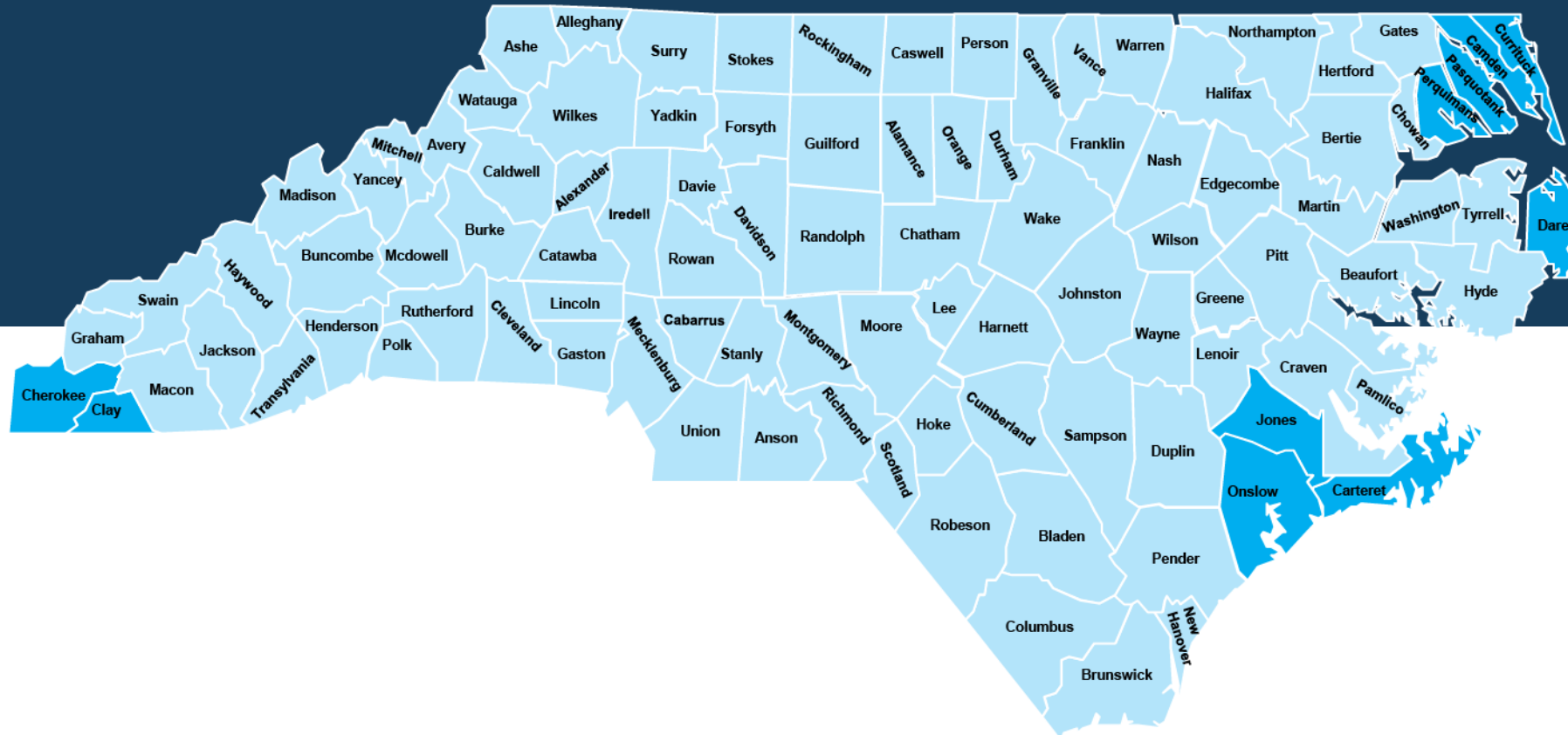



In 2023 Blue Cross NC will serve
ALL 100 COUNTIES
with a \$0 premium MAPD plan

- Expanding MAPD into all 100 NC counties
- Reduced medical cost share on key services
- Part B Premium give back-- increased to \$100 on Freedom + and added \$50 to HMO medical only
- Additional supplemental benefits





