



2024 Summary of Benefits Blue Medicare RxSM (PDP)

This is a summary of drug services covered under Blue Medicare Rx (PDP) plans for **January 1, 2024 – December 31, 2024**.

Plans:

Blue Medicare Rx Standard (PDP) S5540-002

Blue Medicare Rx Enhanced (PDP) S5540-004

- The benefits information provided is a summary of what we cover and what you pay. This information is not a complete description of benefits. Visit [Medicare.BlueCrossNC.com/medicare/forms-library](https://www.Medicare.BlueCrossNC.com/medicare/forms-library) and click on the Evidence of Coverage tab.
- If you have Medicare Part B, you must continue to pay your Medicare Part B premium, if it's not otherwise paid for under Medicaid or by another third party.
- You must join a Medicare prescription drug plan to receive drug coverage unless you are eligible for both Medicare and Medicaid. Contact your state Medicaid or medical assistance office if you have questions about your eligibility.
- To join Blue Medicare Rx (PDP) plans, you must have Medicare Part A (Hospital Insurance) and/or Medicare Part B (Medical Insurance) and live in our service area. Our service area includes all counties in North Carolina.
- Blue Cross and Blue Shield of North Carolina is a PDP plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal.
- For more information about Original Medicare or to request the *Medicare & You* handbook from Medicare, call 1-800-MEDICARE (1-800-633-4227), TTY: 1-877-486-2048, 7 days a week, 24 hours a day. Or visit [Medicare.gov](https://www.Medicare.gov).
- For more details, call **1-800-661-5518** (TTY: 711), current members call **1-888-247-4142** (TTY: 711), 7 days a week, 8 a.m. – 8 p.m., visit [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com) or contact your Blue Cross NC Authorized Independent Agent.

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MedicareRx
Prescription Drug Coverage X

Plan Offering and Premium by County

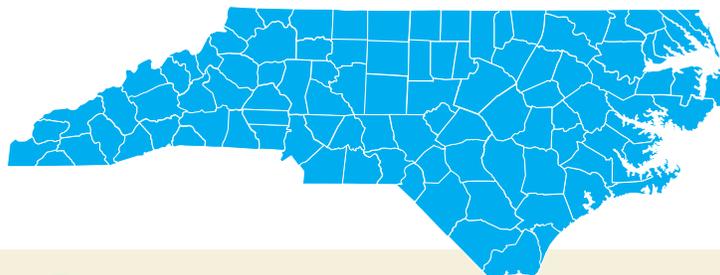
Blue Medicare Rx (PDP) plans are available in all 100 North Carolina counties.

Blue Medicare Rx StandardSM (PDP)

S5540-002

Monthly Premium: \$102.30

Alamance	Catawba	Franklin	Jones	Pamlico	Surry
Alexander	Chatham	Gaston	Lee	Pasquotank	Swain
Alleghany	Cherokee	Gates	Lenoir	Pender	Transylvania
Anson	Chowan	Graham	Lincoln	Perquimans	Tyrrell
Ashe	Clay	Granville	Macon	Person	Union
Avery	Cleveland	Greene	Madison	Pitt	Vance
Beaufort	Columbus	Guilford	Martin	Polk	Wake
Bertie	Craven	Halifax	McDowell	Randolph	Warren
Bladen	Cumberland	Harnett	Mecklenburg	Richmond	Washington
Brunswick	Currituck	Haywood	Mitchell	Robeson	Watauga
Buncombe	Dare	Henderson	Montgomery	Rockingham	Wayne
Burke	Davidson	Hertford	Moore	Rowan	Wilkes
Cabarrus	Davie	Hoke	Nash	Rutherford	Wilson
Caldwell	Duplin	Hyde	New Hanover	Sampson	Yadkin
Camden	Durham	Iredell	Northampton	Scotland	Yancey
Carteret	Edgecombe	Jackson	Onslow	Stanly	
Caswell	Forsyth	Johnston	Orange	Stokes	



Blue Medicare Rx (PDP) plans are available in all 100 North Carolina counties.

