

***Platinum BlueSM Choice with Rx (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 with Rx. 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).
 - 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 [medicare.gov/plan-compare](https://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 Platinum Blue Choice with Rx.
- 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 with Rx.
- 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 with Rx

- Platinum Blue Choice with Rx is a Medicare-approved Cost plan offered by Blue Cross and Blue Shield of Minnesota. Enrollment in Platinum Blue Choice with Rx 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 with Rx.

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Summary of Important Costs for 2024

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

Cost	2023 (this year)	2024 (next year)
Monthly plan premium Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$158.20	\$166
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.
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: \$505 for Tier 3-5 except for covered insulin products and most adult Part D vaccines. Copayment/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> • Drug Tier 1: \$0.00 • Drug Tier 2: \$10.00 • Drug Tier 3: 21%. You pay up to \$35 per month supply of each 	Deductible: \$545 for Tier 3-5 except for covered insulin products and most adult Part D vaccines. Copayment/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> • Drug Tier 1: \$0.00 • Drug Tier 2: \$15.00 • Drug Tier 3: 21%. You pay up to \$35 per month supply of each

Cost	2023 (this year)	2024 (next year)
<p>Part D prescription drug coverage (continued)</p>	<p>covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Drug Tier 4: 42%. You pay up to \$35 per month supply of each covered insulin product on this tier. • Drug Tier 5: 25% <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays most of the cost for your covered drugs. • 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.) 	<p>covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Drug Tier 4: 42%. You pay up to \$35 per month supply of each covered insulin product on this tier. • Drug Tier 5: 25% <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • 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	\$158.20	\$166
(You must also continue to pay your Medicare Part B premium.)		

- 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.

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 and your costs for prescription drugs do 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 and Pharmacy Networks

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

Cost	2023 (this year)	2024 (next year)
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.
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 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 Customer Service 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 may not apply to you.** We sent you 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 you haven’t received this insert by September 30, 2023, 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.)

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your Tier 3-5 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.</p>	<p>The deductible is \$505 for Tier 3-5 drugs.</p> <p>During this stage, you pay \$0.00 cost sharing for drugs on Tier 1 (Preferred Generic); \$10.00 cost sharing for drugs on Tier 2 (Generic); and the full cost of drugs on Tier 3-5 until you have reached the yearly deductible.</p>	<p>The deductible is \$545 for Tier 3-5 drugs.</p> <p>During this stage, you pay \$0.00 cost sharing for drugs on Tier 1 (Preferred Generic); \$15.00 cost sharing for drugs on Tier 2 (Generic); and the full cost of drugs on Tier 3-5 until you have reached the yearly deductible.</p>

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>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.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p> <p>The costs in this row are for a one-month (31-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 your drugs will be in a different tier, look them up on the “Drug List.”</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p>Tier 1 (Preferred Generic): You pay \$0.00 per prescription.</p> <p>Tier 2 (Generic): You pay \$10.00 per prescription.</p> <p>Tier 3 (Preferred Brand): You pay 21% of the total cost. You pay up to \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 4 (Non-Preferred Drug): You pay 42% of the total cost. You pay up to \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 5 (Specialty): You pay 25% of the total cost.</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p>Tier 1 (Preferred Generic): You pay \$0.00 per prescription.</p> <p>Tier 2 (Generic): You pay \$15.00 per prescription.</p> <p>Tier 3 (Preferred Brand): You pay 21% of the total cost. You pay up to \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 4 (Non-Preferred Drug): You pay 42% of the total cost. You pay up to \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 5 (Specialty): You pay 25% of the total cost.</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap 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.

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)
<p>Over-The-Counter (OTC) Benefit website</p> <p>OTC Vendor: CVS. CVS Pharmacy, Inc. d/b/a OTC Health Solutions is an independent company providing OTC supplemental benefit administrative services.</p>	<p>cvs.com/otchs/bcbsmn</p>	<p>cvs.com/benefits</p> <p>(Please note: This website will be active on January 1, 2024)</p>
<p>Pharmacy network</p>	<p>The Blue Cross Platinum Blue pharmacy network offers standard mail order cost sharing.</p>	<p>The Blue Cross Platinum Blue pharmacy network includes pharmacies that offer both preferred and standard mail order cost sharing.</p>
<p>Drug tier</p>	<p>2023 mail order standard cost sharing</p>	<p>2024 mail order preferred and standard cost sharing</p>
<p>1 (Preferred generic)</p>	<p>\$0.00</p>	<p>Preferred: \$0.00 Standard: \$5.00</p>
<p>2 (Generic)</p>	<p>\$10.00</p>	<p>Preferred: \$15.00 Standard: \$20.00</p>
<p>3 (Preferred brand)</p>	<p>21%</p>	<p>Preferred: 21% Standard: 23%</p>

Description	2023 (this year)	2024 (next year)
Pharmacy network (continued)		
4 (Non-preferred drug)	42%	Preferred: 42% Standard: 44%
5 (Specialty)	25%	Preferred: 25% Standard: 25%
<p>AllianceRx Walgreens Pharmacy[®] is an independent company that provides central specialty pharmacy and home delivery pharmacy.</p> <p>Amazon Pharmacy is contracted to provide pharmacy home delivery services to Blue Cross and Blue Shield of Minnesota, an independent licensee of the Blue Cross Blue Shield Association.</p> <p>Express Scripts Pharmacy is an independent company that provides home delivery pharmacy services.</p>	No preferred pharmacies	<p>Preferred mail order pharmacies are:</p> <p>AllianceRx Walgreens Pharmacy[®] Amazon Pharmacy Express Scripts[®] Pharmacy</p> <p>Standard mail order pharmacies are:</p> <p>Costco Pharmacy Kroger PPS And any other mail order pharmacies not listed here</p>
Customer Service phone number	<p>Medical and prescription drug questions</p> <p>1-866-340-8654</p>	<p>Medical questions: 1-866-340-8654</p> <p>Prescription drug questions: 1-800-489-7336*</p> <p>*This phone number will be active on January 1, 2024.</p>

SECTION 3 Deciding Which Plan to Choose

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

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 with Rx.

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. 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 ([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 7.2).

As a reminder, Blue Cross and Blue Shield of Minnesota 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 Platinum Blue Choice with Rx.
- 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 with Rx.
- 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 with Rx. Enrolling in the new drug plan will not automatically disenroll you from Platinum Blue Choice with Rx. To disenroll from Platinum Blue Choice with Rx 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 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).
- **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 Minnesota Department of Human Services. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call (651) 431-2414 (in the Twin Cities Metro Area) or 1-800-657-3761 (Greater Minnesota).

SECTION 7 Questions?

Section 7.1 – Getting Help from Platinum Blue Choice with Rx

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 with Rx. 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 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*) 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 ([medicare.gov](https://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 [medicare.gov/plan-compare](https://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 ([medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](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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