Blue Medicare Essential Plus

|  Plan Benefits | | Segment 1 | Segment 2 | Segment 4 | Segment 5 |
|--|-----------------------------|-----------|-----------|-----------|-----------|
| Premium | | \$0 | \$0 | \$0 | \$0 |
| Annual maximum out-of-pocket | In-network: | \$4,200 | \$4,200 | \$5,900 | \$5,900 |
| Physician | Primary Care Provider: | \$0 | \$0 | \$0 | \$0 |
| | Specialist: | \$25 | \$25 | \$35 | \$35 |
| Hospital | Days 1-5: | \$335 | \$335 | \$335 | \$335 |
| | Additional unlimited days: | \$0 | \$0 | \$0 | \$0 |
| Outpatient surgery | Outpatient Hospital: | \$295 | \$295 | \$295 | \$295 |
| | Ambulatory Surgical Center: | \$275 | \$275 | \$275 | \$275 |
| Skilled nursing facility | Days 1-20: | \$0 | \$0 | \$0 | \$0 |
| | Days 21-60: | \$196 | \$196 | \$196 | \$196 |
| | Days 60-100: | \$0 | \$0 | \$0 | \$0 |

Blue Medicare Essential Plus

*Actual charge will depend on specific service.

¹ The Silver&Fit program is provided by American Specialty Health Fitness (ASH). Silver&Fit and the Silver&Fit logo are trademarks of ASH. ASH is an independent company and is solely responsible for the services it provides. ASH does not offer Blue Cross or Blue Shield products or services. This program includes facilities in the Standard network. Premium network may have monthly costs.

|  Plan Benefits | Segment 1 | Segment 2 | Segment 4 | Segment 5 |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Diagnostic Services/Labs/Imaging* | \$0-\$300 | \$0-\$300 | \$0-\$300 | \$0-\$300 |
| Ambulance | \$275 | \$275 | \$275 | \$275 |
| Emergency room | \$110 | \$110 | \$110 | \$110 |
| Urgent care | \$60 | \$60 | \$60 | \$60 |
| Medicare-covered eye exam | \$25 copay | \$25 copay | \$25 copay | \$25 copay |
|  Additional Plan Benefits | Segment 1 | Segment 2 | Segment 4 | Segment 5 |
| Silver&Fit¹ | \$0 | \$0 | \$0 | \$0 |
| Hearing aids (1 per ear per year) | \$699-\$999 copay | \$699-\$999 copay | \$699-\$999 copay | \$699-\$999 copay |
| Vision allowance (routine prescription eyewear) | \$300 per year | \$300 per year | \$300 per year | \$300 per year |
| Dental allowance (preventative and comprehensive) | \$2,000 combined OON at 20% | \$2,000 combined OON at 20% | \$2,000 combined OON at 20% | \$2,000 combined OON at 20% |
| Meals (post-discharge) | 2 per day for 14 days | 2 per day for 14 days | 2 per day for 14 days | 2 per day for 14 days |
| Over the Counter (OTC) allowance | \$95 per quarter | \$70 per quarter | \$70 per quarter | \$70 per quarter |

New Supplemental Benefits for 2023



In-Home Assistance

CareLinx provides dedicated staff to work with seniors to understand in-home assistance needs.



Support for Family Caregivers

Carallel® provides support for those caring for their loved ones.



Personal Emergency Response System

Receive a wearable device from Connect America® to improve safety and live more independently.



Non-Emergency Medical Transportation

SafeRide provides flexible options to book a ride in advance or on-demand, so members never miss another medical appointment.

