



# 2024 Annual Notice of Changes

## Blue Medicare Advantage Comprehensive (PPO)

All Region: Butler, Chase, Coffey, Cowley, Dickinson, Douglas, Franklin, Geary, Harvey, Jackson, Jefferson, Kingman, Leavenworth, Linn, Lyon, Marion, McPherson, Miami, Morris, Osage, Pottawatomie, Reno, Riley, Sedgwick, Shawnee, Sumner and Wabaunsee.

Effective from January 1, 2024, through December 31, 2024

OMB Approval 0938-1051 (Expires: February 29, 2024)

# Blue Medicare Advantage Comprehensive (PPO) offered by Blue Cross and Blue Shield of Kansas

## Annual Notice of Changes for 2024

You are currently enrolled as a member of Blue Medicare Advantage Comprehensive (PPO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 6 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.bcbsks.com/medicare/forms>. 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.**

---

### 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).
  - Review the changes to our drug coverage, including authorization requirements and costs.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

OMB Approval 0938-1051 (Expires: February 29, 2024)

## 2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2024* handbook.
- 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, 2023, you will stay in Blue Medicare Advantage Comprehensive.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Blue Medicare Advantage Comprehensive.
- If you recently moved into, currently live in, or just moved out of 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.

## Additional Resources

- Please contact our customer service number at 1-800-222-7645 for additional information. (TTY users should call 711.) Hours of operation:
  - October 1 through March 31 – Seven days a week from 8:00 AM to 8:00 PM.
  - April 1 through September 30 – Monday through Friday 8:00 AM to 8:00 PM. This call is free.
- We can also give you information in braille, in large print, or other alternate formats at no cost if you need it. We are required to give you information about the plan's benefits in a format that is accessible and appropriate for you. To get information from us in a way that works for you, please call customer service.
- **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.

OMB Approval 0938-1051 (Expires: February 29, 2024)

---

## About Blue Medicare Advantage Comprehensive (PPO)

- Blue Cross and Blue Shield of Kansas is a PPO plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of Kansas Medicare Advantage depends on contract renewal.
- When this document says “we,” “us,” or “our”, it means Blue Cross and Blue Shield of Kansas. When it says “plan” or “our plan,” it means Blue Medicare Advantage Comprehensive (PPO).

---

H7063\_007ANOC2024\_M

OMB Approval 0938-1051 (Expires: February 29, 2024)

**Annual Notice of Changes for 2024  
Table of Contents**

**Summary of Important Costs for 2024 ..... 6**

**SECTION 1 Changes to Benefits and Costs for Next Year ..... 8**

    Section 1.1 – Changes to the Monthly Premium .....8

    Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts .....9

    Section 1.3 – Changes to the Provider and Pharmacy Networks.....10

    Section 1.4 – Changes to Benefits and Costs for Medical Services .....10

    Section 1.5 – Changes to Part D Prescription Drug Coverage .....16

**SECTION 2 Deciding Which Plan to Choose ..... 20**

    Section 2.1 – If you want to stay in Blue Medicare Advantage Comprehensive (PPO) .....20

    Section 2.2 – If you want to change plans .....20

**SECTION 3 Deadline for Changing Plans..... 21**

**SECTION 4 Programs That Offer Free Counseling about Medicare ..... 21**

**SECTION 5 Programs That Help Pay for Prescription Drugs ..... 22**

**SECTION 6 Questions?..... 22**

    Section 6.1 – Getting Help from Blue Medicare Advantage Comprehensive (PPO).....22

    Section 6.2 – Getting Help from Medicare.....23

OMB Approval 0938-1051 (Expires: February 29, 2024)

**Summary of Important Costs for 2024**

The table below compares the 2023 costs and 2024 costs for Blue Medicare Advantage Comprehensive (PPO) in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium may be higher or lower than this amount. See Section 1.1 for details.</p>	\$40	\$40
<p><b>Maximum out-of-pocket amounts</b></p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)</p>	<p>From network providers: \$4,900</p> <p>From network and out-of-network providers combined: \$8,000</p>	<p>From network providers: \$4,900</p> <p>From network and out-of-network providers combined: \$8,000</p>
<p><b>Doctor office visits</b></p>	<p><b>In-Network:</b></p> <p><b>Primary care visits:</b> \$0-\$5 copay per visit</p> <p><b>Specialist visits:</b> \$0-\$40 copay per visit</p> <p><b>Out-Of-Network:</b> 30% coinsurance per visit</p>	<p><b>In-Network:</b></p> <p><b>Primary care visits:</b> \$0 copay per visit</p> <p><b>Specialist visits:</b> \$35 copay per visit</p> <p><b>Out-Of-Network:</b> 30% coinsurance per visit</p>

