



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

## ***BlueAdvantage Freedom (PPO)<sup>SM</sup> offered by BlueCross BlueShield of Tennessee, Inc.***

# **Annual Notice of Changes for 2024**

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](http://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.**

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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).
  - 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 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](http://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 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, 2024**. 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 **1-800-831-2583** 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 call is free.
- This material is also available in alternate formats (e.g., braille, large print, audio).
- **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](http://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 2024

The table below compares the 2023 costs and 2024 costs for BlueAdvantage Freedom 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>	<b>\$0</b>	<b>\$0</b>
<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: <b>\$3,200</b> From in-network and out-of-network providers combined: <b>\$5,450</b>	From network providers: <b>\$3,200</b> From in-network and out-of-network providers combined: <b>\$5,750</b>
<b>Doctor office visits</b>	<b>In-Network</b> Primary care visits: <b>\$0</b> copay per visit Specialist visits: <b>\$25</b> copay per visit <b>Out-of-Network</b> Primary care visits: <b>50%</b> of the Medicare-allowed amount per visit Specialist visits: <b>50%</b> of the Medicare-allowed amount per visit	<b>In-Network</b> Primary care visits: <b>\$0</b> copay per visit Specialist visits: <b>\$25</b> copay per visit <b>Out-of-Network</b> Primary care visits: <b>\$10</b> copay per visit Specialist visits: <b>\$30</b> copay per visit

Cost	2023 (this year)	2024 (next year)
<b>Inpatient hospital stays</b>	<b>In-Network</b>	<b>In-Network</b>
	<b>Medicare-covered stay</b> \$175 copay per day for days 1-5	<b>Medicare-covered stay</b> \$175 copay per day for days 1-5
	\$0 copay per day for additional days	\$0 copay per day for additional days
	<b>Non-Medicare covered stay</b>	<b>Non-Medicare covered stay</b>
	Non-Medicare covered stay is <u>not</u> covered	Non-Medicare covered stay is <u>not</u> covered
	<b>Out-of-Network</b>	<b>Out-of-Network</b>
	<b>Medicare-covered stay</b> 50% of the Medicare-allowed amount per admission	<b>Medicare-covered stay</b> \$225 copay per day for days 1-5
	<b>Non-Medicare covered stay</b>	\$0 copay per day for additional days
	Non-Medicare covered stay is <u>not</u> covered	<b>Non-Medicare covered stay</b>

## 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>	<b>\$0</b>	<b>\$0</b>
(You must also 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	2023 (this year)	2024 (next year)
<b>In-network maximum out-of-pocket amount</b>	<b>\$3,200</b>	<b>\$3,200</b>
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 <b>\$3,200</b> 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	2023 (this year)	2024 (next year)
<p><b>Combined maximum out-of-pocket amount</b></p> <p>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.</p>	\$5,450	<p>\$5,750</p> <p>Once you have paid <b>\$5,750</b> 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.</p>

**Section 1.3 – Changes to the Provider Network**

Updated directories are located on our website at [www.bcbstmedicare.com](http://www.bcbstmedicare.com). You may also call Member Service for updated provider information or to ask us to mail you a *Provider 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 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	2023 (this year)	2024 (next year)
<p><b>Dental services - Comprehensive dental</b></p>	<p><b>In- and Out-of-Network:</b> You have a <b>\$2,000</b> allowance per year toward</p>	<p><b>In- and Out-of-Network:</b> You have a <b>\$2,500</b> allowance per year toward</p>

Cost	2023 (this year)	2024 (next year)
	comprehensive dental services	comprehensive dental services
<b>Emergency Care</b>	<p><b>Domestic:</b> You pay a \$90 copay per visit</p> <p><b>Worldwide:</b> You pay a \$0 copay per visit</p>	<p><b>Domestic:</b> You pay a \$90 copay per visit</p> <p><b>Worldwide:</b> You pay a \$60 copay per visit</p>
<b>Inpatient hospital care</b>	<p><b>In Network:</b> You pay a \$175 copay per day for days 1-5 You pay a \$0 copay per day for additional days</p> <p><b>Out-of-Network:</b> You pay a 50% of the Medicare-allowed amount per admission</p>	<p><b>In Network:</b> You pay a \$175 copay per day for days 1-5 You pay a \$0 copay per day for additional days</p> <p><b>Out-of-Network:</b> You pay a \$225 copay per day for days 1-5 You pay a \$0 copay per day for additional days</p>
<b>Inpatient services at a psychiatric hospital</b>	<p><b>In Network:</b> You pay a \$175 copay per day for days 1-5 You pay a \$0 copay per day for days 6-190</p> <p><b>Out-of-Network:</b> You pay 50% of the Medicare-allowed amount per admission</p>	<p><b>In Network:</b> You pay a \$175 copay per day for days 1-5 You pay a \$0 copay per day for days 6-190</p> <p><b>Out-of-Network:</b> You pay a \$225 copay per day for days 1-5 You pay a \$0 copay per day for days 6-190</p>
<b>Mental Health - Partial Hospitalization</b>	<p><b>In-Network:</b> You pay a \$55 copay per day</p> <p><b>Out-of-Network:</b> You pay 50% of the Medicare-allowed amount</p>	<p><b>In-Network:</b> You pay a \$40 copay per day</p> <p><b>Out-of-Network:</b> You pay 50% of the Medicare-allowed amount</p>