Blue Medicare Essential Plus




Prescription Benefits

All Segments

| | | |
|------------------------------|---|------|
| Has Gap coverage? | Yes | |
| Rx deductible | \$150 | |
| Rx deductible applies to ... | Tiers 4 & 5 | |
| Preferred Rx – 30 day supply | Tier 1: Preferred generic | \$0 |
| | Tier 2: Generic | \$6 |
| | Tier 3: Preferred brand | \$37 |
| | Tier 4: Non-preferred drug | \$90 |
| | Tier 5: Specialty | 30% |
| | Tier 6: Select care | \$0 |
| Preferred Mail Order | For a 90 day supply you pay \$0 copay for Tiers 1, 2 and 6, for Tier 3 and Tier 4, after deductible is met, you pay up to 2 times the copay at a Preferred Mail Order pharmacy. | |


Blue Medicare Essential Plan

|  Plan Benefits | | Segment 1 | Segment 2 |
|--|-----------------------------|-----------|-----------|
| Premium | | \$0 | \$0 |
| Annual maximum out-of-pocket | In-network: | \$8,300 | \$8,300 |
| Physician | Primary Care Provider: | \$5 | \$10 |
| | Specialist: | \$45 | \$45 |
| Hospital | Days 1-5: | \$335 | \$335 |
| | Additional unlimited days: | \$0 | \$0 |
| Outpatient surgery | Outpatient Hospital: | \$295 | \$345 |
| | Ambulatory Surgical Center: | \$275 | \$275 |
| Skilled nursing facility | Days 1-20: | \$0 | \$0 |
| | Days 21-60: | \$196 | \$196 |
| | Days 60-100: | \$0 | \$0 |


Blue Medicare Essential Plan

*Actual charge will depend on specific service.


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|  Plan Benefits | Segment 1 | Segment 2 |
|---|-----------------------|-----------------------|
| Diagnostic Services/Labs/Imaging* | \$0-\$300 | \$0-\$300 |
| Ambulance | \$275 | \$275 |
| Emergency room | \$95 | \$95 |
| Urgent care | \$60 | \$60 |
| Medicare-covered eye exam | \$25 copay | \$25 copay |
|  Additional Plan Benefits | Segment 1 | Segment 2 |
| Silver&Fit ¹ | \$0 | \$0 |
| Hearing aids (1 per ear per year) | \$699-\$999 copay | \$699-\$999 copay |
| Vision allowance (routine prescription eyewear) | \$100 per year | \$100 per year |
| Preventative dental (limits apply) | \$0 copay | \$0 copay |
| Meals (post-discharge) | 2 per day for 14 days | 2 per day for 14 days |
| OTC allowance | 2 per day for 14 days | 2 per day for 14 days |
| Part B Premium Reduction | \$50 monthly | \$50 monthly |

Blue Medicare Essential Plan

|  Prescription Benefits | | Segment 1 H3449-027-01 | Segment 2 H3449-027-02 |
|--|---|---------------------------|---------------------------|
| Has Gap coverage? | | Yes | Yes |
| Rx deductible | | \$375 | \$375 |
| Rx deductible applies to ... | | Tiers 4 & 5 | Tiers 4 & 5 |
| Preferred Rx – 30 day supply | Tier 1: Preferred generic | \$0 | \$0 |
| | Tier 2: Generic | \$6 | \$6 |
| | Tier 3: Preferred brand | \$37 | \$37 |
| | Tier 4: Non-preferred drug | \$90 | \$90 |
| | Tier 5: Specialty | 27% | 27% |
| | Tier 6: Select care | \$0 | \$0 |
| Preferred Mail Order | For a 90 day supply you pay \$0 copay for Tiers 1, 2 and 6, for Tier 3 and Tier 4, after deductible is met, you pay up to 2 times the copay at a Preferred Mail Order pharmacy. | | |