OMB Approval 0938-1051 (Expires: February 29, 2024)

Cost	2023 (this year)	2024 (next year)
<p><b>Inpatient hospital stays</b></p>	<p><b>In-Network:</b>                      \$300 copay per day for days 1 to 5.                      \$0 copay per day for days 6 and beyond.</p> <p><b>Out-of-Network:</b>                      30% coinsurance per stay.</p>	<p><b>In-Network:</b>                      \$300 copay per day for days 1 to 5.                      \$0 copay per day for days 6 and beyond.</p> <p><b>Out-of-Network:</b>                      30% coinsurance per stay.</p>
<p><b>Part D prescription drug coverage</b>                      (See Section 1.5 for details.)</p>	<p>Deductible: \$0                      copay during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$3</li> <li>• Drug Tier 2: \$5</li> <li>• Drug Tier 3: \$45</li> <li>• Drug Tier 4: \$100</li> <li>• Drug Tier 5: 33%</li> </ul>	<p>Deductible: \$0                      copay during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$3</li> <li>• Drug Tier 2: \$5</li> <li>• Drug Tier 3: \$45</li> <li>• Drug Tier 4: \$100</li> <li>• Drug Tier 5: 33%</li> </ul>

OMB Approval 0938-1051 (Expires: February 29, 2024)

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

### Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$40	\$40
<b>Optional Supplemental Package 1</b>	Not Applicable	\$25

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 6 regarding “Extra Help” from Medicare.

OMB Approval 0938-1051 (Expires: February 29, 2024)



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

Cost	2023 (this year)	2024 (next year)
<p><b>In-network maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays and coinsurance) from network providers count toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	<p>\$4,900</p>	<p style="text-align: center;">\$4,900</p> <p>Once you have paid \$4,900 out-of-pocket for covered services, you will pay nothing for your covered services from network providers for the rest of the calendar year.</p>
<p><b>Combined maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays and coinsurance) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.</p>	<p>\$8,000</p>	<p style="text-align: center;">\$8,000</p> <p>Once you have paid \$8,000 out-of-pocket for covered services, you will pay nothing for your covered services from network or out-of-network providers for the rest of the calendar year.</p>

OMB Approval 0938-1051 (Expires: February 29, 2024)

### Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at [www.bcbsks.com/medicare/find-a-provider.shtml](http://www.bcbsks.com/medicare/find-a-provider.shtml). You may also call customer services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are no changes to our network of providers for next year.

**Please review the 2024 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are no changes to our network of pharmacies for next year.

**Please review the 2024 Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies 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	2023 (this year)	2024 (next year)
<p><b>Additional Telehealth Services</b></p> <p>*telehealth visits with your primary and specialist providers are covered at the applicable doctor visit cost sharing</p>	<p><b>In-Network:</b> You pay \$0- \$40 copay for this benefit.</p> <p><b>Out-of-Network:</b> You pay 30% coinsurance for this benefit.</p>	<p><b>Not Covered.</b></p>

OMB Approval 0938-1051 (Expires: February 29, 2024)

Cost	2023 (this year)	2024 (next year)
<b>Dental</b>	<p><b>Medicare-Covered Dental Services:</b></p> <p><b>In-network:</b>                      You pay \$40 copay for this benefit.                       Our plan pays up to \$2,500 for preventive and comprehensive dental services every year for services received in-network or out-of-network.</p> <p><b>Out-of-Network:</b>                      You pay 30% coinsurance for Medicare covered benefit.                       You pay 50% coinsurance for non-Medicare covered benefit.</p>	<p><b>Medicare-Covered Dental Services:</b></p> <p><b>In-network:</b>                      You pay \$35 copay for this benefit.                       Our plan pays up to \$3,000 for preventive and comprehensive dental services every year for services received in-network or out-of-network.</p> <p><b>Out-of-Network:</b>                      You pay 30% coinsurance for Medicare covered benefit.                       You pay 50% coinsurance for non-Medicare covered benefit.</p>
<b>Doctor Office Visits</b>	<p><b>In-Network</b></p> <p><b>Primary care visits:</b>                      \$0-\$5 copay per visit</p> <p><b>Specialist visits:</b>                      \$0-\$40 copay per visit</p> <p><b>Out-Of-Network</b>                      30% coinsurance per visit</p>	<p><b>In-Network</b></p> <p><b>Primary care visits:</b>                      \$0 copay per visit</p> <p><b>Specialist visits:</b>                      \$35 copay per visit</p> <p><b>Out-Of-Network</b>                      30% coinsurance per visit</p>

