



BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the Blue Cross Blue Shield Association

BlueAdvantage Freedom (PPO)SM offered by BlueCross BlueShield of Tennessee, Inc.

Annual Notice of Changes for 2023

You are currently enrolled as a member of BlueAdvantage Freedom. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at bcbstmedicare.com. You may also call Member 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.**

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check to see if your primary care doctors, specialists, hospitals and other providers will be in our network next year.
- Think about your overall health care costs.
- Think about whether you are happy with our plan.

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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 2023* 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, 2022, you will stay in BlueAdvantage Freedom.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with BlueAdvantage Freedom.
- 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 Service number at 1-888-851-2583 for additional information. (TTY users should call 711.) From **Oct. 1 to March 31**, you can call us seven days a week from 8 a.m. to 9 p.m. ET. From **April 1 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET.
- This material is also available in alternate formats.
- **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 BlueAdvantage Freedom

- BlueAdvantage Freedom is a PPO plan with a Medicare contract. Enrollment in BlueAdvantage Freedom depends on contract renewal.
- When this document says "we," "us," or "our," it means BlueCross BlueShield of Tennessee, Inc. When it says "plan" or "our plan," it means BlueAdvantage Freedom.

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for BlueAdvantage Freedom in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
Monthly plan premium	\$0	\$0
Maximum out-of-pocket amounts 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: \$4,900 From in-network and out-of-network providers combined: \$10,000	From network providers: \$3,200 From in-network and out-of-network providers combined: \$5,450
Doctor office visits	In-Network Primary care visits: \$0 copay per visit Specialist visits: \$25 copay per visit Out-of-Network Primary care visits: 50% of the Medicare-allowed amount per visit Specialist visits: 50% of the Medicare-allowed amount per visit	In-Network Primary care visits: \$0 copay per visit Specialist visits: \$25 copay per visit Out-of-Network Primary care visits: 50% of the Medicare-allowed amount per visit Specialist visits: 50% of the Medicare-allowed amount per visit

Cost	2022 (this year)	2023 (next year)
<p>Inpatient hospital stays Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.</p>	<p>In-Network</p> <p>Medicare-covered stay \$175 copay per day for days 1-5 \$0 copay per day for additional days</p> <p>Non-Medicare covered stay Non-Medicare covered stay is <u>not</u> covered</p> <p>Out-of-Network</p> <p>Medicare-covered stay 50% of the Medicare-allowed amount per admission</p> <p>Non-Medicare covered stay Non-Medicare covered stay is <u>not</u> covered</p>	<p>In-Network</p> <p>Medicare-covered stay \$175 copay per day for days 1-5 \$0 copay per day for additional days</p> <p>Non-Medicare covered stay Non-Medicare covered stay is <u>not</u> covered</p> <p>Out-of-Network</p> <p>Medicare-covered stay 50% of the Medicare-allowed amount per admission</p> <p>Non-Medicare covered stay Non-Medicare covered stay is <u>not</u> covered</p>

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium	\$0	\$0
(You must continue to pay your Medicare Part B premium.)		

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

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

Cost	2022 (this year)	2023 (next year)
In-network maximum out-of-pocket amount	\$4,900	\$3,200
Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount.		Once you have paid \$3,200 out-of-pocket for covered Part A and Part B services from network providers, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.

Cost	2022 (this year)	2023 (next year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount.	\$10,000	\$5,450 Once you have paid \$5,450 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 in-network or out-of-network providers for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

An updated *Provider Directory* is located on our website at www.bcbstmedicare.com. You may also call Member Service for updated provider information or to ask us to mail you a *Provider Directory*. **Please review the 2023 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of providers for next year. **Please review the 2023 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member 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	2022 (this year)	2023 (next year)
Dental services - Medicare-covered	In-Network: You pay a \$40 copay per visit	In-Network: You pay a \$25 copay per visit