Blue Medicare HMO Enhanced Plan

|  Plan Benefits | | Segment 1 | Segment 2 | Segment 3 |
|--|-----------------------------|-----------|-----------|-----------|
| Premium | | \$19 | \$34 | \$49 |
| Annual maximum out-of-pocket | In-network: | \$3,900 | \$3,900 | \$3,900 |
| Physician | Primary Care Provider: | \$0 | \$0 | \$0 |
| | Specialist: | \$25 | \$30 | \$30 |
| Hospital | Days 1-5: | \$335 | \$335 | \$335 |
| | Additional unlimited days: | \$0 | \$0 | \$0 |
| Outpatient surgery | Outpatient Hospital: | \$295 | \$295 | \$295 |
| | Ambulatory Surgical Center: | \$200 | \$200 | \$200 |
| Skilled nursing facility | Days 1-20: | \$0 | \$0 | \$0 |
| | Days 21-60: | \$196 | \$196 | \$196 |
| | Days 60-100: | \$0 | \$0 | \$0 |

Blue Medicare HMO Enhanced Plan

*Actual charge will depend on specific service.

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|  Plan Benefits | Segment 1 | Segment 2 | Segment 3 |
|---|--------------------------------|--------------------------------|--------------------------------|
| Diagnostic Services/Labs/Imaging* | \$0-\$300 | \$0-\$300 | \$0-\$300 |
| Ambulance | \$250 | \$250 | \$250 |
| Emergency room | \$110 | \$110 | \$110 |
| Urgent care | \$60 | \$60 | \$60 |
| Medicare-covered eye exam | \$25 copay | \$25 copay | \$25 copay |
|  Additional Plan Benefits | Segment 1 | Segment 2 | Segment 3 |
| Silver&Fit¹ | \$0 | \$0 | \$0 |
| Hearing aids (1 per ear per year) | \$699-\$999 copay | \$699-\$999 copay | \$699-\$999 copay |
| Vision allowance (routine prescription eyewear) | \$300 per year | \$300 per year | \$300 per year |
| Dental allowance (preventative and comprehensive) | \$2,000 combined OON at 20% | \$2,000 combined OON at 20% | \$2,000 combined OON at 20% |
| Meals (post-discharge) | 2 per day for 14 days | 2 per day for 14 days | 2 per day for 14 days |
| OTC allowance | \$95 per quarter | \$95 per quarter | \$95 per quarter |

Blue Medicare HMO Enhanced Plan



Prescription Benefits

All Segments

| | | |
|------------------------------|--|------|
| Has Gap coverage? | Yes | |
| Rx deductible | \$0 | |
| Rx deductible applies to ... | No deductible | |
| Preferred Rx – 30 day supply | Tier 1: Preferred generic | \$0 |
| | Tier 2: Generic | \$6 |
| | Tier 3: Preferred brand | \$37 |
| | Tier 4: Non-preferred drug | \$90 |
| | Tier 5: Specialty | 33% |
| | Tier 6: Select care | \$0 |
| Preferred Mail Order | For a 90 day supply you pay \$0 copay for Tiers 1, 2 and 6, for Tier 3 and Tier 4, you pay up to 2 times the copay at a Preferred Mail Order pharmacy. | |

Blue Medicare Choice Plan



Plan Benefits

Blue Medicare Choice Plan

| | | |
|-------------------------------------|-----------------------------|---------|
| Premium | | \$0 |
| Annual maximum out-of-pocket | In-network: | \$3,400 |
| Physician | Primary Care Provider: | \$0 |
| | Specialist: | \$20 |
| Hospital | Days 1-5: | \$295 |
| | Additional unlimited days: | \$0 |
| Outpatient surgery | Outpatient Hospital: | \$295 |
| | Ambulatory Surgical Center: | \$275 |
| Skilled nursing facility | Days 1-20: | \$0 |
| | Days 21-60: | \$196 |
| | Days 60-100: | \$0 |

