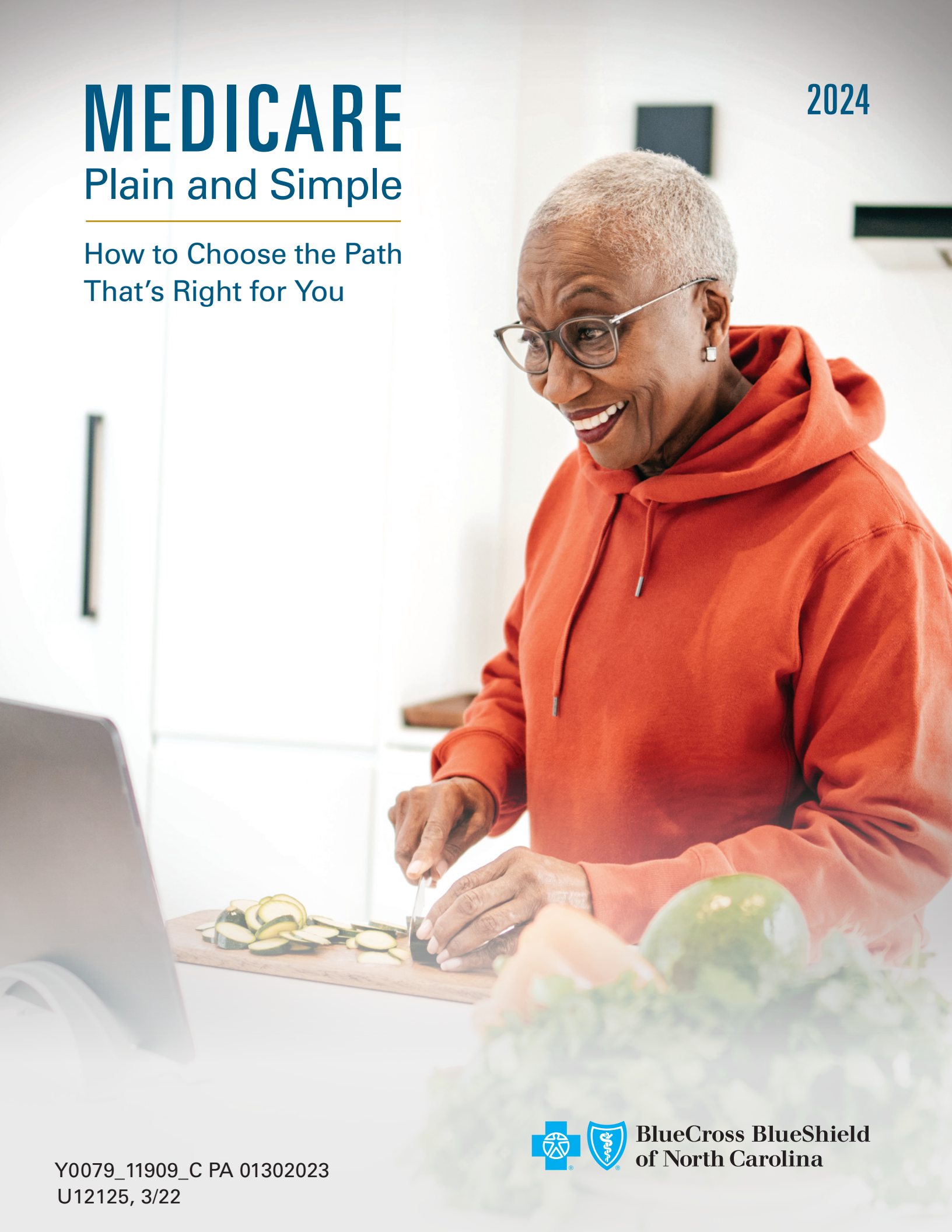
MEDICARE
Plain and Simple

2024

How to Choose the Path That's Right for You



BlueCross BlueShield of North Carolina

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Your Path to Medicare

As you approach the age of eligibility for Medicare, you'll want to be sure you're ready to make the choices that work best for you.

When it comes to Medicare coverage, there are basically two paths you can take: Original Medicare or Medicare Advantage.

