

***Blue Cross Medicare Advantage Core  
(PPO) offered by Blue Cross and Blue Shield of Minnesota***

## **Annual Notice of Changes for 2024**

You are currently enrolled as a member of Blue Cross Medicare Advantage Core. 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](http://bluecrossmn.com/medicare-documents). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
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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 [medicare.gov/plan-compare](http://medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2024* handbook.

- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

**3. CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in Blue Cross Medicare Advantage Core.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Blue Cross Medicare Advantage Core.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

### Additional Resources

- Please contact our Customer Service number at 1-800-711-9865 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m. Central Time. 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.
- **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 [irs.gov/Affordable-Care-Act/Individuals-and-Families](https://irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### About Blue Cross Medicare Advantage Core

- Blue Cross Medicare Advantage Core is a PPO Plan with a Medicare Contract. Enrollment in Blue Cross Medicare Advantage Core 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 Blue Cross Medicare Advantage Core.

***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 Blue Cross Medicare Advantage Core in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$43	\$40
<b>Maximum out-of-pocket amounts</b> 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.)	From network providers: \$6,700  From network and out-of-network providers combined: \$10,000	From network providers: \$6,700  From network and out-of-network providers combined: \$10,000
<b>Doctor office visits</b>	<b>In-Network:</b> Primary care visits: \$0 copayment per visit.  Specialist visits: \$40 copayment per visit.	<b>In-Network:</b> Primary care visits: \$0 copayment per visit.  Specialist visits: \$40 copayment per visit.
<b>Inpatient hospital stays</b>	For Medicare-covered hospital stays:  \$350 copayment per day for days 1-5, per admission.	For Medicare-covered hospital stays:  \$375 copayment per day for days 1-5, per admission.
<b>Part D prescription drug coverage</b> (See Section 1.5 for details.)	Deductible: \$350 for Tier 3-5 drugs except for covered insulin products and most adult Part D vaccines.	Deductible: \$350 for Tier 3-5 drugs except for covered insulin products and most adult Part D vaccines.

Cost	2023 (this year)	2024 (next year)
<b>Part D prescription drug coverage (continued)</b>	<p>Copayment/coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: You pay \$0 per prescription.</li> <li>• Drug Tier 2: You pay \$13 per prescription.</li> <li>• Drug Tier 3: You pay 21% of the total cost. You pay up to \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 4: You pay 45% of the total cost. You pay up to \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 5: You pay 27% of the total cost.</li> </ul> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays most of the cost for your covered drugs.</li> <li>• For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called <b>coinsurance</b>), 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.)</li> </ul>	<p>Copayment/coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: You pay \$0 per prescription.</li> <li>• Drug Tier 2: You pay \$13 per prescription.</li> <li>• Drug Tier 3: You pay 21% of the total cost. You pay up to \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 4: You pay 45% of the total cost. You pay up to \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 5: You pay 27% of the total cost.</li> </ul> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</li> </ul>

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

### Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
<b>Monthly premium</b>	\$43	\$40
(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 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 Part A and Part B services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
<b>In-network maximum out-of-pocket amount</b>	\$6,700	\$6,700
Your costs for covered medical services (such as copays) from network providers count toward your in-network 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 \$6,700 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.

Cost	2023 (this year)	2024 (next year)
<b>Combined maximum out-of-pocket amount</b> 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. Your plan premium and costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.	\$10,000	\$10,000  Once you have paid \$10,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers 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](https://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)
<p><b>Acupuncture services (Medicare-covered and non-Medicare-covered)</b></p>	<p><b>In-Network:</b></p> <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 (routine) acupuncture visit for any pain diagnosis. Limited to 12 visits per calendar year.</p> <p><b>Out-of-Network:</b></p> <p>You pay a 45% coinsurance for each Medicare-covered visit.</p>	<p><b>In-Network:</b></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 (routine) acupuncture visit for any pain diagnosis. Limited to 12 visits per calendar year.</p> <p><b>In- and Out-of-Network:</b></p> <p>You pay a \$15 copayment for each Medicare-covered visit.</p>
<p><b>Cardiac rehabilitation services</b></p>	<p><b>In-Network:</b></p> <p>You pay a \$40 copayment for each Medicare-covered cardiac rehabilitation visit.</p> <p>For Medicare-covered cardiac rehabilitation, you pay a professional copayment of \$40 for the doctor you saw and a separate facility copayment of \$20 for use of the space.</p> <p>You pay a \$40 copayment for each Medicare-covered intensive cardiac rehabilitation visit.</p> <p>For Medicare-covered intensive cardiac</p>	<p><b>In-Network:</b></p> <p>You pay a \$30 copayment for each Medicare-covered cardiac rehabilitation visit.</p> <p>For Medicare-covered cardiac rehabilitation, you pay a professional copayment of \$30 for the doctor you saw and a separate facility copayment of \$30 for use of the space.</p> <p>You pay a \$40 copayment for each Medicare-covered intensive cardiac rehabilitation visit.</p> <p>For Medicare-covered intensive cardiac</p>