Blue Medicare Choice Plan

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Plan Benefits

Blue Medicare Choice Plan

Diagnostic Services/Labs/Imaging*

\$0-\$300

Ambulance

\$275

Emergency room

\$125

Urgent care

\$60

Medicare-covered eye exam

\$25 copay



Additional Plan Benefits

Blue Medicare Choice Plan

Silver&Fit¹

\$0

Hearing aids (1 per ear per year)

\$699-\$999 copay

Vision allowance (routine prescription eyewear)

\$200 per year

Dental allowance (preventative and comprehensive)

\$0

Meals (post-discharge)

2 per day for 14 days

OTC allowance

\$70 per quarter

Blue Medicare Choice Plan



Prescription Benefits

Blue Medicare Choice Plan

| | | |
|------------------------------|--|------|
| Has Gap coverage? | Yes | |
| Rx deductible | \$0 | |
| Rx deductible applies to ... | No deductible | |
| Preferred Rx – 30 day supply | Tier 1: Preferred generic | \$0 |
| | Tier 2: Generic | \$6 |
| | Tier 3: Preferred brand | \$37 |
| | Tier 4: Non-preferred drug | \$90 |
| | Tier 5: Specialty | 33% |
| | Tier 6: Select care | \$0 |
| Preferred Mail Order | For a 90 day supply you pay \$0 copay for Tiers 1, 2 and 6, for Tier 3 and Tier 4, you pay up to 2 times the copay at a Preferred Mail Order pharmacy. | |

Blue Medicare Medical Only Plan



Plan Benefits

Blue Medicare Medical Only Plan – H3449-012

| | | |
|-------------------------------------|-----------------------------|---------|
| Premium | | \$0 |
| Annual maximum out-of-pocket | In-network: | \$3,900 |
| Physician | Primary Care Provider: | \$0 |
| | Specialist: | \$25 |
| Hospital | Days 1-5: | \$295 |
| | Additional unlimited days: | \$0 |
| Outpatient surgery | Outpatient Hospital: | \$275 |
| | Ambulatory Surgical Center: | \$225 |
| Skilled nursing facility | Days 1-20: | \$0 |
| | Days 21-60: | \$196 |
| | Days 60-100: | \$0 |

Blue Medicare Medical Only Plan

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Plan Benefits

Blue Medicare Medical Only Plan

| | |
|--|------------|
| Diagnostic Services/Labs/Imaging* | \$0-\$300 |
| Ambulance | \$250 |
| Emergency room | \$110 |
| Urgent care | \$60 |
| Medicare-covered eye exam | \$25 copay |




Additional Plan Benefits

Blue Medicare Medical Only Plan

| | |
|--|-----------------------------|
| Silver&Fit¹ | \$0 |
| Routine hearing exam | \$0 copay |
| Hearing aids (1 per ear per year) | \$699-\$999 copay |
| Vision allowance (routine prescription eyewear) | \$300 per year |
| Dental allowance (preventative and comprehensive) | \$2,000 combined OON at 20% |
| Meals (post-discharge) | 2 per day for 14 days |
| OTC allowance | \$100 per quarter |
| Part B Premium Reduction | \$50 a month |

Blue Medicare PPO Enhanced Plan

Unless otherwise noted, these are in-network benefits.



|  Plan Benefits | | Segment 1 H3404-003-001 | Segment 2 H3404-003-002 |
|--|-----------------------------|----------------------------|----------------------------|
| Premium | | \$29 | \$49 |
| Annual maximum out-of-pocket | In-network: | \$5,900 | \$5,900 |
| Physician | Primary Care Provider: | \$0 | \$0 |
| | Specialist: | \$25 | \$35 |
| Hospital | Days 1-5: | \$335 | \$335 |
| | Additional unlimited days: | \$0 | \$0 |
| Outpatient surgery | Outpatient Hospital: | \$295 | \$295 |
| | Ambulatory Surgical Center: | \$200 | \$200 |
| Skilled nursing facility | Days 1-20: | \$0 | \$0 |
| | Days 21-60: | \$196 | \$196 |
| | Days 60-100: | \$0 | \$0 |

Blue Medicare PPO Enhanced Plan

Unless otherwise noted, these are in-network benefits.