Our goal is to make you feel confident and ready to choose the path that's right for you. That's why we created this guide. You'll find information on these two paths and the options each presents.

So, read on and learn more about the benefits Medicare has to offer you.

We're here to help!

You'll see our contact information below. Feel free to contact us with any questions, big or small.

Contact **Blue Cross NC**

Phone: **1-800-665-8037** (TTY: 711)

Hours: 7 days a week, 8 a.m. – 8 p.m.

Online: **Medicare.BlueCrossNC.com**

Or contact your Blue Cross NC Authorized Agent

Blue Cross NC Centers:
Your one-stop place for all things Blue Cross NC – including answers to all your Medicare questions.

Locations: Raleigh, Charlotte and Boone

Online: **BlueCrossNC.com/Centers**

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What is Medicare?

Medicare is a federal program to help people age 65 and older (or under age 65 who are Medicare-eligible) cover health care costs. It includes four types of coverage, labeled Parts A, B, C and D.

Originally Medicare had just two parts, Part A hospital benefits and Part B medical benefits. Together, Part A and Part B are called Original Medicare.

Over the years, Medicare has introduced Part C and Part D. Part C, also known as Medicare Advantage, takes the place of Original Medicare and is offered by private insurers like Blue Cross and Blue Shield of North Carolina (Blue Cross NC). Medicare Advantage plans generally offer more benefits than Original Medicare. Part D is for prescription drug coverage.

So, as you consider how to make Medicare work for you, there are basically two paths you can take: Original Medicare or Medicare Advantage.

In the Know

What if I'm not retiring yet?

You still qualify for Medicare at age 65, but it may or may not make sense to enroll. Check with your employer's human resources manager or benefits specialist to learn about your options.

Medicare Basics

Path 1

Original Medicare

Original Medicare - Part A

- Provided by the federal government
- Inpatient care in hospitals
- Skilled nursing facility care
- Hospice care
- Home health care

Original Medicare - Part B

- Provided by the federal government
- Physician services
- Ambulance services
- Mental health
- Durable medical equipment
- Some preventive services

Additional Path 1 Coverage Options

- Offered by Medicare-approved private insurance companies

Medicare Supplement plan

- Also known as Medigap
- Helps cover the costs Original Medicare Parts A and B leave you to pay

Prescription Drug Plan - Part D

- Stand-alone plan to help cover your prescription drug costs

Path 2

Medicare Advantage

Medicare Advantage - Part C

- Offered by Medicare-approved private insurance companies
- Medicare Advantage covers the same types of care as Original Medicare Parts A and B, but lowers your share of the costs when you use doctors and hospitals that are part of the plan's network

Prescription Drug Coverage

- Most Medicare Advantage plans include Part D coverage to help cover your prescription drug costs

Medicare Advantage plans may offer other additional benefits as well.

In the Know

What if I have retiree benefits that include health insurance?

Check with your employer's human resources manager or benefits specialist to see your options. In some cases, if you keep your current coverage and wait until later to join Medicare, you may have fewer choices and pay more.

Path 1

Original Medicare Parts A and B

Additional Coverage Options: Medicare Supplement and Medicare Part D (Prescription Drug Plans)

Original Medicare was never designed to cover all hospital and medical costs. That's why people often pair Original Medicare with a Medicare Supplement and a Medicare Part D (Prescription Drug Plan). It may sound complicated, but this section shows how it can all tie together to give you complete, worry-free coverage.

Key Advantages:

- Your coverage is good from coast-to-coast
- You have freedom to travel and see any doctor or hospital that accepts Medicare
- Some Medicare Supplement plans offer coverage for foreign travel emergency care

Meet Mary

Path 1 is her preference.

- Traveler
- Traditionalist
- Wants absolute freedom of choice

"During my career, I always chose a traditional health plan for me and my family. It may have cost a little more, but we liked the freedom it gave us. Basically, we could go to any doctor anywhere, show our ID card, and know we were covered. I wanted the same with Medicare."*

*For example only.