Cost	2023 (this year)	2024 (next year)
<b>Outpatient surgery services - Outpatient Hospital</b>	<p><b>In-Network:</b> You pay a \$175 copay for surgical services in an outpatient hospital setting</p> <p><b>Out-of-Network:</b> You pay <b>50%</b> of the Medicare-allowed amount for surgical services in an outpatient setting</p>	<p><b>In-Network:</b> You pay a \$175 copay for surgical services in an outpatient hospital setting</p> <p><b>Out-of-Network:</b> You pay a <b>\$225</b> copay for surgical services in an outpatient hospital setting</p>
<b>Physician/Practitioner services, including doctor's office visits</b>	<p><b>In-Network:</b> <b>PCP visit:</b> You pay a \$0 copay per visit <b>Specialist visit:</b> You pay a \$25 copay per visit</p> <p><b>Out-of-Network:</b> You pay <b>50%</b> of the Medicare-allowed amount per visit</p>	<p><b>In-Network:</b> <b>PCP visit:</b> You pay a \$0 copay per visit <b>Specialist visit:</b> You pay a \$25 copay per visit</p> <p><b>Out-of-Network:</b> <b>PCP visit:</b> You pay a <b>\$10</b> copay per visit <b>Specialist visit:</b> You pay a <b>\$30</b> copay per visit</p>
<b>Pulmonary Rehabilitation Services</b>	<p><b>In-Network:</b> You pay a <b>\$20</b> copay per visit</p> <p><b>Out-of-Network:</b> You pay 50% of the Medicare-allowed amount</p>	<p><b>In-Network:</b> You pay a <b>\$15</b> copay per visit</p> <p><b>Out-of-Network:</b> You pay 50% of the Medicare-allowed amount</p>
<b>Skilled Nursing Facility (SNF) stay</b>	<p><b>In Network:</b> You pay a \$0 copay per day for days 1-20 You pay a <b>\$196</b> copay per day for days 21-100</p> <p><b>Out-of-Network:</b> You pay 50% of the Medicare-allowed amount per admission</p>	<p><b>In Network:</b> You pay a \$0 copay per day for days 1-20 You pay a <b>\$203</b> copay per day for days 21-100</p> <p><b>Out-of-Network:</b> You pay 50% of the Medicare-allowed amount per admission</p>

Cost	2023 (this year)	2024 (next year)
<b>Urgently Needed Services</b>	<b>Domestic:</b> You pay a <b>\$30</b> copay per visit  <b>Worldwide:</b> You pay a <b>\$0</b> copay per visit	<b>Domestic:</b> You pay a <b>\$25</b> copay per visit  <b>Worldwide:</b> You pay a <b>\$60</b> copay per visit
<b>Vision care - Eye exams</b>	<b>In- and Out-of-Network:</b> <b>Medicare-covered</b> eye exam: You pay a <b>\$20</b> copay per exam  <b>Routine</b> eye exam: You pay a <b>\$20</b> copay per exam	<b>In- and Out-of-Network:</b> <b>Medicare-covered</b> eye exam: You pay a <b>\$0</b> copay per exam  <b>Routine</b> eye exam: You pay a <b>\$0</b> copay per exam
<b>Vision care - Eyewear allowance</b>	<b>In- and Out-of-Network:</b> You have a <b>\$175</b> allowance per year toward frames/lenses/contacts	<b>In- and Out-of-Network:</b> You have a <b>\$225</b> allowance per year toward frames/lenses/contacts

**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 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, 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](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2024* 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, 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 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](http://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 **1-800-831-2583**. (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 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 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](http://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](http://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](http://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](http://www.medicare.gov/plan-compare).

### **Read *Medicare & You 2024***

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.