OMB Approval 0938-1051 (Expires: February 29, 2024)

Cost	2023 (this year)	2024 (next year)
<b>Emergency Coverage</b>	<p><b>In-Network:</b> You pay \$80 copay for this benefit.</p>	<p><b>In-Network:</b> You pay \$90 copay for this benefit.</p>
<b>Hearing Exams</b>	<p><b>In-Network:</b> You pay \$40 copay for this benefit.</p> <p><b>Out-of-Network:</b> You pay 30% coinsurance for this benefit.</p>	<p><b>In-Network:</b> You pay \$35 copay for this benefit.</p> <p><b>Out-of-Network:</b> You pay 30% coinsurance for this benefit.</p>
<b>Medicare-covered Diagnostic Radiological Services</b>	<p><b>In-Network:</b> You pay \$40 minimum copay for this benefit.</p> <p>You pay \$250 maximum copay for this benefit.</p> <p><b>Out-of-Network:</b> You pay 20% coinsurance for this benefit.</p>	<p><b>In-Network:</b> You pay \$35 minimum copay for this benefit.</p> <p>You pay \$250 maximum copay for this benefit.</p> <p><b>Out-of-Network:</b> You pay 30% coinsurance for this benefit.</p>
<b>Mental Health Specialty Service</b>	<p><b>In-Network:</b> You pay \$0-\$40 copay for this benefit.</p>	<p><b>In-Network:</b> \$40 copay for each Medicare-covered individual therapy visit.</p> <p>\$40 copay for each Medicare-covered group therapy visit.</p>

OMB Approval 0938-1051 (Expires: February 29, 2024)

Cost	2023 (this year)	2024 (next year)
	<p><b>Out-of-Network:</b> You pay 30% coinsurance for this benefit.</p>	<p><b>Out-of-Network:</b> You pay 30% coinsurance for this benefit.</p>
<p><b>Occupational Therapy Services</b></p>	<p><b>In-Network:</b> You pay \$0- \$40 copay for this benefit.</p> <p><b>Out-of-Network:</b> You pay 30% coinsurance for this benefit.</p>	<p><b>In-Network:</b> You pay \$40 copay for occupational therapy.</p> <p><b>Out-of-Network:</b> You pay 30% coinsurance for this benefit.</p>
<p><b>Opioid Treatment Program Services</b></p>	<p><b>In-Network:</b> You pay \$0 - \$5 copay for this benefit.</p> <p><b>Out-of-Network:</b> You pay 30% coinsurance for this benefit.</p>	<p><b>In-Network:</b> You pay \$5 copay for this benefit.</p> <p><b>Out-of-Network:</b> You pay 30% coinsurance for this benefit.</p>
<p><b>Other Health Care Professional Services</b></p>	<p><b>In-Network:</b> You pay \$0 - \$40 copay for this benefit.</p> <p><b>Out-of-Network:</b> You pay 30% coinsurance for this benefit.</p>	<p><b>In-Network:</b> You pay \$35 copay for this benefit.</p> <p><b>Out-of-Network:</b> You pay 30% coinsurance for this benefit.</p>

OMB Approval 0938-1051 (Expires: February 29, 2024)

Cost	2023 (this year)	2024 (next year)
<b>Outpatient Substance Abuse Services</b>	<p><b>In-Network:</b> You pay \$40 copay for this benefit.</p> <p><b>Out-of-Network:</b> You pay 30% coinsurance for this benefit.</p>	<p><b>In-Network:</b> \$35 copay for each Medicare-covered individual therapy visit. \$35 copay for each Medicare-covered group therapy visit.</p> <p><b>Out-of-Network:</b> You pay 30% coinsurance for this benefit.</p>
<b>Over-the-Counter (OTC) and Healthy Products program</b>	<p><b>In-Network:</b> There is \$85 allowance every three months (per quarter).</p>	<p><b>In-Network:</b> There is \$87.50 allowance every three months (per quarter).</p>
<b>Physical Therapy and Speech Language Pathology Services</b>	<p><b>In-Network:</b> You pay \$0 - \$40 copay for this benefit.</p> <p><b>Out-of-Network:</b> You pay 30% coinsurance for this benefit.</p>	<p><b>In-Network:</b> You pay \$40 copay for physical therapy and speech language pathology services.</p> <p><b>Out-of-Network:</b> You pay 30% coinsurance for this benefit.</p>
<b>Podiatry Services</b>	<p><b>In-Network:</b> You pay \$0- \$40 copay for this benefit.</p>	<p><b>In-Network:</b> You pay \$35 copay for this benefit.</p>