Consider This Example:

Mary's Overnight Stay at the Local Hospital

"I woke up with some horrible pains in my chest. We took no chances and went right to the ER. They found no signs of a heart attack. Then, a week later the same thing happened and I had to stay overnight in the hospital for more tests. It's a good thing I had a Medicare Supplement plan."*

What Would Mary's Medical Costs Be?

Medical Services	Cost	Mary's Cost With Original Medicare Alone	Mary's Cost With Original Medicare + Blue Medicare Supplement℠ Plan G
Hospital Fees[1] (Tests, room and board)	$2,883	$1632 (Part A deductible)	$0
ER Fees[2] (Tests and doctor's fees)	$1,589	$558 (Part B deductible + 20% of remaining fees)	$240 (Part B deductible)
Totals	$4,472	$2,158	$240

*For example only. Medicare deductibles noted are for 2024. Medical costs do not reflect monthly premiums.

Sources:
1 Becker's Hospital Review, beckershospitalreview.com/finance.
2 U.S. Department of Health and Human Services, meps.ahrq.gov.

In the Know

Does Original Medicare cover dental, hearing and vision care?

No. However, some Medicare Supplement plans and Medicare Advantage plans may include dental, hearing and vision coverage. Also, many insurance companies offer stand-alone dental, hearing and vision plans.

Does Medicare cover long-term care?

Expenses for long-term care facilities, such as nursing homes, are not covered. However, Medicare does include benefits for a skilled nursing facility where you may need to spend an extended period of time for recuperation/rehabilitation (from a surgery or other significant inpatient medical procedure) before you can return home.

Source: Medicare.gov

Original Medicare — 2024 Benefits

Medicare Part A

Annual Premium: Usually available at no cost if you or your spouse made payroll contributions to Social Security for at least 10 years. To learn more, visit Medicare.gov.

Covered Services	Your Share of the Costs
Inpatient Hospital*	
• A semi-private room • Your hospital meals • Operating room and recovery room services • Drugs, medical supplies and medical equipment as an inpatient • Care on special units, such as intensive care • Some blood for transfusions (also in skilled nursing facility)	• Days 1-60: $0 coinsurance for each benefit period (After $1,632 deductible) • Days 61-90: $408 coinsurance per day of each benefit period • Days 91 and beyond: $816 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) • Beyond lifetime reserve days: You pay the full cost
Skilled Nursing Facility (follow-up to a hospital stay)	
• Semi-private room and skilled nursing care • Meals and dietary counseling • Physical and occupational therapy • Speech-language pathology services • Medical social services • Medications, medical supplies and equipment used in the facility • Ambulance transportation to the nearest supplier of needed services that aren't available at the skilled nursing facility	• Daily copayments – the amount you pay per day after 20 days • $204 per day for days 21 through 100 • 100% of costs for days 101 and beyond
Home Health Care	
• Rehabilitation services, such as physical therapy • Skilled health care in your home if you're homebound and only need part-time care	• $0
Hospice Care	
• Manage symptoms and control pain for the terminally ill	• No more than $5 copayment for each drug prescription you receive in hospice care • You may need to pay 5% of the Medicare-approved amount for inpatient respite care

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Source: Medicare.gov

Original Medicare — 2024 Benefits

Medicare Part B

Medicare Part B comes with a monthly premium of $174.70 for most people with income below $194,000 (joint income tax filing). Contact the Medicare office for more information on Part B premiums. To learn more, visit Medicare.gov.

Covered Services

- Doctor visits
- Ambulatory surgery center services (also called outpatient surgery centers or same-day surgery centers)
- Outpatient medical services
- Some preventive care, like flu shots and pneumonia shots
- Clinical laboratory services (blood tests, urinalysis, etc.)
- X-rays, MRIs, CT scans, EKGs and some other diagnostic tests
- Some diagnostic screenings, like colorectal and prostate cancer screenings and mammograms
- Durable medical equipment for use at home (oxygen, wheelchairs, walkers, etc.)
- Emergency room services
- Skilled nursing care and health aide services for the homebound on a part-time or intermittent basis
- Mental health care as an outpatient
- A few prescription drugs administered by a doctor, like chemotherapy drugs

Your Share of the Costs

- $240 deductible – the amount you must spend on the Part B services mentioned above before Medicare begins paying
- 20% coinsurance – in general, Medicare pays 80% of your Part B expenses leaving you with the remainder
- Excess charges – Medicare has limits on the cost for services that most health care providers agree to charge. If a provider happens to charge more than the "Medicare-approved amount," you pay the difference

Source: Medicare.gov

Need More Information?
If you would like more information about Medicare Parts A and B, contact the Medicare office.