Cost	2022 (this year)	2023 (next year)
	<p>Out-of-Network: You pay 50% of the Medicare-allowed amount per visit</p>	<p>Out-of-Network: You pay 50% of the Medicare-allowed amount per visit</p>
<p>Dental services - Supplemental</p>	<p>In-Network: You pay a \$0 copay up to the \$1,500 allowance per year for covered supplemental dental services</p> <p>Out-of-Network: You pay 50% of billed charges up to the \$1,500 allowance per year for covered supplemental dental services</p>	<p>In-Network: You pay a \$0 copay up to the \$2,000 allowance per year for covered supplemental dental services</p> <p>Out-of-Network: You pay 50% of billed charges up to the \$2,000 allowance per year for covered supplemental dental services</p>
<p>Hearing services - Supplemental (<i>Hearing aids</i>)</p>	<p>In-Network: TruHearing Standard model hearing aids not covered</p> <p>You pay a \$399 copay per aid for TruHearing Advanced model hearing aids</p> <p>OR</p> <p>You pay a \$699 copay per aid for TruHearing Premium model hearing aids</p> <p>Out-of-Network: Not covered</p>	<p>In-Network: You pay a \$199 copay per aid for TruHearing Standard model hearing aids</p> <p>OR</p> <p>You pay a \$399 copay per aid for TruHearing Advanced model hearing aids</p> <p>OR</p> <p>You pay a \$699 copay per aid for TruHearing Premium model hearing aids</p> <p>Out-of-Network: Not covered</p>
<p>Over-the-Counter (OTC) Items This benefit provides an allowance for certain OTC medications and products like</p>	<p>In-Network: You have a \$75 quarterly allowance</p> <p>This allowance will not roll-</p>	<p>In-Network: You have a \$100 quarterly allowance</p> <p>This allowance will not roll-</p>

Cost	2022 (this year)	2023 (next year)
bandages, pain relievers, cold remedies, toothpaste and more. The designated vendor for this benefit is changing for January 1, 2023. Please contact Member Service for more information.	over from one quarter to another. Out-of-Network: Not covered	over from one quarter to another. Out-of-Network: Not covered
Skilled Nursing Facility (SNF) stay	In Network: You pay a \$0 copay per day for days 1-20 You pay a \$188 copay per day for days 21-100 Out-of-Network: You pay 50% of the Medicare-allowed amount per admission	In Network: You pay a \$0 copay per day for days 1-20 You pay a \$196 copay per day for days 21-100 Out-of-Network: You pay 50% of the Medicare-allowed amount per admission

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in BlueAdvantage Freedom

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

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2023 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from BlueAdvantage Freedom.
 - To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from BlueAdvantage Freedom.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member 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 3 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, 2023.

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, 2023, 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, 2023.

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 4 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 Tennessee, the SHIP is called Tennessee State Health Insurance Assistance Program.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Tennessee State Health Insurance Assistance Program 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 Tennessee State Health Insurance Assistance Program at 1-877-801-0044 (Toll Free). You can learn more about Tennessee State Health Insurance Assistance Program by visiting their website (www.tn.gov/aging/our-programs/state-health-insurance-assistance-program--ship-.html).

SECTION 5 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).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Ryan White Program (Tennessee’s AIDS Drug Assistance Program). **Note:** To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

- If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. The Ryan White Program (Tennessee's AIDS Drug Assistance Program) can be reached at 1-615-741-7500.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Ryan White Program (Tennessee's AIDS Drug Assistance Program): 1-615-741-7500, Monday – Friday 8 a.m. to 4:30 p.m. CT.

SECTION 6 Questions?

Section 6.1 – Getting Help from BlueAdvantage Freedom

Questions? We're here to help. Please call Member Service at 1-888-851-2583. (TTY only, call 711.) We are available for phone calls from **Oct. 1 to March 31**, you can call us 7 days a week from 8 a.m. to 9 p.m. ET. From **April 1 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. Calls to these numbers are free.

Read your 2023 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 2023. For details, look in the 2023 *Evidence of Coverage* for BlueAdvantage Freedom. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.bcbstmedicare.com. You may also call Member Service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.bcbstmedicare.com. 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 (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 2023*

Read the *Medicare & You 2023* handbook. Every fall, this booklet 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.