MASSACHUSETTS

## *Medicare HMO Blue SaverRx (HMO) offered by Blue Cross Blue Shield of Massachusetts*

# Annual Notice of Changes for 2024

*<Date*
*First Name Last Name*
*Street Address_1*
*Street Address_2*
*City, State, Zip>*

You are currently enrolled as a member of Medicare HMO Blue SaverRx. Next year, there will be some changes to the plan's costs and benefits. ***Please see page 2 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.bluecrossma.com/medicare-options. 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.**

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### 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.

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 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 Medicare HMO Blue SaverRx.
- 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 Medicare HMO Blue SaverRx.
- 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 Member Services number at 1-800-200-4255 for additional information. (TTY users should call 711.) Hours are 8:00 a.m. to 8:00 p.m. ET, 7 days a week from October 1 through March 31, and Monday through Friday from April 1 through September 30. This call is free.
- This information is available in alternate formats such as large print.
- **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 Medicare HMO Blue SaverRx

- Blue Cross Blue Shield of Massachusetts is an HMO and PPO plan with a Medicare contract. Enrollment in Blue Cross Blue Shield of Massachusetts depends on contract renewal.
- When this document says "we," "us," or "our," it means Blue Cross Blue Shield of Massachusetts. When it says "plan" or "our plan," it means Medicare HMO Blue SaverRx.

# *Annual Notice of Changes* for 2024
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## Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Medicare HMO Blue SaverRx in several important areas. **Please note this is only a summary of costs**.

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Monthly plan premium*** <br> * Your premium may be higher than this amount. See Section 1.1 for details. | $0 | $0 |
| **Maximum out-of-pocket amount** <br> This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.) | $5,600 | $5,600 |
| **Doctor office visits** | Primary care visits: $10 per visit <br><br> Specialist visits: $0 - $45 per visit | Primary care visits: $10 per visit <br><br> Specialist visits: $0 - $45 per visit |
| **Inpatient hospital stays** | Per admission: <br>▪ Days 1-5: $390 copay per day <br>▪ Days 6 and beyond: $0 copay per day | Per admission: <br>▪ Days 1-5: $390 copay per day <br>▪ Days 6 and beyond: $0 copay per day |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Part D prescription drug coverage**<br>(See Section 1.5 for details.) | Deductible: $300 for tiers 3, 4, and 5 except for covered insulin products and most adult Part D vaccines.<br><br>Copayments during the Initial Coverage Stage:<br><br>Standard cost-sharing:<br>• Drug Tier 1: $8<br>• Drug Tier 2: $20<br>• Drug Tier 3: $47<br>You pay $35 per month supply of each covered insulin product on this tier.<br>• Drug Tier 4: $100<br>You pay $35 per month supply of each covered insulin product on this tier.<br>• Drug Tier 5: 28% coinsurance<br>You pay $35 per month supply of each covered insulin product on this tier. | Deductible: $300 for tiers 3, 4, and 5 except for covered insulin products and most adult Part D vaccines.<br><br>Copayments during the Initial Coverage Stage:<br><br>Standard cost-sharing:<br>• Drug Tier 1: $8<br>• Drug Tier 2: $20<br>• Drug Tier 3: $47<br>You pay $35 per month supply of each covered insulin product on this tier.<br>• Drug Tier 4: $100<br>You pay $35 per month supply of each covered insulin product on this tier.<br>• Drug Tier 5: 28% coinsurance<br>You pay $35 per month supply of each covered insulin product on this tier. |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| | Preferred cost-sharing:<br>• Drug Tier 1: $0<br>• Drug Tier 2: $8<br>• Drug Tier 3: $42<br>You pay $35 per month supply of each covered insulin product on this tier.<br>• Drug Tier 4: $95<br>You pay $35 per month supply of each covered insulin product on this tier.<br>• Drug Tier 5: 28% coinsurance<br>You pay $35 per month supply of each covered insulin product on this tier.<br><br>Catastrophic Coverage:<br>• During this payment stage, the plan pays most of the cost for your covered drugs.<br>• For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called **coinsurance**), or a copayment ($4.15 for a generic drug or a drug that is treated like a generic, and $10.35 for all other drugs.) | Preferred cost-sharing:<br>• Drug Tier 1: $0<br>• Drug Tier 2: $8<br>• Drug Tier 3: $42<br>You pay $35 per month supply of each covered insulin product on this tier.<br>• Drug Tier 4: $95<br>You pay $35 per month supply of each covered insulin product on this tier.<br>• Drug Tier 5: 28% coinsurance<br>You pay $35 per month supply of each covered insulin product on this tier.<br><br>Catastrophic Coverage:<br>• During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. |