Cost	2023 (this year)	2024 (next year)
<b>Cardiac rehabilitation services (continued)</b>	rehabilitation, you pay a professional copayment of \$40 for the doctor you saw and a separate facility copayment of \$20 for use of the space.	rehabilitation, you pay a professional copayment of \$40 for the doctor you saw and a separate facility copayment of \$40 for use of the space.
<b>Chiropractic services</b>	<b>In-Network:</b> You pay a \$20 copayment for each Medicare-covered chiropractic visit.	<b>In-Network:</b> You pay a \$15 copayment for each Medicare-covered chiropractic visit.
<b>Home infusion therapy</b>	<b>In-Network:</b> You pay a \$20 copayment for the professional services related to home infusion therapy.	<b>In-Network:</b> You pay a \$30 copayment for the professional services related to home infusion therapy.
<b>Inpatient hospital care</b>	<b>In-Network:</b> You pay a \$350 copayment per day for days 1-5, per admission, for Medicare-covered hospital stays.	<b>In-Network:</b> You pay a \$375 copayment per day for days 1-5, per admission, for Medicare-covered hospital stays.
<b>Inpatient services in a psychiatric hospital</b>	<b>In-Network:</b> You pay a \$350 copayment per day for days 1-5, per admission, for Medicare-covered hospital stays.	<b>In-Network:</b> You pay a \$375 copayment per day for days 1-5, per admission, for Medicare-covered hospital stays.
<b>Meal benefit</b>  <b>Mom's Meals® is an independent company that provides meals to Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) Medicare Advantage plan members.</b>	<b>In-Network:</b> You pay a \$0 copayment for meal benefit. Meals must be provided by Mom's Meals.  After your approved inpatient stay in either the hospital or a skilled	<b>In-Network:</b> You pay a \$0 copayment for meal benefit. Meals must be provided by Mom's Meals.  After your approved inpatient stay in either the hospital or a skilled

Cost	2023 (this year)	2024 (next year)
<b>Meal benefit (continued)</b>	<p>nursing facility, you are eligible to receive two medically-tailored meals per day for up to 28 days at no extra cost to you. This benefit covers up to 56 meals that will be delivered to your home over a period of 28 days by Mom's Meals.</p>	<p>nursing facility, you are eligible to receive two medically-tailored meals per day for up to 14 days at no extra cost to you. This benefit covers up to 28 meals that will be delivered to your home over a period of 14 days by Mom's Meals.</p>
<b>Outpatient diagnostic tests and therapeutic services</b>	<p><b>In-Network:</b></p> <p>You pay a \$10 copayment for Medicare-covered x-rays.</p> <p>You pay a \$95 copayment for Medicare-covered diagnostic advanced imaging. Examples include, but are not limited to, specialized scans, CT, SPECT, PET, MRI, MRA, ultrasounds and angiograms.</p> <p>You pay a \$25 copayment for Medicare-covered diagnostic tests &amp; procedures (excludes x-ray, labs and advanced imaging). Examples include, but are not limited to, EKG's, INR tests, pulmonary function tests, psychological/neuropsychological testing, surgical pathology testing, home or lab-based sleep studies.</p>	<p><b>In-Network:</b></p> <p>You pay a \$15 copayment for Medicare-covered x-rays.</p> <p>You pay a \$125 copayment for Medicare-covered diagnostic advanced imaging. Examples include, but are not limited to, specialized scans, CT, SPECT, PET, MRI, MRA, ultrasounds and angiograms.</p> <p>You pay a \$30 copayment for Medicare-covered diagnostic tests &amp; procedures (excludes x-ray, labs and advanced imaging). Examples include, but are not limited to, EKG's, INR tests, pulmonary function tests, psychological/neuropsychological testing, surgical pathology testing, home or lab-based sleep studies.</p>

