



# MEDICAL PLAN

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Medicare Advantage



October 13, 2023



• Suggested Plan Design

Network access: No referrals	In-Network	Out of Network
Annual Out of Pocket (OOP) Maximum for In-and Out-of-Network Medicare covered services	\$1,000	\$1,000
Deductible	\$0	\$0
Office Visits - Primary Care Physician	\$0	\$0
Routine Physical Exams	\$0	\$0
Office Visits - Specialist	\$0	\$0
Chiropractic	\$0	\$0
Hearing Exam	\$0	Not Covered
Hearing Aids	\$699 - \$999	Not Covered
Routine Vision	\$0	\$0
Vision Hardware Allowance	\$150	\$150
Urgent Care	\$0	\$0
Emergency Care – Waived if Admitted	\$0	\$50
Ambulance	\$0	\$0
Inpatient Care per admit	\$0	\$0
Outpatient Surgery	\$0	\$0
Outpatient Facility	\$0	\$0
Outpatient Therapies	\$0	\$0
Inpatient Mental Health per admit	\$0	\$0
Outpatient MH/SA - individual	\$0	\$0
Outpatient MH/SA - group sessions	\$0	\$0
Skilled Nursing	\$0	\$0
Home Health Care	\$0	\$0
DME(member coinsurance)	\$0	\$0
Diabetes Supplies	\$0	\$0
Diagnostic Tests, X-rays, and Labs	\$0	\$0
Bone Mass/Colorectal/Prostate	\$0	\$0
Immunizations/Mammograms/Pap/Pelvic	\$0	\$0



- Suggested Plan Design

Pharmacy	Preferred		
	30 Day	60 Day	90 Day
<b>Member Pays:</b>			
<b>Rx - Coverage Gap</b>	\$8,000		
Deductible	\$0	\$0	\$0
Generic Tier 1	\$0	\$0	\$0
Generic Tier 2	\$10	\$20	\$30
Preferred Brand Tier 3	\$15	\$30	\$45
Non-Preferred Brand Tier 4	\$30	\$60	\$90
Specialty Tier 5	\$60	Only 30 Day Supply	
	Non-Preferred		
<b>Member Pays:</b>	30 Day	60 Day	90 Day
<b>Rx - Coverage Gap</b>	\$8,000		
Deductible	\$0	\$0	\$0
Generic Tier 1	\$14	\$28	\$42
Generic Tier 2	\$20	\$40	\$60
Preferred Brand Tier 3	\$25	\$50	\$75
Non-Preferred Brand Tier 4	\$40	\$80	\$120
Specialty Tier 5	33%	Only 30 Day Supply	



- MAPD quote for the Jackson County is with a 2 year rate guarantee.
- **There are savings available for the County** with additional benefits that they currently do not have, including \$0 copays and cost sharing, and a more robust formulary and benefits.
- Here is some highlights above and beyond the attachments above which give price and benefit outlines:
  - Hearing with Hearing aid allowance
  - Vision with Eyeglass allowance
  - PERS Free per member
  - Worldwide Emergency, Urgent care and Transportation \$0, \$100,000 combined allowance for worldwide
  - No Donut Hole on Rx
  - Passive PPO network- in network and out of network is the same –



## Jackson County Quote 2024



**Group Name:** Jackson County  
**Group Number:** TBD  
**Group Plan Name:** PPO00  
**Contract-PBP Number:** H3404-810

**Rx Plan Design:** PDPP010/Rx Rider  
**Formulary:** Complete 5T W SP  
**Formulary ID:** 23232  
**Pharmacy Network:** Preferred