# 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) |
|---|---|---|
| **Monthly premium**<br>(You must also continue to pay your Medicare Part B premium.) | $0 | $0 |

- 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.

## Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket during the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Maximum out-of-pocket amount**<br>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount. | $5,600 | $5,600<br>Once you have paid $5,600 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year. |

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

Updated directories are located on our website at www.bluecrossma.com/findadoctor and https://medicare.bluecrossma.com/member-resources/pharmacy-benefits/medical-advantage-pharmacy-network. You may also call Member 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 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 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 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.

| | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Cardiac rehabilitation services** | You pay a $40 copayment for each visit for Medicare-covered cardiac rehabilitation services. | You pay a $35 copayment for each visit for Medicare-covered cardiac rehabilitation services. |
| **Combined Dental, Vision and Hearing Allowance**<br><br>Our plan offers a prepaid debit card (Flex Card) with a combined annual limit to help reduce your out-of-pocket expenses for dental, vision, and hearing services. This includes: | Not Covered | A $600 allowance will be loaded to your Flex Card and can be used to help reduce your out-of-pocket expenses for dental, vision, and hearing services.<br><br>Any unused benefit dollars will expire at the end of the year. |

| | 2023 (this year) | 2024 (next year) |
|---|---|---|
| • Out-of-pocket costs associated with comprehensive dental benefits (including fillings, extractions, and dentures)<br>• Supplemental vision services (including glasses, frames, contacts, and routine eye exams)<br>• One hearing aid per ear, per year (batteries included)<br>Any unused benefit dollars will expire at the end of the year.<br>This benefit is not a replacement for your other dental, vision, and/or hearing benefits and is designed to help offset certain expenses and will not cover cosmetic procedures or expenses.<br>The Flex Card is only for your personal use, cannot be sold or transferred, and has no cash value.<br>This allowance and any amounts paid out-of-pocket for this benefit do not count toward your maximum out-of-pocket amount.<br>For more information please call 1-800-971-6798 (TTY 711), or visit MAFlexCard.com | | This benefit is not a replacement for dental, vision, or hearing benefits and is designed to help offset out-of-pocket expenses and will not cover cosmetic procedures or expenses.<br>This allowance is shared among Dental, Vision, and Hearing out-of-pocket expenses. |

| | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Dental Services** | Coverage for these dental services for Medicare HMO Blue SaverRx will be provided up to $500 per calendar year for non-Medicare covered preventive dental services and non-Medicare covered comprehensive dental services combined. You are responsible for any amount above the dental coverage limit. | Coverage for these dental services for Medicare HMO Blue SaverRx will be provided up to $600 per calendar year for non-Medicare covered preventive dental services and non-Medicare covered comprehensive dental services combined. You are responsible for any amount above the dental coverage limit. |
| **Health and wellness education programs** | | |
| **Fitness benefit** | Fitness benefit to use toward costs you pay to participate in a qualified fitness program. | Fitness benefit (offered via Flex Card) to use toward costs you pay to participate in a qualified fitness program. |
| **Weight loss program benefit** | Weight loss program benefit to use toward a qualified weight loss program. | For more information about using this benefit please visit MAFlexCard.com or call 1-800-971-6798 (TTY 711).<br><br>Weight loss program benefit (offered via Flex Card) to use toward a qualified weight loss program. For more information about using this benefit please visit MAFlexCard.com or call 1-800-971-6798 (TTY 711). |

| | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Outpatient diagnostic tests and therapeutic services and supplies** | For CT scans, MRIs, PET scans, and nuclear cardiac imaging tests, you pay a $310 copayment for each category of test for each service date. | For CT scans, MRIs, PET scans, and nuclear cardiac imaging tests, you pay a $310 copayment for each service date. |
| **Outpatient Hospital services** | For Medicare-covered outpatient surgery performed in a hospital you pay a $325 copayment for each visit. | For Medicare-covered outpatient surgery performed in a hospital you pay a $275 copayment for each visit. |

| | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Outpatient rehabilitation services**<br>Covered services include: physical therapy, occupational therapy, and speech language therapy.<br>Outpatient rehabilitation services are provided in various outpatient settings, such as hospital outpatient departments, independent therapist offices, and Comprehensive Outpatient Rehabilitation Facilities (CORFs). | You pay a $40 copayment for each office visit or telehealth visit for Medicare-covered outpatient rehabilitation services. | You pay a $20 copayment for each office visit or telehealth visit for Medicare-covered outpatient rehabilitation services. |

| | | |
|---|---|---|
| **Over-the counter (OTC)** | You receive a $65 per quarter OTC allowance.<br>You pay any balance in excess of the $65 per quarter allowance.<br>The unused quarterly allowance will not be carried over from quarter to quarter.<br>A quarterly allowance to be used toward the purchase of select over-the-counter health and wellness items. Examples of OTC items include: first aid, cough, cold, allergy, pain relievers, antacids, vitamins/minerals and more.<br>CVS will manage the OTC benefit. See the OTC catalog for a list of eligible items. Purchase OTC items by mail, phone, or in participating CVS retail stores. You can find the catalog, participating locations, and order online at **cvs.com/otchs/bcbsma.** If you have questions or to order by phone please call 1-888-628-2770 (TTY:711) Monday – Friday 9 am to 8 pm ET.<br>Note: Any unused allowance does not roll over to the next benefit period. You cannot exceed your quarterly benefit amount. | You receive a $250 per quarter OTC allowance. Your $250 OTC allowance will be loaded onto your Flex Card.<br>You pay any balance in excess of the $250 per quarter OTC allowance.<br>The unused quarterly allowance will not be carried over from quarter to quarter.<br>A quarterly allowance to be used toward the purchase of over-the-counter health and wellness items. Examples of OTC items include: first aid, cough, cold, allergy, pain relievers, antacids, vitamins/minerals and more.<br>See the OTC Benefits Catalog for a list of eligible items. You can also visit MAFlexCard.com for more information about this benefit or to download the catalog. To request a catalog be sent to you, please call 1-800-971-6798 (TTY 711). Purchase OTC items by mail, phone, online, or in participating retail stores. You can find the catalog, find participating locations, and order online at **MAFlexCard.com.** If you have questions or to order by phone please call 1-800-971-6798 (TTY: |

| | 2023 (this year) | 2024 (next year) |
|---|---|---|
| | | 711) Monday – Friday 8 am to 8pm ET.<br>**Note:** Any unused allowance does not roll over to the next benefit period. You cannot exceed your quarterly benefit amount. |
| **Pulmonary rehabilitation services** | You pay a $20 copayment for each visit for Medicare-covered pulmonary rehabilitation services. | You pay a $15 copayment for each visit for Medicare-covered pulmonary rehabilitation services. |
| **Supervised Exercise Therapy (SET)** | You pay a $20 copayment for each visit for Medicare-covered supervised exercise therapy services for peripheral artery disease. | You pay a $15 copayment for each visit for Medicare-covered supervised exercise therapy services for peripheral artery disease. |

## 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.

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

## 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 does 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 Member Services 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.)

