



1 Cameron Hill Circle | Chattanooga, TN 37402

How to get important plan materials online or in the mail

We've made it easier to find important info about your plan.

Go to bcbstmedicare.com/yourmaterials.
Then log in to or create your online member account.

Once you're signed in, you can:

- › Find a doctor or hospital in our network — available **Oct. 15, 2024**.
- › View a copy of our Evidence of Coverage (EOC) — available **Oct. 15, 2024**.
- › Check your claims and balances anytime.

We're here for you

If you need help finding a network provider, or want a paper copy of the provider directory or EOC mailed to you, let us know. Just give us a call at **1-800-831-2583**, TTY **711**. You can also opt out of phone calls about your plan.

Best of Health,
Your Member Care Team



Why is it better to go online?

Your online member account gives you the most up-to-date info and materials you may need. That makes it a good place to go for important details about your coverage.

Member Service: 8 a.m. to 9 p.m. ET, 7 days a week (**Oct. 1–March 31**); 8 a.m. to 9 p.m. ET, M–F (**April 1–Sept. 30**). BlueCross BlueShield of Tennessee, Inc. does not discriminate on the basis of race, color, national origin, sex, age, or disability in its health programs and activities. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-831-2583, TTY 711.

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-800-831-2583، TTY 711.

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

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-831-2583, TTY 711. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-831-2583, TTY 711. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-831-2583, TTY 711。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-831-2583, TTY 711。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-800-831-2583, TTY 711. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-831-2583, TTY 711. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-831-2583, TTY 711 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-831-2583, TTY 711. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-831-2583, TTY 711 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-831-2583, TTY 711. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-831-2583, TTY 711. سيفوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-831-2583, TTY 711 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-831-2583, TTY 711. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-831-2583, TTY 711. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-831-2583, TTY 711. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-831-2583, TTY 711. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-831-2583, TTY 711 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



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 2025

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 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 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- 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, 2024, 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, 2025**. This will end your enrollment with BlueAdvantage Freedom.
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

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 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.
- This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable

prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for BlueAdvantage Freedom in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (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: \$3,200 From in-network and out-of-network providers combined: \$5,750	From network providers: \$3,200 From in-network and out-of-network providers combined: \$5,750
Doctor office visits	In-Network Primary care visits: \$0 copay per visit Specialist visits: \$25 copay per visit Out-of-Network Primary care visits: \$10 copay per visit Specialist visits: \$30 copay per visit	In-Network Primary care visits: \$0 per visit Specialist visits: \$25 copay per visit Out-of-Network Primary care visits: \$10 copay per visit Specialist visits: \$30 copay per visit

Cost	2024 (this year)	2025 (next year)
Inpatient hospital stays	In-Network	In-Network
	Medicare-covered stay \$175 copay per day for days 1-5	Medicare-covered stay \$175 copay per day for days 1-5
	\$0 copay per day for additional days	\$0 copay per day for additional days
	Non-Medicare covered stay	Non-Medicare covered stay
	Non-Medicare covered stay is <u>not</u> covered	Non-Medicare covered stay is <u>not</u> covered
	Out-of-Network	Out-of-Network
	Medicare-covered stay \$225 copay per day for days 1-5.	Medicare-covered stay \$225 copay per day for days 1-5
	\$0 copay per day for additional days	\$0 copay per day for additional days
	Non-Medicare covered stay	Non-Medicare covered stay
	Non-Medicare covered stay is <u>not</u> covered	Non-Medicare covered stay is <u>not</u> covered

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium	\$0	\$0
(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	2024 (this year)	2025 (next year)
In-network maximum out-of-pocket amount	\$3,200	\$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	2024 (this year)	2025 (next year)
<p>Combined maximum out-of-pocket amount</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>	\$5,750	<p>\$5,750</p> <p>Once you have paid \$5,750 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 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 2025 *Provider Directory* (bcbst.sapphirecareselect.com) 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	2024 (this year)	2025 (next year)
<p>Dental services - Supplemental (Annual Allowance) including Preventive,</p>	<p>In- and Out-of-Network: You have a \$2,500 annual allowance per year toward all covered supplemental dental</p>	<p>In- and Out-of-Network: You have a \$2,500 annual allowance per year toward all covered supplemental dental</p>