Cost	2023 (this year)	2024 (next year)
<b>Outpatient hospital observation</b>	<p><b>In-Network:</b></p> <p>You pay a \$225 copayment for each Medicare-covered stay for outpatient hospital observation services.</p>	<p><b>In-Network:</b></p> <p>You pay a \$275 copayment for each Medicare-covered stay for outpatient hospital observation services.</p>
<b>Outpatient hospital services</b>	<p><b>In-Network:</b></p> <p>\$400 copayment for Medicare-covered outpatient hospital surgery services.</p> <p>\$20 copayment for all other Medicare-covered services received in an outpatient hospital facility.</p>	<p><b>In-Network:</b></p> <p>\$415 copayment for Medicare-covered outpatient hospital surgery services.</p> <p>\$20 copayment for all other Medicare-covered services received in an outpatient hospital facility.</p>
<b>Outpatient mental health care</b>	<p><b>In-Network:</b></p> <p>You pay a professional copayment of \$40 for the doctor you saw and a separate facility copayment of \$20 for use of the space.</p>	<p><b>In-Network:</b></p> <p>You pay a professional copayment of \$40 for the doctor you saw and a separate facility copayment of \$40 for use of the space.</p>
<b>Outpatient rehabilitation services</b>	<p><b>In-Network:</b></p> <p>You pay a professional copayment of \$40 for the doctor you saw and a separate facility copayment of \$20 for use of the space.</p>	<p><b>In-Network:</b></p> <p>You pay a professional copayment of \$40 for the doctor you saw and a separate facility copayment of \$40 for use of the space.</p>
<b>Outpatient substance abuse services</b>	<p><b>In-Network:</b></p> <p>You pay a professional copayment of \$40 for the doctor you saw and a</p>	<p><b>In-Network:</b></p> <p>You pay a professional copayment of \$40 for the doctor you saw and a</p>

Cost	2023 (this year)	2024 (next year)
<b>Outpatient substance abuse services (continued)</b>	separate facility copayment of \$20 for use of the space.	separate facility copayment of \$40 for use of the space.
<b>Part B insulin for use in pumps</b>	You pay up to \$105 for a three-month supply.	You pay up to \$70 for a three-month supply.
<b>Peer support</b>	Peer support is <u>not</u> covered.	<p><b>In-Network:</b> You pay a \$0 copayment for each non-Medicare-covered visit.</p> <p><b>Out-of-Network:</b> You pay 45% coinsurance for each non-Medicare-covered visit.</p>
<b>Pulmonary rehabilitation services</b>	<p><b>In-Network:</b> You pay a \$20 copayment for each Medicare-covered pulmonary rehabilitation service visit.</p> <p>You pay a professional copayment of \$20 for the doctor you saw and a separate facility copayment of \$20 for use of the space.</p>	<p><b>In-Network:</b> You pay a \$15 copayment for each Medicare-covered pulmonary rehabilitation service visit.</p> <p>You pay a professional copayment of \$15 for the doctor you saw and a separate facility copayment of \$15 for use of the space.</p>
<b>Skilled nursing facility (SNF) care</b>	<p><b>In-Network:</b> You pay a \$0 copayment per day for days 1-20.</p> <p>You pay a \$196 copayment per day for days 21-100.</p>	<p><b>In-Network:</b> You pay a \$0 copayment per day for days 1-20.</p> <p>You pay a \$203 copayment per day for days 21-100.</p>

Cost	2023 (this year)	2024 (next year)
<b>Supervised Exercise Therapy (SET) for Peripheral Artery Disease (PAD)</b>	<b>In-Network:</b> You pay a \$10 copayment for each Medicare-covered supervised exercise therapy visit for PAD.  You pay a professional copayment of \$10 for the doctor you saw and a separate facility copayment of \$20 for use of the space.	<b>In-Network:</b> You pay a \$25 copayment for each Medicare-covered supervised exercise therapy visit for PAD.  You pay a professional copayment of \$25 for the doctor you saw and a separate facility copayment of \$25 for use of the space.
<b>Vision care</b>	<b>In- and Out-of-Network:</b> There is a \$100 plan allowance for non-Medicare-covered eyewear every year (may not be applied to eyewear received after cataract surgery.)	<b>In- and Out-of-Network:</b> There is a \$125 plan allowance for non-Medicare-covered eyewear every year (may not be applied to eyewear received after cataract surgery.)
<b>Worldwide emergency coverage</b>	<b>In- and Out-of-Network:</b> Copayment is <u>not</u> waived if admitted to the hospital.	<b>In- and Out-of-Network:</b> Copayment is waived if admitted to the hospital.