## Changes to the Deductible Stage

| Stage | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Stage 1: Yearly Deductible Stage**<br>During this stage, **you pay the full cost** of your Tier 3 – Preferred Brand, Tier 4 - Non-Preferred Drug, and Tier 5 Specialty Tier drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines. | The deductible is $300.<br><br>During this stage, you pay the plan's cost-sharing amount for drugs on:<br><br>**Tier 1: Preferred Generic:**<br>*Standard cost-sharing:* You pay $8 per prescription.<br>*Preferred cost-sharing:* You pay $0 per prescription.<br><br>**Tier 2: Generic:**<br>*Standard cost-sharing:* You pay $20 per prescription.<br>*Preferred cost-sharing:* You pay $8 per prescription.<br>You pay the full cost of drugs on Tier 3, Tier 4 and Tier 5 until you have reached the yearly deductible.<br>There is no deductible for Medicare HMO Blue SaverRx for Select Insulins. You pay a $35 copayment for a one-month supply of Select Insulins. | The deductible is $300.<br><br>During this stage, you pay the plan's cost-sharing amount for drugs on:<br><br>**Tier 1: Preferred Generic:**<br>*Standard cost-sharing:* You pay $8 per prescription.<br>*Preferred cost-sharing:* You pay $0 per prescription.<br><br>**Tier 2: Generic:**<br>*Standard cost-sharing:* You pay $20 per prescription.<br>*Preferred cost-sharing:* You pay $8 per prescription.<br>You pay the full cost of drugs on Tier 3, Tier 4 and Tier 5 until you have reached the yearly deductible. |

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

| | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Stage 2: Initial Coverage Stage**<br>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost.** 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 *Evidence of Coverage*.<br>We changed the tier for some of the drugs on our "Drug List". To see if your drugs will be in a different tier, look them up on the "Drug List".<br>Most adult Part D vaccines are covered at no cost to you. | Your cost for a one-month supply filled at a network pharmacy:<br>**Tier 1: Preferred Generic:**<br>*Standard cost-sharing:* You pay $8 per prescription.<br>*Preferred cost-sharing:* You pay $0 per prescription.<br>**Tier 2: Generic:**<br>*Standard cost-sharing:* You pay $20 per prescription.<br>*Preferred cost-sharing:* You pay $8 per prescription.<br>**Tier 3: Preferred Brand**:<br>*Standard cost-sharing:* You pay $47 per prescription.<br>*Preferred cost-sharing:* You pay $42 per prescription.<br>**Tier 4: Non-Preferred Drug:**<br>*Standard cost-sharing:* You pay $100 per prescription.<br>*Preferred cost-sharing:* You pay $95 per prescription.<br>**Tier 5: Specialty Tier:**<br>*Standard cost-sharing:* You pay 28% of the total cost.<br>*Preferred cost-sharing:* You pay 28% of the total cost. | Your cost for a one-month supply filled at a network pharmacy:<br>**Tier 1: Preferred Generic:**<br>*Standard cost-sharing:* You pay $8 per prescription.<br>*Preferred cost-sharing:* You pay $0 per prescription.<br>**Tier 2: Generic:**<br>*Standard cost-sharing:* You pay $20 per prescription.<br>*Preferred cost-sharing:* You pay $8 per prescription.<br>**Tier 3: Preferred Brand**:<br>*Standard cost-sharing:* You pay $47 per prescription. You pay $35 per month supply of each covered insulin product on this tier.<br>*Preferred cost-sharing:* You pay $42 per prescription. You pay $35 per month supply of each covered insulin product on this tier.<br>**Tier 4: Non-Preferred Drug:**<br>*Standard cost-sharing:* You pay $100 per prescription. You pay $35 per month supply of each covered insulin product on this tier.<br>*Preferred cost-sharing:* You pay $95 per |

| | 2023 (this year) | 2024 (next year) |
|---|---|---|
| | You pay a $35 copayment for Select Insulins.<br><br>Once your total drugs costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage).<br><br>Medicare HMO Blue SaverRx offers additional gap coverage for Select Insulins. During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be a $35 copayment for a one-month supply | prescription. You pay $35 per month supply of each covered insulin product on this tier.<br><br>**Tier 5: Specialty Tier:**<br>*Standard cost-sharing:* You pay 28% of the total cost. You pay $35 per month supply of each covered insulin product on this tier.<br><br>*Preferred cost-sharing:* You pay 28% of the total cost. You pay $35 per month supply of each covered insulin product on this tier.<br><br>Once your total drugs costs have reached $5,030, you will move to the next stage (the Coverage Gap Stage). |