OMB Approval 0938-1051 (Expires: February 29, 2024)

Cost	2023 (this year)	2024 (next year)
	<p><b>Out-of-Network:</b> You pay 30% coinsurance for this benefit.</p>	<p><b>Out-of-Network:</b> You pay 30% coinsurance for this benefit.</p>
<p><b>Psychiatric Services</b></p>	<p><b>In-Network:</b> You pay \$0-40 copay for this benefit.</p> <p><b>Out-of-Network:</b> You pay 30% coinsurance for this benefit.</p>	<p><b>In-Network:</b> \$40 copay for each Medicare-covered individual therapy visit.</p> <p>\$40 copay for each Medicare-covered group therapy visit.</p> <p><b>Out-of-Network:</b> You pay 30% coinsurance for this benefit.</p>
<p><b>Skilled Nursing Facility (SNF) Medicare-covered stay</b></p>	<p><b>In Network:</b> You pay a \$0 copay for days 1-20. You pay a \$196 copay for days 21-100.</p> <p><b>Out-of-Network:</b> 30% coinsurance per stay</p>	<p><b>In Network:</b> You pay a \$0 copay for days 1-20. You pay a \$203 copay for days 21-100.</p> <p><b>Out-of-Network:</b> 30% coinsurance per stay.</p>
<p><b>Vision care</b></p>	<p><b>In-Network:</b> \$40 copay for all other Medicare-covered eye exams.</p> <p>\$40 copayment for Medicare-covered eyewear.</p>	<p><b>In-Network:</b> \$35 copay for all other Medicare-covered eye exams.</p> <p>\$35 copayment for Medicare-covered eyewear.</p>

OMB Approval 0938-1051 (Expires: February 29, 2024)

Cost	2023 (this year)	2024 (next year)
	\$0 copayment for all other supplemental eyewear up to a \$150 annual allowance.	\$0 copayment for all other supplemental eyewear up to a \$200 annual allowance.
	<b>Out-Of-Network:</b> 30% coinsurance for each Medicare-covered service.  If member chooses to go to a non-EyeMed provider, our plan will cover up to \$85 every year for one routine eye exam and \$150 every year for non-Medicare covered eyewear.	<b>Out-Of-Network:</b> 30% coinsurance for each Medicare-covered service.  If member chooses to go to a non-EyeMed provider, our plan will cover up to \$85 every year for one routine eye exam and \$200 every year for non-Medicare covered eyewear.

## Section 1.5 – Changes to Part D Prescription Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically at [www.MyPrime.com](http://www.MyPrime.com).

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your

OMB Approval 0938-1051 (Expires: February 29, 2024)



options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact customer service for more information.

Starting in 2024, we may immediately remove a brand name drug on our “Drug List” if, at the same time, we replace it with a new generic version on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our “Drug List,” but immediately move it to a different cost-sharing tier or add new restrictions or both.

This means, for instance, if you are taking a brand name drug that is being replaced or moved to a higher cost-sharing tier, you will no longer always get notice of the change 30 days before we make it or get a month’s supply of your brand name drug at a network pharmacy. If you are taking the brand name drug, you will still get information on the specific change we made, but it may arrive after the change is made.

### Changes to Prescription Drug Costs

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and didn’t receive this insert with this packet, please call customer service and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call customer service for more information.

**Important Message About What You Pay for Insulin** - You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on.

**Getting Help from Medicare** - If you chose this plan because you were looking for insulin coverage at \$35 or less a month, it is important to know that you may have other options available to you for 2024 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for help comparing your options. TTY users should call 1-877-486-2048.