Medicare Office	
Phone:	1-800-MEDICARE (1-800-633-4227)
TTY/TDD:	1-877-486-2048
Hours:	7 days a week, 24 hours a day
Online:	Medicare.gov

Medicare Supplement

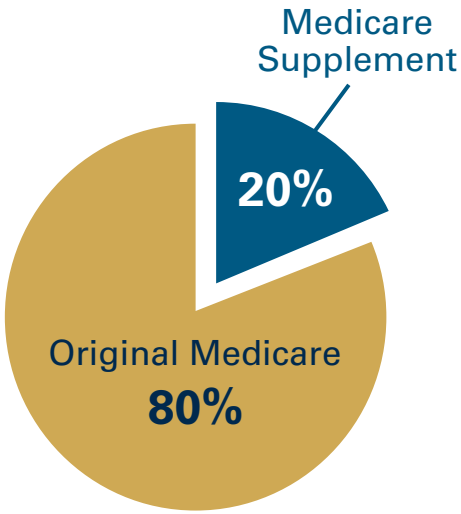
Covering Costs Original Medicare Doesn't

Many people who choose Original Medicare also enroll in a Medicare Supplement plan. These plans are also called Medigap coverage because they were created to cover the costs that Original Medicare does not cover.

Although they are available from private insurers, the federal government has standardized the benefits for 8 different Medicare Supplement plans, named with letters from A to N. (These letters have no relationship to the letters used for Medicare Parts A, B, C and D.)

As you can see in the chart on the next page, the different plans vary according to which gap they fill in Medicare. Plan G covers most of the gaps in Medicare Parts A and B, leaving only the Part B deductible of $240.00 for you to pay. That makes it a popular plan and an easy choice for someone who likes the security of having full coverage for Medicare-approved hospital and medical costs.

Plans C, F and F-High Deductible were discontinued by the federal government on December 31, 2019. You can only enroll if you turned age 65 on or before that date.



Remember These 5 Facts About Medicare Supplement Plans	
1	You must have Medicare Parts A and B to enroll in a Medicare Supplement plan.
2	No matter which insurance company sells the above plans, they must offer the same benefits. For example, Plan A from insurer number one must have the same standard benefits as Plan A from insurer number two.
3	Rates for these plans will differ from one insurer to the next and may be based on your age and gender.
4	Medicare Supplement plans give you the freedom to choose your own doctors and hospitals.
5	These plans do not include prescription drugs.

In the Know

How far in advance can I sign up for a plan to supplement my Medicare benefits?

Blue Cross NC lets you get a jump start on your coverage by allowing you to enroll up to six months before your 65th birthday. This may not be the norm for other plans, which typically allow you to enroll three months before your birthday.

2024 Medicare Supplement Plans

Note:
✓ = 100% of the benefit is paid. Blue Cross NC offers Plans A, G, HDG, K and N.

Benefits	Plans Available to All Applicants								Plans Only for Those First Eligible for Medicare Before 2020	
	A	B	D	G[1]	K	L	M	N	C	F[1]
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓ Copays apply[3]	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2023[2]					$7060[2]	$3530[2]				

Footnotes:
1 Plans F and G also have a high deductible option which requires first paying a plan deductible of $2,800 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G (HDG) does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.
2 Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.
3 Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits and up to a $50 copayment for emergency room visits that do not result in an inpatient admission.

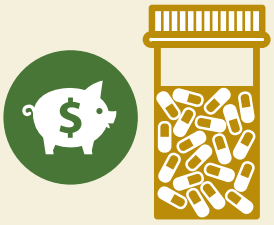
Medicare Part D (Prescription Drug Plans)

When Does it Make Sense to Purchase a Part D Plan?