## 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.**

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

## SECTION 2 Administrative Changes

| Description | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Fitness and Weight loss Program Benefit Administration** | To obtain reimbursement for eligible fitness and weight loss program benefit expenses, you must submit a fitness benefit claim and/or weight loss program claim, as applicable. Use our convenient online reimbursement tool through your MyBlue account or mail in a completed claim form. Call Member Service to request the applicable claim form or print directly from our website. Send the completed claim form to Member Service. | Members will have the fitness and weight loss program benefit allowance loaded onto their Flex Card instead of submitting for reimbursement.<br><br>For more information about using this benefit please visit MAFlexCard.com or call 1-800-971-6798 (TTY 711). |
| **Administration of Incentives for Annual Wellness Visit, Health Risk Assessment, and Initial Health Assessment** | Incentives are offered via gift card for members who have completed health risk assessments and an initial health assessment. | Incentives for completing an initial health assessment, annual wellness visit, and/or health risk assessments will be loaded onto your Flex Card.<br>For more information and to receive your rewards visit **MAFlexCard.com**.<br>To find out where you can use your rewards visit **MAFlexCard.com** or call **1-800-971-6798** (TTY **711**). |

| Description | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Enhanced Disease Management Administration** | Members who qualify can receive enhanced disease management administered through Square Knot. | Members who qualify can receive enhanced disease management administered through Square Knot and/or Hinge Health. |
| **Administration of Benefits Due to the Public Health Emergency** | The flexibilities to see an out-of-network provider at the in-network cost-share will continue through the end of 2023 to ensure that you have enough time to make changes. | After 12/31/2023 if you see an out-of-network provider you may be financially responsible for services because the provider is out-of-network. |

| Description | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Administration of Over the Counter (OTC) Benefits** | CVS will manage the OTC benefit. See the OTC catalog for a list of eligible items. Purchase OTC items by mail, phone, or in participating CVS retail stores. You can find the catalog, find participating locations and order online at cvs.com/otchs/bcbsma.<br><br>If you have questions or to order by phone please call 1-888-628-2770 (TTY: 711) Monday – Friday 9 am to 8pm ET. | Your $250 OTC allowance will be loaded onto your Flex Card.<br><br>See the OTC Benefits Catalog for a list of eligible items. You can also visit MAFlexCard.com for more information about this benefit or to download the catalog. To request a catalog be sent to you, please call 1-800-971-6798 (TTY 711). Purchase OTC items by mail, phone, online, or in participating retail stores. You can find the catalog, find participating locations, and order online at MAFlexCard.com. If you have questions or to order by phone please call 1-800-971-6798 (TTY: 711) Monday – Friday 8 am to 8pm ET. |

# SECTION 3 Deciding Which Plan to Choose

## Section 3.1 – If you want to stay in Medicare HMO Blue SaverRx

**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 Medicare HMO Blue SaverRx plan.

## 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 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 1.1 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), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, Blue Cross Blue Shield of Massachusetts 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 Medicare HMO Blue SaverRx.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Medicare HMO Blue SaverRx.
- 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, 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 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 Massachusetts, the SHIP is called SHINE (Serving the Health Information Needs of Everyone).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE 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 SHINE at 1-800-243-4636.

## 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 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).
- **Help from your state's pharmaceutical assistance program.** Massachusetts has a program called Prescription Advantage that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **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 Massachusetts HIV Drug Assistance Program (HDAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Massachusetts HIV Drug Assistance Program (HDAP) at 1-800-228-2714. Or write to Community Research Initiative of New England/HDAP, The Schrafft's City Center, 529 Main Street, Suite 301, Boston, MA 02129.

# SECTION 7 Questions?

## Section 7.1 – Getting Help from Medicare HMO Blue SaverRx

Questions? We're here to help. Please call Member Services at 1-800-200-4255. (TTY only, call 711). We are available for phone calls 8:00 a.m. to 8:00 p.m. ET, 7 days a week from October 1 through March 31, and Monday through Friday from April 1 through September 30. Calls to these numbers are free. You can file a complaint if you feel that you received inaccurate, misleading or inappropriate information. Please call Member Service at 1-800-200-4255 (TTY users call: 711). If your complaint involves a broker or agent, be sure to include the name of the broker/agent when filing your complaint.

### 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 Medicare HMO Blue SaverRx. 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 www.bluecrossma.com/medicare-options. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

### Visit our Website

You can also visit our website at www.bluecrossma.com/medicare-options. 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 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 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.


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