



2025 Annual Notice of Changes

Blue Medicare Advantage Freedom (PPO)

Allen, Anderson, Bourbon, Butler, Chase, Chautauqua, Cherokee, Coffey, Cowley, Crawford, Dickinson, Douglas, Elk, Franklin, Geary, Greenwood, Harper, Harvey, Jackson, Jefferson, Kingman, Labette, Leavenworth, Linn, Lyon, Marion, McPherson, Miami, Montgomery, Morris, Neosho, Osage, Pottawatomie, Reno, Riley, Sedgwick, Shawnee, Sumner, Wabaunsee, Wilson and Woodson

Effective from January 1, 2025 through December 31, 2025

Blue Medicare Advantage Freedom (Local PPO) offered by Blue Cross and Blue Shield of Kansas

Annual Notice of Changes for 2025

You are currently enrolled as a member of *Blue Medicare Advantage Freedom*. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 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 www.bcbsks.com/medicare/forms You may also call Member Services 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).
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check to see if your primary care doctors, specialists, hospitals and other providers will be in our network next year.
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- 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, 2024, you will stay in *Blue Medicare Advantage Freedom*.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with *Blue Medicare Advantage Freedom*.
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Additional Resources

- Please contact our customer service number at (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 for more information.

About *Blue Medicare Advantage Freedom*

- 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 Freedom*.
- This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare’s), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for *Blue Medicare Advantage Freedom* in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
Monthly plan premium (See Section 2.1 for details.)	\$0	\$0
Part B Premium Credit	\$75	\$75
Maximum out-of-pocket amounts This is the <u>most</u> you will pay out of pocket for your covered services. (See Section 2.2 for details.)	From network providers: \$5,400 From in-network and out-of-network providers combined: \$8,950	From network providers: \$5,400 From in-network and out-of-network providers combined: \$8,950
Doctor office visits	In-Network Primary care visits: \$0 copay per visit Specialist visits: \$45 copay per visit Out-of-Network	In-Network Primary care visits: \$0 copay per visit Specialist visits: \$45 copay per visit Out-of-Network

Cost	2024 (this year)	2025 (next year)
	You pay 40% coinsurance for this benefit.	You pay 40% coinsurance for this benefit.
Inpatient hospital stays	<p>In-Network \$400 copay per day for days 1-5. \$0 copay per day for days 6-90.</p> <p>Out-of-Network 40% coinsurance per admission</p>	<p>In-Network \$400 copay per day for days 1-6. \$0 copay per day for days 7-90.</p> <p>Out-of-Network 40% coinsurance per admission</p>

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium	\$0	\$0
(You must also continue to pay your Medicare Part B premium.)		

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

Medicare requires all health plans to limit how much you pay out of pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount.	\$5,400	\$5,400 Once you have paid \$5,400 out of pocket for covered services from network providers, you will pay nothing for your covered services from network providers for the rest of the calendar year.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount.	\$8,950	\$8,950 Once you have paid \$8,950 out of pocket for covered services, you will pay nothing for your covered services from in-network or out-of-network providers for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

Updated directories are located on our website at www.bcbsks.com/medicare/find-a-provider.shtml. You may also call customer services for updated provider information or to ask us to mail you a Provider Directory, which we will mail within three business days.

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

Please review the 2025 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services 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	2024 (this year)	2025 (next year)
Hearing Services	<p>In-Network: \$45 copay for each Medicare-covered diagnostic hearing exam. \$0 copay for routine hearing exam (one per year).</p> <p>\$495 copay per aid for Basic Aids \$895 copay per aid for Standard Aids \$1,295 copay per aid for Advanced Aids \$1,695 copay per aid for Premium Aids</p>	<p>In-Network: \$45 copay for each Medicare-covered diagnostic hearing exam. \$0 copay for routine hearing exam (one per year).</p> <p>\$295 copay per aid for Basic Aids \$695 copay per aid for Standard Aids \$1,095 copay per aid for Advanced Aids \$1,495 copay per aid for Premium Aids</p>

Cost	2024 (this year)	2025 (next year)
Inpatient Acute Medicare-covered stay	<p>In-Network: You pay a \$400 copay per day for days 1-5. You pay a \$0 copay per day for days 6 and beyond.</p>	<p>In-Network: You pay a \$400 copay per day for days 1-6. You pay a \$0 copay per day for days 7 and beyond.</p>
Inpatient services in a psychiatric hospital	<p>In-Network: You pay a \$350 copay per day for days 1-5. You pay a \$0 copay per day for days 6 and beyond.</p>	<p>In-Network: You pay a \$350 Copay per day for days 1-6. You pay a \$0 Copay per day for days 7 and beyond.</p>
Medicare-covered Emergency Care	<p>In-Network: You pay \$95 copay for this benefit.</p>	<p>In-Network: You pay \$125 copay for this benefit.</p>
Medicare-covered Ground/Air Ambulance	<p>In-Network: You pay \$265 copay for this benefit.</p>	<p>In-Network: You pay \$300 copay for this benefit.</p>
Skilled Nursing Facility (SNF) Medicare-covered stay	<p>In-Network: You pay a \$0 copay per day for days 1-20. You pay a \$203 copay per day for days 21-100.</p>	<p>In-Network: You pay a \$0 copay per day for days 1-20. You pay a \$214 copay per day for days 21-100.</p>
Worldwide Emergency Coverage	<p>In-Network: You pay \$95 copay for this benefit.</p>	<p>In-Network: You pay \$125 copay for this benefit.</p>

SECTION 2 Administrative Changes

Cost	2024 (this year)	2025 (next year)
Geographic/Service Area	Service area consists of 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, Wabaunsee counties.	Service area consists of Allen, Anderson, Bourbon, Butler, Chase, Chautauqua, Cherokee, Coffey, Cowley, Crawford, Dickinson, Douglas, Elk, Franklin, Geary, Greenwood, Harper, Harvey, Jackson, Jefferson, Kingman, Labette, Leavenworth, Linn, Lyon, Marion, McPherson, Miami, Montgomery, Morris, Neosho, Osage, Pottawatomie, Reno, Riley, Sedgwick, Shawnee, Sumner, Wabaunsee, Wilson, Woodson counties.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in *Blue Medicare Advantage Freedom*

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 Freedom.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 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, there may be 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), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

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 Freedom*.
 - 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 Freedom*.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services 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 4 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, 2025.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Example 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, 2025, 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, 2025.

If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

SECTION 5 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 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.

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“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 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.
- **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. To be eligible for the ADAP

operating in your State, 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, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call 1-785-296-6174. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-785-296-6174.

SECTION 7 Questions?

Section 7.1 – Getting Help from *Blue Medicare Advantage Freedom*

Questions? We're here to help. Please call customer services at (800) 222-7645. (TTY only, call 711.) We are available for phone calls 8:00 AM to 8:00 PM seven days a week from October 1 through March 31. We are available 8:00 AM to 8:00 PM Monday through Friday April 1 through September 30. Calls to these numbers are free.

Read your 2025 *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 2025. For details, look in the 2025 *Evidence of Coverage* for *Blue Medicare Advantage Freedom*. 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/ma-welcome>. You may also call customer services 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*).

Section 7.2 – 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). 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.

Read *Medicare & You 2025*

Read the *Medicare & You 2025* 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.



866-335-7042
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