Many people who choose a Medicare Supplement plan also enroll in Part D coverage when they become eligible for Medicare. This may make sense for a couple of reasons. First, you may have to pay a late enrollment penalty if you don't enroll during the initial enrollment period, which ends three months after you turn 65. (For complete details on Part D enrollment, visit Medicare.gov/part-d.) Plus, you'll be able to choose from a variety of plans to suit your needs. Here are a few things to consider before you make that choice:

- **Are your medications covered by the plan?**
  Be sure to check before you enroll because different plans cover different medications. The list of covered medications may also be called a "formulary." Be sure to look into it.
- **Will you have access to pharmacies near your home and where you travel?**
  Plans can limit your choice of pharmacies by geographic area and some offer convenient mail order programs.
- **What are the copayment or coinsurance amounts, and how do they change based on your prescription drug spending?**
  Different plans offer different levels of coverage, so it pays to compare.

"I checked to make sure my diabetes medication was covered. When I did the math, it was clear that a Part D plan could save me money."*



*For example only.

Qualifying for Financial Help

Your costs could be lower if you qualify for **Extra Help**. The Extra Help program is offered to people who meet minimum income requirements. To see if you're eligible, contact the Social Security Office.

Social Security Office

Phone:	1-800-772-1213
TTY/TDD:	1-800-325-0778
Hours:	Monday – Friday 7 a.m. – 7 p.m.
Online:	socialsecurity.gov

How Part D Plans Work

In order to be eligible for a Part D plan, you must be enrolled in Original Medicare Part A and/or Part B. Part D plans are offered by private insurance companies, and you can shop around for a plan that fits your needs.

What's Different Between Plans?

The drugs covered (also known as the drug formulary), rates and your share of the costs (annual deductible and copayments) may vary. It is not enough to compare plans based on rates alone. You need to ensure your medications are covered by the plan and that the cost for your medications is what you expect.

What's the Same Between Plans?

Since plans are regulated by the federal government, they all provide benefits in four different stages as shown in the chart below.

Catastrophic Coverage protects you from exceedingly high costs.

2024 Medicare Part D Benefits

Deductible	• Some plans have an annual deductible, but not all • This is the total amount you must spend on prescriptions before the plan starts paying benefits • Your deductible will be no more than $545
Initial Coverage	• You pay a copayment or coinsurance (percentage of a drug's total cost); the plan pays the rest • You stay in this stage until total drug costs (the amount paid by you and the plan) reach $5,030
Coverage Gap	After your total drug costs reach $5,030: • You pay: – 25% of the cost of brand-name drugs – 25% of the cost of generic drugs • You stay in this stage until your total out-of-pocket costs reach $8,000
Catastrophic Coverage	After your total out-of-pocket costs reach $8,000: • You pay a small copayment or coinsurance amount • You stay in this stage for the rest of the plan year

Path 2

Meet Carl

Path 2 fits his needs.

- Sensible
- Value seeker
- Open to different types of plans

"I've had a few different types of health plans over the years. Most of the time I leaned toward more affordable options that had a network of doctors. That was fine with me as long as I could see the doctors and hospitals I trusted and my coverage was good."*

*For example only.

Medicare Advantage Part C

Once you enroll in Medicare Parts A and B, you can opt for something different than Original Medicare and Medicare Supplement by choosing a Medicare Advantage plan. You can expect coverage for all of the same services as Medicare Parts A and B, but typically with lower out-of-pocket costs.

What's the Advantage?

Here are some key reasons why people choose this path over Original Medicare:

1 **All-In-One Coverage**	You can choose a plan that includes prescription drug coverage (Part D) as well as other benefits such as dental.
2 **Limits on Out-of-Pocket Costs**	Unlike Original Medicare, Medicare Advantage plans put a cap on your out-of-pocket costs. Once you hit the cap, the plan pays 100% of covered costs – not you! (Prescription drugs costs are not included in this cap.)
3 **Affordability**	Many plans offer comprehensive coverage for a lower cost than Path 1 (Original Medicare + Medicare Supplement + Part D Rx plan). Keep in mind that you must pay your Part B premium in addition to the plan's premium.