## 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><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, <b>you pay the full</b> 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 \$350 for Tier 3-5 drugs.</p> <p>During this stage you pay:</p> <p>\$0 per prescription for drugs on Tier 1 (Preferred Generic).</p> <p>\$13 per prescription for drugs on Tier 2 (Generic).</p> <p>You pay the full cost of drugs on Tiers 3-5 until you have reached the yearly deductible.</p>	<p>The deductible is \$350 for Tier 3-5 drugs.</p> <p>During this stage you pay:</p> <p>\$0 per prescription for drugs on Tier 1 (Preferred Generic).</p> <p>\$13 per prescription for drugs on Tier 2 (Generic).</p> <p>You pay the full cost of drugs on Tiers 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><b>Stage 2: Initial Coverage Stage</b></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 <b>you pay your share of the cost.</b> 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 that provides standard cost sharing. 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 filled at a network pharmacy with standard cost sharing:</p> <p><b>Drug Tier 1 (Preferred Generic):</b> You pay \$0 per prescription.</p> <p><b>Drug Tier 2 (Generic):</b> You pay \$13 per prescription.</p> <p><b>Drug Tier 3 (Preferred Brand):</b> 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><b>Drug Tier 4 (Non-Preferred drug):</b> You pay 45% of the total cost. You pay up to \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Drug Tier 5 (Specialty):</b> You pay 27% 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 filled at a network pharmacy with standard cost sharing:</p> <p><b>Drug Tier 1 (Preferred Generic):</b> You pay \$0 per prescription.</p> <p><b>Drug Tier 2 (Generic):</b> You pay \$13 per prescription.</p> <p><b>Drug Tier 3 (Preferred Brand):</b> 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><b>Drug Tier 4 (Non-Preferred drug):</b> You pay 45% of the total cost. You pay up to \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Drug Tier 5 (Specialty):</b> You pay 27% 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><b>Over-The-Counter (OTC) Benefit website</b></p> <p><b>OTC Vendor: CVS. CVS Pharmacy, Inc. d/b/a OTC Health Solutions is an independent company providing OTC supplemental benefit administrative services.</b></p>	<p><a href="https://cvs.com/otchs/bcbsmn">cvs.com/otchs/bcbsmn</a></p>	<p><a href="https://cvs.com/benefits">cvs.com/benefits</a></p> <p><b>(Please note: This website will be active on January 1, 2024)</b></p>
<p><b>Pharmacy network</b></p>	<p>The Blue Cross Medicare Advantage pharmacy network offers standard mail order cost sharing.</p> <p>No preferred pharmacies</p>	<p>The Blue Cross Medicare Advantage pharmacy network includes pharmacies that offer both preferred and standard mail order cost sharing.</p> <p>Preferred mail order pharmacies are:</p> <p>AllianceRx Walgreens Pharmacy®</p> <p>Amazon Pharmacy</p> <p>Express Scripts® Pharmacy</p>



Description	2023 (this year)	2024 (next year)
<b>Pharmacy network (continued)</b>		Standard mail order pharmacies are:  Costco Pharmacy Kroger PPS And any other mail order pharmacies not listed here
<b>Drug tier</b>	<b>2023 mail order standard cost sharing</b>	<b>2024 mail order preferred and standard cost sharing</b>
1 (Preferred generic)	\$0	Preferred: \$0 Standard: \$5
2 (Generic)	\$13	Preferred: \$13 Standard: \$18
3 (Preferred brand)	21%	Preferred: 21% Standard: 23%
4 (Non-preferred drug)	45%	Preferred: 45% Standard: 47%
5 (Specialty)	27%	Preferred: 27% Standard: 27%
<b>AllianceRx Walgreens Pharmacy® is an independent company that provides central specialty pharmacy and home delivery pharmacy.</b>		
<b>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.</b>		
<b>Express Scripts Pharmacy is an independent company that provides home delivery pharmacy services.</b>		

Description	2023 (this year)	2024 (next year)
<b>Customer Service phone number</b>	Medical and prescription drug questions 1-800-711-9865	Medical questions: 1-800-711-9865  Prescription drug questions: 1-800-490-1251*  *This phone number will be active on January 1, 2024.
<b>Optional visitor/traveler benefit</b>	Up to 9 months	Up to 12 months

### SECTION 3 Deciding Which Plan to Choose

#### Section 3.1 – If you want to stay in Blue Cross Medicare Advantage Core

**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 Blue Cross Medicare Advantage Core.

#### 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 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 Blue Cross Medicare Advantage Core.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Blue Cross Medicare Advantage Core.
- 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 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 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<sup>®</sup> 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<sup>®</sup> at 1-800-333-2433 or TTY at 711. You can learn more about Senior LinkAge Line<sup>®</sup> by visiting their website ([mn.gov/senior-linkage-line/older-adults/medicare/](http://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.

- **“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 Minnesota Department of Human Services at (651) 431-2414 (in the Twin Cities Metro Area) or 1-800-657-3761 (Greater Minnesota). TTY users should call 711.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from Blue Cross Medicare Advantage Core

Questions? We’re here to help. Please call Customer Service at 1-800-711-9865. (TTY only, call 711.) We are available for phone calls 8 a.m. to 8 p.m. Central Time. 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 Blue Cross Medicare Advantage Core. 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](https://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](https://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”)*.

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## Section 7.2 – Getting Help from Medicare

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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://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://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://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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