Key Benefits	Additional Features	Description of Costs	
		In-Network	Out-of-Network
Annual Maximum Out-of-Pocket	Does not include prescription drug Costs	\$1000	\$1000
Deductible	Preventive care, ER, Urgent Care, Ambulance, & Fitness Benefit excluded	\$0	\$0
Primary Care Visit		\$0	\$0
Specialist Visit		\$0	\$0
Inpatient Hospital Care		\$0	\$0
Outpatient Hospital		\$0	\$0
Ambulatory Surgical Center		\$0	\$0
Outpatient Rehabilitation Services	Occupational, Physical, & Speech Language Therapy	\$0	\$0
Emergency Room		\$0	\$0
Urgent Care		\$0	\$0
Ambulance Services		\$0	\$0
Durable Medical Equipment		0%	0%
Diabetic Supplies	Test strips limited to One Touch & Contour brands	\$0	\$0
Diagnostic Services/Labs/Imaging		\$0	\$0
Chiropractic		\$0	\$0



## Jackson County Quote 2024



Key Benefits	Additional Features	Description of Costs	
		In-Network	Out-of-Network
Meal Benefit		\$0 for 14 days	\$0 for 14 days
Medicare Part B Drugs		0%	0%
Routine Eye Exam		\$0	\$0
Eyewear		\$150 allowance	
Routine Hearing Exam		\$0	Not Covered
Hearing Aids		\$699-\$999	Not Covered
Outpatient Mental Health/Substance Abuse		\$0	\$0
Podiatry Services		\$0	\$0
Skilled Nursing Facility		\$0, days 1-100	\$0, days 1-100
Fitness Benefit		\$0	Not Covered
Dialysis Services		\$0	\$0
Hospice Services		Covered by Original Medicare	
Personal Emergency Response System		\$0	Not Covered
Home Health Services		\$0	\$0

**For more information about available plans, contact your authorized Blue Cross and Blue Shield of North Carolina (Blue Cross NC) sales representative!**

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## Jackson County Quote 2024



### 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 \$8,000

Benefit	Preferred Retail			Non-preferred Retail		
	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
<b>Tier 1 - Preferred Generic:</b>	\$0 copay	\$0 copay	\$0 copay	\$14 copay	\$28 copay	\$42 copay
<b>Tier 2 - Generic:</b>	\$10 copay	\$20 copay	\$30 copay	\$20 copay	\$40 copay	\$60 copay
<b>Tier 3 - Preferred Brand:</b>	\$15 copay	\$30 copay	\$45 copay	\$25 copay	\$50 copay	\$75 copay
<b>Tier 4 - Non-preferred Drug:</b>	\$30 copay	\$60 copay	\$90 copay	\$40 copay	\$80 copay	\$120 copay
<b>Tier 5 - Specialty Tier:</b>	\$60 copay	Tier 5 is limited to a one-month (30-day) supply		33%	Tier 5 is limited to a one-month (30-day) supply	



## Jackson County Quote 2024



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
<b>Tier 1 - Preferred Generic:</b>	\$0 copay	\$0 copay	\$0 copay	\$14 copay	\$28 copay	\$42 copay
<b>Tier 2 - Generic:</b>	\$10 copay	\$20 copay	\$20 copay	\$20 copay	\$40 copay	\$60 copay
<b>Tier 3 - Preferred Brand:</b>	\$15 copay	\$30 copay	\$30 copay	\$25 copay	\$50 copay	\$75 copay
<b>Tier 4 - Non-preferred Drug:</b>	\$30 copay	\$60 copay	\$60 copay	\$40 copay	\$80 copay	\$120 copay
<b>Tier 5 - Specialty Tier:</b>	\$60 copay	Tier 5 is limited to a one-month (30-day) supply		33%	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.





## Jackson County Quote 2024



### 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 \$8,000 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 payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.



<b>Jackson County</b>		
<b>2024-2025 EGWP MAPD Pricing</b>		
	<b>2024 MAPD</b>	<b>2025 MAPD</b>
<b>Plan</b>	<b>PPO00 &amp; PDPPPO10</b>	<b>PPO00 &amp; PDPPPO10</b>
<b>Total</b>	<b>\$265.00</b>	<b>\$265.00</b>



# Mark III

*Employee Benefits*