How Medicare Advantage Part C Works

All Medicare Advantage plans are coordinated care plans. This means they are built around a network of doctors and hospitals working together to provide your care. Every plan has its own network, and the requirements for using that network depend upon the type of plan you choose (PPO, POS or HMO). The chart below highlights the key differences.

	PPO	POS	HMO
Requires you to choose a primary care doctor from the network. This doctor coordinates your care.	Typically	Yes	Yes
Requires you to get referrals to see specialists.	No	Usually	Sometimes
Provides emergency care, urgent care and dialysis outside of the network.	Yes	Yes	Yes
Provides other coverage outside of the network — you share more of the costs in this case.	Yes	Yes	No

Every Medicare Advantage Plan Offers You:

- All of the benefits of Medicare Part A (except hospice care)
  - Hospital stays
  - Skilled nursing
  - Home health care
- All of the benefits of Medicare Part B
  - Doctor visits
  - Outpatient care (outpatient surgery, emergency care)
  - Screenings and immunizations
  - Lab tests

Some Plans Also Include:

- Prescription drug coverage
- Eye care
- Hearing care
- Dental benefits
- Wellness programs

PPO stands for Preferred Provider Organization
POS stands for Point Of Service
HMO stands for Health Maintenance Organization

For definitions, see the Glossary on pages 20 – 21.

Before You Choose a Plan

Important Things to Consider Before Choosing a Medicare Advantage Plan

Does the Network Meet Your Needs?

Every insurance company offers different provider networks. Check to see if the network has the doctors and hospitals you want.

Is It a Good Value for Your Needs?

Every plan has different rates, deductibles and copayments. Some may have a higher rate but lower out-of-pocket costs such as $0 deductible.

Do You Plan on Traveling?

If yes, consider a PPO and ensure that the out-of-network benefits will suit your needs.

"We needed to cut costs at retirement. Our Medicare Advantage plan helped us do that. Now we pay less for our health plan and our health care than when we had employer coverage."*

*For example only.

Whichever Path You Take, Choose Carefully

Doing your homework now will pay off for years to come. That's why when looking at private insurance (Medicare Advantage, Medicare Prescription Drug Coverage or Medicare Supplement), you may want to compare more than rates. Here are some key things to consider:

- **Reputation**
  What do your friends and neighbors think of the plan? Have they had a good experience over the years?
- **Local Presence**
  Some plans may understand health care in your region better than others. Will you be able to get service from an office that's in your state?
- **Overall Value**
  In addition to offering competitive rates, do you get more for your dollar? Look for supplemental benefits such as allowances for over-the-counter medications and dental, vision and hearing care, as well as fitness and discount programs.

"I like the simplicity and flexibility of my PPO plan. I chose my plan because it covered all of my costs (including drugs) and my doctors were already in the network. When I travel, I know I can use my out-of-network benefits. It's just easy."*

*For example only.

In the Know

What happens if I want to switch plans?

There are two opportunities for everyone to switch plans: **October 15 to December 7 and January 1 to March 31**. For example, if you switch plans in the fall but decide you don't like the plan once your coverage begins in January, you have time to switch again as long as it's before March 31.

There are some exceptions. For example, if you happen to move to a home outside of your plan's service area, you are allowed to change plans. Visit *Medicare.gov* for additional information on Special Enrollment Periods.

What happens if I join a Medicare Advantage plan and my doctor leaves the network? What can I do then?

If you have a PPO plan, you can use your out-of-network benefits for your doctor and pay more. Otherwise, your plan will notify you if your doctor leaves the plan's network, and you'll be able to choose a new doctor from the network.

Medicare Timeline

6-12 months before you turn 65

Learn

Learn about the different parts of Medicare. If you're covered by your employer's plan, learn what's available for retirees and employees 65 and older. If you have a non-employer individual or family plan, compare it with available Medicare plans.

4-5 months before you turn 65

Confirm

Review your latest Social Security statement for accuracy.

Contact Social Security to confirm eligibility. Visit ssa.gov, or call 1-800-772-1213, 1-800-325-0778 (TTY).