OMB Approval 0938-1051 (Expires: February 29, 2024)

**Additional Resources to Help** – Please contact our customer service number at 1-800-222-7645 for additional information. (TTY users should call 711.) Hours of operation:

- October 1 through March 31 – Seven days a week from 8:00 AM to 8:00 PM.
- April 1 through September 30 – Monday through Friday 8:00 AM to 8:00 PM. This call is free.

### Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
<b>Stage 1: Yearly Deductible Stage</b>	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

### Changes to Your Cost Sharing in the Initial Coverage Stage

Please see the following chart for the changes from 2023 to 2024.

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p><b>Tier 1:</b> You pay \$3 per prescription.</p> <p><b>Tier 2:</b> You pay \$5 per prescription.</p> <p><b>Tier 3:</b> You pay \$45 per prescription.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p><b>Tier 1:</b> You pay \$3 per prescription.</p> <p><b>Tier 2:</b> You pay \$5 per prescription.</p> <p><b>Tier 3:</b> You pay \$45 per prescription.</p>

OMB Approval 0938-1051 (Expires: February 29, 2024)

Stage	2023 (this year)	2024 (next year)
<p>your drugs will be in a different tier, look them up on the Drug List.</p> <p>You pay a \$35 Copay for select insulins. Most adult Part D vaccines are covered at no cost to you.</p>	<p><b>Tier 4:</b> You pay \$100 per prescription.</p> <p><b>Tier 5:</b> You pay 33% of the total cost.</p> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage). <i>OR</i> you have paid \$7,400 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>	<p>You pay \$10 per month supply of each covered insulin product on this tier.</p> <p><b>Tier 4:</b> You pay \$100 per prescription.</p> <p>You pay \$10 per month supply of each covered insulin product on this tier.</p> <p><b>Tier 5</b> You pay 33% of the total cost.</p> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage). <i>OR</i> you have paid \$8,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

**Changes to the Coverage Gap and Catastrophic Coverage Stages**

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

**Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.**

OMB Approval 0938-1051 (Expires: February 29, 2024)

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

## SECTION 2 Deciding Which Plan to Choose

### Section 2.1 – If you want to stay in Blue Medicare Advantage Comprehensive (PPO)

**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 Advantage Comprehensive (PPO).

### Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 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, please see Section 2.1 regarding 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 2024* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

As a reminder, Blue Cross and Blue Shield of Kansas 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 Advantage Comprehensive (PPO).

OMB Approval 0938-1051 (Expires: February 29, 2024)

- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Blue Medicare Advantage Comprehensive (PPO).
- 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 3 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, 2024.

#### 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, 2024, 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, 2024.

If you recently moved into, currently live in, or just moved out of 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.

### SECTION 4 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 Kansas, the SHIP is called Senior Health Insurance Counseling for Kansas (SHICK).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHICK counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and

OMB Approval 0938-1051 (Expires: February 29, 2024)

answer questions about switching plans. You can call SHICK at 1-800-860-5260. You can learn more about SHICK by visiting their website at [www.kdads.ks.gov/SHICK](http://www.kdads.ks.gov/SHICK).

## SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“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 coverage gap or 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 (applications).
- **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. 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 Kansas Ryan White Part B Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-785-296-6174.

## SECTION 6 Questions?

### Section 6.1 – Getting Help from Blue Medicare Advantage Comprehensive (PPO)

Questions? We’re here to help. Please call customer service at 1-800-222-7645. (TTY only, call 711.) We are available for phone calls from 8:00 AM to 8:00 PM seven days a week from

OMB Approval 0938-1051 (Expires: February 29, 2024)

October 1 through March 31. We are available 8:00 AM to 8:00PM Monday through Friday  
April 1 through September 30. Calls to these numbers are free.

### **Read your 2024 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 2024. For details, look in the *2024 Evidence of Coverage* for Blue Medicare Advantage Comprehensive (PPO). 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.bcbsks.com/medicare/forms>. You may also call customer service to ask us to mail you an *Evidence of Coverage*.

### **Visit our Website**

You can also visit our website at <https://www.bcbsks.com/medicare/ma-welcome>. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/ "Drug List")*.

---

## **Section 6.2 – 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 2024**

Read the *Medicare & You 2024* 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.

OMB Approval 0938-1051 (Expires: February 29, 2024)



**800-222-7645**  
**(TTY: 711)**

---

[bcbsks.com/mawelcome](https://bcbsks.com/mawelcome)

1133 SW Topeka Blvd.  
Topeka, KS 66629-0001

OMB Approval 0938-1051 (Expires: February 29, 2024)