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|  Plan Benefits | Segment 1 | Segment 2 |
|---|-----------------------------|-----------------------------|
| Diagnostic Services/Labs/Imaging* | \$0-\$300 | \$0-\$300 |
| Ambulance | \$250 | \$250 |
| Emergency room | \$110 | \$110 |
| Urgent care | \$60 | \$60 |
| Medicare-covered eye exam | \$25 copay | \$25 copay |
| Visitor/traveler program | Yes | Yes |
|  Additional Plan Benefits | Segment 1 | Segment 2 |
| Silver&Fit ¹ | \$0 | \$0 |
| Hearing aids (1 per ear per year) | \$699-\$999 copay | \$699-\$999 copay |
| Vision allowance (routine prescription eyewear) | \$300 per year | \$300 per year |
| Dental allowance (preventive and comprehensive) | \$2,000 combined OON at 20% | \$2,000 combined OON at 20% |
| Meals (post-discharge) | 2 per day for 14 days | 2 per day for 14 days |
| OTC allowance | \$95 per quarter | \$70 per quarter |

Blue Medicare PPO Enhanced Plan

Unless otherwise noted, these are in-network benefits.

|  Prescription Benefits | All Segments |
|--|--|
| Has Gap coverage? | Yes |
| Rx deductible | \$0 |
| Rx deductible applies to ... | No deductible |
| Preferred Rx – 30 day supply | Tier 1: Preferred generic \$0 |
| | Tier 2: Generic \$6 |
| | Tier 3: Preferred brand \$37 |
| | Tier 4: Non-preferred drug \$90 |
| | Tier 5: Specialty 33% |
| | Tier 6: Select care \$0 |
| Preferred Mail Order | For a 90 day supply you pay \$0 copay for Tiers 1, 2 and 6, for Tier 3 and Tier 4, you pay up to 2 times the copay at a Preferred Mail Order pharmacy. |



2023

Healthy **Blue** + MedicareSM (HMO D-SNP)



Healthy Blue + Medicare 2023



Service Area Expansion

Expanding MAPD into all 100 NC counties

- 2022 MAPD Footprint
- 2023 Expansion County

Benefit Enhancements

Addressing food insecurity and DOH while maintaining market leading benefits



Combined **monthly healthy food** and **OTC allowance** card



Unlimited transportation to the grocery store



Increased vision allowance



14 days of meals post discharge

Healthy Blue + Medicare 2023 Product Overview



HealthyBlue+MedicareSM (HMO D-SNP)

| Benefit | Healthy Blue + Medicare (HMO-DSNP) |
|--|------------------------------------|
| Monthly plan premium | \$0 |
| Primary Care Physician & Specialist copays | \$0 |
| Rx copays* | \$0 |
| Hospital stays & emergency room visits | \$0 |
| Preventive exams & health screenings | \$0 |
| Skilling Nursing Facility up to 100 days | \$0 |

* 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.

Healthy Blue + Medicare 2023 Product Overview



Get over \$10,000 in supplemental benefits – at NO member cost

| Benefit | Healthy Blue + Medicare (HMO-DSNP) |
|-------------------------------------|---|
| Comprehensive Dental | \$5,000/year |
| OTC & Healthy Food Products | \$185/month (combined) |
| Unlimited Transportation | Unlimited routine transportation services to plan-approved locations every year (limited to 60 miles; including grocery stores) |
| Prescription Eyeglasses or Contacts | \$400/year |
| Hearing Aids | \$3,000 |
| Healthy Aging & Exercise Program | ✓ |
| 24/7 NurseLine | ✓ |