0-3 months before you turn 65

Enroll

Go to ssa.gov or a Social Security office near you to sign up for Medicare Parts A and B. After you sign up for Parts A and B, you can select a Medicare Advantage, Medicare Supplement and/or Medicare Rx (Part D) plan.

To learn more about your Medicare eligibility, go to ssa.gov or call 1-800-772-1213, 1-800-325-0778 (TTY).

Medicare Advantage Enrollment

Who's Eligible to Enroll?

To be eligible to enroll in a Medicare Advantage plan, you must:

- Be entitled to Medicare Part A
- Be enrolled in Medicare Part B
- Live in the plan's service area

Initial Enrollment Period:

For those new to Medicare, the period you can first sign up:

- Begins three months before the month you are eligible
- Includes the month you are eligible
- Ends three months after the month you are eligible

Annual Enrollment Period:

October 15 through December 7

Open Enrollment Period:

January 1 through March 31

Happy Birthday

Enjoy your birthday!

And remember:
If you haven't signed up for Medicare, you still have time. Sign up soon!

Last Chance

This is the last chance to enroll in Medicare coverage under your Initial Enrollment Period. If you enroll in Parts A, B or D after three months from your eligibility date, you may have to pay a higher premium for Parts B and D. This penalty is required by the federal government. You have until six months from your Part B enrollment date to enroll in Medicare Supplement. If you enroll after that, you may miss out on guaranteed acceptance.*

Next Steps

Schedule your Welcome to Medicare visit with your doctor.

- Create a record of your health and family history
- Check measures like your blood pressure, weight and height
- Make sure you're up-to-date with preventive screenings
- Get any necessary tests based on your health

Review Your Coverage Regularly

As your needs and budget change over time, be sure to take a look at your Medicare coverage on a regular basis. You may want to change your coverage to better match your needs.

Medicare Supplement Enrollment

You may only enroll in a Medicare Supplement plan if you choose Original Medicare coverage. You can enroll in a Medicare Supplement plan up to six months before your 65th birthday and in the six months after your 65th birthday. (*If you enroll at any time six months past your 65th birthday, you may not be guaranteed acceptance for Medicare Supplement coverage. You may have to answer questions about your health for underwriting to qualify and you may have to pay more for the coverage, unless you've had qualifying coverage before enrolling.)

Glossary

A

Annual deductible
The amount you pay for health care or prescriptions before a plan begins to pay.

Annual Enrollment Period (AEP)
This is the time each year when you can enroll in a Medicare health insurance plan. The Annual Enrollment Period is October 15 through December 7. You can also disenroll during this period.

Assignment
When your doctor or provider agrees to accept the Medicare-approved amount as full payment for covered services.

B

Benefit period
With Original Medicare, this is defined as a specific period of time that begins the day you are formally admitted as an inpatient in a hospital or skilled nursing facility, and ends when you have not received any type of inpatient care for 60 days in a row.

C

Coinsurance
An amount you may be required to pay as your share of the cost for services or prescription drugs. Coinsurance is usually a percentage of the cost.

Copayment (Copay)
A fixed dollar amount you pay for a covered service or prescription drug at the time you receive it. Copayments can vary depending on the service or drug.

Cost sharing
The amount you pay as your share of the cost for health care services. Cost sharing can include copayments, coinsurance and deductibles.

D

Deductible
The amount you owe for certain covered services during a benefit period before your Medicare health insurance begins to pay.

F

Formulary
The list of prescription drugs that are paid for in full or in part by the health insurance plan you choose.

H

Health care provider
A professional or organization, such as a doctor or a hospital, that provides medical services.

HMO
HMO stands for Health Maintenance Organization. An HMO offers health coverage through a network of doctors and other health care providers who are under contract to provide covered services at a lower cost to members.

Home care
Skilled nursing and related services provided to patients in a home setting. Other home care services include physical therapy, occupational therapy, speech therapy, medical social services, home health services and medical supplies and equipment.

Hospice
A program or facility that provides care, comfort and support services for terminally ill patients and their families. Hospice care concentrates on reducing the severity of disease symptoms, rather than halting or delaying progression of the disease itself.

I

Inpatient
A patient who has been formally admitted to the hospital under a doctor's orders.