Please note: To join Blue Medicare Rx (PDP) plans, you must have Medicare Part A and/or Medicare Part B and live in our service area.

Summary of Benefits

Blue Medicare Rx StandardSM (PDP)

S5540-002

Monthly Premium: \$102.30

Part D, Prescription Drug Benefit Stages

	Tier 1: \$0	Tiers 2, 3, 4 and 5: \$545
Annual Deductible:	This is the set amount that you pay before your plan begins to pay its share of the cost. Your deductible does not apply to covered insulin products and most adult Part D vaccines.	
Initial Coverage Limit (ICL):	Begins after you pay your yearly deductible. You remain in this stage until your costs on covered drugs reach \$5,030 . ¹ The amount you pay in this stage is shown in the chart on the next page.	
Coverage Gap:	Begins when your total year-to-date costs on covered drugs exceed \$5,030. In this stage, you'll pay 25% of the cost for your drugs, excluding dispensing and administration fees, until your total year-to-date costs reach \$8,000 . ²	
Catastrophic Coverage:	Begins when your total year-to-date costs on covered drugs exceed \$8,000. During this stage, your plan will pay the full cost for your covered Part D drugs.	

¹ Total year-to-date includes drug costs paid by you and any Part D plan from the beginning of the calendar year.

² Total year-to-date includes costs that only you have paid.

Note: This chart shows your portion of the costs.

Summary of Benefits

Blue Medicare Rx StandardSM (PDP)

S5540-002

 Prescription Drug Initial Coverage Limit (ICL)	Preferred Retail Pharmacies		Preferred Mail Order	Standard (Non-Preferred) Pharmacies		
	1-month 30-day supply	3-months 90-day supply	3-months 90-day supply	1-month 30-day supply*	3-months 90-day supply	
Preferred Generic Drugs: (Tier 1)	\$5 copay	\$15 copay	\$15 copay	\$15 copay	\$45 copay	
Generic Drugs: (Tier 2)	\$15 copay	\$45 copay	\$45 copay	\$20 copay	\$60 copay	
Preferred Brand Drugs: (Tier 3)	15% of cost	15% of cost	15% of cost	16% of cost	16% of cost	
Non-Preferred Drugs: (Tier 4)	39% of cost	39% of cost	39% of cost	40% of cost	40% of cost	
Specialty Tier Drugs: (Tier 5)	25% of cost	N/A	N/A	25% of cost	N/A	
Insulins:	Tier 3:	\$35 copay	\$105 copay	\$105 copay	\$35 copay	\$105 copay
	Tier 4:	\$35 copay	\$105 copay	\$105 copay	\$35 copay	\$105 copay

*Long-term care pharmacy benefit is covered the same as Non-Preferred Retail Pharmacies for 31 days instead of 30 days. Notes: Two-month (60-day) supplies may also be available. Non-Preferred Mail Order costs may differ. This chart shows your portion of the costs.

Summary of Benefits

Plan Offering and Premium by County

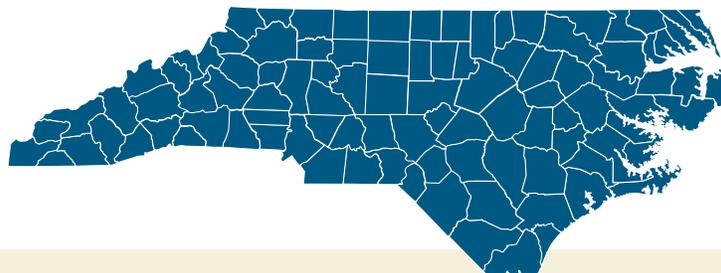
Blue Medicare Rx (PDP) plans are available in all 100 North Carolina counties.

