<p>on gym memberships, classes and fitness accessories. You get unlimited access to the vendor's online platform.</p>
<p><b>Inpatient Hospital - Acute (Days 1-90)</b></p>	<p><b>In-Network:</b> You pay a \$2,080 copay, per stay, for days 1-90, for this benefit.</p>	<p><b>In-Network:</b> You pay a \$2,185 copay, per stay, for days 1-90, for this benefit.</p>
<p><b>Inpatient Hospital - Acute (Days 91-150)</b></p>	<p><b>In-Network:</b> You pay a \$800 copay, per day, for days 91-150.</p>	<p><b>In-Network:</b> You pay a \$816 copay, per day, for days 91-150.</p>
<p><b>Inpatient Hospital - Psychiatric (Days 1-90)</b></p>	<p><b>In-Network:</b> You pay a \$1,937 copay, per stay, for days 1-90, for this benefit.</p>	<p><b>In-Network:</b> You pay a \$2,036 copay, per stay, for days 1-90, for this benefit.</p>
<p><b>Inpatient Hospital - Psychiatric Reserve</b></p>	<p><b>In-Network:</b> You pay a \$800 copay, per day, for days 91-150.</p>	<p><b>In-Network:</b> You pay a \$816 copay, per day, for days 91-150.</p>
<p><b>Intensive Cardiac Rehabilitation Services</b></p>	<p><b>In-Network:</b> You pay a \$55 copay for this benefit.</p>	<p><b>In-Network:</b> You pay a \$45 copay for this benefit.</p>



Cost	2024 (this year)	2025 (next year)
<b>Lab Services</b>	<b>In-Network and Out-of-Network:</b> Prior authorization is not required for 2024.	<b>In-Network and Out-of-Network:</b> Prior authorization may be required for 2025.
<b>Medicare Part B Insulin Drug</b>	<b>In-Network and Out-of-Network:</b> Prior authorization is required for 2024.	<b>In-Network and Out-of-Network:</b> Prior authorization is not required for 2025.
<b>Mental Health Specialty Services Medicare-covered Group Sessions</b>	<b>In-Network and Out-of-Network:</b> Prior authorization is required for 2024.	<b>In-Network and Out-of-Network:</b> Prior authorization is not required for 2025.
<b>Partial Hospitalization and Intensive Outpatient Services</b>	<b>In-Network and Out-of-Network:</b> Prior authorization is not required for 2024.	<b>In-Network and Out-of-Network:</b> Prior authorization is required for 2025.
<b>Psychiatric Services Medicare-covered Group Sessions</b>	<b>In-Network and Out-of-Network:</b> Prior authorization is required for 2024.	<b>In-Network and Out-of-Network:</b> Prior authorization is not required for 2025.

Cost	2024 (this year)	2025 (next year)
<b>Skilled Nursing Facility (SNF) Medicare-covered stay</b>	<b>In-Network:</b> You pay a \$0 copay for days 1-20.  You pay a \$203 copay for days 21-60.  You pay a \$0 copay for days 61-100.	<b>In-Network:</b> You pay a \$0 copay for days 1-20.  You pay a \$214 copay for days 21-60.  You pay a \$0 copay for days 61-100.
<b>Supervised Exercise Therapy (SET)</b>	<b>In-Network:</b> You pay a \$25 copay for this benefit.	<b>In-Network:</b> You pay a \$20 copay for this benefit.
<b>Urgently Needed Services</b>	<b>In-Network and Out-of-Network:</b> You pay a \$55 copay for this benefit.	<b>In-Network and Out-of-Network:</b> You pay a \$45 copay for this benefit.

## SECTION 2 Administrative Changes

Description	2024 (this year)	2025 (next year)
<b>Blue FlexCard</b>	Home Safety and rewards were offered by separate vendors in 2024.	Home Safety and rewards are administered by the Blue FlexCard.
<b>Fitness Benefit</b>	Fitness benefit vendor for 2024 is Silver&Fit.	Fitness benefit vendor for 2025 is FitOn Health.

Description	2024 (this year)	2025 (next year)
<b>Home Safety Devices</b>	Home Safety Devices vendor for 2024 is OTC Network.	Home Safety Devices vendor for 2025 is Blue FlexCard.
<b>Member Rewards and Incentives</b>	Administered through gift card sent by Velocity for 2024.	Administered by and available on the Blue FlexCard for 2025.

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in *Blue Medicare 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 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 2025 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 2025* 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 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 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, 2025.

### **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, 2025, 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, 2025.

If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## 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 [www.ncdoi.com/SHIIP](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 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.
- **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.
- **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. To be eligible for the ADAP operating in your State, 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 North Carolina HIV Medication Assistance Program (NC HMAP). For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call the NC HMAP at 1-877-466-2232 (toll free in NC) or 1-919-733-9161 (out-of-state) or visit their website at <https://epi.dph.ncdhhs.gov/cd/hiv/hmap.html>. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

## SECTION 7 Questions?

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

Questions? We're here to help. Please call Member Services at (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 2025 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 2025. For details, look in the 2025 *Evidence of Coverage* for *Blue Medicare 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 the *Evidence of Coverage* is located on our website at <https://www.bluecrossnc.com/members/medicare>. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

You can also visit our website at <https://www.bluecrossnc.com/members/medicare>. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

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

**Read *Medicare & You 2025***

Read the *Medicare & You 2025* handbook. Every fall, this document 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, 2024.**

View online or request a printed copy by calling us at **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 <https://www.bluecrossnc.com/members/medicare>, click on **Forms Library** and select **Evidence of Coverage** for your plan. You can also complete and mail the prepaid enclosed postcard to request a printed copy.

**Provider Directory**

To search for providers online, visit <https://www.bluecrossnc.com/members/medicare>, click on **Find care**.

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

**The Women's Health and Cancer Rights Act (WHCRA) of 1998**

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, this plan provides coverage for:

1. All stages of reconstruction of the breast on which the mastectomy has been performed.
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Protheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient. Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.

Contact Customer Service for more information. Hours of operation are 8 am to 8 pm daily.



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.