Glossary

L

Long-term care
Care that gives help with the activities of daily life, like eating, dressing and bathing, over a long period of time.

M

Medicare-approved amount
The amount of money that Medicare has approved as the total amount that a doctor or hospital should be paid for a particular service. The total amount includes what Medicare pays, plus any cost sharing you pay.

O

Out-of-pocket maximum
The most you pay for covered services during a benefit period before your plan begins to pay 100% of your covered services. This limit never includes premium payments, services that are not covered or prescription drug costs.

Outpatient
A patient who is not hospitalized overnight but who visits a hospital, surgery center or associated facility for diagnosis or treatment and is discharged on the same day.

P

POS
POS stands for Point Of Service. It's a kind of managed care plan that combines features of an HMO (Health Maintenance Organization) and PPO (Preferred Provider Organization). Like an HMO, you choose an in-network physician to be your primary care provider. But like a PPO, you may go outside of the provider network for health care services.

PPO
PPO stands for Preferred Provider Organization. A Medicare Advantage PPO plan has a network of contracted (in-network) providers. You pay less by using doctors, hospitals and other providers that belong to the plan's network. You pay more if you use providers that are outside of the plan's network.

Premium
The amount of money you have to pay each month of the year for your health insurance plan.

Provider
A person or organization that provides medical services and products, such as a doctor, hospital, pharmacy, laboratory or outpatient clinic.

S

Skilled nursing facility care (SNF)
A level of care that requires the daily involvement of a skilled nursing or rehabilitation staff such as physical therapy and intravenous injections. You qualify only after a 3-day minimum hospital stay for a related illness or injury for up to 100 days in a benefit period that includes semi-private room and meals. Medicare doesn't cover long-term care or custodial care in this setting.

Helpful Resources

Medicare Office

- Complete information on Medicare Parts A, B, C and D
- Download the most recent *Medicare & You* handbook and other resources
- File a claim with Medicare
- File a complaint if you have an issue with

Phone: 1-800-MEDICARE (1-800-633-4227)
TTY/TTD: 1-877-486-2048
Hours: 7 days a week, 24 hours a day
Online: Medicare.gov

Social Security Office

- Information on retirement and disability benefits
- Apply for retirement benefits and Medicare
- Some people with limited resources and income may also apply for Extra Help with Medicare prescription drug plan costs
- Find a local Social Security office

Phone: 1-800-772-1213
TTY/TTD: 1-800-325-0778
Hours: Monday – Friday, 7 a.m. – 7 p.m.
Online: ssa.gov

North Carolina Department of Insurance Office

- Seniors' Health Insurance Information Program (SHIIP)
- Free and unbiased information regarding Medicare health care products
- Information and applications for help with Medicare Part B and Part D plan premiums
- Assistance with recognizing and preventing Medicare billing errors and possible fraud

Phone: 1-855-408-1212
Hours: Monday – Friday, 8 a.m. – 5 p.m.
Online: ncdoi.com/shiip

Blue Cross and Blue Shield of North Carolina is an HMO, PPO and PDP plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal. This information is not a complete description of benefits. Call 1-800-661-5518 (TTY: 711) for more information.

Blue Cross and Blue Shield of North Carolina Blue Medicare Supplement plans are not connected with or endorsed by the U.S. government or the federal Medicare program.

For costs and further details of the coverage, including exclusions, and restrictions or limitations, and terms under which the policy may be continued in force, contact your agent or call the company.

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 1-800-665-8037 (TTY: 711) for assistance.

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. Llame al 1-800-665-8037 *(TTY: 711) para obtener ayuda.*

We're Here for You!

Not sure which path is right for you?

Ready to start researching your options?

Contact Blue Cross NC today

Contact **Blue Cross NC**

Phone: **1-800-665-8037** (TTY: 711)

Hours: 7 days a week, 8 a.m. – 8 p.m.

Online: **Medicare.BlueCrossNC.com**

Centers: **BlueCrossNC.com/Centers**

Or contact your Blue Cross NC Authorized Agent

BlueCross BlueShield of North Carolina

MEDICARE

Visit **Medicare.BlueCrossNC.com**