

Platinum BlueSM Choice (Cost) offered by Blue Cross and Blue Shield of Minnesota

Annual Notice of Changes for 2024

You are currently enrolled as a member of Platinum Blue Choice. 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 bluecrossmn.com/medicare-documents. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

- **If you wish to enroll in a Medicare Advantage health plan or Medicare prescription drug plan, you have from October 15 until December 7 to make changes to your Medicare coverage for next year. If you decide other cost plan coverage better meets your needs, you can switch cost plans anytime the cost plan is accepting members. You may also change to Original Medicare. For more information see Section 3.2 of this document.**

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, 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 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 Platinum Blue Choice.
- To change to a Medicare Advantage health plan or Medicare prescription drug 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 Platinum Blue Choice.
- 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 1-866-340-8654 for additional information. (TTY users should call 711.) Hours are 8:00 a.m. to 8:00 p.m. CT. We are available seven days a week October 1 through March 31 and available Monday through Friday the rest of the year. This call is free.
- Upon request, we can give you information in braille, in large print, or other alternative formats if you need it.

About Platinum Blue Choice

- Platinum Blue Choice is a Medicare-approved Cost plan offered by Blue Cross and Blue Shield of Minnesota. Enrollment in Platinum Blue Choice depends on contract renewal.
- When this document says "we," "us," or "our," it means Blue Cross and Blue Shield of Minnesota. When it says "plan" or "our plan," it means Platinum Blue Choice.

Annual Notice of Changes for 2024
Table of Contents

Summary of Important Costs for 2024	4
SECTION 1 Changes to Benefits and Costs for Next Year	5
Section 1.1 – Changes to the Monthly Premium	5
Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount	5
Section 1.3 – Changes to the Provider Network	5
Section 1.4 – Changes to Benefits and Costs for Medical Services	6
SECTION 2 Administrative Changes	7
SECTION 3 Deciding Which Plan to Choose	7
Section 3.1 – If you want to stay in Platinum Blue Choice	7
Section 3.2 – If you want to change plans	8
SECTION 4 Deadline for Changing Plans	9
SECTION 5 Programs That Offer Free Counseling about Medicare	9
SECTION 6 Questions?	9
Section 6.1 – Getting Help from Platinum Blue Choice	9
Section 6.2 – Getting Help from Medicare	10

Summary of Important Costs for 2024

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

Cost	2023 (this year)	2024 (next year)
Monthly plan premium See Section 1.1 for details.	\$114	\$119
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$3,500	\$3,500
Doctor office visits	Primary care visits: \$0 copayment per visit. Specialist visits: \$15 copayment per visit.	Primary care visits: \$0 copayment per visit. Specialist visits: \$15 copayment per visit.
Inpatient hospital stays	\$200 copayment for each Medicare-covered hospital stay.	\$200 copayment for each Medicare-covered hospital stay.

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	\$114	\$119
(You must also continue to pay your Medicare Part B premium.)		

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 for 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	\$3,500	\$3,500
Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.		Once you have paid \$3,500 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 Network

Updated directories are located on our website at bluecrossmn.com/medicare-documents. You may also call Customer Service for updated provider 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.**

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 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)
Acupuncture services	<p>You pay a \$20 copayment for each Medicare-covered acupuncture visit for chronic low back pain. Limited to 20 visits every 12 months.</p> <p>You pay a \$20 copayment for each non-Medicare-covered acupuncture visit for any pain diagnosis. Limited to 12 visits per calendar year.</p>	<p>You pay a \$15 copayment for each Medicare-covered acupuncture visit for chronic low back pain. Limited to 20 visits every 12 months.</p> <p>You pay a \$15 copayment for each non-Medicare-covered acupuncture visit for any pain diagnosis. Limited to 12 visits per calendar year.</p>
Chiropractic services	You pay a \$20 copayment for each Medicare-covered chiropractic visit.	You pay a \$15 copayment for each Medicare-covered chiropractic visit.
Emergency care within the US	You pay a \$90 copayment for Medicare-covered emergency coverage.	You pay a \$95 copayment for Medicare-covered emergency coverage.
Part B insulin for use in pumps	You pay up to \$105 for a three-month supply.	You pay up to \$70 for a three-month supply.
Physician/practitioner services, including doctor's office visits	You pay a \$20 copayment for each Medicare-covered visit with other healthcare professionals, which provide the professional service of home infusion therapy.	You pay a \$15 copayment for each Medicare-covered visit with other healthcare professionals, which provide the professional service of home infusion therapy.

Cost	2023 (this year)	2024 (next year)
Urgently needed services	You pay a \$25 copayment for Medicare-covered urgent care services.	You pay a \$15 copayment for Medicare-covered urgent care services.
Vision care	You pay a \$0 copayment for up to two (2) non-Medicare-covered eye exams every year.	You pay a \$0 copayment for one (1) non-Medicare-covered eye exam every year.
Worldwide emergency coverage	You pay a \$90 copayment for worldwide emergency care. You pay a \$25 copayment for worldwide emergency transportation.	You pay a \$95 copayment for worldwide emergency care. You pay a \$15 copayment for worldwide emergency transportation.

SECTION 2 Administrative Changes

Description	2023 (this year)	2024 (next year)
Over-The-Counter (OTC) Benefit website OTC Vendor: CVS. CVS Pharmacy, Inc. d/b/a OTC Health Solutions is an independent company providing OTC supplemental benefit administrative services.	cvs.com/otchs/bcbsmn	cvs.com/benefits (Please note: This website will be active on January 1, 2024)

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Platinum Blue Choice

To stay in our plan, you don’t need to do anything. If you do not sign up for a different Medicare health plan or change to Original Medicare by December 7, you will automatically be enrolled in Platinum Blue Choice.

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 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 don't already have one.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([medicare.gov/plan-compare](https://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 6.2).

As a reminder, Blue Cross and Blue Shield of Minnesota offers other Medicare health 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 Platinum Blue Choice.
- To **add a Medicare prescription drug plan or change to a different drug plan**, enroll in the new drug plan. You will continue to receive your medical benefits from Platinum Blue Choice.
- To **change to Original Medicare with a prescription drug plan**, you must enroll in the new drug plan and ask to be disenrolled from Platinum Blue Choice. Enrolling in the new drug plan will not automatically disenroll you from Platinum Blue Choice. To disenroll from Platinum Blue Choice 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.
- 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 4 Deadline for Changing Plans

If you want to change to a different type of plan, like a Medicare Advantage plan, or make a change to your prescription drug coverage for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

If you want to change to a different Cost plan, you can do so anytime the plan is accepting members. The new plan will let you know when the change will take effect.

If you want to disenroll from our plan and have Original Medicare for next year, you can make the change up to December 31. 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, and those who move out of the service area.

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 Minnesota, the SHIP is called Senior LinkAge Line®.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Senior LinkAge Line® 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 Senior LinkAge Line® at 1-800-333-2433 or TTY at 711. You can learn more about Senior LinkAge Line® by visiting their website (mn.gov/senior-linkage-line/older-adults/medicare).

SECTION 6 Questions?

Section 6.1 – Getting Help from Platinum Blue Choice

Questions? We’re here to help. Please call Customer Service at 1-866-340-8654. (TTY only, call 711.) We are available for phone calls 8:00 a.m. to 8:00 p.m. CT. We are available seven days a

week October 1 through March 31 and available Monday through Friday the rest of the year. 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 Platinum Blue Choice. 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. A copy of the *Evidence of Coverage* is located on our website at bluecrossmn.com/medicare-documents. 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 bluecrossmn.com/medicare. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

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 (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 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 (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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