Cost	2024 (this year)	2025 (next year)
Restorative and Specialty (as outlined below)	<p>services.</p> <p>You pay 100% of charges beyond the \$2,500 allowance, for non-covered services or if you exceed a service limit.</p>	<p>services.</p> <p>Cost share may apply based on services received (see below). You pay 100% of charges beyond the \$2,500 allowance, for non-covered services or if you exceed a service limit.</p>
<p>Dental services - Supplemental (Preventive) Preventive and comprehensive dental services such as standard diagnostic exams, problem focused oral evaluations, cleanings, bitewing/panoramic/full-mouth x-rays and extractions</p>	<p>In-Network: You pay a \$0 copay through the annual allowance for all covered supplemental dental benefits.</p> <p>Out-of-Network: You pay 50% of the billed charges through the annual allowance for all covered supplemental dental benefits.</p> <p>You pay 100% of charges beyond the allowance, for non-covered services or if you exceed a service limit.</p>	<p>In-Network: You pay a \$0 copay through the annual allowance for all covered supplemental dental services.</p> <p>Out-of-Network: You pay 50% of the billed charges through the annual allowance for all covered supplemental dental services.</p> <p>You pay 100% of charges beyond the allowance, for non-covered services or if you exceed a service limit.</p>
<p>Dental services - Supplemental (Restorative) Restorative services such as fillings, crowns, bridges, implants, removable dentures, and oral and maxillofacial surgery</p>	<p>In-Network: You pay a \$0 copay through the annual allowance for all covered supplemental dental services.</p> <p>Out-of-Network: You pay 50% of the billed charges through the annual allowance for all covered supplemental dental services.</p>	<p>In-Network: You pay 20% of the Plan-allowed amount through the annual allowance for all covered supplemental dental services.</p> <p>Out-of-Network: You pay 50% of the billed charges through the annual allowance for all covered supplemental dental services.</p>

Cost	2024 (this year)	2025 (next year)
	You pay 100% of charges beyond the allowance, for non-covered services or if you exceed a service limit.	You pay 100% of charges beyond the allowance, for non-covered services or if you exceed a service limit.
Dental services - Supplemental (Specialty services) Endodontics and Periodontics for services such as root canals and treatment of gingivitis	In-Network: You pay a \$0 copay through the annual allowance for all covered supplemental dental benefits. Out-of-Network: You pay 50% of the billed charges through the annual allowance for all covered supplemental dental benefits. You pay 100% of charges beyond the allowance, for non-covered services or if you exceed a service limit.	In-Network: You pay a \$0 copay through the annual allowance for all covered supplemental dental services. Out-of-Network: You pay 50% of the billed charges through the annual allowance for all covered supplemental dental services. You pay 100% of charges beyond the allowance, for non-covered services or if you exceed a service limit.
Emergency Care - Domestic	In- and Out-of-Network: You pay a \$90 copay per visit	In- and Out-of-Network: You pay a \$140 copay per visit
Outpatient Hospital Observation	In-Network: You pay a \$0 copay per stay Out-of-Network: You pay 50% of the Medicare-allowed amount per stay	In-Network: You pay a \$200 copay per stay Out-of-Network: You pay 50% of the Medicare-allowed amount per stay
Over-the-Counter (OTC) benefit	In-Network: You pay a \$0 copay through the \$100 quarterly allowance	In-Network: You pay a \$0 copay through the \$100 quarterly allowance

Cost	2024 (this year)	2025 (next year)
	<p>for OTC products</p> <p>This benefit is administered by CVS and is available by phone, online catalog order or by shopping at your local CVS store. There is no roll-over of the allowance from one quarter to another.</p> <p>Out-of-Network: Not covered - must use designated vendor</p>	<p>for OTC products</p> <p>This benefit will be administered by Medline and is available by phone, online catalog order or mail order form. There is no roll-over of the allowance from one quarter to another.</p> <p>Medline contact information: Online: bcbstmedicare.com/OTC Phone: 1-844-995-5834 (Monday - Friday, 8 a.m. to 8 p.m.)</p> <p>Out-of-Network: Not covered - must use designated vendor</p>
<p>Skilled Nursing Facility (SNF) stay</p>	<p>In-Network: You pay a \$0 copay for days 1-20 You pay a \$203 copay for days 21-100</p> <p>Out-of-Network: You pay 50% of the Medicare-allowed amount per admission</p>	<p>In-Network: You pay a \$0 copay for days 1-20 You pay a \$214 copay for days 21-100</p> <p>Out-of-Network: You pay 50% of the Medicare-allowed amount per admission</p>

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 2025 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 2025* 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, 2025.

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, 2025, 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, 2025.

If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

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).

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Georgia, the SHIP is called Georgia 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. Georgia 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 Georgia State Health Insurance Assistance Program at 1-877-801-0044 (Toll-Free). You can learn more about Georgia State Health Insurance Assistance Program by visiting their website (<https://aging.georgia.gov/georgia-ship>).

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 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.
- **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. To be eligible for the ADAP operation 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. 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). For information on eligibility, covered drugs, how to enroll in the program or if you are currently enrolled how to continue to receive assistance, call the Ryan White Program (Tennessee’s AIDS Drug Assistance Program) at 1-615-741-7500, Monday - Friday, 8:00 a.m. to 4:30 p.m. CT. Or, in Georgia, call the Ryan White Program (Georgia's AIDS Drug Assistance Program) at 1-404-757-9805, Monday - Friday 8:00 a.m. to 5:00 p.m. ET. If messages are full, you can email GAAPP@dph.ga.gov. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

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 2025 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 2025. For details, look in the *2025 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 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 (bcbst.sapphirecareselect.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 2025

Read the *Medicare & You 2025* 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.