Blue Medicare Rx EnhancedSM (PDP)

S5540-004

Monthly Premium: \$131.30

Alamance	Catawba	Franklin	Jones	Pamlico	Surry
Alexander	Chatham	Gaston	Lee	Pasquotank	Swain
Alleghany	Cherokee	Gates	Lenoir	Pender	Transylvania
Anson	Chowan	Graham	Lincoln	Perquimans	Tyrrell
Ashe	Clay	Granville	Macon	Person	Union
Avery	Cleveland	Greene	Madison	Pitt	Vance
Beaufort	Columbus	Guilford	Martin	Polk	Wake
Bertie	Craven	Halifax	McDowell	Randolph	Warren
Bladen	Cumberland	Harnett	Mecklenburg	Richmond	Washington
Brunswick	Currituck	Haywood	Mitchell	Robeson	Watauga
Buncombe	Dare	Henderson	Montgomery	Rockingham	Wayne
Burke	Davidson	Hertford	Moore	Rowan	Wilkes
Cabarrus	Davie	Hoke	Nash	Rutherford	Wilson
Caldwell	Duplin	Hyde	New Hanover	Sampson	Yadkin
Camden	Durham	Iredell	Northampton	Scotland	Yancey
Carteret	Edgecombe	Jackson	Onslow	Stanly	
Caswell	Forsyth	Johnston	Orange	Stokes	



Blue Medicare Rx (PDP) plans are available in all 100 North Carolina counties.

Please note: To join Blue Medicare Rx (PDP) plans, you must have Medicare Part A and/or Medicare Part B and live in our service area.

Summary of Benefits

Blue Medicare Rx EnhancedSM (PDP)

S5540-004

Monthly Premium: \$131.30

Part D, Prescription Drug Benefit Stages

All Tiers: \$0

Annual Deductible:

This is the set amount that you pay before your plan begins to pay its share of the cost. Your deductible does not apply to covered insulin products and most adult Part D vaccines.

Initial Coverage Limit (ICL):

Begins after you pay your yearly deductible. You remain in this stage until your costs on covered drugs reach **\$5,030**.¹ The amount you pay in this stage is shown in the chart on the next page.

Coverage Gap:

Begins when your costs on covered drugs exceed \$5,030. In this stage, you'll pay **25%** of the cost for your drugs, excluding dispensing and administration fees, until your total year-to-date costs reach **\$8,000**.² Tier 1 drugs are covered in the Coverage Gap; there's a **\$3** copayment at Preferred pharmacies or a **\$15** copayment at Standard (non-preferred) pharmacies for a 30-day supply.

Catastrophic Coverage:

Begins when your total year-to-date costs on covered drugs exceed \$8,000. During this stage, your plan will pay the full cost for your covered Part D drugs.

¹ Total year-to-date includes drug costs paid by you and any Part D plan from the beginning of the calendar year.

² Total year-to-date includes costs that only you have paid.

Note: This chart shows your portion of the costs.

Summary of Benefits

Blue Medicare Rx EnhancedSM (PDP)

S5540-004

 Prescription Drug Initial Coverage Limit (ICL)	Preferred Retail Pharmacies		Preferred Mail Order	Standard (Non-Preferred) Pharmacies		
	1-month 30-day supply	3-months 90-day supply	3-months 90-day supply	1-month 30-day supply*	3-months 90-day supply	
Preferred Generic Drugs: (Tier 1)	\$3 copay	\$9 copay	\$9 copay	\$15 copay	\$45 copay	
Generic Drugs: (Tier 2)	\$6 copay	\$18 copay	\$18 copay	\$20 copay	\$60 copay	
Preferred Brand Drugs: (Tier 3)	\$45 copay	\$135 copay	\$135 copay	\$47 copay	\$141 copay	
Non-Preferred Drugs: (Tier 4)	40% of cost	40% of cost	40% of cost	41% of cost	41% of cost	
Specialty Tier Drugs: (Tier 5)	33% of cost	N/A	N/A	33% of cost	N/A	
Insulins:	Tier 3:	\$35 copay	\$105 copay	\$105 copay	\$35 copay	\$105 copay
	Tier 4:	\$35 copay	\$105 copay	\$105 copay	\$35 copay	\$105 copay

*Long-term care pharmacy benefit is covered the same as Non-Preferred Retail Pharmacies for 31 days instead of 30 days. Notes: Two-month (60-day) supplies may also be available. Non-Preferred Mail Order costs may differ. This chart shows your portion of the costs.